

Grant Award Amendment to Agreement Between the County of Fresno and the US Department of Housing and Urban Development (HUD)

Agreement Name: US Department of Housing and Urban Development Office of Administration Assistance Award/Amendment Instrument No. CALHB0654-17

Fund/Subclass: 0001/10000
Organization #: 56204707
Revenue Account #: 4380

This Workspace form is one of the forms you need to complete prior to submitting your Application Package. This form can be completed in its entirety offline using Adobe Reader. You can save your form by clicking the "Save" button and see any errors by clicking the "Check For Errors" button. In-progress and completed forms can be uploaded at any time to Grants.gov using the Workspace feature.

When you open a form, required fields are highlighted in yellow with a red border. Optional fields and completed fields are displayed in white. If you enter invalid or incomplete information in a field, you will receive an error message. Additional instructions and FAQs about the Application Package can be found in the Grants.gov Applicants tab.

OPPORTUNITY & PACKAGE DETAILS:

Opportunity Number:	FR-6300-N-13
Opportunity Title:	Lead Hazard Reduction Grant Program
Opportunity Package ID:	PKG00252340
CFDA Number:	14.900
CFDA Description:	Lead-Based Paint Hazard Control in Privately-Owned Housing
Competition ID:	FR-6300-N-13
Competition Title:	Lead Hazard Reduction Grant Program
Opening Date:	06/25/2019
Closing Date:	08/09/2019
Agency:	Department of Housing and Urban Development
Contact Information:	Yolanda Brown Yolanda.a.brown@hud.gov

APPLICANT & WORKSPACE DETAILS:

Workspace ID:	WS00353022
Application Filing Name:	Fresno County DPH
DUNS:	5561976550000
Organization:	FRESNO, COUNTY OF
Form Name:	Application for Federal Assistance (SF-424)
Form Version:	2.1
Requirement:	Mandatory
Download Date/Time:	Aug 09, 2019 01:51:35 PM EDT
Form State:	No Errors

FORM ACTIONS:

Application for Federal Assistance SF-424

*** 1. Type of Submission:**

- Preapplication
- Application
- Changed/Corrected Application

*** 2. Type of Application:**

- New
- Continuation
- Revision

* If Revision, select appropriate letter(s):

* Other (Specify):

*** 3. Date Received:**

Completed by Grants.gov upon submission.

4. Applicant Identifier:

94-6000512

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

CALHB0654-17

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

*** a. Legal Name:**

Fresno County DPH

*** b. Employer/Taxpayer Identification Number (EIN/TIN):**

94-6000512

*** c. Organizational DUNS:**

5561976550000

d. Address:

*** Street1:**

1221 Fulton Street

Street2:

*** City:**

Fresno

County/Parish:

Fresno

*** State:**

CA: California

Province:

*** Country:**

USA: UNITED STATES

*** Zip / Postal Code:**

93721-3604

e. Organizational Unit:

Department Name:

Fresno County DPH

Division Name:

Environmental Health

f. Name and contact information of person to be contacted on matters involving this application:

Prefix:

Mrs.

*** First Name:**

Amy

Middle Name:

*** Last Name:**

Dobrinin

Suffix:

Title:

Supervising REHS

Organizational Affiliation:

FCDPH

*** Telephone Number:**

559-600-3357

Fax Number:

559-600-7629

*** Email:**

adobrinin@fresnocountyca.gov

Application for Federal Assistance SF-424

*** 9. Type of Applicant 1: Select Applicant Type:**

B: County Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

*** 10. Name of Federal Agency:**

Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Number:

14.900

CFDA Title:

Lead-Based Paint Hazard Control in Privately-Owned Housing

*** 12. Funding Opportunity Number:**

FR-6300-N-13

* Title:

Lead Hazard Reduction Grant Program

13. Competition Identification Number:

FR-6300-N-13

Title:

Lead Hazard Reduction Grant Program

14. Areas Affected by Project (Cities, Counties, States, etc.):

FRESNO COUNTY.docxZIPMAP.docx

Add Attachment

Delete Attachment

View Attachment

*** 15. Descriptive Title of Applicant's Project:**

Lead-Based Paint Hazard Control (LBPHC) Grant Program***

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

Attach an additional list of Program/Project Congressional Districts if needed.

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="3,000,000.00"/>
* b. Applicant	<input type="text" value="415,442.21"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="3,415,442.21"/>

*** 19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

- a. This application was made available to the State under the Executive Order 12372 Process for review on
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

*** 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)**

Yes No

If "Yes", provide explanation and attach

21. *By signing this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: * First Name:
Middle Name:
* Last Name:
Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative:

* Date Signed:

Grant Application Detailed Budget Worksheet

OMB Approval No. 2501-0017 (Exp. 03/31/2011)

Name and Address of Applicant: **County of Fresno Department of Public Health**
 Grant Agreement Number: **1221 Fulton Mall**
Fresno, Ca 93721

HUD (OHHLHC) CFDA: _____ Grant Agreement Number: _____

If subgrantee/contractor's worksheet, name of prime: _____

Public reporting burden for this collection of information is estimated to average 3 hours 12 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This survey may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number. Information collected will provide proposed budget data for multiple HUD (OHHLHC)s. HUD will use this information in the selection of applicants. Response to this request for information is required in order to receive the benefits to be derived. The information requested does not lend itself to confidentiality.

Category

1. Personnel (Direct Labor)		% of Staff Time	Estimated Hours	Rate per Hour	Estimated Cost	HUD (OHHLHC) Share	Applicant Contribution	Other HUD Funds	Other Federal Share	State Share	Local/Tribal Share	Other	Program Income
Detailed Description of Budget (for full grant period)													
2. Fringe Benefits													
Wayne Fox Project Director(Former)													
		5%	322	\$53.78	\$17,331	\$0	\$17,331	0	0	0	0	0	0
Amy Dobrinn Program Manager (Former)													
		75%	2,062	\$44.15	\$91,037	\$0	\$91,037	0	0	0	0	0	0
Jared Nimer													
		2%	14	\$35.11	\$492	\$492	\$0	0	0	0	0	0	0
Leonel Romero													
		16%	580	\$24.61	\$14,274	\$14,274	\$0	0	0	0	0	0	0
Yvette Quiroga													
		6%	57	\$38.63	\$2,202	\$2,202	\$0	0	0	0	0	0	0
Stephanie Howard													
		100%	5,200	\$24.10	\$125,320	\$125,320	\$0	0	0	0	0	0	0
Jacque Gleghorn													
		50%	1,000	\$35.50	\$35,500	\$0	\$0	0	0	35,500	0	0	0
Long Moya													
		50%	1,000	\$32.21	\$32,210	\$0	\$0	0	0	32,210	0	0	0
Kevin Mak													
		50%	1,000	\$27.83	\$27,830	\$0	\$0	0	0	27,830	0	0	0
Facilities Employee- Approved labor Rate													
		25%	1,664	\$73.74	\$122,703	\$122,703	\$0	0	0	0	0	0	0
Amy Dobrinn Program Director (Current)													
		5%	243	\$44.15	\$10,728	\$10,728	\$0	0	0	0	0	0	0
Bee Vang, Program Manager (Current)													
		75%	3,120	\$32.21	\$100,495	\$0	\$0	0	0	100,495.2	0	0	0
Account Clerk TBD													
		50%	2,080	\$24.10	\$50,128	\$0	\$0	0	0	50,128	0	0	0
		0%	0	\$0.00	\$0	\$0	\$0	0	0	0	0	0	0
					\$630,250	\$275,719	\$108,368	\$0	\$0	\$246,163	\$0	\$0	\$0
Total Direct Labor Cost													
2. Fringe Benefits													
Wayne Fox Project Director(Former)													
			83.29%	\$17,331	\$14,435	\$0	\$14,435	\$0	\$0	\$0	\$0	\$0	\$0
Amy Dobrinn Program Manager (Former)													
			82.42%	\$91,037	\$75,033	\$0	\$75,033	\$0	\$0	\$0	\$0	\$0	\$0
Jared Nimer													
			88.11%	\$492	\$433	\$433	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Leonel Romero													
			78.14%	\$14,274	\$11,154	\$11,154	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Yvette Quiroga													
			87.16%	\$2,202	\$1,919	\$1,919	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Stephanie Howard													
			73.86%	\$125,320	\$92,561	\$92,561	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Jacque Gleghorn													
			85.00%	\$35,500	\$30,175	\$0	\$0	\$0	\$0	\$30,175	\$0	\$0	\$0
Long Moya, REHA II													
			72.79%	\$32,210	\$23,446	\$0	\$0	\$0	\$0	\$23,446	\$0	\$0	\$0
Kevin Mak													
			74.05%	\$27,830	\$20,608	\$0	\$0	\$0	\$0	\$20,608	\$0	\$0	\$0
Facilities Employee- Approved labor Rate													
			0.00%	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Amy Dobrinn Program Director (Current)													
			82.42%	\$10,728	\$8,842	\$8,842	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Bee Vang, Program Manager (Current)													
			72.79%	\$100,495	\$73,150	\$0	\$0	\$0	\$0	\$73,150	\$0	\$0	\$0
Account Clerk TBD													
			73.86%	\$50,128	\$37,025	\$37,025	\$0	\$0	\$0	\$0	\$0	\$0	\$0
			0.00%	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
					\$388,781	\$151,934	\$89,468	\$0	\$0	\$147,379	\$0	\$0	\$0
Total Fringe Benefits Cost													

3d. Per Diem or Subsistence (indicate location)	Days	Rate per Day	Estimated Cost	HUD (OHHLHC) Share	Applicant Contribution	Other HUD Funds	Other Federal Share	State Share	Local/Tribal Share	Other	Program Income
New Grantee Orientation Washington D.C. (3 people, 1 tr	15	\$88.60	\$879	\$879	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Program Manager School (3 people, 4 trips)	60	\$60.00	\$3,600	\$3,600	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Project Supervisor Class (4 people, 4 trips)	100	\$60.00	\$6,000	\$6,000	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Long Term Parking 7 Trips, 4 Vehicles,	16	\$60.00	\$960	\$960	\$0	\$0	\$0	\$0	\$0	\$0	\$0
National Conference (3 people, 3 trips)	36	\$60.00	\$2,160	\$2,160	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Project Supervisor Test Review (2 people, 2 trips)	4	\$60.00	\$240	\$240	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Project Supervisor Test (4 people, 4 trips)	16	\$60.00	\$960	\$960	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Project Supervisor Refresher (4 people, 4 trips)	16	\$60.00	\$960	\$960	\$0	\$0	\$0	\$0	\$0	\$0	\$0
0	0	\$0.00	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
0	0	\$0.00	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Subtotal - Per Diem or Subsistence			\$15,759	\$15,759	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Total Travel Cost			\$57,373	\$57,373	\$0	\$0	\$0	\$0	\$0	\$0	\$0
4. Equipment (Only items over \$5,000 Depreciated val	Quantity	Unit Cost	Estimated Cost	HUD (OHHLHC) Share	Applicant Contribution	Other HUD Funds	Other Federal Share	State Share	Local/Tribal Share	Other	Program Income
XRF Purchase	1	\$18,945.70	\$18,946	\$18,946	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Color Printer/Copier	1	\$10,000.00	\$10,000	\$10,000	\$0	\$0	\$0	\$0	\$0	\$0	\$0
0	0	\$0.00	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
0	0	\$0.00	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
0	0	\$0.00	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Total Equipment Cost			\$28,946	\$28,946	\$0	\$0	\$0	\$0	\$0	\$0	\$0

form HUD-424-CBW (2/2003)

Grant Application Detailed Budget Worksheet											
Detailed Description of Budget											
Applicant: _____ County of Fresno Department of Public Health											
5. Supplies and Materials (Items under \$5,000 Depreciated Value)											
5a. Consumable Supplies	Quantity	Unit Cost	Estimated Cost	HUD (OHHLHC) Share	Applicant Contribution	Other HUD Funds	Other Federal Share	State Share	Local/Tribal Share	Other	Program Income
Office Supplies	1	\$47,425.74	\$47,426	\$47,426	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Inspection Supplies	1	\$31,000.00	\$31,000	\$31,000	\$0	\$0	\$0	\$0	\$0	\$0	\$0
0	0	\$0.00	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
0	0	\$0.00	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
0	0	\$0.00	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
0	0	\$0.00	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
0	0	\$0.00	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
0	0	\$0.00	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
0	0	\$0.00	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
0	0	\$0.00	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
0	0	\$0.00	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
0	0	\$0.00	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
0	0	\$0.00	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Subtotal - Consumable Supplies			\$78,426	\$78,426	\$0	\$0	\$0	\$0	\$0	\$0	\$0

7. Contracts and Sub-Grantees (List Individually)											
	Quantity	Unit Cost	Estimated Cost	HUD (OHH,HC) Share	Applicant Contribution	Other HUD Funds	Other Federal Share	State Share	Local/Tribal Share	Other	Program Income
Laboratory Services	11000	\$9.00	\$99,000	\$99,000	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Lead Hazard Evaluation Services	183	\$950.00	\$173,850	\$173,850	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Abatement - Prior	65	\$10,000.00	\$650,000	\$650,000	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Abatement - Current	93	\$14,000.00	\$1,302,000	\$1,302,000	\$0	\$0	\$0	\$0	\$0	\$0	\$0
7e.	0	\$0.00	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
7f.	0	\$0.00	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
7g.	0	\$0.00	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
7h.	0	\$0.00	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
7i.	0	\$0.00	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
7j.	0	\$0.00	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
7k.	0	\$0.00	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
7l.	0	\$0.00	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
7m.	0	\$0.00	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
7n.	0	\$0.00	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
7o.	0	\$0.00	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
7p.	0	\$0.00	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
7q.	0	\$0.00	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
7r.	0	\$0.00	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
7s.	0	\$0.00	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
7t.	0	\$0.00	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Total Subcontracts Cost			\$2,224,850	\$2,224,850	\$0	\$0	\$0	\$0	\$0	\$0	\$0

Grant Application Detailed Budget Worksheet

Applicant:

County of Fresno Department of Public Health

form HUD-424-CBW (2/2003)

Detailed Description of Budget

8. Construction Costs												
	Quantity	Unit Cost	Estimated Cost	HUD (OHHLHC) Share	Applicant Contribution	Other HUD Funds	Other Federal Share	State Share	Local/Tribal Share	Other	Program Income	
8a. Administrative and legal expenses			\$0									
			\$0									
			\$0									
			\$0									
			\$0									
Subtotal - Administrative and legal expenses			\$0		\$0	\$0	\$0	\$0	\$0	\$0	\$0	
8b. Land, structures, rights-of-way, appraisal, etc	Quantity	Unit Cost	Estimated Cost	HUD (OHHLHC) Share	Applicant Contribution	Other HUD Funds	Other Federal Share	State Share	Local/Tribal Share	Other	Program Income	
			\$0									
			\$0									
			\$0									
			\$0									
Subtotal - Land, structures, rights-of-way, ...			\$0		\$0	\$0	\$0	\$0	\$0	\$0	\$0	
8c. Relocation expenses and payments	Quantity	Unit Cost	Estimated Cost	HUD (OHHLHC) Share	Applicant Contribution	Other HUD Funds	Other Federal Share	State Share	Local/Tribal Share	Other	Program Income	
			\$0									
			\$0									
			\$0									
			\$0									
Subtotal - Relocation expenses and payments			\$0		\$0	\$0	\$0	\$0	\$0	\$0	\$0	
8d. Architectural and engineering fees	Quantity	Unit Cost	Estimated Cost	HUD (OHHLHC) Share	Applicant Contribution	Other HUD Funds	Other Federal Share	State Share	Local/Tribal Share	Other	Program Income	
			\$0									
			\$0									
			\$0									
			\$0									
Subtotal - Architectural and engineering fees			\$0		\$0	\$0	\$0	\$0	\$0	\$0	\$0	
8e. Other architectural and engineering fees	Quantity	Unit Cost	Estimated Cost	HUD (OHHLHC) Share	Applicant Contribution	Other HUD Funds	Other Federal Share	State Share	Local/Tribal Share	Other	Program Income	
			\$0									
			\$0									
			\$0									
			\$0									
Subtotal - Other architectural and engineering fees			\$0		\$0	\$0	\$0	\$0	\$0	\$0	\$0	

81. Miscellaneous	Quantity	Unit Cost	Estimated Cost	HUD (OHHLHC) Share	Applicant Contribution	Other HUD Funds	Other Federal Share	State Share	Local/Tribal Share	Other	Program Income
			\$0								
Subtotal - Miscellaneous			\$0								
Total Construction Costs			\$0					\$0	\$0	\$0	\$0

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Form HUD-424-CBW (2/2003)

Grant Application Detailed Budget Worksheet
 Detailed Description of Budget
 Applicant: County of Fresno Department of Public Health

9. Other Direct Costs	Item	Quantity	Unit Cost	Estimated Cost	HUD (OHHLHC) Share	Applicant Contribution	Other HUD Funds	Other Federal Share	State Share	Local/Tribal Share	Other	Program Income
Shipping- LIHA and Clearance Samples		1000	\$5	\$5,000	\$5,000	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	#REF!	0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	#REF!	0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Relocation		20	\$1,400	\$28,000	\$28,000	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	#REF!	0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	#REF!	0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	#REF!	0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Outreach		10	\$5,000	\$50,000	\$50,000	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	#REF!	0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	#REF!	0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Printing Services		15000	\$2	\$30,000	\$30,000	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Skills Training (20 people, general lead course)		6	\$2,700	\$16,200	\$16,200	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	#REF!	0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
9z Healthy Homes Supplement		0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Total Other Direct Costs				\$129,200	\$129,200	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Subtotal of Direct Costs				\$3,591,378	\$3,000,000	\$197,836	\$0	\$0	\$393,542	\$0	\$0	\$0

10. Indirect Costs	Type	Rate	Base	Estimated Cost	HUD (OHHLHC) Share	Applicant Contribution	Other HUD Funds	Other Federal Share	State Share	Local/Tribal Share	Other	Program Income
		0.00%		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
		0.00%		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
		0.00%		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
		0.00%		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
		0.00%		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
		0.00%		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
		0.00%		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
		0.00%		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
		0.00%		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
		0.00%		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
		0.00%		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Total Indirect Costs				\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Total Estimated Costs (Subtotal Direct + Total Indirect)				\$3,591,378	\$3,000,000	\$197,836	\$0	\$0	\$393,542	\$0	\$0	\$0

Grant Application Detailed Budget Worksheet

Applicant: County of Fresno Department of Public Health

Detailed Description of Budget		
Analysis of Total Estimated Costs	Estimated Cost	Percent of Total
1 Personnel (Direct Labor)	275,719	9%
2 Fringe Benefits	151,934	5%
3 Travel	57,373	2%
4 Equipment	28,946	1%
5 Supplies and Materials	131,978	4%
6 Consultants	-	0%
7 Contracts and Sub-Grantees	2,224,850	74%
8 Construction	-	0%
9 Other Direct Costs	129,200	4%
10 Indirect Costs	-	0%
Total:	3,000,000	100%
HUD (OHHLHC) Share: 3,000,000		
(as percentage of HUD Share)		
Match:	591,378	19.713%