AMENDMENT I TO AGREEMENT

THIS AMENDMENT, hereinafter referred to as "Amendment I", is made and entered into this 20th day of ________, 2017, by and between the COUNTY OF FRESNO, a Political Subdivision of the State of California, hereinafter referred to as "COUNTY", and CALIFORNIA HEALTH COLLABORATIVE, a California Non-Profit Organization, whose address is 1680 West Shaw Avenue, Fresno, California, 93711, hereinafter referred to as "CONTRACTOR" (collectively the "parties").

WHEREAS the parties entered into that certain Agreement, identified as COUNTY Agreement No. A-16-697, effective January 1, 2017, hereinafter referred to as "Agreement", whereby CONTRACTOR agreed to provide certain nutrition education services to COUNTY's Department of Public Health; and

WHEREAS the parties now desire to amend the Agreement regarding changes as stated below and restate the Agreement in its entirety.

NOW, THEREFORE, in consideration of their mutual promises, covenants and conditions, hereinafter set forth, the sufficiency of which is hereby acknowledged, the parties agree as follows:

- 1. That the existing COUNTY Agreement No. A-16-697, Page 3, Section 4, "COMPENSATION," beginning on Line 10 with the word "For" and ending on Line 13 with "(\$211,500.00)." be deleted and the following inserted in its place:
- "For the period of October 1, 2017 through and including September 30, 2018 and each subsequent renewal year thereafter, in no event shall actual services performed under this Agreement be in excess of Two Hundred Ninety-Six Thousand Dollars and No/100 (\$296,000.00)."
- 2. That all references in existing COUNTY Agreement No. A-16-697 to "Exhibit A" shall be changed to read "Revised Exhibit A," attached hereto and incorporated herein by reference.
- 3. That all references in existing COUNTY Agreement No. A-16-697 to "Exhibit B" shall be changed to read "Revised Exhibit B", attached hereto and incorporated herein by reference.
- 4. Except as otherwise provided in this Amendment I, all other provisions of the Agreement remain unchanged and in full force and effect. This Amendment I shall become effective October 1, 2017.

5. 1 COUNTY and CONTRACTOR agree that this Amendment I is sufficient to amend the 2 Agreement, and that upon execution of this Amendment I, the Agreement and Amendment I together 3 shall be considered the Agreement. 4 /// 5 /// 6 /// 7 /// 8 /// 9 /// 10 /// 11 /// 12 /// 13 /// 14 /// 15 /// 16 /// 17 /// 18 /// 19 /// 20 /// 21 /// 22 /// 23 /// 24 /// 25 /// 26 /// 27 /// 28

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1	IN WITNESS WHEREOF, the parties hereto hav	e executed this Amendment I to Agreement as
2	of the day and year first hereinabove written.	
3 4	CONTRACTOR:	COUNTY OF FRESNO:
	CALIFORNIA HEALTH COLLABORATIVE	
5	By: Styrin Carm	By: Like
7	Print Name: Styph Manina	Chairman, Board of Supervisors
9	Title: CEO Pusion T Chairman of the Board, or President, or any Vice President	Date: <u>4 20 20 7</u>
10	Date:	BERNICE E. SEIDEL, Clerk Board of Supervisors
12	By: Cl 3/	Bould of Super visors
L4	Print Name: Chri3 Blulock	By: Olas Crupt Deputy
L5	Title: Senior Account and Secretary (of Corporation), or	Date: 10 20 2017
L6 L7	any Assistant Secretary, or Chief Financial Officer, or	
18	any Assistant Treasurer	
9	Date: $5 - 18 - 17$	PLEASE SEE ADDITIONAL SIGNATURE PAGE ATTACHED
20		
21	·	
22	Mailing Address:	
23	1680 W. Shaw Ave.	
24	Fresno, CA 93711	
25	Phone #: (559) 244-4525	
26	Contact: Stephen Ramirez, CEO Email: sramirez@healthcollaborative.org	
27		

28

1	APPROVED AS TO LEGAL FORM:
2	DANIEL C. CEDERBORG, COUNTY COUNSEL
3	
4	By Janelle E. Kully
5	By Januar C. Milly
6	APPROVED AS TO ACCOUNTING FORM:
7	OSCAR J. GARCIA, C.P.A., AUDITOR-CONTROLLER/
8	TREASURER-TAX COLLECTOR
9	
10	
11	By Cle EClesf
12	REVIEWED AND RECOMMENDED FOR APPROVAL:
13	REVIEWED AND RECOMMENDED FOR AFFROVAL.
14	
15	D. 10/1/21/1
16	David Pomaville
17	Director Department of Public Health
18	
19	
20	
21	Fund/Subclass: 0001/10000
22	Organization: 56201662 Account #: 7295
23	
24	
25	
26	/ET
27	/E.I

RETAIL & MARKETING SUBCONTRACT SCOPE OF WORK

Activity	Activity Description	Time Frame**	Documentation
1.15	UC CalFresh, Local Health Department (LHD), LHD subcontractors, and other obesity prevention partners will participate in at least 3 FCHIP Quarterly meetings year 1 and 4 FCHIP Quarterly meetings in year 2 and year 3 to align and leverage resources, provide consistent messaging, and enhance impact of funded activities, as appropriate.	Year 1 Q1	ATF On file: Agenda, Notes *Contributes to CNAP requirement
1.17	Provide referrals to partner agencies both SNAP-Ed and non-SNAP-Ed to provide strategic coordinated nutrition and physical activity education to eligible SNAP-Ed population. For example, LHD will provide referrals to UC CalFresh when receiving a request for services outside of the LHD six targeted communities.	X X X X Year 1	Referral Log, e-mails
		Year 3 Q1 Q2 Q3 Q4 X X X X	*Contributes to annual objective 1.e,2.d,3.e
1.24	LHD Community Coordinator (Nutritionists) will convene at least 4 meetings in each target community to include UC CalFresh, LHD subcontractors, community and agency champions, and other non-SNAP-Ed partners to strategically coordinate SNAP-Ed and non-SNAP-Ed activities, align and leverage resources, provide consistent	Year 1 Q1	ATF, Agendas, meeting notes, sign in sheets
	messaging, and enhance impact of funded activities.	Year 3 Q1 Q2 Q3 Q4 X X X X X	*Contributes to all annual objectives
1.32	To prepare staff to build Champion capacity and support community-driven PSE, conduct a staff training using the selected curriculum(a). Throughout the training, staff will learn how to apply community-driven PSE strategies and techniques and how to deliver the training to Champions.	Year 1 Q1	On file: curricula, training agenda and materials, sign in sheet, pictures, evaluations
		Year 3 Q1 Q2 Q3 Q4	*Contributes to annual objectives 1.b,2.a, 2.b,3.a, 3.b
2.1	In partnership with LHD Tobacco Prevention, NEOP, UC CalFresh, and LHD subcontractors will participate in at	Year 1 Q1 Q2 Q3 Q4	Activity Tracking Form (ATF) On file: Agenda, notes

	T		
	least 3 FCHIP Healthy Retail meetings in year one and	x x x	
	participate in at least 4 FCHIP Healthy Stores for Healthy	Year 2	
	Community Workgroup meetings in year two and year	Q1 Q2 Q3 Q4 x x x x	
	three. Potential partners to include LHD NEOP		
	subcontractors, and other non-SNAP-Ed partners to	Year 3	
	strategically coordinate activities, provide consistent	Q1 Q2 Q3 Q4	*Contributes to objective 1.a, 2.a, 3.a
	messaging, and enhance impact of funded activities.	x x x x	
2.2	Identify and partner with a minimum of 2 qualifying retail	Year 1	ATF
	site in year one and a minimum of 3 qualifying retail sites	Q1 Q2 Q3 Q4 x x x	On file: meeting notes, e-mails, pictures,
	years two and three within the six targeted communities		evaluations, media stories
	to facilitate a healthy sustainable change.	Year 2	
		Q1 Q2 Q3 Q4 x x x x	
		x x x x	
		Year 3	*Contributes to objective 1.a, 2.a, 3.a
		Q1 Q2 Q3 Q4	,
2.2	Provide 6 retail store tours to at least 150 individuals	x x x x x Year 1	Flores ATE contacted distributed
2.3		Q1 Q2 Q3 Q4	Flyers, ATF, materials distributed
	(total from all tours) in year one and 9 retail store tours to	x x x	
	at least 200 individuals (total from all tours) in year two	V2	
	and year three in qualifying retail locations. Taste-testing	Year 2 Q1 Q2 Q3 Q4	
	may be included during some tours.	x x x x	
			*Contributes to objective 1.c, 2.c, 3.c
		Year 3 Q1 Q2 Q3 Q4	
		X X X X	
2.4	Recruit at least 7 qualifying retail sites within the six	Year 1	MOU/MOA, ATF, RE-AIM (PSE database)
	targeted communities to reach a minimum of 6,250 SNAP-	Q1 Q2 Q3 Q4	
	Ed eligible individuals using NEOPB Retail program	x x x	
	activities and merchandising materials.	Year 2	
	delivities and merchandising materials.	Q1 Q2 Q3 Q4	
		Year 3	*Contributes to objective 1.c, 2.c, 3.c
		Q1 Q2 Q3 Q4	20111124125 10 03/201112 110/ 210/ 310
		Veer 1	
2.5	Maintain at least 6 qualified retail sites and recruit 5	Year 1 Q1 Q2 Q3 Q4	MOU/MOA, ATF, RE-AIM (PSE database)
	additional qualifying retail sites in year two and maintain		
	at least 10 qualified retail sites and recruit additional 5		
	qualifying retail sites in year three to reach a minimum of	Year 2	
	20,000 SNAP-Ed eligible individuals (total for years two	Q1 Q2 Q3 Q4 x x x x	
		_ ^ _ ^ _ ^	

	(13,750) and three (18,750)) within the six targeted communities using NEOPB Retail program activities and merchandising materials.	Year 3 Q1 Q2 Q3 Q4 x x x x x	*Contributes to objective 1.c, 2.c, 3.c
2.7	Coordinate and facilitate at least 2 Fruit and Veggie Fest retail events in year one and 3 Fruit and Veggie Fest retail events in years two and three reaching 200 eligible individuals annually.	Year 1 Q1 Q2 Q3 Q4	ATF On file: flyers, agendas, media articles, pictures
		Year 3 Q1 Q2 Q3 Q4 x x x x x	*Contributes to objective 1.c, 2.c, 3.c

^{**}Time Frame: Year & Quarter:

Year 1 (FFY 2017); Year 2 (FFY 2018); Year 3 (FFY 2019)

Qtr. 1 (Oct. 1-Dec. 31); Qtr. 2 (Jan. 1-March 31); Qtr. 3 (Apr. 1-Jun. 30); Qtr. 4 (Jul. 1-Sept.30)

Educational Materials, Resources, and Curriculum

Activity	Curriculum, Toolkit, Resource Name		Level of Evidence Base
2.2, 2.3, 2.4,	NEOPB Retail Program- Fruit and Veggie Marketing and Point of Sale Materials,	х	Research Tested
2.5, 2.6, 2.7	Recipe Cards		Practice Tested
			Emerging
			N/A - Please describe below:
2.2, 2.3, 2.4,	NEOPB Retail Food Demonstration Kit		Research Tested
2.5, 2.6, 2.7			Practice Tested
		х	Emerging
			N/A - Please describe below:
2.2, 2.3, 2.4,	NEOPB Produce Guide		Research Tested
2.5, 2.7			Practice Tested
			Emerging
		х	N/A - Please describe below:
		Appr	oved SNAP-Ed Resource Materials
2.7	Cooking Matters	х	Research Tested
			Practice Tested
			Emerging
			N/A - Please describe below:
2.2, 2.3, 2.4	Harvest of the Month Handouts		Research Tested
2.5, 2.7, 2.9		х	Practice Tested
		•	·

		Emerging
		N/A - Please describe below:
2.2, 2.3, 2.4,	NEOPB Treasure Hunt Booklet	Research Tested
2.5		Practice Tested
		Emerging
		N/A - Please describe below:
		Approved SNAP-Ed Resource Materials
2.9	Power Play A Team 2 Table Adventure	Research Tested
		Practice Tested
		Emerging
		N/A - Please describe below:
		Approved SNAP-Ed Resource Materials
2.7	NEOPB Fruit, Vegetable, and Physical Activity Tool Box for Community Educators,	Research Tested
	Flavors of My Kitchen Cookbook(Eng/Span)	Practice Tested
		Emerging
		x N/A - Please describe below:
		Approved SNAP-Ed Resource Materials
2.3, 2.4, 2.5,	My Plate Ten Tips Nutrition Education Series (Hmong, Spanish, English)	Research Tested
2.7, 2.9		Practice Tested
		Emerging
		N/A - Please describe below:
		Approved SNAP-Ed Resource Materials
2.3, 2.4, 2.5,	Rethink your Drink Choosing Healthy Beverages Lesson with corresponding	Research Tested
2.7, 2.9	handouts and posters	x Practice Tested
		Emerging
		N/A - Please describe below:
2.2, 2.3, 2.4,	EatFresh.org	Research Tested
2.7, 2.9, 1.21		Practice Tested
		x Emerging
		N/A - Please describe below:
2.2, 2.8, 2.9,	CDPH Policy Systems and Environmental Change Resource Guide: Strategies for	Research Tested
2.10, 2.11	Increased Access to Healthy Tools, Beverages and Physical Activity	Practice Tested
		Emerging
		X N/A - Please describe below:
		Approved SNAP-Ed Resource Materials

WORKSITE WELLNESS SUBCONTRACT SCOPE OF WORK

Activity	Activity Description	Time Frame**	Documentation
1.14	Utilize media, social media, blogs, and agency websites each year to promote and cross-promote at least 5 SNAP-Ed activities, success stories, events, community	Q1 Q2 Q3 Q4 X X X	ATF On file: Facebook analytics, blog analytics,
	forums, and/or approved messaging, for a total of 15 over three years. Also in Objective 2, and 4.	Year 2 Q1 Q2 Q3 Q4 X X X X X	*Contributes to all annual objectives as
		Year 3 Q1 Q2 Q3 Q4 X X X X	appropriate
1.15	UC CalFresh, Local Health Department (LHD), LHD subcontractors, and other obesity prevention partners	Year 1 Q1 Q2 Q3 Q4 X X X	ATF
	will participate in at least 3 FCHIP Quarterly meetings year 1 and 4 FCHIP Quarterly meetings in year 2 and year 3 to align and leverage resources, provide consistent	Year 2 Q1	On file: Agenda, Notes
	messaging, and enhance impact of funded activities, as appropriate.	Year 3 Q1 Q2 Q3 Q4 X X X X	*Contributes to CNAP requirement
1.17	Provide referrals to partner agencies both SNAP-Ed and non-SNAP-Ed to provide strategic coordinated nutrition and physical activity education to eligible SNAP-Ed	Year 1 Q1 Q2 Q3 Q4 X X X	Referral Log, e-mails
	population. For example, LHD will provide referrals to UC CalFresh when receiving a request for services outside of the LHD six targeted communities.	Year 2 Q1	
		Year 3 Q1 Q2 Q3 Q4 X X X X	*Contributes to annual objective 1.e,2.d,3.e
1.24	LHD Community Coordinator will convene at least 4 meetings in each target community to include UC CalFresh, subcontractors, community and agency	Year 1 Q1 Q2 Q3 Q4 X X X	ATF, Agendas, meeting notes, sign in sheets
	champions, and non-SNAP-Ed partners to strategically coordinate SNAP-Ed and non-SNAP-Ed activities, align	Year 2 Q1 Q2 Q3 Q4 X X X X	
	and leverage resources, provide consistent messaging, and enhance impact of funded activities.	Year 3 Q1 Q2 Q3 Q4 X X X X	*Contributes to all annual objectives
1.32	To prepare staff to build Champion capacity and support	Year 1 Q1 Q2 Q3 Q4	ATF

	community-driven PSE, conduct a staff training using the selected curriculum(a). Throughout the training, staff will learn how to apply community-driven PSE strategies and techniques and how to deliver the training to	Year 2 Q1 Q2 Q3 Q4	On file: curricula, training agenda and materials, sign in sheet, pictures, evaluations
	Champions.	Year 3 Q1 Q2 Q3 Q4	*Contributes to annual objectives 1.b,2.a, 2.b,3.a, 3.b
3.1	Recruit and qualify at least 11 worksites in year one, 4 worksites in year two, and 3 worksites in year three for a total of 18 worksites (15 worksites and 3 school districts)	Year 1 Q1 Q2 Q3 Q4 x x x x	Worksite Program Qualification documents, Activity Tracking Form (ATF)
	to participate in the NEOPB Worksite Program by end of year 3.	Year 2 Q1	*Contributes to 1.a, 2.a, 3.a
2.2		Year 3 Q1 Q2 Q3 Q4	ATE DE ANA (DEE DATA LA CA)
3.2	Complete the "Check for Health" in the California Fit Business Kit with worksites and school districts that have not yet completed.	Q1 Q2 Q3 Q4 x x x	ATF, RE-AIM (PSE Database) On file: Check for Health Documents
		Year 2 Q1 Q2 Q3 Q4 x x x x x	
		Year 3 Q1 Q2 Q3 Q4 x x x x x	*Contributes to objective 1.b, 2.b, 3.b
3.3	Each of the participating worksites and participating school districts will complete a minimum of 1 activity in the California Fit Business Kit over the contract term.	Year 1 Q1 Q2 Q3 Q4	ATF, RE-AIM (PSE Database) ATF, RE-AIM On file: Activity documentation, pictures,
		Year 2 Q1 Q2 Q3 Q4 x x x x x	
		Year 3 Q1 Q2 Q3 Q4 x x x x x	*Contributes to 1.b, 2.b, 3.b
3.4	Provide ongoing technical assistance to participating worksites and school districts on the California Fit Business Kit.	Year 1 Q1 Q2 Q3 Q4 x x x x	ATF, RE-AIM (PSE Database) On file: notes, e-mails, TA log

		Year 2 Q1 Q2 Q3 Q4 x x x x x	
		Year 3 Q1 Q2 Q3 Q4 x x x x x	*Contributes to objectives 1.a, 2.a, 3.a
3.5	Provide technical assistance and support to 1 participating worksite in year two and 2 participating worksites in year three in developing and implementing	Year 1 Q1 Q2 Q3 Q4 Year 2	ATF, RE-AIM (PSE Database) On file: meetings notes, e-mails, TA log, pictures, media stories
	at least 1 policy, system, environmental change that will support healthy behavior changes.	Q1 Q2 Q3 Q4 x x x x x	*Contributes to objective 2.c, 3.c
		Q1 Q2 Q3 Q4 x x x x	
3.6	Connect each worksite with the Regional Lactation Liaison (WIC) who will provide technical assistance and resources to ensure worksites have lactation	Year 1 Q1 Q2 Q3 Q4 x x x x	meetings notes, e-mails, TA log,
	accommodations available to their employees.	Year 2 Q1 Q2 Q3 Q4 x x x x x	
		Year 3 Q1 Q2 Q3 Q4 x x x x x	*Contributes to objective 1.b, 2.b, 3.b

**Time Frame

Year 1 (FFY 2017); Year 2 (FFY 2018); Year 3 (FFY 2019)

Qtr. 1 (Oct. 1-Dec. 31); Qtr. 2 (Jan. 1-March 31); Qtr. 3 (Apr. 1-Jun. 30); Qtr. 4 (Jul. 1-Sept. 30)

Educational Materials, Resources, and Curriculum

Activity	Curriculum, Toolkit, Resource Name		Level of Evidence Base	
3.1, 3.2, 3.3,	California Fit Business Kit, Posters – Worksite Program		Research Tested	
3.4, 3.5			Practice Tested	
		Х	Emerging	
			N/A - Please describe below:	
3.3, 3.4, 3.6	USDA/Choose My Plate	х	Research Tested	
			Practice Tested	
			Emerging	
			N/A - Please describe below:	

3.3, 3.4	NEOPB Cookbooks (Flavors of My Kitchen (Eng/Spa), Everyday Healthy Meals		Research Tested	
	(Eng/Spa), Healthy Latino Recipes (Eng/Spa), Soulful Recipes		Practice Tested	
			Emerging	
		Х	N/A - Please describe below:	
		Арр	roved SNAP-Ed Resource Materia	als
3.3	EatFresh.org		Research Tested	
			Practice Tested	
		Х	Emerging	
			N/A - Please describe below:	
3.5	CDPH Policy Systems and Environmental Change Resource Guide: Strategies for		Research Tested	
	Increased Access to Healthy Tools, Beverages and Physical Activity		Practice Tested	
			Emerging	
		Х	N/A - Please describe below:	
		App	roved SNAP-Ed Resource Materia	als

STANDARD ACTIVITIES FOR ALL SUBCONTRACTS

Activity	Description	Timeframe**	Documentation
5.1	Monthly invoices	Due 30 days after the end of each month	Monthly invoices with backup documentation including but not limited to: Checklist, Personnel Salaries and Benefits, Summary Spreadsheets, Biweekly Time Logs or timesheets, detail for travel, receipts, invoices, recipes
5.2	Enter program activity data entry into ATF database.	Due Jan. 15, Apr. 15, Jul. 15, Oct. 15 Year 1 reporting will only include April 30, July 31 and October 31.	Program activity, demographic and participation data entry single sessions provided into ATF.
5.3	Work with Department to complete the Semi-Annual Progress Report	Due Apr. 15 and Oct. 15	May include but is not limited to: backup documentation, pictures, evaluation reports, policies, success stories, press releases, challenges and strategies to address them, fiscal reports.
5.4	Submit Quarterly Champions for Change Narrative Reports on progress towards meeting subcontractors' respective activities.	Due January 31, April 30, July 31 and October 31 for Year 1, 2, & 3 Year 1 reporting will only include April 30, July 31 and October 31.	Back up documentation includes Champions for Change Narrative Report. Respective back up documentation for activity reporting must be kept on file by activity number and quarter and readily accessible if needed. This includes but not limited to: • Nutrition and physical activity single session classes (sing in sheets, agenda, data cards) • Events (event flyer, pictures) • Trainings/Meetings (agenda, Notes) PSE (Meeting Agendas, e-mails, pictures)
5.5	Work with Department-contracted Evaluator to evaluate and to comply with required and PSE change evaluation activities	Ongoing	Evaluation Reports, RE-AIM and Success Stories
5.6	Participate in Department and State periodic in-person trainings and webinars as appropriate.	Ongoing	ATF, Department Quarterly Champions for Change Narrative Reports
5.7	Participate in Champions for Change Program Lead meetings and All Team meetings as scheduled.	Ongoing	Agenda, meeting notes

5.8	Participate in FCHIP workgroups as appropriate to	Ongoing	Agenda, meeting notes
	communicate, cross-promote, facilitate a coordinated		
	approach to enhance the consistency of nutrition		
	messaging and integrate activities with contractors		
	and community partners to improve access to healthy		
	foods and physical activity in target communities.		
5.9	Work with community engagement subcontractor to	Ongoing	ATF, E-mail communication, Champion Engagement
	engage champions in completing scope of work		System, pictures, success story
	activities as appropriate and to the extent feasible.		

**Time Frame:

Year 1 (FFY 2017); Year 2 (FFY 2018); Year 3 (FFY 2019)

Qtr. 1 (Oct. 1-Dec. 31); Qtr. 2 (Jan. 1-March 31); Qtr. 3 (Apr. 1-Jun. 30); Qtr. 4 (Jul. 1-Sept.30)

YEAR ONE: JAN 1, 2017 - SEP 30, 2017

Organization Name:

California Health Collaborative

1. Staffing: Salary/Benefits:

Position #	Position Title	Name	FTE		Fime Spent % of SNAP-Ed Time spent on Direct SNAP- Ed Delivery	Annual Salary	Total SNAP- Ed Salary	Benefit Rate	Total SNAP-Ed Benefits	SNAP-Ed Admin Costs	Total SNAP-Ed Funded Salary and Benefits
1	Program Director	Brandi Muro	0.10	95.00%	5.00%	\$ 53,072.31	\$5,307.23	21.00%	\$1,114.52	\$6,100.66	\$6,422
2	Program Coordinator	Michelle Alcantara	1.00	5.00%	95.00%	\$ 35,009.70	\$35,009.70	21.00%	\$7,352.04	\$2,118.09	\$42,362
3	Program Coordinator	Karen Ard	1.00	5.00%	95.00%	\$ 35,009.70	\$35,009.70	30.00%	\$10,502.91	\$2,275.63	\$45,513
4	Program Coordinator	Norma Vail	0.75	5.00%	95.00%	\$ 35,009.70	\$26,257.28	30.00%	\$7,877.18	\$1,706.72	\$34,134
			2.85	Total Staffing:	Salary/Benefits:		\$101,584		\$26,847	\$12,201	\$128,431

Definition and basis for calculations of benefit rate(s):

Describe what is covered in the benefit rate for your agency.

Health-10.5%, Vision-0.4%, Dental-0.9%, Life Ins-0.7%, WC-1.1%, SUI-1%, Pension-8%

2. Non-Capital Equipment/Supplies:

Budget Item	Budget Item Description/Justification											
1 Office Supplies	Office Supplies General Supplies, duplicating, postage (1.65FTE x \$75 per month x 9 months)											
	Theft-sensitive equipment/supplies that are less than \$5,000 (Computers, printers, projectors, etc.)											
1					\$0							
	Total S	Supplies:	\$1,283									

3. Materials:

	Budget Item	Description/Justification	Cost per Item	# of Items	Total
1	Food Demonstrations/Taste	1 Food demonstrations per retail location reaching 50 people per demonstration (1 x 15 x 50) + food demonstrations for worksites (11 sites x 25	\$0.60	1025	\$615
2	Fruit and Veggie Fest	Materials for two Fruit and Veggie Fest events. Materials include: signage, fliers, food demo items, rental of generator	\$255.00	2	\$510
3	Worksite Program Materials	NEOP approved worksite materials such as recipe cards, posters, and other nutrition education materials	\$1.00	283	\$283
			Tota	l Materials:	\$1 408

4. Travel:

	Position Title/Name	Location	Description/ Justification	Trips	FTE	Days	Nights	Per Diem	Lodging	Air	Miles Re @ \$.54 Fe	eg. Other	Total
					In-State								
	3 Program Coordinators and 1 Program Director		Local travel to retail and worksite locations and meetings/trainings.	162	2.85						1312.20		\$1,312
Out-of-State													
1													\$0
										_		Total Travel:	\$1,312.20

5. Building/Space:

	Location Name/Address	Calculation Description	FTE	Cost per Month	# of Mo(s).	Total
1	Rent	(\$1.34 x 426.6 Sq. Ft.) + \$50.40 per month Ins. X 1.65FTE	2.85	622	9	\$15,954
		Tota	l Buildin	q/Space:	\$15,954	

6. Maintenance:

	Location Name/Address	Calculation Description	FTE	Cost per Month	# of Mo(s).	Total		
1	Communications	Phone, fax, Internet, IT Support (1.65FTE x \$190 per month x 9 months)	2.85	\$190.00	9	\$4,874		
	Total Maintenance:							

	7. Equipment and Other Capital Expenditures:										
	Budget Item	Description/Justification	FTE	Cost per Item	# of Items	Misc.	Total				
_1							\$0				

8. Consultants

	Organization Name	Description of Service(s)	Total
1			\$0
		Total Consultants:	\$0

9. Indirect Costs:

	Calculation Method	Indirect Cost Rate	Total Admin/Program Dollars	Total
1	Percent of Total Direct Costs	15.00%	\$153,261	\$22,989.16
			Total Indirect Costs:	\$22,989

Total Year 1 Budget: \$176,250

YEAR TWO: OCT 1, 2017 - SEP 30, 2018

Organization Name:

California Health Collaborative

1. Staffing: Salary/Benefits:

		Name		SNAP-Ed 1	Time Spent						Total
Position #	Position Title		FTE	% of SNAP-Ed Time spent on Mgmt/Admin Duties	% of SNAP-Ed Time spent on Direct SNAP- Ed Delivery	Annual Salary	Total SNAP- Ed Salary	Benefit Rate	Total SNAP-Ed Benefits	SNAP-Ed Admin Costs	SNAP-Ed Funded Salary and Benefits
1	Program Director	Brandi Muro	0.06	95.00%	5.00%	\$ 70,763.08	\$4,245.78	21.00%	\$891.61	\$4,880.53	\$5,137
2	Program Coordinator	Michelle Alcantara	1.00	5.00%	95.00%	\$ 46,679.60	\$46,679.60	21.00%	\$9,802.72	\$2,824.12	\$56,482
3	Program Coordinator	Karen Ard	1.00	5.00%	95.00%	\$ 46,679.60	\$46,679.60	30.00%	\$14,003.88	\$3,034.17	\$60,683
4	Program Coordinator	Norma Vail	0.50	5.00%	95.00%	\$ 46,679.60	\$23,339.80	30.00%	\$7,001.94	\$1,517.09	\$30,342
5	Program Coordinator	Rosendo Iniguez	1.00	5.00%	95.00%	\$ 46,679.60	\$46,679.60	30.00%	\$14,003.88	\$3,034.17	\$60,683
6		_					\$0.00		\$0.00	\$0.00	\$0
7							\$0.00		\$0.00	\$0.00	\$0
			3.56	Total Staffing:	Salary/Benefits:		\$167,624		\$45,704	\$15,290	\$213,328

Definition and basis for calculations of benefit rate(s):

Health-10.5%, Vision-0.4%, Dental-0.9%, Life Ins-0.7%, WC-1.1%, SUI-1%, Pension-8%

2. Non-Capital Equipment/Supplies:

Budget Item	Description/Justification	FTE	Cost per Item	# of Items	Total				
1 Office Supplies	General Supplies, duplicating, postage (3.56FTE x \$90 per month x 12 months)	3.56	\$90.00	12	\$3,845				
2					\$0				
3					\$0				
	Theft-sensitive equipment/supplies that are less than \$5,000 (Computers, printers, projectors, etc.								
1					\$0				
2					\$0				
3					\$0				
Total Supplies:									

3. Materials:

Budget Item	·								
Food Demonstrations/Taste									
1 Testing	2 Food demonstration per retail location reaching 50 people per demonstration (4 x 18 x 50) and 2 per worksite location reaching 25 people (16x25x2)	\$0.60	4400	\$2,640					
2 Fruit and Veggie Fest	Materials for two Fruit and Veggie Fest events. Materials include: signage, fliers, food demo items, rental of generator, radio remote	\$484.50	2	\$969					
Worksite approved NEOP									
3 materials	NEOP approved worksite materials such as recipe cards, posters, and other nutrition education materials	\$1.00	100	\$100					
4									
5				\$0					
		Total Ma	aterials:	\$3,709					

4. Travel:

	Position Title/Name	Location	Description/ Justification	Trips	FTE	Days	Nights	Per Diem	Lodging	Air	Miles @ \$.535	Reg. Fee	Other	Total
					In-State									
1	3 Program Coordinators and 1 Program Director	Fresno County	Local travel to work with Healthy Retail and Worksite locations		3.56						4360.7			\$2,333.00
3					Out-of-State									\$0 \$0
1					Out-or-State							Tata	l Travel:	\$0 \$2,333

5. Building/Space:

Location Name/Address	Calculation Description	FTE	Cost per Month	# of Mo(s).	Total		
1 Rent	(\$1.38 x 468 Sq. Ft.) X 3.56FTE	3.56	\$645.00	12	\$27,554		
2					\$0		
3					\$0		
Total Building/Space:							

6. Maintenance:

	Location Name/Address	Calculation Description	FTE	Cost per Month	# of Mo(s).	Total		
1	Communications	Phone, fax, Internet, IT Support (3.6FTE x \$190 per month x 12 months)	3.56	\$155.00	12	\$6,622		
2						\$0		
3						\$0		
Total Maintenance:								

7. Equipment and Other Capital Expenditures:

	Budget Item	Description/Justification	FTE	Cost per Item	# of Items	Misc.	Total
1							\$0
2							\$0
				-	Total Equ	ipment:	\$0

8. Consultants

	Organization Name	Description of Service(s)	Total
1			\$0
2			\$0
		Total Consultants:	\$0

9. Indirect Costs:

Calculation Method	Indirect Cost Rate	Total Admin/Program Dollars	Total
1 Percent of total direct costs	15.00%	257,391	\$38,609
		Total Indirect Costs:	\$38,609

Total Year 2 Budget: \$296,000

YEAR THREE: OCT 1, 2018 - SEP 30, 2019

Organization Name:

California Health Collaborative

1. Staffing: Salary/Benefits:

Position #	Position Title	Name	FTE		Fime Spent % of SNAP-Ed Time spent on Direct SNAP- Ed Delivery	Annual Salary	Total SNAP- Ed Salary	Benefit Rate	Total SNAP-Ed Benefits	SNAP-Ed Admin Costs	Total SNAP-Ed Funded Salary and Benefits
1	Program Director	Brandi Muro	0.06	95.00%	5.00%	\$ 70,763.08	\$4,245.78	21.00%	\$891.61	\$4,880.53	\$5,137
2	Program Coordinator	Michelle Alcantara	1.00	5.00%	95.00%	\$ 46,679.60	\$46,679.60	21.00%	\$9,802.72	\$2,824.12	\$56,482
3	Program Coordinator	Karen Ard	1.00	5.00%	95.00%	\$ 46,679.60	\$46,679.60	30.00%	\$14,003.88	\$3,034.17	\$60,683
4	Program Coordinator	Norma Vail	0.50	5.00%	95.00%	\$ 46,679.60	\$23,339.80	30.00%	\$7,001.94	\$1,517.09	\$30,342
5	Program Coordinator	Rosendo Iniguez	1.00	5.00%	95.00%	\$ 46,679.60	\$46,679.60	30.00%	\$14,003.88	\$3,034.17	\$60,683
6	_						\$0.00		\$0.00	\$0.00	\$0
7							\$0.00		\$0.00	\$0.00	\$0
	_		3.56	Total Staffing:	Salary/Benefits:		\$167,624		\$45,704	\$15,290	\$213,328

Definition and basis for calculations of benefit rate(s):

Health-10.5%, Vision-0.4%, Dental-0.9%, Life Ins-0.7%, WC-1.1%, SUI-1%, Pension-8%

2. Non-Capital Equipment/Supplies:

Budget Item	Description/Justification	FTE	Cost per Item	# of Items	Total				
1 Office Supplies	General Supplies, duplicating, postage (3.56FTE x \$90 per month x 12 months)	3.56	\$90.00	12	\$3,845				
2					\$0				
3					\$0				
	Theft-sensitive equipment/supplies that are less than \$5,000 (Computers, printers, projectors, etc.)			_					
1					\$0				
2					\$0				
В					\$0				
Total Supplies:									

3. Materials:

Budget Item	Description/Justification	Cost per Item	# of Items	Total							
Food Demonstrations/Taste	2 Food demonstrations per retail location reaching 50 people per demonstration (4 x 18 x 50) and 2 Food demonstrations at each worksite reaching 25										
1 Testing	people(16 x 2 x25)	\$0.60	4400	\$2,640							
2 Fruit and Veggie Fest	Materials for two Fruit and Veggie Fest events. Materials include: signage, fliers, food demo items, rental of generator, radio remote	\$484.50	2	\$969							
Worksite approved NEOP											
3 materials	NEOP approved worksite materials such as recipe cards, posters, and other nutrition education materials	\$1.00	100	\$100							
4											
5				\$0							
Total Materials:											

4. Travel:

	Position Title/Name	Location	Description/ Justification	Trips	FTE	Days	Nights	Per Diem	Lodging	Air	Miles @ \$.535	Reg. Fee	Other	Total
					In-State									
	3 Program Coordinators and 1 Program Director		Local travel to work with Healthy Retail and Worksite locations		3.56						4360.7			\$2,333.00 \$0 \$0
					Out-of-State									
19														\$0
												Tota	I Travel:	\$2,333.00

5. Building/Space:

	Location Name/Address	Calculation Description	FTE	Cost per Month	# of Mo(s).	Total
1	Rent	(\$1.38 x 468 Sq. Ft.) X 3.56FTE	3.56	\$645.00	12	\$27,554
2						\$0
3						\$0
				Total Building	g/Space:	\$27,554

6. Maintenance:

	Location Name/Address	Calculation Description	FTE	Cost per Month	# of Mo(s).	Total
1	Communications	Phone, fax, Internet, IT Support (1.48FTE x \$190 per month x 12 months)	3.56	\$155.00	12	\$6,622
2						\$0
3						\$0
				Total Maint	tenance:	\$6.622

7. Equipment and Other Capital Expenditures:

	Budget Item	Description/Justification	FTE	Cost per Item	# of Items	Misc.	Total
1							\$0
2							\$0
							\$0

8. Consultants

	Organization Name	Organization Name Description of Service(s)	
1			\$0
2			\$0
		Total Consultants:	\$0

9. Indirect Costs:

Calculation Method	Indirect Cost Rate	Total Admin/Program Dollars	Total
1 Percent of total direct costs	15.00%	\$257,391	\$38,609
		Total Indirect Costs:	\$38,609

Total Year 3 Budget:
