AMENDMENT I TO AGREEMENT

WHEREAS, the parties entered into that certain Agreement, identified as COUNTY Agreement No. 13-709, effective December 3rd 2013, hereafter referred to as the Agreement; and

WHEREAS the parties 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 acknowledged, the parties agree as follows:

1. That the following text in the Agreement, Page Three (3), beginning with Paragraph Four (4), Line Eleven (11) with the word "COMPENSATION" and ending on Page Five (5) Line Nineteen (19) with the word "compensation" be deleted and the following inserted in its place:

"4. COMPENSATION

A. COUNTY agrees to pay PROVIDER(S) and PROVIDER(S) agrees to receive compensation for costs associated with the delivery of Drug and Alcohol Abuse/Misuse Prevention and Education services performed by PROVIDER(S) in accordance with the budget projections specified in Revised Exhibit B. The maximum compensation for each twelve-month period of the Agreement shall not exceed Two Hundred Forty Thousand and No/100 Dollars (\$240,000.00). It is understood that all expenses incidental to PROVIDER(S)'s performance of services under this agreement shall be borne by PROVIDER(S).

B. The maximum compensation under this Agreement for each PROVIDER shall not exceed Forty Thousand and No/100 Dollars (\$40,000.00) annually.

C. The contract maximum amounts as identified in this Agreement may be reduced based upon State, Federal, and local funding availability. In the event of such action, COUNTY's DBH Director or designee, shall notify the PROVIDER(S) in writing of the reduction in the maximum amount within 30 days of notification of same from the funding source.

In the event funding for these services is delayed by the State Controller,

COUNTY may defer payment to PROVIDER(S). The amount of the deferred payment shall not exceed the amount of funding delayed by the State Controller to the COUNTY. The period of time of the deferral by COUNTY shall not exceed the period of time of the State Controller's delay of payment to COUNTY plus forty-five days.

D. Payments - PROVIDER(S) shall complete a year end cost report in accordance with Section 16-C of this Agreement at the end of each fiscal year to reflect PROVIDER(S)'s actual expenditures. Within forty-five (45) days of the reconciliation by COUNTY, PROVIDER(S) shall make payment to COUNTY or COUNTY shall reimburse PROVIDER(S) as appropriate.

Payment by COUNTY shall be in arrears, based on PROVIDER(S)'s monthly invoices submitted for services provided during the preceding month, within forty-five (45) days after receipt and verification of PROVIDER(S)'s monthly invoices by COUNTY's DBH-SAS.

For services rendered herein, PROVIDER(S) shall assure that an on-going quality assurance component is in place and is occurring. PROVIDER(S) shall assure that clinical records for each participant are of such detail and length that a review of said record will verify that appropriate services were provided. If the record is unclear, incomplete, and/or indicates that appropriate services were not provided, COUNTY reserves the right to withhold payment for the applicable unit(s) of service. If PROVIDER(S) should fail to comply with any provision of this Agreement, COUNTY shall be relieved of its obligation for further compensation. PROVIDER(S)'s and COUNTY's obligations under this Section shall survive the termination or expiration of this Agreement.

E. Public Information - PROVIDER(S) shall disclose its funding source in all public information, however, this requirement of disclosure of funding source shall not be required in spot radio or television advertising.

- F. Lobbying Activity PROVIDER(S) shall not directly or indirectly use any of the funds provided under this Agreement for publicity, lobbying, or propaganda purposes designed to support or defeat legislation pending before the Congress of the United States or the Legislature of the State of California.
- G. Political Activity PROVIDER(S) shall not directly or indirectly use any of the funds under this Agreement for any political activity or to further the election or defeat of any caildidate for public office.
- H. Funding Sources It shall be the obligation of PROVIDER(S) to determine and claim all revenue possible from private pay sources and third party payers. PROVIDER(S) shall not use any funds under this Agreement for services covered by Drug Medi-Cal or other health insurance for eligible beneficiaries. PROVIDER(S) shall claim all Drug Medi-Cal covered services for eligible beneficiaries through the Drug Medi-Cal claiming process. The COUNTY will only reimburse PROVIDER(S) for services rendered that are not covered by Drug Medi-Cal, other insurance or other revenue sources.

PROVIDER(S) shall not use any funds under this Agreement to the extent that a participant is eligible for Medi-Cal, insurance or other revenue reimbursement for services rendered.

Any revenues generated by PROVIDER(S) in excess of the amounts budgeted in this Agreement, may be utilized to expand/enhance the services during COUNTY's fiscal years in which revenues are collected or in the following COUNTY fiscal year. Additional revenues will be considered separate and distinct from COUNTY's payment to PROVIDER(S). The manner and means of service expansion/enhancement shall be subject to the prior written approval of COUNTY's DBH Director or her designee. PROVIDER(S) shall disclose all sources of revenue to COUNTY. Under no circumstances will COUNTY funded staff time be used for fund-raising purposes.

- I. Cost of Living Adjustment PROVIDER(S) shall not utilize any funds provided under this Agreement to provide cost of living adjustments to PROVIDER(S)'s employee compensation."
- 2. That the following text in the Agreement, Page Eight (8), beginning with Paragraph Eleven (11), Line Seventeen (17) with the word "MODIFICATION" and ending on Page Eight (8) Line

Twenty-Four (24) with the word "herein" be deleted and the following inserted in its place:

"11. MODIFICATION

Any matters of this Agreement may be modified from time to time by the written consent of all the parties without, in any way, affecting the remainder.

Notwithstanding the above, changes to Section One (1) OBLIGATIONS OF THE PROVIDER(S) and Section Four (4) COMPENSATION as needed to accommodate changes in State and Federal Law relating to mental health and substance use disorder treatment services may be made with the signed written approval of COUNTY's DBH Director or designee and PROVIDER(S) through an amendment approved by County Counsel and Auditor. Changes to line items in the budget, as set forth in Revised Exhibit B, that do not exceed 10% of the maximum compensation payable to PROVIDER(S), may be made with the written approval of COUNTY's DBH Director or designee, and PROVIDER(S). Changes in the line items in the budget that exceed 10% of the maximum compensation payable to the PROVIDER(S), may be made with signed written approval of the COUNTY's DBH Director or designee and PROVIDER(S) through an amendment approved by County Council and Auditor. Said budget line item changes shall not result in any change to the annual maximum compensation amount payable to PROVIDER(S), as stated in the agreement.

PROVIDER(S) further understands that this Agreement is subject to any restrictions, limitations, or enactments of all legislative bodies which affect the provisions, term or funding of this Agreement in any manner."

3. That the following text in the Agreement, Page Twenty-Nine (29), beginning with Paragraph Twenty-Six (26), Line Twenty-Four (24) with the word "COMPLIANCE" and ending on Page Thirty (30), Line Eighteen (18) with the word "Agreement" be deleted and the following inserted in its place:

"26. COMPLIANCE WITH LAWS AND POLICIES

PROVIDER(S) shall comply with all applicable rules and regulations set forth in Titles 9 and 22 of the California Code of Regulations, and California Health and Safety Code section 11750 et seq. PROVIDER(S) shall comply with any other Federal and State laws or guidelines applicable to PROVIDER(S)'s performance under this Agreement or any local ordinances, regulations, or policies

applicable. Such provisions include, but are not restricted to:

- A. For renewal of multi-year contracts with non-profit organizations which primarily serve Fresno County and professional services contract where Fresno County is the sole client, the administrative and employee benefits costs should be both reasonable and necessary for the administration of the program.
- B. PROVIDER(S) shall provide that each client's ability to pay for services is determined by the use of the method approved by COUNTY.
- C. PROVIDER(S) shall establish and use COUNTY'S approved method of determining and collecting fees from clients.
- D. PROVIDER(S) shall furnish client records in accordance with the applicable Federal and State regulations, and with the Alcohol and/or Other Drug Program Certification Standards set forth by the California Department of Health Care Services, including in such records a treatment plan for each client, and evidence of each service rendered.
- E. PROVIDER(S) shall submit accurate, complete and timely claims and cost reports, reporting only allowable costs.
- F. PROVIDER(S) shall comply with statistical reporting and program evaluation systems as provided in State of California regulations and in this Agreement."
- 4. That the following paragraphs are being added to the Agreement as Paragraphs Forty-Two (42), Forty-Three (43), Forty-Four (44), and Forty-Five (45) on Page Thirty-Eight (38), Line Twenty-Three (23).

"42. UNLAWFUL USE OF DRUGS AND ALCOHOL

PROVIDER(S) shall ensure that information provided to clients contains a clearly written statement that there shall be no unlawful use of drugs or alcohol associated with PROVIDER(S). Additionally, PROVIDER(S) shall ensure that no aspect of the program includes any message in materials, curricula, teachings, or promotion of the responsible use, if the use is unlawful, of drugs or alcohol pursuant to Health and Safety Code (HSC) 11999-11999.3. PROVIDER(S) shall maintain that any unlawful use of drugs and alcohol is illegal and dangerous.

effect; or

award.

PROVIDER(S) must sign the "Unlawful Use of Drugs and Alcohol Certification", attached hereto as Exhibit G, incorporated herein by reference and made part of this Agreement agreeing to uphold the obligations of HSC 11999 – 11999.3.

COUNTY shall enforce the requirement of "No Unlawful Use" set forth by DHCS and requires PROVIDER(S) to enforce the requirement as well.

This agreement may be unilaterally terminated, without penalty, if PROVIDER(S) or a subcontractor that is a private entity is determined to have violated a prohibition of the Unlawful Use of Drugs and Alcohol message or has an employee who is determined by the DBH Director or her designee to have violated a prohibition of the Unlawful Use of Drugs and Alcohol message."

43. RESTRICTION ON DISTRIBUTION OF STERILE NEEDLES

PROVIDER(S) shall adhere to the State-County Contract requirement that no funds shall be used to carry out any program of distributing sterile needles or syringes for the hypodermic injection of any illegal drug unless the DHCS chooses to implement a demonstration syringe services program for intravenous drug users.

44. TRAFFICKING IN PERSONS PROVISIONS – PRIVATE ENTITY

PROVIDER shall conform to all Federal statutes and regulations prohibiting trafficking in persons, as well as trafficking-related activities, including, but not limited to the trafficking of persons, provisions in Section 106(g) of the Trafficking Victims Protection Act of 2000 (TVPA) as amended by Section 1702.

PROVIDER(S), PROVIDER(S)'s employees, subrecipients, and subrecipients' employees may not:

- A) Engage in severe forms of trafficking in persons during the period of time that the award is in effect;
 - B) Procure a commercial sex act during the period of time that the award is in
 - C) Use forced labor in the performance of the award or subawards under the

This agreement may be unilaterally terminated, without penalty, if PROVIDER(S)

or a subrecipient that is a private entity is determined to have violated a prohibition of the TVPA or has an employee who is determined by the DBH Director or her designee to have violated a prohibition of the TVPA through conduct that is either associated with performance under the award or imputed to the PROVIDER(S) or their subrecipient using the standards and due process for imputing the conduct of an individual to an organization that are provided in 2 C.F.R. Part 180, "OMB Guidelines to Agencies on Government-wide Debarment and Suspension (Nonprocurement).

PROVIDER(S) must inform the DBH Director or her designee immediately of any information received from any source alleging a violation of a prohibition of the TVPA.

PROVIDER(S) must sign a certification annually acknowledging the Trafficking Victims Protection Act of 2000 requirements (TVPA Certification), attached hereto as Exhibit H, incorporated herein by reference and made part of this Agreement and must require all employees to complete annual TVPA training."

45. CONFIDENTIALITY OATH

PROVIDER(S) shall ensure that all of its employees sign the Oath of Confidentiality, attached hereto as Exhibit I, before they begin employment with PROVIDER(S) and shall renew said document annually thereafter. PROVIDER(S) shall retain each employee's written confidentiality oath for COUNTY and DHCS inspection for a period of six (6) years following the termination of this agreement."

- 5. The remaining Paragraph (Paragraph 42 "**Entire Agreement**") in the original Agreement No. 13-709 shall be re-numbered sequentially to read as Paragraph Forty-Six (46).
- 6. That all references in the Agreement to "Exhibit A" shall be changed to read "Revised Exhibit A".
- 7. That all references in the Agreement to "Exhibit B" shall be changed to read "Revised Exhibit B", which is attached hereto and incorporated herein by reference.
- 8. COUNTY and PROVIDER(S) agree that this Amendment I is sufficient to amend Agreement No. 13-709 and Amendment I together with the Agreement shall be considered the Agreement.
 - 9. The Agreement, as hereby amended, is ratified and continued. All provisions, terms,

covenants, conditions, and promises contained in the Agreement and not amended herein shall remain in full force and effect. This Amendment I shall be effective upon execution.

1	IN WITNESS WHEREOF, the parties hereto have of	executed this Amendment I to Agreement No.
2	A-13-709 as of the day and year first hereinabove written.	
3		
4	ATTEST:	
5		
6		PROVIDER(S)
7	COUNTY OF FRESNO	SEE REVISED EXHIBIT A
8		
9	N N	
10	By Link	
11	Chairman	
12	Board of Supervisors	
13	Date: $10-20-17$	
14		
15		
16	BERNICE E. SEIDEL, Clerk	
17	Board of Supervisors	
18	By Susan Bishop, Deputy	
19	Date: <u>Lo - 20 - 17</u>	
20		
21		
22		
23		
24		
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26		

1	APPROVED AS TO LEGAL FORM:
2	DANIEL CEDERBORG, COUNTY COUNSEL
3	
4	By Janelle E. Kelly
5	Date:
6	
7	OSCAR J. GARCIA, C.P.A., AUDITOR-CONTROLLER
8	TREASURER-TAX COLLECTOR
9	
10	By Cla E Carles fr. Date: 5/3/17
11	Date: 6/33/17
12	
13	REVIEWED AND RECOMMENDED FOR
14	APPROVAL:
15	
16	By Dawan Utecht
17	Dawan Utecht, Director
18	Department of Behavioral Health
19	Date:5/19/17
20	
21	
22	The following is for COUNTY's use:
23	Fund/Subclass: 0001/10000
24	Organization: 56302081
25	Account/Program: 7295/0
26	

1	Provider: CENTRAL CALIFORNIA RECOVERY, INC.
2	
3	
4	By Eli Witte
5	
6	Print Name: DAG WHITE
7	
8	Title:
9	Chairman of the Board, President, or Vice President
10	·
11	Date:5-17-17
12	
13	
14	
15	By Larbara A White
16	2 1/-
17	Print Name: BARBALA A. WhiTe
18	
19	Title:
20	Secretary (of Corporation), Assistant Secretary,
21	Chief Financial Officer, or Assistant Treasurer
22	
23	Date:
24	

26

27

1	Provider: DELTA CARE, INC.
2	
3	11
4	By Gleage lapin
5	
6F	Print Name: PITA EMUNWA
7	1
8	Title: EXECUTIVE BURGUTOR
9	Chairman of the Board, President, or Vice President
10	
11	Date: May 18,2017
12	
13	
14	
15	By Alieat
16	Annual Control of the
17	Print Name: For Felix Enyment
18	
19	Title: Chap Francial Officer
20	Secretary (of Corporation), Assistant Secretary,
21	Chief Financial Officer, or Assistant Treasurer
22	
23	Date: 5/18/2017
24	
25	
26	
27	

1	Provider: FRESNO NEW CONNECTIONS
2	
3	List N.
4	Print Name: Suzanne Kotkin-Jaszi
5	
6	Print Name: <u>Suzanne</u> Kotkin-Jaszi
7	
8	Title:
9	Chairman of the Board, President, or Vice President
10	
11	Date: 5-17-17
12	
13	
14	100
15	By Goanna Lighman
16	
17	By Goanna Tilghman Print Name: Joanna Tilghmah
18	
19	Title: Sacratary
20	Secretary (of Corporation), Assistant Secretary,
21	Chief Financial Officer, or Assistant Treasurer
22	
23	Date: 5.17.17
24	• .
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Remit: 1204 W Shaw Ave #102

Fresno, CA 93711

Service Address: 1204 W Shaw Ave #102

Fresno, CA 93711

Program Name: Celebrating Families!

Contact: Dale White Phone: (559) 681-1947

Delta Care, Inc.

Remit: 4705 N. Sonora Avenue, Ste 113

Fresno, CA 93722

Service Address: 4705 N. Sonora Avenue, Ste 113

Fresno, CA 93711

Name: Total Family SUD Prevention-Unification Contact: Rita O. Enunwa

Phone: (559) 276-7558

Fresno New Connections

Remit: 4411 N. Cedar Avenue, #118

Fresno, CA 93726

Service Address: 4411 N. Cedar Avenue, #118

Fresno, CA 93726

Program Name: Creating Lasting Family Connections Contact: Rob Martin

Phone: (559) 248-1548

	FRESNO COUNTY
	FY 2013-2014 BUDGET
	BUDGET JUSTIFICATION NARRATIVE
PROGRAM SUPPLIES	List the following program supplies categories and provide a brief description for each category: 0551-Program Supplies- Food Costs The Celebrating Familes model begins each session with a family-style meal. The food costs are calculated at \$10 per person, per week, for the 16 weeks of the program. Approximately 30 participants are expected. The cost for this in an outpatient setting will be greater than that for a residential setting, as an outpatient setting has no on-site food preparation facilities. 0552- Program Supplies Curriculumn - The Celebrating Families curriculum costs \$215.
	· 0553-RT/OT Supplies.
CONSULTANCY	List the following consulting categories and provide a brief description for each category: 0601-Consultant Services- 0602-Contracted Services - Facilitators shall be compensated at a rate of \$50 per hour, with each session lasting two hours. The program lasts 16 weeks. 2 counselors X 2 hours a week X 16 weeks = 64 hours @\$50/hour =\$3200

FRESNO COUNTY FY 2013-2014 BUDGET

Main Age 1700 Wild State	Fiscal Year: FY 2013-2014 Provider Name: CENTRAL CALIF	FY 2013-2014 CENTRAL CALIFORNIA RECOVERY		Submitted by Date	Submitted by: DALE WHITE Date: October 23, 2013		
No. of Budgeted FTE Administration: Direct Service: E-Mail Address: Park Dubber (599) 182-173-176	ddress:	AVE #122, FRESNO, CA 93	711	Signature		andre entre depretor principal desentativas proposatoris productivas desentativas de la constanta de la consta	
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FRESNO COUNTY FY 2013-2014 BUDGET

FY 2013- 2014
CENTRAL CALIFORNIA RECOVERY
CELEBRATING FAMILIES
October 23, 2013 Fiscal Year: Provider Name: Program: Date:

Approved by: DALE WHITE Date: October 23, 2013

		ez z ise	
	MHSA Funding	Budget	80
	BH Realignment	Budget	0\$
מונהי	Budget Categories-Line Item Description	(Must Be Itemize⊌)	SALARY, PAYROLL TAX, AND EMPLOYEE BENEFITS TOTAL

Budget Categories-Line Item Description	BH Realignment	MHSA Funding		THE PARTY OF THE PROPERTY OF THE PARTY OF TH	Proposed Program
	Budget	Budget			Budget
SALARY, PAYROLL TAX, AND EMPLOYEE BENEFITS TOTAL	\$0	80		To the state of th	80
INSURANCE					
0251 Worker's Compensation Insurance		20	\$0	\$0	\$0
0252 Liability Insurance	Volument	90	\$0	\$0	\$0
0253 Insurance Other-Specify		\$0	\$0	\$0	80
INSURANCE TOTAL	SO	90	SO	\$0	SO
COMMUNICATIONS					
0301 Telecommunications/data fines		80	\$0	\$0	\$0
0302 Answering Service	Q	\$0	80	\$0	90
COMMUNICATIONS TOTAL	80	\$0	20	SO	SOS
OFFICE EXPENSE					THE PERSON NAMED AND PARTY OF THE PE
0351 Office Supplies		\$	\$0	\$0	
		\$0	\$0	\$0	
		\$0	\$0	80	
0354 Publications		\$0	80	\$0	
0355 Legal Notices/Advertising		80	\$0	\$0	
OFFICE EXPENSE TOTAL	\$0	SO	SO	\$0	80
EQUIPMENT					
		\$0	80	\$0	90
		\$0	\$0	\$0	9
0403 Equipment Maintenance	⊗	80	80	80	0\$
EQUIPMENT TOTAL	O\$	SO	SO	0\$	80
FACILITIES					
0451 Rent/Lease Buileing		80	80	\$0	O\$
0452 Facilities Maintenance		90	\$0	\$0	\$0
0453 Utilities		\$0	80	\$0	0\$
FACILITIES TOTAL	80	20	0\$	0\$	0\$
		80	80	\$0	\$0
		80	80	\$0	\$0
		90	\$0	\$0	90
0504 Transportation		\$0	\$0	\$0	\$0
IRAVEL COSTS TOTAL	80	20	os	0\$	0\$

Central California Recovery, Inc.

FY 2013-2014 BUDGET

FY 2013-2014
CENTRAL CALIFORNIA RECOVERY
CELEBRATING FAMILIES
October 23, 2013 Fiscal Year: Provider Name: Program: Date:

Approved by: DALE WHITE Date: October 23, 2013

Budget Categories-Line Item Description	BH Realignment	MHSA Funding			Proposed Program
(Must Be Itemized)	Budget	Budget			Budget
PROGRAM SUPPLIES					
0551 Program Supplies-Food costs for family dinners	\$4,800				
0552 Program Supplies-Curriculum	\$215				\$215
0553 Program Supplies-RT/OT Supplies		\$0	\$0	\$0	
PROGRAM SUPPLIES TOTAL	\$5,015				\$5,015
CONSULTANCY					
0601 Consultant Services		\$0		80	\$0
0602 Contracted Services	\$3,200	80	\$0	\$0	\$3,2
CONSULTANCY TOTAL	\$3,200	0\$		OS SO	
FISCAL AND AUDITS					
0651 Accounting/Bookkeeping		80		90	
0652 External Audit		80	\$0	\$0	90
FISCAL AND AUDITS TOTAL	0\$	80		0\$	
OTHER COSTS					
0701 Indirect Casts		\$0		80	
0702 Licenses/faxes		\$0		0\$	
0703 County Administration Fee	80	\$0		80	
0749 Other Business Services		80	8	80	09
OTHER COSTS TOTAL	S	\$0		SO	***************************************
TOTAL PROGRAM EXPENDITURES	\$8,215	SO		os	\$8.2
REVENUE/MATCH					
3120 Medi-Cal		200			
3130 State Grant	\$0	\$0			
3140 Private Donations		\$0			
3150 Client Fees	\$0	20	0\$	\$0	80
REVENUE/MATCH TOTAL	0\$	0\$,
NET PROGRAM BUDGET	\$8,215	\$0	80	0\$	\$8,215

Central California Recovery, Inc.

FRESNO COUNTY FY 2014-2015 BUDGET

Fiscal Year: Provider Name:	FY 2014-2015 CENTRAL CALIFORNIA RECOVERY	RECOVE	RY		v)	Submitted by: DALE WHITE Date: October 23, 2013	DALE WHITE October 23, 2	2013					
Program: Mailing Address: Street Address:	Family Focused-Prevent 1100 W SHAW AVE #122 SAME	ntlon Services 22, FRESNO, CA	ces O, CA 93711	Manage primaria de desperanta de la composition della composition		Approved by, BALLE WHITE	MHITTE WHITTE						
Phone Number;	(559) 681-1947						October 23, 2013	2013					
No. of Buc	No. of Budgeted FTE Administration: 0.1	0.00	Direc	Direct Service: 0.0.0	□	E-Mail Address: assessment transproportion	desugation un	Material Personal	hel-kulios xo				Production
Budget Categories-	Anr	L	% of FTE	% Time dedicated			Prop	Proposed Program Budge	gram Bu	dget			
Line flem Description (Must be Itemized)	(12-N Sal	(12-Month) de Salary thi	dedicated to	to services Admin Direct	BH Realignment Admin Direc	gnment Direct	MHSA Funding Admin. Direct	ding Admin.	nin. Direct	BCI	Total Pr Admin	osodo	Burget Direct
PERSONNEL/SALARIES		T						.ł	1	-	-		
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SALARIES TOTAL	-	-	-		\$0	50				-		\$0	So
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0151 State Unemployment Insurance 0152 F.I.C.A./O.A.S.D.I.	surance				G G	S S				dollow Marine			G 5
0153 State Disability Insurance	e,									·····	.,	3	3
PAYROLL TAXES TOTAL					80	SO				•		\$0	80
020 Fealth Insurance					20.00	00 03				***		Ü	S
										~		}	}
0203 Retirement 0204 Benefits Other - Specify					S S	SO					(****	. 80	g
EMPLOYEE BENEFITS TOTAL					80	80			_	-		\$0	20

FRESNO COUNTY FY 2014-2015 BUDGET

Fiscal Year: FY 2014-2015
Provider Name: CENTRAL CALIFORNIA RECOVERY
Program: CELEBRATING FAMILIES
Date: October 23, 2013

Approved by: DALE WHITE Date: October 23, 2013

Budget Categories-Line Item Description	BH Realignment	MHSA Funding			Proposed Program
(Must Be Itemized)	Budget	Budget			Budget
SALARY, PAYROLL TAX, AND EMPLOYEE BENEFITS TOTAL	os	0\$		X.	80
INSURANCE					
0251 Worker's Compensation Insurance	\$0	80			
0252 Liability Insurance		0\$		******	
0253 Insurance Other-Specify		80	9	09	09
INSURANCE TOTAL	80	\$0			
COMMUNICATIONS					
0301 Telecommunications/data lines		9		*******	
0302 Answering Service	80	80	80	80	80
COMMUNICATIONS TOTAL	SO	\$0			
OFFICE EXPENSE					
		\$0			
		\$0			
0353 Printing/Reproduction		80			
0354 Publications		80			
0355 Legal Notices/Advertising		0\$	09	80	O.S.
OFFICE EXPENSE TOTAL	SO	\$0			
EQUIPMENT		Charles and the contract of th			
0401 Purchase of Equipment		80			
0402 Equipment Rent/Lease		80			
0403 Equipment Maintenance	O _S	80			
EQUIPMENT TOTAL	80	80	80	US	03
FACILITIES				***************************************	
0451 Rent/Lease Building		80	O\$		
0452 Facilities Maintenance		C.F.	C.		
0453 Utilities		09	90	09	S S
FACILITIES TOTAL	SO.	80	80		
		80	OS.		Ç.
		0\$	200		909
		80	8		C G
0504 Transportation		\$0	80	0\$	90
TRAVEL COSTS TOTAL	20	S	0\$		80

Central California Recovery, Inc.

FRESNO COUNTY FY 2014-2015 BUDGET

Fiscal Year: FY 2014-2015
Provider Name: CENTRAL CALIFORNIA RECOVERY
Program: CELEBRATING FAMILIES
Date: October 23, 2013

Approved by: DALE WHITE Date: October 23, 2013

Budget Categories-Line Item Description	BH Realignment	MHSA Funding		AND THE RESIDENCE OF THE PROPERTY OF THE PROPE	Proposed Program
(WUSE DE RETILIZED)	pager	lagond			nager
PROGRAM SUPPLIES	en.com				-
0551 Program Supplies-Food costs for family dinners	\$4,800	80			
0552 Program Supplies-Curriculum	\$215	\$0		\$0	\$215
0553 Program Supplies-RT/OT Supplies	, bar Mein	\$0	O\$		
PROGRAM SUPPLIES TOTAL	\$5,015	80		\$0	\$5,015
CONSULTANCY					
0601 Consultant Services		80	80	0\$	20
0602 Contracted Services	\$3,200	80	90	\$	
CONSULTANCY TOTAL	\$3,200	80	os .	80	\$3,200
FISCAL AND AUDITS					
0651 Accounting/Bookkeeping		\$0	80	8	
0652 External Audit		80	80	\$0	09
FISCAL AND AUDITS TOTAL	\$0	\$0	os so	SO	80
OTHER COSTS					
0701 Indirect Costs		80	80	28	
0702 Licenses/Taxes		\$0	80	\$0	
0703 County Administration Fee	90	80	80	0\$	
0749 Other Business Services	\$0	80	O\$	80	
OTHER COSTS TOTAL	80	80	0\$	80	
TOTAL PROGRAM EXPENDITURES	\$8,215	80	SO	0\$	\$8,215
REVENUE/MATCH					
3120 Medi-Cal	80	\$0	20	25	***
3130 State Grant	\$0	20	OS	80	
3140 Private Donations	80	\$0	80	200	
3150 Client Fees	\$0	\$0	80	\$0	\$0
REVENUE/MATCH TOTAL	os	0\$	os	\$0	
	Process (School Section (Section) Section (Secti				

\$8,215

\$0

\$0

\$0

\$8,215

NET PROGRAM BUDGET

Central California Recovery, Inc.

FRESNO COUNTY FY 2015-2016 BUDGET

Fiscal Year: Provider Name: CENTRAL CALIFORNIA Program: Mailing Address: Street Address: Street Address: Show of Budgeled FTE Administration:	FY 2015-2016 CENTRAL CALIFORNIA RECOVERY Family Focused-Prevention Services 1100 W SHAW AVE #122, FRESNO, CA 93711 SAME [559] 681-1947 TE Administration: 0.00 Directions	SNO, CA 9371	3711 Direct Service: 0.00	у - - № ш	Submitted by: DALE WHITE Date: October 23, 20 Approved by: DALE WHITE Signature: Date: October 23, 20 Fax Number: 1559 412-2126 Mail Address: Date: October 23, 20	Submitted by: DALE WHITE Date: October 23, 2013 Approved by: DALE WHITE Signature: Date: October 23, 2013 Fax Number: 5599 412-2126 E-Mall Address: assessment in stage for search (vertical control	-search() vehoo c	45		
Budget Categories- Line flem Description (Must be llemized) PERSONNEL/SALARIES 0101 0102 0103 0104 0105 0106 0111 0111 0111 0111 0111 0111	Solary Solary	% of FTE declicated to this program	% Time dedicated to services Admin. Direct	BH Realignment Admin So	Direct Direct SO	Proposed MHSA Funding Admin Direct	Proposed Program Budge	Direct	Total Proposed Budget Admin. Direct S0	1 Budget Direct SO
SALARIES TOTAL	narautus			80	08			1	OS	05
PAYROLL TAXES 0151 State Unemployment Insurance 10152 F. I.C.A./O.A.S.D.I. 0153 G. Insurance 0153 G. Insurance				0S 0S	% %				0S 0S	0,5
PAYROLL TAXES TOTAL				80	- 80	A			0\$	80
EMPLOYEE BENEFITS 0201 Health Insurance 0202 Life insurance 0203 Retirement				\$0.00 \$0	06 00 08				08	80
0				80	80		-	-	08	80

FRESNO COUNTY FY 2015-2016 BUDGET

FY 2015-2016
Provider Name: CENTRAL CALIFORNIA RECOVERY
Program: CELEBRATING FAMILIES
Date: October 23, 2013

S Approved

Approved by: DALE WHITE Date: October 23, 2013

Budget Categories-Line Item Description (Must Be Itemized)	BH Realignment Budget	MHSA Funding Budget			Proposed Program Budget
SALARY, PAYROLL TAX, AND EMPLOYEE BENEFITS TOTAL	80	80			\$0
INSURANCE					
0251 Worker's Compensation Insurance		80		80	\$0
0252 Liability Insurance		\$0		\$0	\$0
0253 Insurance Other-Specify		\$0	80	\$0	\$0
INSURANCE TOTAL	0\$	0\$		0\$	0\$
COMMUNICATIONS					
0301 Telecommunications/data lines		\$0		\$0	\$0
0302 Answering Service	\$0	\$0	80	90	S
COMMUNICATIONS TOTAL	0\$	\$0	PRODUCT STATEMENT OF THE PRODUCT OF	80	SO
OFFICE EXPENSE					ANTON SECURITY SECURI
0351 Office Supplies		\$0	O\$	\$0	80
	-	\$0	80	\$0	80
0353 Printing/Reproduction		08	90	80	80
0354 Publications		\$0	\$0	\$0	\$0
0355 Legal Notices/Advertising		\$0	80	80	\$0
OFFICE EXPENSE TOTAL	80	\$0	0\$	0\$	\$0
EQUIPMENT					
0401 Purchase of Equipment		90		80	\$0
0402 Equipment Rent/Lease	-teranin-	0\$	80	\$0	80
0403 Equipment Maintenance		\$0		\$0	\$0
EQUIPMENT TOTAL	0\$	\$0		08	SO
FACILITIES					
0451 Rent/Lease Building	i See in s	\$0		20	\$0
0452 Facilities Maintenance	· ·	\$0		\$0	\$0
0453 Utilities		\$0	\$0	\$0	\$0
FACILITIES TOTAL	0\$	OS SO		\$0	80
TRAVEL COSTS					
	- Constant	\$0 \$0	90	90	04
		\$0	80	20	\$0
		\$0	20	\$0	\$0
10504 Transportation		\$0	\$0	\$0	\$0
TRAVEL COSTS TOTAL	80	\$0	0\$	10\$	08

Central California Recovery, Inc.

FRESNO COUNTY FY 2015-2016 BUDGET

Fiscal Year: FY 2015-2016
Provider Name: GENTRAL CALIFORN I'A RECOURY
Program: CELEBRATING FAMILIES
Date: October 23, 2013

Approved by: DALE WHI TE Date: Oclober 23, 2013

Budget Categories-Line Item Description	BH Realignment	MHSA Funding			Proposed Program
(Must Be Ilemized)	Budget	Budget			Budget
PROGRAM SUPPLIES					
0551 Program Supplies-Food costs for family dinners	\$4,800	0\$	80	80	\$4,800
0552 Program Supplies-Curriculum	\$215	80	\$0	₽	\$215
0553 Program Supplies-RT/OT Supplies		\$0	\$0	\$0	\$0
PROGRAM SUPPLIES TOTAL	\$5,015	80	0\$	0\$	\$5,015
CONSULTANCY					
0601 Consultant Services	\$0	\$0	\$0	\$0	80
0602 Contracted Services	\$3,200	\$0	\$0	\$0	\$3,200
CONSULTANCY TOTAL	\$3,200	80	0\$	0\$	\$3,200
FISCAL AND AUDITS					
0651 Accounting/Bookkeeping	90	\$0	80	\$0	
0652 External Audit		\$0	80	\$0	0\$
FISCAL AND AUDITS TOTAL	0\$	80	0\$	0\$	
OTHER COSTS					
0701 Indirect Costs		0\$	0\$	\$0	
0702 Licenses/Taxes	\$0	\$0	20	\$0	
0703 County Administration Fee	\$0	\$0	0\$	25	
0749 Other Business Services	\$0	\$0	\$0	\$0	\$0
OTHER COSTS TOTAL	80	80	0\$	0\$	
TOTAL PROGRAM EXPENDITURES	\$8,215	80	0\$	0\$	\$8,2
REVENUE/MATCH					
3120 Medi-Cal	\$0	80	0\$		
3130 State Grant	\$0	80	O\$	\$0	
3140 Private Donations	\$0	80	90		
3150 Client Fees	80	\$0	\$0		\$0
REVENUE/MATCH TOTAL	0\$	0\$	0\$	0\$	

\$8,215

\$0

\$0

\$8,215

NET PROGRAM BUDGET

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Central California Recovery, Inc.

FRESNO COUNTY FY 2016-2017 BUDGET

Fiscal Year; Provider Name: Frogram: Mailing Address:	FY 2016-2017 GENTRAL CALIFORNIA Family Focused-Prevent 1100 W SHAW AVE #122	A RECOVERY ntion Services 22, FRESNO, CA	s CA 93711			Submitted by: Date: (Approved by: L	Submitted by: Date: October 23, 2013 Approved by: DALE WHITE					
Street Address: Phone Number:	SAME (559) 081-1947					Signature: Date:	October 23, 2013					
No. of Buc	No. of Budgeted FTE Administration; 0	00.00	Direct	Direct Service: 0.00	<u>.</u>	rax Number: 1 Nall Address: 2	Fax Number: (339) 412-2120 E-Mall Address: 183essenent trauko resencivisvalos can	researchilleran	oc cath			
Budget Calegories-	At	-	L	% Time dedicated			Propose	Proposed Program Budge	Budget			Γ
Line Item Description (Must be Itemized)	(12- Si	(12-Month) dedic Salary this p	dedicated to this program	to services Aemin Direct	BH Realignment Admin. Direc	gnment Direct	MHSA Funding Admin, Direct	Admin	Direct	Tol	Total Proposed Budget Admin	dget
PERSONNEL/SALARIES		T	L					1				T
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0119		distributura ero.	**********		-			·~~~				
SALARIES TOTAL		iio			0\$	\$0			+	1	08	5
PAYROLL TAXES												T
0151 State Onemployment insurance 0152 F.I.C.A./O.A.S.D.I.	surance				OS S	S 20		·			20	00
0153 State Disability Insurance	灾				3	2			,		2	Ç,
PAYROLL TAXES TOTAL					8	*0S					OS C	20
EMPLOYEE BENEFITS 0201 Health Insurance						6					HIPTOCOMORPHIC OCCUPANTO CONTRACTOR	
						9		· Andrews	***********		3	3
0203 Retirement 0204 Benefits Other - Specify					20	93		and a state of the	illinase villanu	1.51.	B	ß
EMPLOYEE BENEFITS TOTAL					0\$	-08	-		+	1	80	9
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FRESNO COUNTY FY 2016-2017 BUDGET

Fiscal Year: Provider Name: Program: Date:

FY 2016-2017
CENTRAL CALIFORNI A RECOVERY
CELEBRATING FAMILIES
October 23, 2013

Approved by: DALE WHITE Date: October 23, 2013

Budget Categories-Line Item Description	BH Realignment	MHSA Funding			Proposed Program
(Must Be Itemized)	Budget	Budget			Budget
SALARY, PAYROLL TAX, AND EMPLOYEE BENEFITS TOTAL	\$0	0\$			OS
INSURANCE					
0251 Worker's Compensation Insurance		\$0			\$0
0252 Liability Insurance		\$0			\$0
0253 Insurance Other-Specify		\$0	\$0	80	\$0
INSURANCE TOTAL	0\$	\$0			\$0
COMMUNICATIONS					
0301 Telecommunications/data lines		\$0			S
0302 Answering Service		\$0	\$0	\$0	S
COMMUNICATIONS TOTAL	80	0\$			80
OFFICE EXPENSE					
0351 Office Supplies		\$0	ratinum	-	\$0
0352 Soc Rec., Workbooks		\$0			80
		\$0			\$0
0354 Publications		\$0		august (iv.	\$0
0355 Legal Notices/Advertising		\$0	\$0	\$0	\$0
OFFICE EXPENSE TOTAL	\$0	0\$	-		80
EQUIPMENT					
0401 Purchase of Equipment		\$0			\$
0402 Equipment Rent/Lease		\$0			20
0403 Equipment Maintenance	\$0	\$0	\$0	80	\$0
EQUIPMENT TOTAL.	0\$	0\$			\$0
FACILITIES					
0451 Rent/Lease Building		\$0			\$0
0452 Facilities Maintenance		\$0			80
0453 Utilities		\$0	\$0	\$0	0\$
FACILITIES TOTAL	0\$	20			\$0
TRAVEL COSTS					
0501 Staff Mileage		\$0			OS
		\$0			09
0503 Staff Training/Registration		\$0			80
0504 Transportation		\$0	\$0	\$0	\$0
TRAVEL COSTS TOTAL	0\$	80			80

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Central California Recovery, Inc.

FRESNO COUNTY FY 2016-2017 BUDGET

Fiscal Year: Provider Name: Program: Date:

FY 2016-2017
CENTRAL CALIFORNIA RECOVERY
CELEBRATING FAMILIES
October 23, 2013

Approved by: DALE WHITE Date: October 23, 2013

Budget Categories-Line Item Description	BH Realignment	MHSAFunding			Proposed Program
(Must Be Itemized)	Budget	Budget			Budget
PROGRAM SUPPLIES					
0551 Program Supplies-Food costs for family dinners	\$4,800	\$0	\$0	80	
0552 Program Supplies-Curriculum	\$215	\$0	80	80	-
0553 Program Supplies-RT/OT Supplies		\$0	90	\$0	\$
PROGRAM SUPPLIES TOTAL	\$5,015	0\$	\$0	0\$	\$5,015
CONSULTANCY					
0601 Consultant Services		80	90		\$0
0602 Contracted Services	\$3,200	80	\$0	\$0	\$3,2
CONSULTANCY TOTAL	\$3,200	SO	80	0\$	\$3,200
FISCAL AND AUDITS					
10651 Accounting/Bookkeeping	\$0	80	20	0\$	
0652 External Audit		\$0	\$0	8	20
FISCAL AND AUDITS TOTAL	0\$	SO	\$0		
OTHER COSTS					
0701 Indirect Costs		20	80		
0702 Licenses/Taxes		80	20		
0703 County Administration Fee		\$0	80		
0749 Other Business Services	\$0	\$0	\$0		20
OTHER COSTS TOTAL	0\$	80	\$0	0\$	
TOTAL PROGRAM EXPENDITURES	\$8,215	SO	\$0	0\$	\$8,215
REVENUE/MATCH			THE TRACESCONDESSES AND PROPERTY OF THE PROPERTY OF THE PARTY OF THE P	WATER THE PROPERTY OF THE PROP	TOTAL PROPERTY CONTRACTOR CONTRAC
3120 Medi-Cai	80	\$0	80	80	
3130 State Grant	80	80	80		
3140 Private Donations	\$0	\$0	20	0\$	
3150 Client Fees	\$0	80	80		80
REVENUE/MATCH TOTAL	0\$	80	80	SO	
	THE PROPERTY OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAM	PERSONAL PROPERTY AND PROPERTY OF PROPERTY PARTY.	NAMES OF THE OWNER OF THE PROPERTY OF THE PERSONS ASSESSMENT	ACALO STATEMENT OF	-

\$8,215

\$0

\$0

\$0

\$8,215

NET PROGRAM BUDGET

FRESNO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH - SUD SERVICES

FISCAL YEAR 2017-18

Provider Name: CENTRAL CALIFORNIA RECOVERY

PERSONNEL/ SALARIES	Annual Salary and FTE equivalence as in		
		Annual Salary for	% of FTE dedicated
	Budget Categories-Line Item Description	this Program	to this program
	F Visa Disastan		
	Executive Director		
	Program Manager		
	Outreach Specialist Outreach Specialist		
	Outreach Specialist Outreach Specialist		
	Outreach Specialist		
	Outreach Specialist		
	Outreach Specialist		
	Salt Sastri Spesialist		
,			
	Desition descriptions submitted with prop		l
DAVEOUL TAYED TOTAL	Position descriptions submitted with property	osai.	
PAYROLL TAXES TOTAL			
EMPLOYEE BENEFITS			
TOTAL			
INSURANCE	List the following insurance categories:		
	 0251 - Workers Compensation Insuran 	ce -	
	 0252 - Liability Insurance- 		
	□ 0253 - Insurance Other -		
COMMUNICATIONS	0301 - Telecommunications/data lines	**	
	□ 0302 - Answering Service -		
OFFICE EXPENSE	0351-Office Supplies: Includes Items n	ecessary to carry o	out the daily
OTTIOL EXILITIOE	activities to accomplish the program goals		
			uding paper, ming
	supplies, pens, pencils, scissors, and other	r supplies.	
	□ 0352 - Social/Rec, Workbooks		
	 0353-Printing/Reproduction includes ite 		
	cards, program pamphlets, position vacand	cy advertising and	other materials
	related to the program.		
	□ 0354 - Publications -		
	0334 - Publications - 0355 - Legal Notices/Advertising -		
EQUIPMENT	List the following equipment categories and	d provide a brief de	porintion for acch
EQUITIVIENT	•	u provide a brief de	scription for each
	0401 - Purchase of Equipment -		
	0402 - Equipment Rent/Lease-		
	0403-Equipment Maintenance: minor e	equipment repair fo	or copier and

FRESNO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH - SUD SERVICES

FISCAL YEAR 2017-18

Provider Name: CENTRAL CALIFORNIA RECOVERY

FACILITIES	List the following facilities categories and provide a brief description for each
	□ 0451 - Rent/Lease Building -
	□ 0452 - Facilities Maintenance -
	□ 0453 - Utilities -
TRAVEL	List the following travel categories and provide a brief description for each
	□ 0501 - Staff Mileage -
	□ 0502 - Staff Travel (Out of County) -
	□ 0503 - Staff Training/Registration -
	□ 0504 - Transportation -
PROGRAM SUPPLIES	List the following program supplies categories and provide a brief description
	□ 0551 - Program Supplies - Client Incentives
	□ 0552 - Program Supplies - Curriculum
	□ 0553 - Program Supplies - Food
CONSULTANCY	List the following consulting categories and provide a brief description for each
	□ 0601 - Consultant Services -
	□ 0602 - Contracted Services -
FISCAL AND AUDITS	List the following fiscal and audits categories and provide a brief description for
	0651 - Accounting/Bookkeeping -
	□ 0652 - External Audit -
OTHER COSTS	List the following categories and provide a brief description for each category:
	□ 0701 - Indirect Costs -
	□ 0702 - Licenses/Taxes -
	□ 0703 - County Administration Fee -
	 0749-Other Costs - Other business services such as applicant TB tests,
	drug screens, and other program-related items that don't necessarily fit into
	another line item.
REVENUE/MATCH	Please identify all anticipated funding sources and distinguish whether the
	□ 3120 - Drug Medi-Cal -
	Mental Health Medi-Cal -
	□ 3130 - State Grant -
	□ 3140 - Private Donations -
	□ 3150 - Client Fees -
ONE TIME ADVANCE	Used for startup costs and is available upon request with a detailed
	The amount cannot exceed 1/12th of the total cost proposal for this section.

FRESNO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH - SUBSTANCE USE DISORDER SERVICES Name of Provider & Program FISCAL YEAR 2017-18

Provider Name:	CENTRAL CALIFORNIA RECOVERY	A RECOVERY			Mailing Address	Mailing Address: 1204 W SHAW AVE #102	VE #102	
Approved by:	Serious Orch Cont	NEC CENT		-	Street Address:	1204 W SHAW	/711 /E #102	
No. of Budgeted FTEs - Admin: No. of Budgeted FTEs - Direct:	N/A				Phone Number: Fax Number: E-mail Address:	FRESNO CA	. 93711 559-681-1947 559-860-0130 sining_research@ye	ahoo.co
Budget Categories-			% of FTE	% Time dedicated	Prop	Proposed Program Budget	Budget	
Line Item Description (Must be Itemized)		Annual Salary	dedicated to this program	to services Admin. Direct	Admin.	Direct	Total Proposed	osed
PERSONNEL/SALARIES							enna	
0102 0103 0105 0105					У		NATIONAL DE CONTRACTOR DE	
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0129 0130							itto monto.	
SALARIES TOTAL					. \$	\$	\$	Ţ.
PAYROLL TAXES	THE TOTAL PROPERTY OF THE PROP	- Test (TTT)		Rate				Ī
	לכ (מאמ: בחוףוסאווופות דומווווו	9 ida (E.I.))					*****	, ,
0153 State Disability Insurance 0154 Workers' Compensation Insurance	900							,
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0201 Health Insurance 0202 Life Insurance							THE RESERVE	,
							this man	
EMPLOYEE BENEFITS TOTAL								·I
TAXES & BENEFITS TOTAL							, s	Τ.
TOTAL PERCENT OF BENEFITS TO	SALARIES)	I

CENTRAL CALIFORNIA RECOVERY

Provider Name: FISCAL YEAR 2017-18

	plies	
2	l Suppli	
	S pt	
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	ice	NCE
•	Services	NSURANCE
	S)	Z

INSURANCE		
0252 Liability Insurance		
USDS INSURANCE Office Specify INSURANCE TOTAL		
COMMENSIONS	n e	
0301 Telecommunications/data lines		
0302 Answering Service		
COMMUNICATIONS TOTAL	\$,
OFFICE EXPENSE 0351 Office Supplies		
		econod
0353 Printina/Reproduction		
0354 Publications		in declaration
0355 Legal Notices/Advertising		
OFFICE EXPENSE TOTAL		
EQUIPMENT		
0401 Purchase of Equipment		
0402 Equipment Rent/Lease		
U403 Equipment Maintenance		
	ss-	
0451 Rent/I ease Building		
		-1-1-1
Б		
TRAVEL COSTS		
0501 Staff Mileage		
		norman de la companya
0504 Transportation		***************************************
TRAVEL COSTS TOTAL	8	
EC.		
0551 Program Supplies-Client Incentives		
10552 Program Supplies-Curriculum		720
USSS Program Supplies-Food		14,400
PROGRAM SUPPLIES TOTAL	\$	15,120.00
CONSULTANCY		
Ubb I Consultant Services		
CONSTITUTED SELVICES		14,400
FISCAL AND ALIDITS		14,400.00
O651 Accounting/Rockkeeping		
FISCAL AND AUDITS TOTAL		
OTHER COSTS		

		-
0749 Other Business Services		
OTHER COSTS TOTAL	<u> </u>	
ONE TIME ADVANCE - Start Up Costs		
TOTAL PROGRAM EXPENDITURES	o.	29,520,00
REVENUE/MATCH		
3120 Drug Medi-Cal		************
3130 State Glaffi		
REVENUE/MATCH TOTAL		
NET PROGRAM BUDGET	6	00 500
	A	73,520

FRESNO COUNTY FY 2013-2014 BUDGET BUDGET JUSTIFICATION NARRATIVE

PERSONNEL/	Annual Salary and FTE equivalence as in budget.				
SALARIES	Appual /42 W of ETE				
		Annual (12 Month) Salary for	% of FTE dedicated to		
	Budget Categories-Line Item Description	this Program	this program		
	Substance Abuse Counselor	\$2,065	7%		
	Substance Abuse Counselor	\$2,065	7%		
PAYROLL TAXES TOTAL	F.I.C.A./O.A.S.D.I. @ 7.65% is \$271 and Workers' Compensation				
COMMUNICATIONS-	Insurance @ 3.6% is \$127. Staff Cell phones				
OFFICE EXPENSE-					
\$1025	Cost associated with minor materials like pencils, papers, and others(\$50.00).				
	Cost associated with educational Videos, books, and others (\$305.00). Cost of copying, printing, and purchase of literature and publications to educate clients and their children to understand triggers and avoidance and maintaining healthy family unit (\$670.00).				
FACILITIES-\$225	Space Rent	e Rent			
	Pacificc Gas & Electricity				
TRAVEL-\$1650	To cover cost associated with staff travel to visit with clients in their				
	respective homes or mutually agreed places.				
	Transportation covers the cost of transporting clients to events and outside activities including vehicle rentals				
DD00D411					
PROGRAM SUPPLIES-\$4255	Covers cost of client incentive used as a m including gift certificates, movie tickets, and	•			
		(+, 50,	′		

I .	Cost associated with food, snacks, and other entertainment for clients(\$275.00)
	Cost associated with family night-out and other family bonding events/field trips; other program supplies as needed for family activities. This includes four planned trips and events at \$108/family (\$3230.00).
CONSULTANCY- \$125	Program Audit/evluation

Delta Care, Inc.

FRESNO COUNTY FY 2013-2014 BUDGET

\$2,065 \$2,065 \$316 \$149 Total Proposed Budge Admin. Direct Proposed Program Budget Park: 1 CT 3.0 7 Fax Number: (559)276-7568

E-Mail Address: <u>dellacareinc@vathoo.com</u> Other Funding Admin. Direct Submitted by: Fel.k Enunwa Date: October 30, 2011 Approved by: Func Enunwally Signature: \$316 \$149 \$465 Direct \$2,065 \$2,065 BH Realingment Admin. Direct % of FTE | % Time dedicated 100% 100% Admin. Direct to services Direct Service: dedicated to nis program Provider Name: Delta Care, Inc.
Program: Total Family SUD Prevention-Unification System Mailing Address: 4705 N. Sonora Avenue, Suite 113A
Street Address: 4705 N. Sonora Avenue, Suite 113A
Phone Number: (559) 276-7558 %% (12-Month) Salary \$29,500 \$29,500 Annual No. of Budgeted FTE Administration. Fiscal Year: FY 2013-2014 Workers' Compensation Insurance State Unemployment Insurance F.I.C.A./O.A.S.D.I. @ 7.65% State Disability Insurance 0201 Health Insurance EMPLOYEE BENEFITS TOTAL PAYROLL TAXES TOTAL EMPLOYEE BENEFITS Must be Itemized) PERSONNEL/SALARIES Counselor Counselor ine Item Description 0101 Counseld 0102 Counseld 0103 0104 0105 0106 0110 0110 0111 0113 0114 0115 0116 0117 0117 0118 0110 0117 Budget Categories-PAYROLL TAXES 0151 0153

Delta Care, Inc.

FY 2013-2014 BUDGET

Piscal Year: FY 2013-2014			
	Felix Enunwa		
October 28,2013	Date: October 28,2013		
Budget Categories-Line Item Description (Must Be Itemized)	BH Realignment Budget	Other Funding Budget	Proposed Program Budget
SALARY, PAYROLL TAX, AND EMPLOYEE BENEFITS TOTAL	\$4,595	0\$	\$4,595
INSURANCE			
			\$
U252 Liability Insurance ID553 Insurance Other Specifo			O 6
ANCE TOTAL	08	O\$	OFF C
COMMUNICATIONS			
0301 Telecommunications/data lines	\$125		\$125
0302 Answering Service			9
COMMUNICATIONS TOTAL	\$125	0\$	\$125
O			
	\$50		\$50
	\$305		\$305
	\$425		\$425
Publications	\$245		\$245
0355 Legal Notices/Advertising			\$0
OFFICE EXPENSE TOTAL	\$1,025	\$0	\$1,025
<u>.</u>			
			\$0
			\$0
0403 Equipment Maintenance			\$0
EQUIPMENT TOTAL	0\$	0\$	0\$
0457 Rent/Lease Building	\$150		\$150
0452 Fracilities Maintenance			09
PACK CONTROL	6/4		\$75
FACILITIES TOTAL	\$225	\$0	\$225
Staff Mileage	\$400		\$400
USDZ Staff Trainin/Denistration			0\$
	24.0		2
15	007,10		\$1,250
INAVEL COSIS IOIAL	\$1,65U	\$0	\$1,650

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Delta Care, Inc.

FY 2013-2014 BUDGET FRESNO COUNTY

FY 2013-2014 Fiscal Year:

Delta Care, Inc. Provider Name:

Program:

Total Family SUD Prevention-Unification

Approved by: Felix Enunwa

\$125 \$275 \$3,230 \$0 \$0 \$0 \$0 \$0 \$4,255 Proposed Program Budget \$0 \$0 \$0 Other Funding Budget \$125 \$275 \$3,230 \$125 \$4,255 \$12,000 BH Realignment Date: October 28, 2013 Budget 1651 Accounting/Bookkeeping-Program Audit/Evaluation 0552 Program Supplies-Food & Entertainment 0553 Program Supplies-Other 3551 Program Supplies-Client incentives Budget Categories-Line Item Description OTAL PROGRAM EXPENDITURES October 28, 2013 3601 Consultant Services-Evaluator County Administration Fee Other Business Services-PROGRAM SUPPLIES TOTAL ISCAL AND AUDITS TOTAL REVENUE/MATCH TOTAL 3602 Contracted Services CONSULTANCY TOTAL Private Donations **JTHER COSTS TOTAL** PROGRAM SUPPLIES 3702 Licenses/Taxes ISCAL AND AUDITS 3652 External Audit Indirect Costs REVENUE/MATCH Client Fees Must Be Itemized) State Grant OTHER COSTS 3120 Medi-Cal CONSULTANC 1070 3140 3150)749 3130 0703

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FY 2014-2015 BUDGET

Submitted by: Felix Enunwa Date: October 30, 2013 Fiscal Year: FY 2014-2015 Provider Name: Delta Care, Inc.

Provider Name: Delta Care, Inc.			Аванданияминанананананананананан	,	Date:	Date: October 30, 2013	2013		**************************************
Program: Total Family SUD Prevent	tion-Unificati	on System		App	roved by:	Felix Enuny	es l		-
Malling Address: 4705 N. Sonora Avenue, Suite 113A Street Address: 4705 N. Sonora Avenue, Suite 113A	Suite 113A				Signature	3		1	-
Phone Number: (559) 276-7558					Date:	10	300	5017	Middelinassyngmanopolinabiaasiasia
No of Budgeted ETE Administration	00.0	Direct	Direct Service: 0.07	Fa)	Address.	Fax Number: (559)276-7568	58 and codes		
Budget Categories-		% of FTF	ق		Prono	Proposed Program Budget	am Buc	lapt	
						601 100		326	T
Line item bescription (Must be Itemized)	(12-Month) Salary	dedicated to	to services Admin. Direct	BH Realignment Admin. Direct	Direct	Other Funding Admin Direct	-	Total Proposed Budge Admin Direct	ed Budger Direct
PERSONNEL/SALARIES		000				1			
0101 Counselor	\$29,500	7%	100%		\$2,065			S	\$2,065
0102 Counselor	\$29,500	7%	100%		\$2,065		-i-o-t-pr	G	\$2,065
0103				***			-		S
0104								<u>چ</u>	G S
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2113								<u> </u>) A
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0118								%	\$0
0119				-			PERMIT	S	\$0
0120								∞	%
0121							-	₩	80
SALADICE TOTAL								0\$	0\$
SALANIES IOIAL				\$0	\$4,130	\$0	20	\$0	\$4,130
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				9	9	0,4	2	0.4	O _A
				O _A	915¢		0	20	\$316
				80	90	20	S S	\$0	80
U154 Workers' Compensation Insurance				\$0	\$149		\$0	\$0	\$149
PAYROLL TAXES TOTAL				\$0	\$465	\$0	\$0	\$0	\$465
LOYE									
UZU1 Health Insurance EMPLOYEE BENEFITS TOTAL				Ş	Ş	ě	G	G 6	G 6
						2		9	9

Delta Care, Inc.

FY 2014-2015 BUDGET **FRESNO COUNTY**

FY 2014-2015

Fiscal Year:

Proposed Program Budget Other Funding Budget \$125 \$125 \$50 \$305 \$425 \$245 \$75 \$1,250 \$1,650 \$4,595 \$0 \$1,025 \$150 \$225 \$400 BH Realignemnt Date: October 30, 2013 Approved by: Felix Enunwa Budget SALARY, PAYROLL TAX, AND EMPLOYEE BENEFITS TOTAL Delta Care, Inc. Total Family SUD Prevention-Unification 0251 Worker's Compensation Insurance-see page 1 Budget Categories-Line Item Description 3301 Telecommunications/data lines January 0, 1900 Staff Travel (Out of County) Staff Training/Registration 355 Legal Notices/Advertising Equipment Maintenance Insurance Other-Specify 0401 Purchase of Equipment Equipment Rent/Lease Facilities Maintenance Soc Rec., Workbooks Printing/Reproduction OMMUNICATIONS TOTAL DFFICE EXPENSE TOTAL Rent/Lease Building 3302 Answering Service Liability Insurance TRAVEL COSTS TOTAL Office Supplies Transportation **NSURANCE TOTAL** COMMUNICATIONS EQUIPMENT TOTAL 0501 Staff Mileage OFFICE EXPENSE Publications ACILITIES TOTAL Must Be Itemized) RAVEL COSTS Provider Name: Utilities NSURANCE EQUIPMENT -ACILITIES Program: 0351 0353 0403 0453 0253 0352 0354 0402 0451 0452 0502 0503

\$400

\$150 \$0

\$75 \$225

\$0 \$0 \$0

\$1,025

\$1,250

\$125 \$0

\$50 \$305 \$425 \$245

\$4,595

\$0 \$0 \$0

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Delta Care, Inc.

FY 2014-2015 BUDGET FRESNO COUNTY

> FY 2014-2015 Provider Name: Fiscal Year:

Approved by: Felix Enunwa Date: October 30, 2013 Delta Care, Inc. Total Family SUD Prevention-Unification October 28,2013

Name. Dena Care, mc.	:	1		
Program: Total Family SUD Prevention-Unification	Approved by:	Felix Enunwa		
Date: October 28,2013	Date:	Date: October 30, 2013		
Budget Categories-Line Item Description		BH Realignment	Other Funding	Proposed Program
(Must Be Itemized)		Budget	Budget	Budget
PROGRAM SUPPLIES				
0551 Program Supplies-U/A, Physical Screening		\$750		\$750
0552 Program Supplies-Food		\$275		\$275
0553 Program Supplies-Household/Hygiene		\$3,230		\$3,230
PROGRAM SUPPLIES TOTAL		\$4,255	80	\$4,255
CONSULTANCY				
0601 Consultant Services-Evaluator		\$125		\$125
0602 Contracted Services				\$0
CONSULTANCY TOTAL		\$125	0\$	\$125
FISCAL AND AUDITS				
0651 Accounting/Bookkeeping				\$0
0652 External Audit				\$0
FISCAL AND AUDITS TOTAL		0\$	0\$	\$0
OTHER COSTS				
0701 Indirect Costs				\$0
0702 Licenses/Taxes				\$0
0703 County Administration Fee				\$0
0749 Other Business Services				\$0
OTHER COSTS TOTAL		8	8	\$0
TOTAL PROGRAM EXPENDITURES		\$12,000	0\$ **** *** ****	\$12,000
REVENUE/MATCH				
3120 Medi-Cal				\$0
				\$0
				\$0
3150 Client Fees				\$0
REVENUE/MATCH TOTAL		0\$	0\$	\$0

\$12,000	
\$12.00	
NET PROGRAM BUDGET	

Delta Care, Inc.

	-	17-CI.07 1.	FY 2015-2016 BUDGE!				
FY 2015-201				Submitte	Submitted by: Felix Enunwa		
Provider Name: Delta Care, Inc.				_	Date: October 30, 2013		
Program: Total Family SUD Prevention-Unification System	on-Unificati	on System		Approve	Approved by: Felix Enunwa		
4705 N. Son	uite 113A			:	J r=	-	
Street Address: 4705 N. Sonora Avenue, Suite 113A	uite 113A			Signature:	ture: AWA and	1, /	ø
Phone Number: (559) 276-755 8				:	Date: (STAST)	N	
No. of Budgeted FTE Administration:	0,00	Direct	Direct Service: 0.07	Fax Nun E-Mail Add	Fax Number: (559)276-7568 E-Mail Address: deltacareinc@yahoo.com) a	* Company of the Comp
Budget Categories-	Annual	% of FTE	% Time dedicated	Pr	Proposed Program Budget7	udget7	
Line Item Description	(12-Month)	dedicated to	to services	BH Realignment	t Other Funding	Total Proposed Budge	ed Budge
(Must be Itemized)	Salary	this program	Admin. Direct	Admin. Direct	- -		Direct
PERSONNEL/SALARIES					l	╄-	
	\$29,500	%2	100%	\$2,065	99	S	\$2,065
0102 Counselor	\$29,500	2%	100%	\$2,0	65	S	\$2,065
0103					L AGA MANAN	G	80
0104		i i i i i i i i i i i i i i i i i i i		ti-management	ing and spaces	G G	S
0105					142-143-143-143-143-143-143-143-143-143-143	G	S S
0105		- Alberta de la composición de la comp			- Mario	G (G
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9000					************	0,0	2 6
0110					HILLIE STATE	G 6	A 6
0111						8 6	<u> </u>
0112					***************************************	80	ß
0113					NAMES PARTIES	20	80
0114						04	- 1
0115						S 6	Q (
2110						9 6	2
0118					· ·	Q (4) (4)
0119						80	O G
0120						S S	G G
0121					ac No State	8	S S
0122						\$0	\$0
SALARIES TOTAL				\$0 \$4,130	30 \$0 \$0	0\$	\$4,130
SOLL.							
					d de la companio	0\$	90
					\$316	80	\$316
						80	80
0154 Workers' Compensation Insurance						80	\$149
PAYROLL TAXES TOTAL				0\$	\$465 \$0 \$	0\$ 0\$	\$465
LOYE							
0201 Health Insurance						\$0	\$
EMPLOYEE BENEFITS TOTAL				\$	\$ 0\$ 0\$	\$0	\$0

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FY 2015-2016 BUDGET FRESNO COUNTY

Delta Care, Inc.

Fiscal Year: Provider Name:

FY 2015-2016

Delta Care, Inc.

Total Family SUD Prevention-Unification

dane.	A			
Program: lotal Family SUD Prevention-Unitication	Approved by: Fellx Enunwa	elix Enunwa		
Date, January U, 1900	Date: O	Gioner 30, 2013		
Budget Categories-Line Item Description (Must Be Itemized)	District Annual Control	Budget	Other Funding Budget	Proposed Program Budget
SALARY, PAYROLL TAX, AND EMPLOYEE BENEFITS TOTAL		\$4,595	\$0	\$4,595
				\$0
0252 Liability Insurance				\$0
0253 Insurance Other-Specify				\$0
INSURANCE TOTAL		0\$	0\$	O\$ 20
COMMUNICATIONS				
0301 Telecommunications/data lines		\$125		\$125
0302 Answering Service				80
COMMUNICATIONS TOTAL		\$125	\$0	\$125
OFFICE EXPENSE				
		\$50		\$20
		\$305		\$305
		\$425		\$425
		\$242		\$245
0355 Legal Notices/Advertising				80
OFFICE EXPENSE TOTAL	9.5	\$1,025	\$0	\$1,025
Δ.				
				\$0
				0\$
0403 Equipment Maintenance				\$0
EQUIPMENT TOTAL	ς "	0\$	\$0	\$
			And the state of t	
		\$150		\$150
		enui-sia		\$0
0453 Utilities		\$75		\$75
FACILITIES TOTAL		\$225	0\$	\$225
5				
		\$400		\$400
	-	Laney		\$0
				0\$
0504 Transportation		\$1,250		\$1,250
TRAVEL COSTS TOTAL		\$1.650	10\$	\$1.650

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Delta Care, Inc.

FY 2015-2016 BUDGET FRESNO COUNTY

FY 2015-2016 Fiscal Year:

Delta Care, Inc. Provider Name:

Total Family SUD Prevention-Unification October 28,2013 Program:

Approved by: Felix Enunwa

\$750 \$275

\$3,230

\$4,255

\$125

\$125

Proposed Program Budget Other Funding Budget \$275 \$3,230 \$125 \$125 80 \$12,000 BH Realignment Date: October 30, 2013 Budget 0551 Program Supplies-U/A, Physical Screening 0552 Program Supplies-Food 0553 Program Supplies-Household/Hygiene Budget Categories-Line Item Description OTAL PROGRAM EXPENDITURES 3601 Consultant Services-Evaluator County Administration Fee 1651 Accounting/Bookkeeping Other Business Services PROGRAM SUPPLIES TOTAL FISCAL AND AUDITS TOTAL REVENUE/MATCH TOTAL Contracted Services CONSULTANCY TOTAL Private Donations OTHER COSTS TOTAL PROGRAM SUPPLIES Licenses/Taxes FISCAL AND AUDITS 3652 External Audit 3701 Indirect Costs REVENUE/MATCH Client Fees (Must Be Itemized) State Grant CONSULTANCY OTHER COSTS 3120 Medi-Cal 0702 Date: 0703 0749 0602 3130 3140 3150

\$0 \$12,000	
\$12,000	
NET PROGRAM BUDGET	

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\$0 \$0 \$0 \$0

\$12,000

Delta Care, Inc.

FRESNO COUNTY FY 2016-2017 BUDGET

\$2,065 \$2,065 \$316 \$149 8 8 20 Total Proposed Budge Admin. Direct \$465 \$0 \$0 \$0 8 8 Proposed Program Budget Signature: AV E-Mail Address: deltacareinc@yahoo.com Other Funding Admin. Direct Date: October 30, 2013 Approved by: Felix Enunwa Fax Number: (559)276-7568 Submitted by: Fel ix Enunwa Admin. \$0 \$316 \$149 \$465 SAPT Funding \$2,065 \$2,065 \$4,130 \$0 Admin. \$30 % of FTE | % Time dedicated Direct 100% 100% 0.07 to services Direct Service: his program Admin. dedicated to Program: Total Family SUD Prevention-Unification System Mailing Address: 4705 N. Sonora Avenue, Suite 113A % 7% 7% (12-Month) \$29,500 \$29,500 Salary Street Address: 4705 N. Sonora Avenue, Suite 113A Phone Number: (559) 276-7558 Annual 0.00 No. of Budgeted FTE Administration: Provider Name: Delta Care, Inc. Fiscal Year: FY 2016-2017 Workers' Compensation Insurance State Unemployment Insurance F.I.C.A./O.A.S.D.I. @ 7.65% State Disability Insurance EMPLOYEE BENEFITS TOTAL Health Insurance AYROLL TAXES TOTAL PERSONNEL/SALARIES EMPLOYEE BENEFITS Counselor Counselor ine Item Description Must be Itemized) Budget Categories-SALARIES TOTAL AYROLL TAXES 0103 0103 0104 0105 0106 0110 0111 0111 01115 01115 0118 0119 0120 0121 0152 0153 0151 0101

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FY 2016-2017 BUDGET FRESNO COUNTY

FY 2016-2017 Fiscal Year:

Delta Care, Inc. Provider Name:

Total Family SUD Prevention-Unification

Proposed Program Budget Other Funding Budget \$125 \$125 \$50 \$305 \$425 \$245 \$1,025 \$4,595 Date: October 30, 2013

BH Realignment Approved by: Felix Enunwa Budget SALARY, PAYROLL TAX, AND EMPLOYEE BENEFITS TOTAL 1251 Worker's Compensation Insurance-see page 1 Budget Categories-Line Item Description 3301 Telecommunications/data lines January 0, 1900 3355 Legal Notices/Advertising 3253 Insurance Other-Specify 3403 Equipment Maintenance 3401 Purchase of Equipment Equipment Rent/Lease Soc Rec., Workbooks 0353 Printing/Reproduction COMMUNICATIONS TOTAL **DFFICE EXPENSE TOTAL** 3302 Answering Service Liability Insurance 0351 Office Supplies **NSURANCE TOTAL** COMMUNICATIONS Publications **DFFICE EXPENSE** Must Be Itemized) NSURANCE EQUIPMENT Program: 0352 0354 0252 0402

\$0 \$0

\$4,595

\$125

\$50 \$305 \$425

\$245

\$1,025

0451 Rent/Lease Building	\$150		€	\$150
0452 Facilities Maintenance				\$0
0453 Utilities	\$75			\$75
FACILITIES TOTAL	\$225	\$0	9	3225
TRAVEL COSTS				
0501 Staff Mileage	\$400		↔	3400
0502 Staff Travel (Out of County)				\$0
0503 Staff Training/Registration				\$0
0504 Transportation	\$1,250		\$1,	\$1,250
TRAVEL COSTS TOTAL	31,650	80	\$1,	,650

\$0

EQUIPMENT TOTAL

FACILITIES

\$0 \$0 \$0

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FY 2016-2017 BUDGET FRESNO COUNTY

FY 2016-2017 Fiscal Year:

Delta Care, Inc. Provider Name:

Approved by: Felix Enunwa Date: October 30, 2013

Total Family SUD Prevention-Unification October 28,2013 Program:

\$125 \$0 \$0 \$0 \$0 \$750 \$275 \$125 80 80 \$3,230 \$4,255 Proposed Program Budget Other Funding Budget \$750 \$275 \$125 \$125 80 \$3,230 \$12,000 \$4,255 **BH Realignment** Budget 3551 Program Supplies-U/A, Physical Screening Program Supplies-Food Program Supplies-Household/Hygiene Budget Categories-Line Item Description OTAL PROGRAM EXPENDITURES 3601 Consultant Services-Evaluator County Administration Fee 0651 Accounting/Bookkeeping 0652 External Audit Other Business Services PROGRAM SUPPLIES TOTAL SISCAL AND AUDITS TOTAL 3602 Contracted Services REVENUE/MATCH TOTAL CONSULTANCY TOTAL Private Donations **DTHER COSTS TOTAL** PROGRAM SUPPLIES 0702 Licenses/Taxes FISCAL AND AUDITS 3701 Indirect Costs REVENUE/MATCH Client Fees State Grant Must Be Itemized) CONSULTANCY OTHER COSTS 3120 Medi-Cal Date: 0552 0703 3130 3140 3150 0553)749

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Delta Care, Inc.

FRESNO COUNTY FY 2017-2018 BUDGET

\$2,065 \$0 \$149 \$316 \$ **2**0 \$0 \$4,130 Total Proposed Budg Admin. Direct 880880880880880880880880880880 S S 20 20 20 2 2 2 2 2 20 20 Proposed Program Budget E-Mail Address: deltacareinc@vahoo.com \$0 Other Funding Admin. Direct Submitted by: Felix Enunwa Date: October 30, 2013 \$0 Approved by: Felix Enunya Fax Number: (559)276-7568 \$0 Admin. \$0 Signature: Date: \$316 \$149 \$0 SAPT Funding Admin, Direct \$2,065 \$2,065 \$4,130 \$0 Admin. \$0 % Time dedicated Direct 100% 100% to services Direct Service: Admin. his program % of FTE dedicated to Program: Total Family SUD Prevention-Unification System %% (12-Month) \$29,500 Mailing Address: 4705 N. Sonora Avenue, Suite 113A Street Address: 4705 N. Sonora Avenue, Suite 113A Phone Number: (559) 276-7558 Salary Annual 0,00 No. of Budgeted FTE Administration: Provider Name: Delta Care, Inc. Fiscal Year: FY 2017-2018 Workers' Compensation Insurance State Unemployment Insurance F.I.C.A./O.A.S.D.I. @ 7.65% State Disability Insurance **EMPLOYEE BENEFITS TOTAL** Health Insurance PAYROLL TAXES TOTAL (Must be Itemized)
PERSONNEL/SALARIES EMPLOYEE BENEFITS Counselor Counselor Line Item Description Budget Categories-SALARIES TOTAL PAYROLL TAXES 0103 0103 0104 0100 01101 01111 01111 01111 0119 0120 0121 0152 0153 0151 1154 0101

Delta Care, Inc.

FRESNO COUNTY FY 2017-2018 BUDGET

Fiscal Year: FY 2017-2018
Provider Name: Delta Care, Inc.
Total Family SUD Prevention-Unlification

Approved by: Felix Enunwa

am:	Approved by: Felix Enunwa		
Date: January 0, 1900	Date: October 30, 2013		
Budget Categories-Line Item Description	BH Realignment	Other Funding	Proposed Program
(Must Be Itemized)	Budget	Budget	Budget
SALARY, PAYROLL TAX, AND EMPLOYEE BENEFITS TOTAL	1149.5	\$0	\$4,595
INSURANCE			
0251 Worker's Compensation Insurance-see page 1		SANTA CAL	90
0252 Liability Insurance			Q\$
0253 Insurance Other-Specify			
INSURANCE TOTAL	0\$ (1)	0\$	0\$
COMMUNICATIONS			
0301 Telecommunications/data lines	\$125		\$125
0302 Answering Service			\$0
COMMUNICATIONS TOTAL	1.000.000.000.000.000.000.000.000.000.0	0\$	\$125
OFFICE EXPENSE			
	\$50		\$20
	\$305		\$305
	\$425	******	\$425
	\$245		\$245
0355 Legal Notices/Advertising			\$0
OFFICE EXPENSE TOTAL	1	0\$	\$1,025
EQUIPMENT			
0401 Purchase of Equipment			80
			0\$
0403 Equipment Maintenance			\$0
EQUIPMENT TOTAL	0\$	0\$	
	\$150		\$150
			\$0
0453 Utilities	\$75		\$75
FACILITIES TOTAL	\$258	0\$	\$225
TRAVEL COSTS			
	\$400		\$400
		e-constitution of the constitution of the cons	\$0
		ar par 100	0\$
0504 Transportation	\$1,250		
TRAVEL COSTS TOTAL	\$1,650	\$0	\$1,650

40

FY 2017-2018 BUDGET FRESNO COUNTY

FY 2017-2018 Fiscal Year:

Delta Care, Inc. Provider Name:

Approved by: Felix Enunwa Date: October 30, 2013

Total Family SUD Prevention-Unification October 28,2013 Program:

Date:

Proposed Program Other Funding Budget \$750 \$275 \$3,230 BH Realignment Budget 0551 Program Supplies-U/A, Physical Screening 0552 Program Supplies-Food 0553 Program Supplies-Household/Hygiene Budget Categories-Line Item Description PROGRAM SUPPLIES Must Be Itemized

\$4,255

\$125 \$125 3601 Consultant Services-Evaluator PROGRAM SUPPLIES TOTAL 0602 Contracted Services CONSULTANCY TOTAL CONSULTANCY

\$125

\$4,255

\$125

\$0

\$0

\$750 \$275 \$3,230

Budget

FISCAL AND AUDITS

0651 Accounting/Bookkeeping 3652 External Audit

\$0 ISCAL AND AUDITS TOTAL

0701 Indirect Costs OTHER COSTS

Licenses/Taxes 0702

\$0 \$0

\$12,000

\$0 \$0 \$0

County Administration Fee 0703

0749 Other Business Services

OTAL PROGRAM EXPENDITURES OTHER COSTS TOTAL

REVENUE/MATCH State Grant 3120 Medi-Cal 3130

Private Donations 3140

REVENUE/MATCH TOTAL 3150 Client Fees

\$12,000 \$0 \$12,000 **NET PROGRAM BUDGET**

FRESNO COUNTY FY 2013-2014 BUDGET BUDGET JUSTIFICATION NARRATIVE

PERSONNEL/ SALARIES	Annual Salary and FTE equivalence as in buo	dget.	
	Budget Categories-Line Item Description	Annual (12 Month) Salary for this Program	% of FTE dedicated to this program
	Enhanced Family-Focused Prevention Funding Substance Abuse Counselor Substance Abuse Counselor	\$2,761 \$2,354	21% 21%
PAYROLL TAXES TOTAL	0152–F.i.C.A./O.A.S.D.I @ 7.65%= \$391.00 0154Worker's Compensation Insurance @ 3.6%=\$18 Total Payroll Taxes=\$575.00	4	
EMPLOYEE BENEFITS TOTAL	0201Health Insurance calculated @ 10.36% of wages	for a 12 month per	od=\$530
OFFICE EXPENSE	0351 - Office Supplies: \$300 Purchase of paper, pens, items for staff to perform their assigned duties.	staplers, and other	essential
	0352 - Soc Rec., Workbooks: \$2,470 Purchase of curric DVD and Evaluation Kit.	culum, Training kit, l	Program
	0354 - Incentives and Rewards: \$400 Purchase of gift of incentives and rewards for participants.	cards, trinkets, certif	icates, etc. as
PROGRAM SUPPLIES	0552 - Food: \$2,610 Purchase of food to augment pot li program participants.	ucks, graduations, a	ind snacks for

Fresno New Connections

FRESNO COUNTY FY 2013-2014 BUDGET

Submitted by: Rob Martin Date: October 31, 2013 Approved by: Loren French Fiscal Year: FY 2013-2014

Provider Name: Fresno New Connections
Program: Family-Focused Prevention Services
Mailing Address: 4411 N. Cedar #108 Fresno, CA 93726
Street Address: 4411 N. Cedar #108 Fresno, CA 93726
Phone Number: (59) 248-1548

Fax Number: (559) 248-1530 E-Mail Address; ncaod1@sbcqlob Date: Signature: Direct Service: 0.21 No. of Budgeted FTE Administration:

No. 01 baayelea r 1 c Adillinsiralidii.		חוופנו	Direct Service: 0.21	E-Mail Address:	E-Mail Address: ncaod1@sbcglobal.net	
Budget Categories-	Annual	% of FTE	% Time dedicated	Propo	Proposed Program Budget	dget
Line Item Description	(12-Month)	(12-Month) dedicated to	to services	BH Realingment	Other Funding	Total Proposed Budge
(Must be Itemized)	Salany	this program	Admin. Direct	Admin. Direct	Admin, Direct	Admin. Direct
SONN				l		
	\$13,147.62	21%	100%	\$2,761		\$2,761
0102 Substance Abuse Counselor 0103	\$11,209.52	21%	100%	\$2,354		\$2,354
0104						
0105						
0106						
0108			Mara Bilin i			
0109		-				
0110		***************************************				
0111		-				
0112						
0113						
0114						
0115						
0116			Nami de la			
0117						
0118			- CHOALIA			
0119						
0.120						
0122						
SALARIES TOTAL				\$5.115		AR 11R
PAYROLL TAXES						
0152 F.I.C.A./O.A.S.D.I. @ 7.65%				\$391		5391
			- W. T.			
0154 Workers' Compensation Insurance				\$184		\$184
PAYROLL TAXES TOTAL				\$575		\$57.5
EMBI OVEE DENESTES			ţ			7.11.7

\$530

\$530

0201 Health Insurance EMPLOYEE BENEFITS TOTAL

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Fresno New Connections

FY 2013-2014 BUDGET FRESNO COUNTY

FY 2013-2014 Fiscal Year:

Fres no New Connections Provider Name:

Family-Focused Prevention Services

Approved by: Loren French

80 80 80 80

\$0 \$0

\$300 \$400 \$2,470 \$3,170 Proposed Program Budget Other Funding Budge \$300 \$400 \$3,170 \$0 BH Realignment Date: October 31, 2013 Budget SALARY, PAYROLL TAX, AND EMPLOYEE BENEFITS TOTAL Budget Categories-Line Item Description 3301 Telecommunications/data lines Staff Travel (Out of County) Staff Training/Registration 0355 Legal Notices/Advertising OFFICE EXPENSE TOTAL Equipment Maintenance Incentives and Rewards 3253 Insurance Other-Specify 3401 Purchase of Equipment Equipment Rent/Lease Facilities Maintenance Soc Rec., Workbooks Printing/Reproduction COMMUNICATIONS TOTAL 0451 Rent/Lease Building 3302 Answering Service RAVEL COSTS TOTAL 0252 Liability Insurance 3351 Office Supplies Transportation EQUIPMENT TOTAL **NSURANCE TOTAL** COMMUNICATIONS 0501 Staff Mileage **OFFICE EXPENSE** -ACILITIES TOTAL (Must Be Itemized) RAVEL COSTS Utilities NSURANCE **ACILITIES** Program: 353 3403 0453 3352 3354 3402 0452 3503

80 80

80 80

8000

Fresno New Connections

FY 2013-2014 BUDGET FRESNO COUNTY

FY 2013-2014
Fresno New Connections
Family-Focused Prevention Services Provider Name: Program: Date: Fiscal Year:

Approved by: Loren French Date: October 31, 2013

Uate:	Date. October 51, 2015		
Budget Categories-Line Item Description	BH Realignment	Other Funding	Proposed Program
(Must Be Itemized)	Budget	Budget	Budget
PROGRAM SUPPLIES			1
0551 Program Supplies			O\$
0552 Program Supplies-Food	\$2,610		\$2,610
0553 Program Supplies-Household/Hygiene			\$0
PROGRAM SUPPLIES TOTAL	\$2,610	0\$	\$2,610
CONSULTANCY			
0601 Consultant Services-Evaluator	:		\$0
0602 Contracted Services			\$0
CONSULTANCY TOTAL	0\$	0\$	\$0
FISCAL AND AUDITS			
0651 Accounting/Bookkeeping			\$0
0652 External Audit			\$0
FISCAL AND AUDITS TOTAL	80 000 000 000	0\$	80
OTHER COSTS			
0701 Indirect Costs			&O
0702 Licenses/Taxes			\$0
0703 County Administration Fee			80
0749 Other Business Services			\$0
OTHER COSTS TOTAL	한 작은 그리 이는 것은 것	0\$ 12.	0\$
TOTAL PROGRAM EXPENDITURES	\$12,000	80	\$12,000
REVENUE/MATCH			
3120 Medi-Cal			80
3130 State Grant			80
3140 Private Donations			\$0
3150 Client Fees			\$0
REVENUE/MATCH TOTAL	0\$ ************************************	0\$	0\$

\$12,000

\$0

\$12,000

NET PROGRAM BUDGET

Revised Exhibit B Page 39 of 50

FY 2014-2015 BUDGET FRESNO COUNTY

\$2,761 \$2,354 \$391 \$530 **\$530** \$184 Total Proposed Budge Direct S S S S 20 Admin. Proposed Program Budget Other Funding Admin, Direct E-Mail Address: ncaod1@sbcglobal.net Date: October 31, 2013 Fax Number: (559) 248-1530 Approved by: Loren French Submitted by: Rob Martin Admin. 2000 Signature: \$530 \$530 \$0 \$391 \$0 \$184 Date: \$5,115 \$2,761 \$2,354 Direct BH Realignment 20 20 20 20 20 20 20 20 20 Admin, \$0 % of FTE | % Time dedicated Direct 100% 100% to services Direct Service: Admin. dedicated to his program 21% 21% \$13,147.62 \$11,209.52 Mailing Address: 4411 N. Cedar #108 Fresno, CA 93726 Street Address: 4411 N. Cedar #108 Fresno, CA 93726 (12-Month) Program: Family-Focused Prevention Services Salary Annual 00'0 No. of Budgeted FTE Administration: Provider Name: Fresno New Connections Phone Number: (559) 248-1548 Fiscal Year: FY 2014-2015 Workers' Compensation Insurance State Unemployment Insurance Substance Abuse Counselor Substance Abuse Counselor F.I.C.A./O.A.S.D.I. @ 7.65% State Disability Insurance Health Insurance PERSONNEL/SALARIES EMPLOYEE BENEFITS ine Item Description Budget Categories-PAYROLL TAXES (Must be Itemized) 0118 0119 0120 0121 0152 0153 0114 0115 0116 0117 0151 0103 0104 0105 0107 0108 0110 0111 0113 0154 0101 0102

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\$0

\$0

8

EMPLOYEE BENEFITS TOTAL

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Fresno New Connections

FY 2014-2015 BUDGET FRESNO COUNTY

Fresno New Connections FY 2014-2015 Provider Name: Fiscal Year: Program:

Family-Focused Prevention Services

\$0 \$0

\$0 \$0

\$578 \$300 \$1,887 \$6,220 Proposed Program Budget 80 80 20 Other Funding Budget \$578 \$2,765 \$300 \$6,220 BH Realignment Date: October 31, 2013 Approved by: Loren French Budget SALARY, PAYROLL TAX, AND EMPLOYEE BENEFITS TOTAL 3251 Worker's Compensation Insurance-see page 1 Budget Categories-Line Item Description 3301 Telecommunications/data lines Staff Travel (Out of County) Staff Training/Registration Legal Notices/Advertising Incentives and Rewards Equipment Maintenance Insurance Other-Specify 3401 Purchase of Equipment Equipment Rent/Lease Facilities Maintenance Soc Rec., Workbooks Printing/Reproduction COMMUNICATIONS TOTAL OFFICE EXPENSE TOTAL 0451 Rent/Lease Building Answering Service Liability Insurance **TRAVEL COSTS TOTAL** Office Supplies Transportation **NSURANCE TOTAL EQUIPMENT TOTAL** COMMUNICATIONS Staff Mileage **ACILITIES TOTAL** OFFICE EXPENSE Must Be Itemized RAVEL COSTS Utilities NSURANCE EQUIPMENT **ACILITIES** Date: 355 0402 0503 3302 352 353 354 0403 0452 0453 0501 0502 3252 0253 351

20 80 80 80 80

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Revised Exhibit B Page 41 of 50

Fresno New Connections

FY 2014-2015 BUDGET FRESNO COUNTY

Fiscal Year: Provider Name:

FY 2014-2015
Fresno New Connections
Family-Focused Prevention Services

Tiovide Maine.				
Program: Family-Focused Prevention Services	Approved by: Loren French	Loren French		
Date:	Date:	Date: October 31, 2013		
Budget Categories-Line Item Description		BH Realignment	Other Funding	Proposed Program
(Must Be Itemized)		Budget	Budget	Budget
PROGRAM SUPPLIES				
0551 Program Supplies				\$0
0552 Program Supplies-Food		\$3,015		\$3,015
0553 Program Supplies-Household/Hygiene				\$0
PROGRAM SUPPLIES TOTAL		\$3,015	0\$ 303 30	\$3,015
CONSULTANCY				
0601 Consultant Services-Evaluator				Q ₽
0602 Contracted Services				0\$
CONSULTANCY TOTAL		0\$	0\$	80
FISCAL AND AUDITS				
0651 Accounting/Bookkeeping				\$0
0652 External Audit				\$0
FISCAL AND AUDITS TOTAL		80	0\$^~~	0\$
OTHER COSTS				
0701 Indirect Costs				\$0
0702 Licenses/Taxes				\$0
0703 County Administration Fee				\$0
0749 Other Business Services				\$0
OTHER COSTS TOTAL		0\$	0\$	0\$
TOTAL PROGRAM EXPENDITURES		\$12,000	0\$	\$12,000
REVENUE/MATCH				
3120 Medi-Cal				0\$
3130 State Grant				\$0
3140 Private Donations				0\$
3150 Client Fees				\$0
REVENUE/MATCH TOTAL		0\$ 1212 122	0\$	0\$

\$12,000

\$0

\$12,000

NET PROGRAM BUDGET

Revised Exhibit B Page 42 of 50

Fresno New Connections

FY 2015-2016 BUDGET FRESNO COUNTY

Submitted by: Rob Martin Date: October 31, 2013 Approved by: Loren French Fax Number: (559) 248-1 Signature: Date: 0.24 Fiscal Year: FY 2015-2016
Provider Name: Fresno New Connections
Program: Family-Focused Prevention Services
Mailing Address: 4411 N. Cedar #108 Fresno, CA 93726
Street Address: 4411 N. Cedar #108 Fresno, CA 93726
Phone Number: (559) 248-1548 000 FTE Administration

No. of Budgeted FTE Administration:	00'0	Direc	Direct Service: 0.21	E-Mail Addre	E-Mail Address: ncaod1@sbcglobal.net	iet	
Budget Categories-	Annual	% of FTE	유	Pro	Proposed Program Budget	Budget	
Line Item Description	(12-Month)	dedicated to	to services	BH Realignment	Other Funding	Total Proposed Budge	3udge
(Must be Itemized)	Salary		Admin. Direct	Admin. Direct	۹ -	**	Direct
PERSONNEL/SALARIES							
	\$13,148	21%	100%	\$2,761			\$2,761
0102 Substance Abuse Counselor	\$11,210	21%	100%	\$2,35			32,354
0103	4004					S S	20
0104						O S	\$0
0105						&	g S
0106	size u ni					20	80
0107	**********					\$0	80
0108					Description of the second	Ç	20
0109	ajnos n				WA ALEM	€	\$0
0110					······································	0 \$	\$0
0111	-					Q	90
0112	********					S S	\$0
0113	etoten al-					S	\$0
0114	o Andrews					\$	\$0
0115						S	\$0
0116	This is a sec					Q	\$0
0117						G G	80
0118						2 0	\$0
0119		-				\$0	80
0120	www.					20	80
0121					· · · · · · · · · · · · · · · · · · ·	06	G 6
SALARIES TOTAL				\$0 ¢5 115	£0 €0	0.4	40
PAYROLL TAXES					3	3	212
10464 Plate Incomplement Incline						Ç	
				£	1000	<u>ک</u> و	2
				÷	<u></u>	2	D 20
						S	80
0154 Workers' Compensation Insurance					\$184		\$184
PAYROLL TAXES TOTAL				\$0 \$	75 \$0	20 \$0	\$575
LOYE							Γ
0201 Health Insurance						\$0	\$530
EMPLOYEE BENEFITS TOTAL				\$0 85	0\$	\$0	\$530

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Fresno New Connections

FRESNO COUNTY FY 2015-2016 BUDGET

Fiscal Year: Provider Name: Program:

FY 2015-2016
Fre sno Ne w Co nractions
Family-Focused Prevention Services

Approved by: Loren French

Flogiaiii, Fallilly-Coused Feetilion Oct vices	y. Folch i long	The state of the s	
A Principal Control of the Control o	Date: October 31, 2013		
Budget Categories-Line Item Description	BH Realignment	Other Funding	Proposed Program
(Must Be Itemized)	Budget	Budget	Budget
SALARY, PAYROLL TAX, AND EMPLOYEE BENEFITS TOTAL	\$6,220	\$0.50	\$6,220
INSURANCE			
0251 Worker's Compensation Insurance-see page 1			Q\$
0252 Liability Insurance			O\$
0253 Insurance Other-Specify			\$ 0
INSURANCE TOTAL	20	\$0	\$0
COMMUNICATIONS			
0301 Telecommunications/data lines			Q
0302 Answering Service			\$0
COMMUNICATIONS TOTAL	0\$ reministration records	0\$	\$0
OFFICE EXPENSE			
0351 Office Supplies	\$300		\$300
0352 Soc Rec., Workbooks	\$1,887		\$1,887
0353 Printing/Reproduction			S S S
0354 Incentives and Rewards	\$578		\$578
0355 Legal Notices/Advertising			\$0
OFFICE EXPENSE TOTAL	\$2,765	80	\$2,765
EQUIPMENT		a de la companya de l	
0401 Purchase of Equipment			\$
0402 Equipment Rent/Lease			\$0
0403 Equipment Maintenance			
EQUIPMENT TOTAL	0\$ 12 m 1 m 2 m 2 m	80	
			0\$
			\$
0453 Utilities			\$0
FACILITIES TOTAL	\$0	0\$	
			0\$
			0\$
			O G
USU4 Iransportation	6		
TRAVEL COSTS TOTAL	20	20	

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Fresno New Connections

FY 2015-2016 BUDGET FRESNO COUNTY

Fiscal Year:

Provider Name:

FY 2015-2016
Fresno New Connections
Family-Focused Prevention Services

Program: Family-Focused Prevention Services	Approved by: Loren French	French		
	Date: Octol	Date: October 31, 2013		
Budget Categories-Line Item Description	HB	BH Realignment	Other Funding	Proposed Program
(Must Be Itemized)		Budget	Budget	Budget
PROGRAM SUPPLIES				
0551 Program Supplies-U/A, Physical Screening	Market Brook	en e		\$0
0552 Program Supplies-Food		\$3,015		\$3,015
0553 Program Supplies-Household/Hygiene				\$0
PROGRAM SUPPLIES TOTAL		\$3,015	80	\$3,015
CONSULTANCY				
0601 Consultant Services-Evaluator				\$0
0602 Contracted Services				\$0
CONSULTANCY TOTAL		\$0	0\$	0\$
FISCAL AND AUDITS				
0651 Accounting/Bookkeeping				\$0
0652 External Audit				\$0
FISCAL AND AUDITS TOTAL		\$0	0\$	0\$
OTHER COSTS				
0701 Indirect Costs	The transition of	M. Comptender		\$0
0702 Licenses/Taxes		.kom:a		\$0
0703 County Administration Fee				\$0
0749 Other Business Services				\$0
OTHER COSTS TOTAL		\$0	80	
TOTAL PROGRAM EXPENDITURES		\$12,000	0\$	\$12,000
REVENUE/MATCH				
3120 Medi-Cal				\$0
				\$0
				\$0
3150 Client Fees				\$0
REVENUE/MATCH TOTAL		80	8	

\$12,000

80

\$12,000

NET PROGRAM BUDGET

Revised Exhibit B Page 45 of 50

FY 2016-2017 BUDGET FRESNO COUNTY

Fiscal Year: FY 2016-2017

Submitted by: Rob Martin

\$2,761 \$2,354 \$391 Total Proposed Budge \$5,115 Direct 2000 Admin. Proposed Program Budget Other Funding Admin. Direct E-Mail Address: ncaod1@sbcglobal.net Date: October 31, 2013 Approved by: Loren French Fax Number: (559) 248-1530 000 Admin. \$0 Signature: 🗸 Date: \$391 Direct \$2,761 \$2,354 BH Realignment Admín. % Time dedicated Direct 100% 100% Direct Service: 0.21 to services his program Admin. dedicated to % of FTE 21% Program: Family-Focused Prevention Services Mailing Address: 4411 N. Cedar #108 Fresno, CA 93726 Street Address: 4411 N. Cedar #108 Fresno, CA 93726 Phone Number: (559) 24 8-1548 (12-Month) \$13,148 \$11,210 Salary Annual 000 Fresno New Connections No. of Budgeted FTE Administration; State Unemployment Insurance Substance Abuse Counselor F.I.C.A./O.A.S.D.I. @ 7.65% Substance Abuse Counselor State Disability Insurance Provider Name: PERSONNEL/SALARIES ine Item Description Budget Categories-Must be Itemized) PAYROLL TAXES SALARIES TOTA 0152 0153 0102 0103 0104 0105 0106 0107 0109 0110 0111 0112 0113 0114 0115 0116 0117 0119 0120 0121 0122 0151 0101

\$530

S S င္တ

\$530

\$0 \$184

\$184

Workers' Compensation Insurance

AYROLL TAXES TOTAL

EMPLOYEE BENEFITS

0201

EMPLOYEE BENEFITS TOTAL Health Insurance

Fresno New Connections

FY 2016-2017 BUDGET FRESNO COUNTY

Approved by: Loren French Family-Focused Prevention Services Fresno New Connections FY 2016-2017 Provider Name: Fiscal Year: Program: Date:

Proposed Program Budget \$0 20 Other Funding Budget \$300 \$578 \$2,765 20 20 \$6,220 BH Realignment Date: October 31, 2013 Budget SALARY, PAYROLL TAX, AND EMPLOYEE BENEFITS TOTAL 1251 Worker's Compensation Insurance-see page 1 Budget Categories-Line Item Description 3301 Telecommunications/data lines Staff Travel (Out of County) Staff Training/Registration Legal Notices/Advertising Incentives and Rewards Equipment Maintenance Insurance Other-Specify 3401 Purchase of Equipment Equipment Rent/Lease Facilities Maintenance Soc Rec., Workbooks Printing/Reproduction COMMUNICATIONS TOTAL **OFFICE EXPENSE TOTAL** 3451 Rent/Lease Building Answering Service Liability Insurance 3351 Office Supplies Transportation **NSURANCE TOTAL** QUIPMENT TOTAL COMMUNICATIONS 3501 Staff Mileage ACILITIES TOTAL **OFFICE EXPENSE** (Must Be Itemized) RAVEL COSTS Utilities NSURANCE EQUIPMENT ACILITIES 503 3353 352 3354 355 0452 0453 3502 0252 3402 3403

\$578

\$300 \$1,887

£ 68

888

IRAVEL COSTS TOTAL

\$0 \$0

200

Fresno New Connections

FY 2016-2017 BUDGET FRESNO COUNTY

FY 2016-2017 Fiscal Year:

Provider Name:

Fresno New Connections

Family-Focused Prevention Services

\$3,015 \$3,015 \$12,000 Proposed Program Budget 80 80 80 80 Other Funding Budget \$3,015 \$3,015 \$0 \$0 \$12,000 Approved by: Loren French Date: October 31, 2013 BH Realignment Budget 3551 Program Supplies-U/A, Physical Screening Program Supplies-Food Program Supplies-Household/Hygiene Budget Categories-Line Item Description OTHER COSTS TOTAL
TOTAL PROGRAM EXPENDITURES 3601 Consultant Services-Evaluator County Administration Fee 3651 Accounting/Bookkeeping Other Business Services PROGRAM SUPPLIES TOTAL FISCAL AND AUDITS TOTAL Contracted Services ONSULTANCY TOTAL PROGRAM SUPPLIES Licenses/Taxes ISCAL AND AUDITS External Audit 3701 Indirect Costs REVENUE/MATCH State Grant (Must Be Itemized) CONSULTANCY OTHER COSTS 3120 Medi-Cal Program: Date:)552 0553 3652 3130

0000

\$0 \$0

\$12,000	
0\$	
\$12,000	
ET PROGRAM BUDGET	

REVENUE/MATCH TOTAL

Client Fees

Private Donations

3140 3150 80

Revised Exhibit B Page 48 of 50

FRESNO COUNTY FY 2017-2018 BUDGET

\$0 \$391 \$2,761 \$2,354 \$184 \$1,100 8 \$5,115 Total Proposed Budge Direct 2000 200 Admin. Proposed Program Budget Other Funding E-Mail Address: ncaod1@sbcglobal,nel Submitted by: Rob Martin Date: October 31, 2013 \$0 \$0 Approved by: Loren French Signature: Fax Number: (559) 248-Admin. \$184 \$1,100 Date: \$391 \$1,100 \$5,115 Direct \$2,761 \$2,354 BH Realignment 80 Admin. \$0 % Time dedicated 100% 100% Direct 0.21 to services Direct Service: Admin. % of FTE his program dedicated to 21% 21% Mailing Address: 4411 N. Cedar #108 Fresno, CA 93726 Street Address: 4411 N. Cedar #108 Fresno, CA 93726 Phone Number: (559) 248-1548 (12-Month) Program: Family-Focused Prevention Services \$13,148 \$11,210 Salary Annual 000 Provider Name: Fresno New Connections No. of Budgeted FTE Administration: Fiscal Year: FY 2017-2018 Workers' Compensation Insurance State Unemployment Insurance F.I.C.A./O.A.S.D.I. @ 7.65% Substance Abuse Counselor Substance Abuse Counselor State Disability Insurance EMPLOYEE BENEFITS TOTAL Health Insurance PERSONNEL/SALARIES EMPLOYEE BENEFITS ine Item Description Budget Categories-SALARIES TOTAL AYROLL TAXES Must be Itemized) 0114 0115 0116 0117 0118 0119 0120 0121 0151 0152 0153 0102 0103 0104 0105 0107 0109 0110 0113 0154 0101

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Fresno New Connections

FY 2017-2018 BUDGET FRESNO COUNTY

Family-Focused Prevention Services Fresn o New Connections FY 2017-2018 Provider Name: Fiscal Year: Program:

Approved by: Loren French
Date: October 31, 2013

\$ Q

\$578 \$300 \$1,317 Proposed Program Other Funding Budget \$578 \$300 \$2,195 \$0 20 \$6,790 BH Realignment Budget SALARY, PAYROLL TAX, AND EMPLOYEE BENEFITS TOTAL 3251 Worker's Compensation Insurance-see page 1 Budget Categories-Line Item Description 3301 Telecommunications/data lines Staff Travel (Out of County) Staff Training/Registration Legal Notices/Advertising Equipment Maintenance Insurance Other-Specify Incentives and Rewards 3401 Purchase of Equipment Equipment Rent/Lease Facilities Maintenance Soc Rec., Workbooks Printing/Reproduction OMMUNICATIONS TOTAL **DFFICE EXPENSE TOTAL** 3451 Rent/Lease Building Answering Service Liability Insurance RAVEL COSTS TOTAL Office Supplies Transportation **EQUIPMENT TOTAL NSURANCE TOTAL** COMMUNICATIONS Staff Mileage ACILITIES TOTAL OFFICE EXPENSE (Must Be Itemized) RAVEL COSTS Utilities NSURANCE QUIPMENT :ACILITIES 3504 Date: 0252 353 354 3402 3403 0452 3453 3501 0502 503 351 352

\$0 \$0 \$0 \$0

\$0 \$0

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Fresno New Connections

FY 2017-2018 BUDGET FRESNO COUNTY

FY 2017-2018 Fiscal Year:

Provider Name:

Fresno New Connections

Family-Focused Prevention Services

\$3,015 \$3,015 Proposed Program Budget \$0 Other Funding Budget \$3,015 \$0 \$0 \$12,000 \$3,015.00 BH Realignment Approved by: Loren French Date: October 31, 2013 Budget 3551 Program Supplies-U/A, Physical Screening Program Supplies-Food Program Supplies-Household/Hygiene Budget Categories-Line Item Description OTAL PROGRAM EXPENDITURES 3601 Consultant Services-Evaluator County Administration Fee Accounting/Bookkeeping Other Business Services PROGRAM SUPPLIES TOTAL ISCAL AND AUDITS TOTAL REVENUE/MATCH TOTAL Contracted Services CONSULTANCY TOTAL Private Donations OTHER COSTS TOTAL PROGRAM SUPPLIES Licenses/Taxes ISCAL AND AUDITS External Audit 0701 Indirect Costs REVENUE/MATCH State Grant Client Fees (Must Be Itemized) OTHER COSTS 3120 Medi-Cal CONSULTANC Program: 0651)652 3130 3150 3552 0749 3140 0553 0702

0 6 6 6

\$0 \$0

UNLAWFUL USE OF DRUGS AND ALCOHOL CERTIFICATION

\	
1, DAGE WHITE	, as an authorized agent of
Central California Keavery	acknowledge the requirement to
(Organization Name)	
comply with California HSC 11999-11999.3,	which authorizes the County of Fresno to
terminate a contract, without penalty, if the	is organization or its employees, or a
subcontractor or its employees fail to ensure t	hat:
 The program contains a component that 	t clearly explains in written materials tha
there shall be no unlawful use of drugs	or alcohol. No aspect of a drug- or alcohol
related program shall include any mess	sage on the responsible use, if the use is
unlawful, of drugs or alcohol;	
All aspects of a drug- or alcohol-rela	ted program are consistent with the "no
unlawful use" message, including, but n	ot limited to, program standards, curricula
materials, and teachings; and	
 The "no unlawful use" of drugs and alco 	hol message contained in drug- or alcohol-
related programs applies to the use of c	lrugs and alcohol prohibited by law.
I understand that the State of California	enforces an Unlawful Use policy in which
there is zero tolerance for promoting the unlaw	ful use of and drugs or alcohol in an AOD
treatment facility. If this organization fails to sat	isfy the guidelines adopted by the State o
California, the drug or alcohol program shall	not receive state funds and their contrac
with Fresno County will be terminated.	
I understand that this organization is ob-	oligated to ensure any subcontractors are
informed of the requirements of HSC 11999-	11999.3 and, if found in violation, will be
immediately terminated,	
Signature: Multa	
- O O . A	

TRAFFICKING VICTIMS PROTECTION ACT OF 2000 CERTIFICATION

1. De Wire	, as an authorized agent of
Control Colferna Econery (Organization Name)	, acknowledge the requirement to
comply with the Trafficking Victims Protection	on Act of 2000 (TVPA), specifically Section
106(g), which authorizes the County of Fres	no to terminate a contract, without penalty
if this organization or its employees, or a su	bcontractor or its employees:
 Engages in severe forms of trafficking 	g in persons during the period of time that
the award is in effect;	
 Procures a commercial sex act during 	g the period of time that the award in in
effect; or	
 Uses forced labor in the performance 	of the award or subawards under the
award.	
I understand that the TVPA established	es human trafficking and related offenses
as federal crimes and attaches severe pena	Ities to them. I will immediately inform the
County of Fresno, Department of Behavioral	Health, Contracts Division – Substance
Use Disorder (SUD) Services immediately o	f any information received from any
source alleging a violation of the TVPA by e	ither this organization or its employees, or
a subcontractor or its employees during the	term of this contract.
I understand that this organization is	obligated to ensure any subcontractors are
informed of the requirements of the TVPA ar	nd, if found in violation, will be immediately
terminated. I agree to submit this signed cer	tification annually on behalf of the
organization acknowledging requirements u	nder the TVPA and attesting that all
employees will receive annual TVPA training	g, and that documentation of training will
be placed in personnel files.	
Signature:	Date:



County of Fresno

DEPARTMENT OF BEHAVIORAL HEALTH
DAWAN UTECHT
DIRECTOR

Exhibit I Page 1 of 1

PRIVACY AND SECURITY AGREEMENT REGARDING AUTHORIZED ACCESS TO CONFIDENTIAL PROTECTED HEALTH INFORMATION FOR FRESNO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH (DBH) EMPLOYEES AND/OR NON-DBH SUD SERVICES WORKFORCE MEMBERS

OATH OF CONFIDENTIALITY

As a condition of obtaining access to any Protected Health Information (PHI) that is necessary to carry out my function with DBH, I , agree to not divulge any PHI to unauthorized persons. Furthermore, I maintain that I will not publish or otherwise make public any information regarding persons who receive Substance Use Disorder Services such that the persons who receive or have received such services are identifiable.

Access to such data shall be limited to Fresno County DBH personnel, subcontractors, and subcontractors' personnel who require this information in the performance of their duties and have signed an Oath of Confidentiality with DBH.

By signing this oath, I agree to uphold the security and confidentiality requirements outlined by the Medi-Cal Privacy and Security Agreement signed by DBH, surveillance and safeguarding announcements issued by DHCS, and other applicable terms and stipulations provided by the HIPAA doctrine as well as other relevant state and federal regulations.

I hereby certify my understanding of the need to:

- 1. Exercise due care to preserve data integrity and confidentiality.
- 2. Treat passwords and user accounts as confidential information.
- 3. Take reasonable precautions to ensure the protection of PHI from unauthorized access.
- 4. Notify CMHDMEDS@dhcs.ca.gov and iso@dhcs.ca.gov of a possible security violation including unauthorized access to PHI.

I recognize that unauthorized release of confidential information may make me subject to civil and criminal sanctions pursuant to the provisions of the Welfare and Institutions Code Section 14100.2, Welfare and Institutions Code Section 5328 et seq. and the Health Insurance Portability and Accountability Act of 1996 (HIPAA). I further acknowledge that the unauthorized release of confidential information as described in this document may result in disciplinary action up to and including termination of any office of employment or contract.

Agency Name

Signature:

Date:

5/23/17

3133 N Millbrook, Fresno, California 93703 FAX (559) 600-7673 www.co.fresno.ca.us

UNLAWFUL USE OF DRUGS AND ALCOHOL CERTIFICATION

1, Sac telle Univers	, as an authorized agent of
Date (Print Name)	acknowledge the requirement to
(Organization Name)	
comply with California HSC 11999-11999.3, which a	authorizes the County of Fresno to
terminate a contract, without penalty, if this orga	anization or its employees, or a
subcontractor or its employees fail to ensure that:	

- The program contains a component that clearly explains in written materials that
 there shall be no unlawful use of drugs or alcohol. No aspect of a drug- or alcoholrelated program shall include any message on the responsible use, if the use is
 unlawful, of drugs or alcohol;
- All aspects of a drug- or alcohol-related program are consistent with the "no unlawful use" message, including, but not limited to, program standards, curricula, materials, and teachings; and
- The "no unlawful use" of drugs and alcohol message contained in drug- or alcoholrelated programs applies to the use of drugs and alcohol prohibited by law.

I understand that the State of California enforces an Unlawful Use policy in which there is zero tolerance for promoting the unlawful use of and drugs or alcohol in an AOD treatment facility. If this organization fails to satisfy the guidelines adopted by the State of California, the drug or alcohol program shall not receive state funds and their contract with Fresno County will be terminated.

I understand that this organization is obligated to ensure any subcontractors are informed of the requirements of HSC 11999-11999.3 and, if found in violation, will be immediately terminated.

Signature:

Date: 5 1/8/17

Title: Chef Francial Office

TRAFFICKING VICTIMS PROTECTION ACT OF 2000 CERTIFICATION

Felix Encinica	, as an authorized agent of
Print Name)	, acknowledge the requirement to
(Organization Name)	
comply with the Trafficking Victims Protection Act of	of 2000 (TVPA), specifically Section
106(g), which authorizes the County of Fresno to te	erminate a contract, without penalty,
if this organization or its employees, or a subcontra	actor or its employees:
 Engages in severe forms of trafficking in per 	sons during the period of time that

- Engages in severe forms of trafficking in persons during the period of time that the award is in effect;
- Procures a commercial sex act during the period of time that the award in in effect; or
- Uses forced labor in the performance of the award or subawards under the award.

I understand that the TVPA establishes human trafficking and related offenses as federal crimes and attaches severe penalties to them. I will immediately inform the County of Fresno, Department of Behavioral Health, Contracts Division – Substance Use Disorder (SUD) Services immediately of any information received from any source alleging a violation of the TVPA by either this organization or its employees, or a subcontractor or its employees during the term of this contract.

I understand that this organization is obligated to ensure any subcontractors are informed of the requirements of the TVPA and, if found in violation, will be immediately terminated. I agree to submit this signed certification annually on behalf of the organization acknowledging requirements under the TVPA and attesting that all employees will receive annual TVPA training, and that documentation of training will be placed in personnel files.

Signature: Date: 5/18/2017

Title: Chef Franced Thick



County of Fresno

DEPARTMENT OF BEHAVIORAL HEALTH

DAWAN UTECHT

DIRECTOR

Exhibit I Page 1 of 1

PRIVACY AND SECURITY AGREEMENT REGARDING AUTHORIZED ACCESS TO CONFIDENTIAL PROTECTED HEALTH INFORMATION FOR FRESNO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH (DBH) EMPLOYEES AND/OR NON-DBH SUD SERVICES WORKFORCE MEMBERS

OATH OF CONFIDENTIALITY

As a condition of obtaining access to any Protected Health Information (PHI) that is necessary to carry out my function with DBH, I __________, agree to not divulge any PHI to unauthorized persons. Furthermore, I maintain that I will not publish or otherwise make public any information regarding persons who receive Substance Use Disorder Services such that the persons who receive or have received such services are identifiable.

Access to such data shall be limited to Fresno County DBH personnel, subcontractors, and subcontractors' personnel who require this information in the performance of their duties and have signed an Oath of Confidentiality with DBH.

By signing this oath, I agree to uphold the security and confidentiality requirements outlined by the Medi-Cal Privacy and Security Agreement signed by DBH, surveillance and safeguarding announcements issued by DHCS, and other applicable terms and stipulations provided by the HIPAA doctrine as well as other relevant state and federal regulations.

I hereby certify my understanding of the need to:

- 1. Exercise due care to preserve data integrity and confidentiality.
- 2. Treat passwords and user accounts as confidential information.
- 3. Take reasonable precautions to ensure the protection of PHI from unauthorized access.
- 4. Notify CMHDMEDS@dhcs.ca.gov and iso@dhcs.ca.gov of a possible security violation including unauthorized access to PHI.

I recognize that unauthorized release of confidential information may make me subject to civil and criminal sanctions pursuant to the provisions of the Welfare and Institutions Code Section 14100.2, Welfare and Institutions Code Section 5328 et seq. and the Health Insurance Portability and Accountability Act of 1996 (HIPAA). I further acknowledge that the unauthorized release of confidential information as described in this document may result in disciplinary action up to and including termination of any office of employment or contract.

Agency Name

Signature:

Date:

3133 N Millbrook, Fresno, California 93703 FAX (559) 600-7673 www.co.fresno.ca.us

UNLAWFUL USE OF DRUGS AND ALCOHOL CERTIFICATION

I, Rob Martin, as an authorized agent of
Fysha New Canne thans, Inc., acknowledge the requirement to
comply with California HSC 11999-11999.3, which authorizes the County of Fresno to
terminate a contract, without penalty, if this organization or its employees, or a
subcontractor or its employees fail to ensure that:
The program contains a component that clearly explains in written materials that
there shall be no unlawful use of drugs or alcohol. No aspect of a drug- or alcohol-
related program shall include any message on the responsible use, if the use is
unlawful, of drugs or alcohol;
 All aspects of a drug- or alcohol-related program are consistent with the "no
unlawful use" message, including, but not limited to, program standards, curricula,
materials, and teachings; and
 The "no unlawful use" of drugs and alcohol message contained in drug- or alcohol-
related programs applies to the use of drugs and alcohol prohibited by law.
I understand that the State of California enforces an Unlawful Use policy in which
there is zero tolerance for promoting the unlawful use of and drugs or alcohol in an AOD
treatment facility. If this organization fails to satisfy the guidelines adopted by the State of
California, the drug or alcohol program shall not receive state funds and their contract
with Fresno County will be terminated.
I understand that this organization is obligated to ensure any subcontractors are
informed of the requirements of HSC 11999-11999.3 and, if found in violation, will be
immediately terminated.
Signature: Rob Martin Date: 5/16/17
Title: Executive Divetor

TRAFFICKING VICTIMS PROTECTION ACT OF 2000

CERTIFICATION		
1, Rob Martin	, as an authorized agent of	
Fresho New Connections	Tracknowledge the requirement to	
(Organization Name) I comply with the Trafficking Victims Protection Ac	et of 2000 (TVPA) specifically Section	
106(g), which authorizes the County of Fresno to	, , , , ,	
if this organization or its employees, or a subcon		
Engages in severe forms of trafficking in particular.	, ,	
the award is in effect;	- '	
 Procures a commercial sex act during the 	period of time that the award in in	
effect; or		

 Uses forced labor in the performance of the award or subawards under the award.

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I understand that this organization is obligated to ensure any subcontractors are informed of the requirements of the TVPA and, if found in violation, will be immediately terminated. I agree to submit this signed certification annually on behalf of the organization acknowledging requirements under the TVPA and attesting that all employees will receive annual TVPA training, and that documentation of training will be placed in personnel files.

Signature: Martin	Date:	5/16/17	
Tille: Executive Director			



County of Fresno

DEPARTMENT OF BEHAVIORAL HEALTH

DAWAN UTECHT

DIRECTOR

Exhibit I Page 1 of I

PRIVACY AND SECURITY AGREEMENT REGARDING AUTHORIZED ACCESS TO CONFIDENTIAL PROTECTED HEALTH INFORMATION FOR FRESNO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH (DBH) EMPLOYEES AND/OR NON-DBH SUD SERVICES WORKFORCE MEMBERS

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Agency Name	
Signature:	Date:
_ lob Marti-	5/16/17

3133 N Millbrook, Fresno, California 93703 FAX (559) 600-7673 <u>www.co.fresno.ca.us</u>

The County of Fresno is an Equal Employment Opportunity Employer