

AMENDMENT I TO AGREEMENT

THIS AMENDMENT is made and entered into this 20th day of June, 2017, by and between the COUNTY OF FRESNO, a political subdivision of the State of California, hereinafter referred to as "COUNTY", and each Provider listed in Revised Exhibit A, attached hereto and by this reference incorporated herein, collectively hereinafter referred to as "PROVIDERS", and such additional PROVIDERS as may, from time to time during the term of this Agreement, be added by COUNTY. Reference in this Agreement to "party" or "parties" shall be understood to refer to COUNTY and each PROVIDER, unless otherwise specified.

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.

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

5 In the event funding for these services is delayed by the State Controller,
6 COUNTY may defer payment to PROVIDER(S). The amount of the deferred payment shall
7 not exceed the amount of funding delayed by the State Controller to the COUNTY. The period of time of
8 the deferral by COUNTY shall not exceed the period of time of the State Controller's delay of payment to
9 COUNTY plus forty-five days.

10 D. Payments - PROVIDER(S) shall complete a year end cost report in
11 accordance with Section 16-C of this Agreement at the end of each fiscal year to reflect PROVIDER(S)'s
12 actual expenditures. Within forty-five (45) days of the reconciliation by COUNTY, PROVIDER(S) shall
13 make payment to COUNTY or COUNTY shall reimburse PROVIDER(S) as appropriate.
14 Payment by COUNTY shall be in arrears, based on PROVIDER(S)'s monthly invoices submitted for
15 services provided during the preceding month, within forty-five (45) days after receipt and verification of
16 PROVIDER(S)'s monthly invoices by COUNTY's DBH-SAS.

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

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

1 F. Lobbying Activity - PROVIDER(S) shall not directly or indirectly use any
2 of the funds provided under this Agreement for publicity, lobbying, or propaganda purposes designed to
3 support or defeat legislation pending before the Congress of the United States or the Legislature of the
4 State of California.

5 G. Political Activity - PROVIDER(S) shall not directly or indirectly use any
6 of the funds under this Agreement for any political activity or to further the election or defeat of any
7 candidate for public office.

8 H. Funding Sources - It shall be the obligation of PROVIDER(S) to determine
9 and claim all revenue possible from private pay sources and third party payers. PROVIDER(S) shall not
10 use any funds under this Agreement for services covered by Drug Medi-Cal or other health insurance for
11 eligible beneficiaries. PROVIDER(S) shall claim all Drug Medi-Cal covered services for eligible
12 beneficiaries through the Drug Medi-Cal claiming process. The COUNTY will only reimburse
13 PROVIDER(S) for services rendered that are not covered by Drug Medi-Cal, other insurance or other
14 revenue sources.

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

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

24 I. Cost of Living Adjustment – PROVIDER(S) shall not utilize any funds
25 provided under this Agreement to provide cost of living adjustments to PROVIDER(S)'s employee
26 compensation.”

27 2. That the following text in the Agreement, Page Eight (8), beginning with Paragraph
28 Eleven (11), Line Seventeen (17) with the word “MODIFICATION” and ending on Page Eight (8) Line

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

2 **“11. MODIFICATION**

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

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

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

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

24 **“26. COMPLIANCE WITH LAWS AND POLICIES**

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

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

2 A. For renewal of multi-year contracts with non-profit organizations which
3 primarily serve Fresno County and professional services contract where Fresno County is the sole client,
4 the administrative and employee benefits costs should be both reasonable and necessary for the
5 administration of the program.

6 B. PROVIDER(S) shall provide that each client's ability to pay for services is
7 determined by the use of the method approved by COUNTY.

8 C. PROVIDER(S) shall establish and use COUNTY'S approved method of
9 determining and collecting fees from clients.

10 D. PROVIDER(S) shall furnish client records in accordance with the
11 applicable Federal and State regulations, and with the Alcohol and/or Other Drug Program Certification
12 Standards set forth by the California Department of Health Care Services, including in such records a
13 treatment plan for each client, and evidence of each service rendered.

14 E. PROVIDER(S) shall submit accurate, complete and timely claims and cost
15 reports, reporting only allowable costs.

16 F. PROVIDER(S) shall comply with statistical reporting and program
17 evaluation systems as provided in State of California regulations and in this Agreement."

18 4. That the following paragraphs are being added to the Agreement as Paragraphs Forty-Two
19 (42), Forty-Three (43), Forty-Four (44), and Forty-Five (45) on Page Thirty-Eight (38), Line Twenty-
20 Three (23).

21 **"42. UNLAWFUL USE OF DRUGS AND ALCOHOL**

22 PROVIDER(S) shall ensure that information provided to clients contains a clearly
23 written statement that there shall be no unlawful use of drugs or alcohol associated with PROVIDER(S).
24 Additionally, PROVIDER(S) shall ensure that no aspect of the program includes any message in materials,
25 curricula, teachings, or promotion of the responsible use, if the use is unlawful, of drugs or alcohol pursuant
26 to Health and Safety Code (HSC) 11999-11999.3. PROVIDER(S) shall maintain that any unlawful use of
27 drugs and alcohol is illegal and dangerous.
28

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

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

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

10 **43. RESTRICTION ON DISTRIBUTION OF STERILE NEEDLES**

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

15 **44. TRAFFICKING IN PERSONS PROVISIONS – PRIVATE ENTITY**

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

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

22 A) Engage in severe forms of trafficking in persons during the period of time
23 that the award is in effect;

24 B) Procure a commercial sex act during the period of time that the award is in
25 effect; or

26 C) Use forced labor in the performance of the award or subawards under the
27 award.

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

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

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

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

13 **45. CONFIDENTIALITY OATH**

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

19 5. The remaining Paragraph (Paragraph 42 "**Entire Agreement**") in the original Agreement
20 No. 13-709 shall be re-numbered sequentially to read as Paragraph Forty-Six (46).

21 6. That all references in the Agreement to "Exhibit A" shall be changed to read "Revised
22 Exhibit A".

23 7. That all references in the Agreement to "Exhibit B" shall be changed to read "Revised
24 Exhibit B", which is attached hereto and incorporated herein by reference.

25 8. COUNTY and PROVIDER(S) agree that this Amendment I is sufficient to amend
26 Agreement No. 13-709 and Amendment I together with the Agreement shall be considered the
27 Agreement.

28 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 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
7 COUNTY OF FRESNO

PROVIDER(S)

SEE REVISED EXHIBIT A

8
9
10 By 

11 Chairman

12 Board of Supervisors

13 Date: 10-20-17

14
15
16 BERNICE E. SEIDEL, Clerk

17 Board of Supervisors

18 By 

19 Date: 10-20-17

1 APPROVED AS TO LEGAL FORM:

2 DANIEL CEDERBORG, COUNTY COUNSEL

3
4 By

Janille E. Kelly

5 Date:

6
7 OSCAR J. GARCIA, C.P.A., AUDITOR-CONTROLLER/

8 TREASURER-TAX COLLECTOR

9
10 By

Allen E. Cadey Jr.

11 Date:

8/30/17

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

1 Provider: **CENTRAL CALIFORNIA RECOVERY, INC.**

2
3
4 By 

5
6 Print Name: JOHN WHITE

7
8 Title: _____
9 Chairman of the Board, President, or Vice President

10
11 Date: 5-17-17

12
13
14
15 By 

16
17 Print Name: BARBARA A. WHITE

18
19 Title: _____
20 Secretary (of Corporation), Assistant Secretary,
21 Chief Financial Officer, or Assistant Treasurer

22
23 Date: 5-17-17

1 Provider: DELTA CARE, INC.

2
3
4 By George Tapia

5
6 For Print Name: RITA ENUNWA

7
8 Title: EXECUTIVE DIRECTOR

9 Chairman of the Board, President, or Vice President

10
11 Date: May 18, 2017

12
13
14
15 By Felix Enunwa

16
17 Print Name: Dr Felix Enunwa

18
19 Title: Chief Financial Officer

20 Secretary (of Corporation), Assistant Secretary,

21 Chief Financial Officer, or Assistant Treasurer

22
23 Date: 5/18/2017

1 Provider: FRESNO NEW CONNECTIONS

2
3
4 By Suzanne Kotkin-Jaszi

5
6 Print Name: Suzanne Kotkin-Jaszi

7
8 Title: President

9 Chairman of the Board, President, or Vice President

10
11 Date: 5-17-17

12
13
14
15 By Joanna Tilghman

16
17 Print Name: Joanna Tilghman

18
19 Title: Secretary

20 Secretary (of Corporation), Assistant Secretary,

21 Chief Financial Officer, or Assistant Treasurer

22
23 Date: 5.17.17

24
25
26
27
28 yl

FAMILY-FOCUSED PREVENTION SERVICES PROVIDERS

Central California Recovery, Inc.

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-Unificatic

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

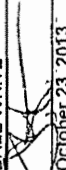
Program Name: Creating Lasting Family Connections

Contact: Rob Martin
Phone: (559) 248-1548

FRESNO COUNTY FY 2013-2014 BUDGET BUDGET JUSTIFICATION NARRATIVE	
PROGRAM SUPPLIES	<p>List the following program supplies categories and provide a brief description for each category:</p> <ul style="list-style-type: none">• 0551-Program Supplies- Food Costs -- The Celebrating Families 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 Curriculum - The Celebrating Families curriculum costs \$215.• 0553-RT/OT Supplies.
CONSULTANCY	<p>List the following consulting categories and provide a brief description for each category:</p> <ul style="list-style-type: none">• 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

Central California Recovery, Inc.
FRESNO COUNTY
FY 2013-2014 BUDGET

Fiscal Year: FY 2013-2014
Provider Name: CENTRAL CALIFORNIA RECOVERY
Program: Family Focused-Prevention Services
Mailing Address: 1100 W SHAW AVE #122, FRESNO, CA 93711
Street Address: SAME
Phone Number: (559) 681-1947

Submitted by: DALE WHITE
Date: October 23, 2013
Approved by: DALE WHITE
Signature: 
Date: October 23, 2013
Fax Number: (559) 412-2126
E-Mail Address: dwhite@ccrva.org

No. of Budgeted FTE Administration: Direct Service:

Budget Categories- Line Item Description (Must be Itemized)	Annual (12-Month) Salary	% of FTE dedicated to this program	% Time dedicated to services Admin. Direct	Proposed Program Budget				Total Proposed Budget Admin. Direct
				BH Realignment Admin. Direct	MHSA Funding Admin. Direct	Admin. Direct	Admin. Direct	
PERSONNEL/SALARIES								
0101								
0102								
0103								
0104								
0105								
0106								
0107								
0108								
0109								
0110								
0111								
0112								
0113								
0114								
0115								
0116								
0117								
0118								
0119								
SALARIES TOTAL								
PAYROLL TAXES								
0151 State Unemployment Insurance								
0152 F.I.C.A./O.A.S.D.I.								
0153 State Disability Insurance								
PAYROLL TAXES TOTAL								
EMPLOYEE BENEFITS								
0201 Health Insurance								
0202 Life Insurance								
0203 Retirement								
0204 Benefits Other - Specify		0.03353						
EMPLOYEE BENEFITS TOTAL								

Central California Recovery, Inc.

FRESNO COUNTY
FY 2013-2014 BUDGET

Fiscal Year: FY 2013-2014
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 (Must Be Itemized)	BH Realignment Budget	MHSA Funding Budget		Proposed Program Budget
SALARY, PAYROLL TAX, AND EMPLOYEE BENEFITS TOTAL	\$0	\$0		\$0
INSURANCE				
0251 Worker's Compensation Insurance		\$0	\$0	\$0
0252 Liability Insurance		\$0	\$0	\$0
0253 Insurance Other-Specify		\$0	\$0	\$0
INSURANCE TOTAL	\$0	\$0	\$0	\$0
COMMUNICATIONS				
0301 Telecommunications/data lines		\$0	\$0	\$0
0302 Answering Service	\$0	\$0	\$0	\$0
COMMUNICATIONS TOTAL	\$0	\$0	\$0	\$0
OFFICE EXPENSE				
0351 Office Supplies		\$0	\$0	\$0
0352 Soc Rec., Workbooks		\$0	\$0	\$0
0353 Printing/Reproduction		\$0	\$0	\$0
0354 Publications		\$0	\$0	\$0
0355 Legal Notices/Advertising		\$0	\$0	\$0
OFFICE EXPENSE TOTAL	\$0	\$0	\$0	\$0
EQUIPMENT				
0401 Purchase of Equipment		\$0	\$0	\$0
0402 Equipment Rent/Lease		\$0	\$0	\$0
0403 Equipment Maintenance	\$0	\$0	\$0	\$0
EQUIPMENT TOTAL	\$0	\$0	\$0	\$0
FACILITIES				
0451 Rent/Lease Building		\$0	\$0	\$0
0452 Facilities Maintenance		\$0	\$0	\$0
0453 Utilities		\$0	\$0	\$0
FACILITIES TOTAL	\$0	\$0	\$0	\$0
TRAVEL COSTS				
0501 Staff Mileage		\$0	\$0	\$0
0502 Staff Travel (Out of County)		\$0	\$0	\$0
0503 Staff Training/Registration		\$0	\$0	\$0
0504 Transportation		\$0	\$0	\$0
TRAVEL COSTS TOTAL	\$0	\$0	\$0	\$0

Central California Recovery, Inc.

FRESNO COUNTY
FY 2013-2014 BUDGET

Fiscal Year: FY 2013-2014
 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 (Must Be Itemized)	BH Realignment Budget	MHSA Funding Budget			Proposed Program Budget
PROGRAM SUPPLIES					
0551 Program Supplies-Food costs for family dinners	\$4,800	\$0			\$4,800
0552 Program Supplies-Curriculum	\$215	\$0			\$215
0553 Program Supplies-RT/OT Supplies		\$0			\$0
PROGRAM SUPPLIES TOTAL	\$5,015	\$0			\$5,015
CONSULTANCY					
0601 Consultant Services		\$0			\$0
0602 Contracted Services	\$3,200	\$0			\$3,200
CONSULTANCY TOTAL	\$3,200	\$0			\$3,200
FISCAL AND AUDITS					
0651 Accounting/Bookkeeping		\$0			\$0
0652 External Audit		\$0			\$0
FISCAL AND AUDITS TOTAL	\$0	\$0			\$0
OTHER COSTS					
0701 Indirect Costs		\$0			\$0
0702 Licenses/Taxes		\$0			\$0
0703 County Administration Fee	\$0	\$0			\$0
0749 Other Business Services		\$0			\$0
OTHER COSTS TOTAL	\$0	\$0			\$0
TOTAL PROGRAM EXPENDITURES	\$8,215	\$0			\$8,215
REVENUE/MATCH					
3120 Medi-Cal		\$0			\$0
3130 State Grant	\$0	\$0			\$0
3140 Private Donations		\$0			\$0
3150 Client Fees	\$0	\$0			\$0
REVENUE/MATCH TOTAL	\$0	\$0			\$0
NET PROGRAM BUDGET	\$8,215	\$0			\$8,215

FRESNO COUNTY
FY 2014-2015 BUDGET

FY 2014-2015

CENTRAL CALIFORNIA RECOVERY

Family Focused-Prevention Services

FAMILY FOCUSED PREVENTION SERVICES
1100 W SHAW AVE #122 ERESNO CA 93711

SAME

SAVE
(550) 681-1017

No. of Budgeted FTE Administration:

0.50

0.0.0

0.00

Submitted by: DALE WHITE

Date: October 23, 2013

Approved by: PAULE WHITE

Approved by DAVE WHITE

Signature: _____

Signature: _____
Date: October 23 2017

Date: October 23, 2013
Fax Number: (550) 412-7195

Mail Address: (555) 555-5555

E-Mail Address: assessing@nrcan.gc.ca

Budget Categories: Line Item Description (Must be itemized)	Annual ('12-Month) Salary	% of FTE dedicated to this program	% Time dedicated to services Admin Direct	Proposed Program Budget					
				BH Realignment		MHSA Funding		Total Proposed Budget	
				Admin	Direct	Admin	Direct	Admin	Direct
PERSONNEL/SALARIES									
0101				\$0	\$0	\$0	\$0	\$0	\$0
0102				\$0	\$0	\$0	\$0	\$0	\$0
0103				\$0	\$0	\$0	\$0	\$0	\$0
0104				\$0	\$0	\$0	\$0	\$0	\$0
0105				\$0	\$0	\$0	\$0	\$0	\$0
0106				\$0	\$0	\$0	\$0	\$0	\$0
0107				\$0	\$0	\$0	\$0	\$0	\$0
0108				\$0	\$0	\$0	\$0	\$0	\$0
0109				\$0	\$0	\$0	\$0	\$0	\$0
0110				\$0	\$0	\$0	\$0	\$0	\$0
0111				\$0	\$0	\$0	\$0	\$0	\$0
0112				\$0	\$0	\$0	\$0	\$0	\$0
0113				\$0	\$0	\$0	\$0	\$0	\$0
0114				\$0	\$0	\$0	\$0	\$0	\$0
0115				\$0	\$0	\$0	\$0	\$0	\$0
0116				\$0	\$0	\$0	\$0	\$0	\$0
0117				\$0	\$0	\$0	\$0	\$0	\$0
0118				\$0	\$0	\$0	\$0	\$0	\$0
0119				\$0	\$0	\$0	\$0	\$0	\$0
0120				\$0	\$0	\$0	\$0	\$0	\$0
SALARIES TOTAL				\$0	\$0			\$0	\$0
PAYROLL TAXES									
0151 State Unemployment Insurance				\$0	\$0	\$0	\$0	\$0	\$0
0152 FICA/O.A.S.D.I.				\$0	\$0	\$0	\$0	\$0	\$0
0153 State Disability Insurance				\$0	\$0	\$0	\$0	\$0	\$0
PAYROLL TAXES TOTAL				\$0	\$0	\$0	\$0	\$0	\$0
EMPLOYEE BENEFITS									
0201 Health Insurance				\$0.00	\$0.00	\$0.00	\$0.00	\$0	\$0
0202 Life Insurance									
0203 Retirement				\$0	\$0	\$0	\$0	\$0	\$0
0204 Benefits Other - Specify									
EMPLOYEE BENEFITS TOTAL				\$0	\$0	\$0	\$0	\$0	\$0

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 (Must Be Itemized)	BH Realignment Budget	MHSA Funding Budget	Proposed Program Budget
SALARY, PAYROLL TAX, AND EMPLOYEE BENEFITS TOTAL	\$0	\$0	\$0
INSURANCE			
0251 Worker's Compensation Insurance	\$0	\$0	\$0
0252 Liability Insurance		\$0	\$0
0253 Insurance Other-Specify		\$0	\$0
INSURANCE TOTAL	\$0	\$0	\$0
COMMUNICATIONS			
0301 Telecommunications/data lines		\$0	\$0
0302 Answering Service	\$0	\$0	\$0
COMMUNICATIONS TOTAL	\$0	\$0	\$0
OFFICE EXPENSE			
0351 Office Supplies		\$0	\$0
0352 Soc Rec., Workbooks		\$0	\$0
0353 Printing/Reproduction		\$0	\$0
0354 Publications		\$0	\$0
0355 Legal Notices/Advertising		\$0	\$0
OFFICE EXPENSE TOTAL	\$0	\$0	\$0
EQUIPMENT			
0401 Purchase of Equipment		\$0	\$0
0402 Equipment Rent/Lease		\$0	\$0
0403 Equipment Maintenance	\$0	\$0	\$0
EQUIPMENT TOTAL	\$0	\$0	\$0
FACILITIES			
0451 Rent/Lease Building		\$0	\$0
0452 Facilities Maintenance		\$0	\$0
0453 Utilities		\$0	\$0
FACILITIES TOTAL	\$0	\$0	\$0
TRAVEL COSTS			
0501 Staff Mileage		\$0	\$0
0502 Staff Travel (Out of County)		\$0	\$0
0503 Staff Training/Registration		\$0	\$0
0504 Transportation		\$0	\$0
TRAVEL COSTS TOTAL	\$0	\$0	\$0

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

Central California Recovery, Inc.

FRESNO COUNTY
FY 2015-2016 BUDGET

Fiscal Year:	FY 2015-2016	Submitted by:	DALE WHITE
Provider Name:	CENTRAL CALIFORNIA RECOVERY	Date:	October 23, 2013
Program:	Family Focused-Prevention Services	Approved by:	DALE WHITE
Mailing Address:	1100 W SHAW AVE #122, FRESNO, CA 93711	Signature:	
Street Address:	SAME	Date:	October 23, 2013
Phone Number:	(559) 681-1947	Fax Number:	(559) 412-2126
No of Budgeted FTE Administration:	0.00	E-Mail Address:	dalewhite@ccr.org
Direct Service:	0.00		

Budget Categories- Line Item Description (Must be Itemized)	Annual (12-Month) Salary	% of FTE dedicated to this program	% Time dedicated to services	Proposed Program Budget			
				BH Realignment Admin	BH Realignment Direct	MHSA Funding Admin	MHSA Funding Direct
PERSONNEL/SALARIES							
0101				\$0	\$0		\$0
0102				\$0	\$0		\$0
0103				\$0	\$0		\$0
0104				\$0	\$0		\$0
0105				\$0	\$0		\$0
0106				\$0	\$0		\$0
0107				\$0	\$0		\$0
0108				\$0	\$0		\$0
0109				\$0	\$0		\$0
0110				\$0	\$0		\$0
0111				\$0	\$0		\$0
0112				\$0	\$0		\$0
0113				\$0	\$0		\$0
0114				\$0	\$0		\$0
0115				\$0	\$0		\$0
0116				\$0	\$0		\$0
0117				\$0	\$0		\$0
0118				\$0	\$0		\$0
0119				\$0	\$0		\$0
SALARIES TOTAL				\$0	\$0		\$0
PAYROLL TAXES							
0151 State Unemployment Insurance				\$0	\$0		\$0
0152 F.I.C.A./O.A.S.D.I.				\$0	\$0		\$0
0153 State Disability Insurance				\$0	\$0		\$0
PAYROLL TAXES TOTAL				\$0	\$0		\$0
EMPLOYEE BENEFITS							
0201 Health Insurance				\$0.00	\$0.00		\$0
0202 Life Insurance				\$0	\$0		\$0
0203 Retirement				\$0	\$0		\$0
0204 Benefits Other - Specify				\$0	\$0		\$0
EMPLOYEE BENEFITS TOTAL				\$0	\$0		\$0

Central California Recovery, Inc.

FRESNO COUNTY
FY 2015-2016 BUDGET

Fiscal Year: FY 2015-2016
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 (Must Be Itemized)	BH Realignment Budget	MHSA Funding Budget			Proposed Program Budget
SALARY, PAYROLL TAX, AND EMPLOYEE BENEFITS TOTAL	\$0	\$0			\$0
INSURANCE					
0251 Worker's Compensation Insurance		\$0		\$0	\$0
0252 Liability Insurance		\$0		\$0	\$0
0253 Insurance Other-Specify		\$0		\$0	\$0
INSURANCE TOTAL	\$0	\$0		\$0	\$0
COMMUNICATIONS					
0301 Telecommunications/data lines		\$0		\$0	\$0
0302 Answering Service	\$0	\$0		\$0	\$0
COMMUNICATIONS TOTAL	\$0	\$0		\$0	\$0
OFFICE EXPENSE					
0351 Office Supplies		\$0		\$0	\$0
0352 Soc Rec., Workbooks		\$0		\$0	\$0
0353 Printing/Reproduction		\$0		\$0	\$0
0354 Publications		\$0		\$0	\$0
0355 Legal Notices/Advertising		\$0		\$0	\$0
OFFICE EXPENSE TOTAL	\$0	\$0		\$0	\$0
EQUIPMENT					
0401 Purchase of Equipment		\$0		\$0	\$0
0402 Equipment Rent/Lease		\$0		\$0	\$0
0403 Equipment Maintenance		\$0		\$0	\$0
EQUIPMENT TOTAL	\$0	\$0		\$0	\$0
FACILITIES					
0451 Rent/Lease Building		\$0		\$0	\$0
0452 Facilities Maintenance		\$0		\$0	\$0
0453 Utilities		\$0		\$0	\$0
FACILITIES TOTAL	\$0	\$0		\$0	\$0
TRAVEL COSTS					
0501 Staff Mileage		\$0		\$0	\$0
0502 Staff Travel (Out of County)		\$0		\$0	\$0
0503 Staff Training/Registration		\$0		\$0	\$0
0504 Transportation		\$0		\$0	\$0
TRAVEL COSTS TOTAL	\$0	\$0		\$0	\$0

Central California Recovery, Inc.

FRESNO COUNTY
FY 2015-2016 BUDGET

Fiscal Year: FY 2015-2016
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 (Must Be Itemized)	BH Realignment Budget	MHSA Funding Budget		Proposed Program Budget
PROGRAM SUPPLIES				
0551 Program Supplies-Food costs for family dinners	\$4,800	\$0	\$0	\$4,800
0552 Program Supplies-Curriculum	\$215	\$0	\$0	\$215
0553 Program Supplies-RT/OT Supplies		\$0	\$0	\$0
PROGRAM SUPPLIES TOTAL	\$5,015	\$0	\$0	\$5,015
CONSULTANCY				
0601 Consultant Services	\$0	\$0	\$0	\$0
0602 Contracted Services	\$3,200	\$0	\$0	\$3,200
CONSULTANCY TOTAL	\$3,200	\$0	\$0	\$3,200
FISCAL AND AUDITS				
0651 Accounting/Bookkeeping	\$0	\$0	\$0	\$0
0652 External Audit		\$0	\$0	\$0
FISCAL AND AUDITS TOTAL	\$0	\$0	\$0	\$0
OTHER COSTS				
0701 Indirect Costs		\$0	\$0	\$0
0702 Licenses/Taxes	\$0	\$0	\$0	\$0
0703 County Administration Fee	\$0	\$0	\$0	\$0
0749 Other Business Services	\$0	\$0	\$0	\$0
OTHER COSTS TOTAL	\$0	\$0	\$0	\$0
TOTAL PROGRAM EXPENDITURES	\$8,215	\$0	\$0	\$8,215
REVENUE/MATCH				
3120 Medi-Cal	\$0	\$0	\$0	\$0
3130 State Grant	\$0	\$0	\$0	\$0
3140 Private Donations	\$0	\$0	\$0	\$0
3150 Client Fees	\$0	\$0	\$0	\$0
REVENUE/MATCH TOTAL	\$0	\$0	\$0	\$0
NET PROGRAM BUDGET	\$8,215	\$0	\$0	\$8,215

Central California Recovery, Inc.

FRESNO COUNTY
FY 2016-2017 BUDGET

Fiscal Year: FY 2016-2017
Provider Name: CENTRAL CALIFORNIA RECOVERY
Program: Family Focused-Prevention Services
Mailing Address: 1100 W SHAW AVE #122, FRESNO, CA 93711
Street Address: SAME
Phone Number: (559) 681-1947

Submitted by: _____
Date: October 23, 2013
Approved by: DALE WHITE
Signature: _____
Date: October 23, 2013
Fax Number: (559) 412-2126
E-Mail Address: _____

No. of Budgeted FTE Administration: 0.00 Direct Service: 0.00

Budget Categories- Line Item Description (Must be itemized)	Annual (12-Month) Salary	% of FTE dedicated to this program	% Time dedicated to services	Proposed Program Budget				Total Proposed Budget	
				BH Realignment Admin.	Direct	MHSA Funding Admin.	Direct	Admin	Direct
PERSONNEL/SALARIES									
0101				\$0	\$0	\$0	\$0	\$0	\$0
0102				\$0	\$0	\$0	\$0	\$0	\$0
0103				\$0	\$0	\$0	\$0	\$0	\$0
0104				\$0	\$0	\$0	\$0	\$0	\$0
0105				\$0	\$0	\$0	\$0	\$0	\$0
0106				\$0	\$0	\$0	\$0	\$0	\$0
0107				\$0	\$0	\$0	\$0	\$0	\$0
0108				\$0	\$0	\$0	\$0	\$0	\$0
0109				\$0	\$0	\$0	\$0	\$0	\$0
0110				\$0	\$0	\$0	\$0	\$0	\$0
0111				\$0	\$0	\$0	\$0	\$0	\$0
0112				\$0	\$0	\$0	\$0	\$0	\$0
0113				\$0	\$0	\$0	\$0	\$0	\$0
0114				\$0	\$0	\$0	\$0	\$0	\$0
0115				\$0	\$0	\$0	\$0	\$0	\$0
0116				\$0	\$0	\$0	\$0	\$0	\$0
0117				\$0	\$0	\$0	\$0	\$0	\$0
0118				\$0	\$0	\$0	\$0	\$0	\$0
0119				\$0	\$0	\$0	\$0	\$0	\$0
0120				\$0	\$0	\$0	\$0	\$0	\$0
SALARIES TOTAL				\$0	\$0			\$0	\$0
PAYROLL TAXES									
0151 State Unemployment Insurance				\$0	\$0	\$0	\$0	\$0	\$0
0152 F.I.C.A./O.A.S.D.I.				\$0	\$0	\$0	\$0	\$0	\$0
0153 State Disability Insurance				\$0	\$0	\$0	\$0	\$0	\$0
PAYROLL TAXES TOTAL				\$0	\$0	\$0	\$0	\$0	\$0
EMPLOYEE BENEFITS									
0201 Health Insurance				\$0.00	\$0.00			\$0	\$0
0202 Life Insurance									
0203 Retirement				\$0	\$0			\$0	\$0
0204 Benefits Other - Specify									
EMPLOYEE BENEFITS TOTAL				\$0	\$0			\$0	\$0

Central California Recovery, Inc.

FRESNO COUNTY
FY 2016-2017 BUDGET

Fiscal Year: FY 2016-2017
 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 (Must Be Itemized)	BH Realignment Budget	MHSA Funding Budget	Proposed Program Budget
SALARY, PAYROLL TAX, AND EMPLOYEE BENEFITS TOTAL	\$0	\$0	\$0
INSURANCE			
0251 Worker's Compensation Insurance		\$0	\$0
0252 Liability Insurance		\$0	\$0
0253 Insurance Other-Specify		\$0	\$0
INSURANCE TOTAL	\$0	\$0	\$0
COMMUNICATIONS			
0301 Telecommunications/data lines		\$0	\$0
0302 Answering Service		\$0	\$0
COMMUNICATIONS TOTAL	\$0	\$0	\$0
OFFICE EXPENSE			
0351 Office Supplies		\$0	\$0
0352 Soc Rec., Workbooks		\$0	\$0
0353 Printing/Reproduction		\$0	\$0
0354 Publications		\$0	\$0
0355 Legal Notices/Advertising		\$0	\$0
OFFICE EXPENSE TOTAL	\$0	\$0	\$0
EQUIPMENT			
0401 Purchase of Equipment		\$0	\$0
0402 Equipment Rent/Lease		\$0	\$0
0403 Equipment Maintenance	\$0	\$0	\$0
EQUIPMENT TOTAL	\$0	\$0	\$0
FACILITIES			
0451 Rent/Lease Building		\$0	\$0
0452 Facilities Maintenance		\$0	\$0
0453 Utilities		\$0	\$0
FACILITIES TOTAL	\$0	\$0	\$0
TRAVEL COSTS			
0501 Staff Mileage		\$0	\$0
0502 Staff Travel (Out of County)		\$0	\$0
0503 Staff Training/Registration		\$0	\$0
0504 Transportation		\$0	\$0
TRAVEL COSTS TOTAL	\$0	\$0	\$0

Central California Recovery, Inc.

FRESNO COUNTY
FY 2016-2017 BUDGET

Fiscal Year: FY 2016-2017
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 (Must Be Itemized)	BH Realignment Budget	MHSA Funding Budget			Proposed Program Budget
PROGRAM SUPPLIES					
0551 Program Supplies-Food costs for family dinners	\$4,800	\$0			\$4,800
0552 Program Supplies-Curriculum	\$215	\$0			\$215
0553 Program Supplies-RT/OT Supplies		\$0			\$0
PROGRAM SUPPLIES TOTAL	\$5,015	\$0			\$5,015
CONSULTANCY					
0601 Consultant Services		\$0			\$0
0602 Contracted Services	\$3,200	\$0			\$3,200
CONSULTANCY TOTAL	\$3,200	\$0			\$3,200
FISCAL AND AUDITS					
0651 Accounting/Bookkeeping	\$0	\$0			\$0
0652 External Audit		\$0			\$0
FISCAL AND AUDITS TOTAL	\$0	\$0			\$0
OTHER COSTS					
0701 Indirect Costs		\$0			\$0
0702 Licenses/Taxes		\$0			\$0
0703 County Administration Fee		\$0			\$0
0749 Other Business Services	\$0	\$0			\$0
OTHER COSTS TOTAL	\$0	\$0			\$0
TOTAL PROGRAM EXPENDITURES	\$8,215	\$0			\$8,215
REVENUE/MATCH					
3120 Medi-Cal	\$0	\$0			\$0
3130 State Grant	\$0	\$0			\$0
3140 Private Donations	\$0	\$0			\$0
3150 Client Fees	\$0	\$0			\$0
REVENUE/MATCH TOTAL	\$0	\$0			\$0
NET PROGRAM BUDGET	\$8,215	\$0			\$8,215

Revised Exhibit B

**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 budget.		
	Budget Categories-Line Item Description	Annual Salary for this Program	% of FTE dedicated to this program
	Executive Director Program Manager Outreach Specialist Outreach Specialist Outreach Specialist Outreach Specialist Outreach Specialist Outreach Specialist		
	Position descriptions submitted with proposal.		
PAYROLL TAXES TOTAL			
EMPLOYEE BENEFITS TOTAL			
INSURANCE	List the following insurance categories: <input type="checkbox"/> 0251 - Workers Compensation Insurance - <input type="checkbox"/> 0252 - Liability Insurance- <input type="checkbox"/> 0253 - Insurance Other -		
COMMUNICATIONS	<input type="checkbox"/> 0301 - Telecommunications/data lines - <input type="checkbox"/> 0302 - Answering Service -		
OFFICE EXPENSE	<input type="checkbox"/> 0351-Office Supplies: Includes Items necessary to carry out the daily activities to accomplish the program goals and objectives including paper, filing supplies, pens, pencils, scissors, and other supplies. <input type="checkbox"/> 0352 - Social/Rec, Workbooks.- <input type="checkbox"/> 0353-Printing/Reproduction includes items such as the printing of business cards, program pamphlets, position vacancy advertising and other materials related to the program. <input type="checkbox"/> 0354 - Publications - <input type="checkbox"/> 0355 - Legal Notices/Advertising -		
EQUIPMENT	List the following equipment categories and provide a brief description for each <input type="checkbox"/> 0401 - Purchase of Equipment - <input type="checkbox"/> 0402 - Equipment Rent/Lease- <input type="checkbox"/> 0403-Equipment Maintenance: minor equipment repair for copier and		

FISCAL YEAR 2017-18

FACILITIES	List the following facilities categories and provide a brief description for each <input type="checkbox"/> 0451 - Rent/Lease Building - <input type="checkbox"/> 0452 - Facilities Maintenance - <input type="checkbox"/> 0453 - Utilities -
TRAVEL	List the following travel categories and provide a brief description for each <input type="checkbox"/> 0501 - Staff Mileage - <input type="checkbox"/> 0502 - Staff Travel (Out of County) - <input type="checkbox"/> 0503 - Staff Training/Registration - <input type="checkbox"/> 0504 - Transportation -
PROGRAM SUPPLIES	List the following program supplies categories and provide a brief description <input type="checkbox"/> 0551 - Program Supplies - Client Incentives <input type="checkbox"/> 0552 - Program Supplies - Curriculum <input type="checkbox"/> 0553 - Program Supplies - Food
CONSULTANCY	List the following consulting categories and provide a brief description for each <input type="checkbox"/> 0601 - Consultant Services - <input type="checkbox"/> 0602 - Contracted Services -
FISCAL AND AUDITS	List the following fiscal and audits categories and provide a brief description for <input type="checkbox"/> 0651 - Accounting/Bookkeeping - <input type="checkbox"/> 0652 - External Audit -
OTHER COSTS	List the following categories and provide a brief description for each category: <input type="checkbox"/> 0701 - Indirect Costs - <input type="checkbox"/> 0702 - Licenses/Taxes - <input type="checkbox"/> 0703 - County Administration Fee - <input type="checkbox"/> 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 <input type="checkbox"/> 3120 - Drug Medi-Cal - Mental Health Medi-Cal - <input type="checkbox"/> 3130 - State Grant - <input type="checkbox"/> 3140 - Private Donations - <input type="checkbox"/> 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
Program Name: CENTRAL CALIFORNIA RECOVERY
Approved by: _____
No. of Budgeted FTEs - Admin: N/A
No. of Budgeted FTEs - Direct: N/A

Mailing Address: 1204 W SHAW AVE #102
 FRESNO CA 93711
Street Address: 1204 W SHAW AVE #102
 FRESNO CA 93711
Phone Number: 559-681-1947
Fax Number: 559-350-0130
E-mail Address: sassessment_training_research@yahoo.co

Budget Categories- Line Item Description (Must be Itemized)	Annual Salary	% of FTE dedicated to this program	% Time dedicated to services Admin. Direct	Proposed Program Budget		
				Admin.	Direct	Total Proposed Budget
PERSONNEL/SALARIES						
0101				\$ -	\$ -	-
0102				-	-	-
0103				-	-	-
0104				-	-	-
0105				-	-	-
0106				-	-	-
0107				-	-	-
0108				-	-	-
0109				-	-	-
0110				-	-	-
0111				-	-	-
0112				-	-	-
0113				-	-	-
0114				-	-	-
0115				-	-	-
0116				-	-	-
0117				-	-	-
0118				-	-	-
0119				-	-	-
0120				-	-	-
0121				-	-	-
0122				-	-	-
0123				-	-	-
0124				-	-	-
0125				-	-	-
0126				-	-	-
0127				-	-	-
0128				-	-	-
0129				-	-	-
0130				-	-	-
SALARIES TOTAL				\$ -	\$ -	\$ -
PAYROLL TAXES						
0151 State Unemployment Insurance (aka: Employment Training Tax (ETT))						-
0152 F.I.C.A./O.A.S.D.I.						-
0153 State Disability Insurance						-
0154 Workers' Compensation Insurance						-
PAYROLL TAXES TOTAL				\$ -	\$ -	\$ -
EMPLOYEE BENEFITS						
0201 Health Insurance						-
0202 Life Insurance						-
0203 Retirement						-
0204 Benefits Other - Specify						-
EMPLOYEE BENEFITS TOTAL				\$ -	\$ -	\$ -
TAXES & BENEFITS TOTAL				\$ -	\$ -	\$ -
TOTAL PERCENT OF BENEFITS TO SALARIES						#DIV/0!

CENTRAL CALIFORNIA RECOVERY

Provider Name:
FISCAL YEAR 2017-18

Services and Supplies

INSURANCE			
0252	Liability Insurance		
0253	Insurance Other-Specify		
INSURANCE TOTAL		\$	-
COMMUNICATIONS			
0301	Telecommunications/data lines		
0302	Answering Service		
COMMUNICATIONS TOTAL		\$	-
OFFICE EXPENSE			
0351	Office Supplies		
0352	Soc Rec., Workbooks		
0353	Printing/Reproduction		
0354	Publications		
0355	Legal Notices/Advertising		
OFFICE EXPENSE TOTAL		\$	-
EQUIPMENT			
0401	Purchase of Equipment		
0402	Equipment Rent/Lease		
0403	Equipment Maintenance		
EQUIPMENT TOTAL		\$	-
FACILITIES			
0451	Rent/Lease Building		
0452	Facilities Maintenance		
0453	Utilities		
FACILITIES TOTAL		\$	-
TRAVEL COSTS			
0501	Staff Mileage		
0502	Staff Travel (Out of County)		
0503	Staff Training/Registration		
0504	Transportation		
TRAVEL COSTS TOTAL		\$	-
PROGRAM SUPPLIES			
0551	Program Supplies-Client Incentives		720
0552	Program Supplies-Curriculum		14,400
0553	Program Supplies-Food		
PROGRAM SUPPLIES TOTAL		\$	15,120.00
CONSULTANCY			
0601	Consultant Services		
0602	Contracted Services		14,400
CONSULTANCY TOTAL		\$	14,400.00
FISCAL AND AUDITS			
0651	Accounting/Bookkeeping		
0652	External Audit		
FISCAL AND AUDITS TOTAL		\$	-
OTHER COSTS			
0701	Indirect Costs		
0702	Licenses/Taxes		
0703	County Administration Fee		
0749	Other Business Services		
OTHER COSTS TOTAL		\$	-
ONE TIME ADVANCE - Start Up Costs			
TOTAL PROGRAM EXPENDITURES		\$	29,520.00
REVENUE/MATCH			
3120	Drug Medi-Cal		
3130	State Grant		
3140	Private Donations		
3150	Client Fees		
3160	Insurance		
REVENUE/MATCH TOTAL		\$	-
NET PROGRAM BUDGET		\$	29,520

**FRESNO COUNTY
FY 2013-2014 BUDGET
BUDGET JUSTIFICATION NARRATIVE**

PERSONNEL/ SALARIES	Annual Salary and FTE equivalence as in budget.		
	Budget Categories-Line Item Description	Annual (12 Month) Salary for this Program	% of FTE dedicated to 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 Insurance @ 3.6% is \$127.		
COMMUNICATIONS-	Staff Cell phones		
OFFICE EXPENSE- \$1025	<p>Cost associated with minor materials like pencils, papers, and others(\$50.00).</p> <p>Cost associated with educational Videos, books, and others (\$305.00).</p> <p>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).</p>		
FACILITIES-\$225	<p>Space Rent</p> <p>Pacificc Gas & Electricity</p>		
TRAVEL-\$1650	<p>To cover cost associated with staff travel to visit with clients in their respective homes or mutually agreed places.</p> <p>Transportation covers the cost of transporting clients to events and outside activities including vehicle rentals</p>		
PROGRAM SUPPLIES-\$4255	Covers cost of client incentive used as a motivation to participate, including gift certificates, movie tickets, and others (\$750.00)		

	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/evaluation

Delta Care, Inc.

**FRESNO COUNTY
FY 2013-2014 BUDGET**

Fiscal Year: FY 2013-2014

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

Submitted by: Fel.k Enunwa

Date: October 30, 2013

Approved by: Fel.k Enunwa

Signature: 

Date: 10/30/2013

Fax Number: (559) 276-7568

E-Mail Address: dellacareinc@yahoo.com

No. of Budgeted FTE Administration:

Direct Service: 0.14

Budget Categories- Line Item Description (Must be Itemized)	Annual (12-Month) Salary	% of FTE dedicated to this program	% Time dedicated to services Admin. Direct	Proposed Program Budget			
				BH Realignment Admin.	Direct Admin.	Other Funding Direct Admin.	Total Proposed Budget Direct
PERSONNEL/SALARIES							
0101 Counselor	\$29,500	7%	100%		\$2,065		\$2,065
0102 Counselor	\$29,500	7%	100%		\$2,065		\$2,065
0103							
0104							
0105							
0106							
0107							
0108							
0109							
0110							
0111							
0112							
0113							
0114							
0115							
0116							
0117							
0118							
0119							
0120							
0121							
0122							
SALARIES TOTAL					\$4,130		\$4,130
PAYROLL TAXES							
0151 State Unemployment Insurance							
0152 F.I.C./O.A.S.D.I. @ 7.65%					\$316		\$316
0153 State Disability Insurance							
0154 Workers' Compensation Insurance					\$149		\$149
PAYROLL TAXES TOTAL					\$465		\$465
EMPLOYEE BENEFITS							
0201 Health Insurance							
EMPLOYEE BENEFITS TOTAL							

Delta Care, Inc.

FRESNO COUNTY
FY 2013-2014 BUDGET

Fiscal Year: FY 2013-2014

Provider Name: Delta Care, Inc.

Program: Total Family SUD Prevention-Unification

Date: October 28, 2013

Approved by: Felix Enunwa
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			
0251 Worker's Compensation Insurance-see page 1			\$0
0252 Liability Insurance			\$0
0253 Insurance Other-Specify			\$0
INSURANCE TOTAL	\$0	\$0	\$0
COMMUNICATIONS			
0301 Telecommunications/data lines	\$125		\$125
0302 Answering Service			\$0
COMMUNICATIONS TOTAL	\$125	\$0	\$125
OFFICE EXPENSE			
0351 Office Supplies	\$50		\$50
0352 Educational Videos	\$305		\$305
0353 Printing/Reproduction	\$425		\$425
0354 Publications	\$245		\$245
0355 Legal Notices/Advertising			\$0
OFFICE EXPENSE TOTAL	\$1,025	\$0	\$1,025
EQUIPMENT			
0401 Purchase of Equipment			\$0
0402 Equipment Rent/Lease			\$0
0403 Equipment Maintenance			\$0
EQUIPMENT TOTAL	\$0	\$0	\$0
FACILITIES			
0451 Rent/Lease Building	\$150		\$150
0452 Facilities Maintenance			\$0
0453 Utilities	\$75		\$75
FACILITIES TOTAL	\$225	\$0	\$225
TRAVEL COSTS			
0501 Staff Mileage	\$400		\$400
0502 Staff Travel (Out of County)			\$0
0503 Staff Training/Registration			\$0
0504 Transportation	\$1,250		\$1,250
TRAVEL COSTS TOTAL	\$1,650	\$0	\$1,650

Delta Care, Inc.

**FRESNO COUNTY
FY 2013-2014 BUDGET**

Fiscal Year: FY 2013-2014		Approved by: Felix Enunwa	
Provider Name: Delta Care, Inc.		Date: October 28, 2013	
Program: Total Family SUD Prevention-Unification			
Date: October 28, 2013			
Budget Categories-Line Item Description (Must Be Itemized)	BH Realignment Budget	Other Funding Budget	Proposed Program Budget
PROGRAM SUPPLIES			
0551 Program Supplies-Client Incentives	\$750		\$750
0552 Program Supplies-Food & Entertainment	\$275		\$275
0553 Program Supplies-Other	\$3,230		\$3,230
PROGRAM SUPPLIES TOTAL	\$4,255	\$0	\$4,255
CONSULTANCY			
0601 Consultant Services-Evaluator	\$125		\$125
0602 Contracted Services			\$0
CONSULTANCY TOTAL	\$125	\$0	\$125
FISCAL AND AUDITS			
0651 Accounting/Bookkeeping-Program Audit/Evaluation			\$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	\$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	\$0	\$0
NET PROGRAM BUDGET	\$12,000	\$0	\$12,000

Delta Care, Inc.

FRESNO COUNTY
FY 2014-2015 BUDGET

Fiscal Year: FY 2014-2015

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) 276-7568

Submitted by: Felix Enunwa

Date: October 30, 2013

Approved by: Felix Enunwa

Signature: 

Date: 10/30/2013

Fax Number: (559) 276-7568

E-Mail Address: delacareinc@yahoo.com

No. of Budgeted FTE Administration: 0.00 Direct Service: 0.07

Budget Categories- Line Item Description (Must be Itemized)	Annual (12-Month) Salary	% of FTE dedicated to this program	% Time dedicated to services Admin. Direct	Proposed Program Budget			
				BH Realignment Admin.	Other Funding Admin. Direct	Total Proposed Budget Admin. Direct	
PERSONNEL/SALARIES							
0101 Counselor	\$29,500	7%	100%	\$2,065		\$0	\$2,065
0102 Counselor	\$29,500	7%	100%	\$2,065		\$0	\$2,065
0103						\$0	\$0
0104						\$0	\$0
0105						\$0	\$0
0106						\$0	\$0
0107						\$0	\$0
0108						\$0	\$0
0109						\$0	\$0
0110						\$0	\$0
0111						\$0	\$0
0112						\$0	\$0
0113						\$0	\$0
0114						\$0	\$0
0115						\$0	\$0
0116						\$0	\$0
0117						\$0	\$0
0118						\$0	\$0
0119						\$0	\$0
0120						\$0	\$0
0121						\$0	\$0
0122						\$0	\$0
SALARIES TOTAL				\$0	\$4,130	\$0	\$4,130
PAYROLL TAXES							
0151 State Unemployment Insurance				\$0	\$0	\$0	\$0
0152 F.I.C.A./O.A.S.D.I. @ 7.65%				\$0	\$316	\$0	\$316
0153 State Disability Insurance				\$0	\$0	\$0	\$0
0154 Workers' Compensation Insurance				\$0	\$149	\$0	\$149
PAYROLL TAXES TOTAL				\$0	\$465	\$0	\$465
EMPLOYEE BENEFITS							
0201 Health Insurance				\$0	\$0	\$0	\$0
EMPLOYEE BENEFITS TOTAL				\$0	\$0	\$0	\$0

Delta Care, Inc.

**FRESNO COUNTY
FY 2014-2015 BUDGET**

Fiscal Year:	FY 2014-2015	Approved by:	Felix Enunwa
Provider Name:	Delta Care, Inc.	Date:	October 30, 2013
Program:	Total Family SUD Prevention-Unification		
Date:	January 0, 1900		
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			
0251 Worker's Compensation Insurance-see page 1			\$0
0252 Liability Insurance			\$0
0253 Insurance Other-Specify			\$0
INSURANCE TOTAL	\$0	\$0	\$0
COMMUNICATIONS			
0301 Telecommunications/data lines	\$125		\$125
0302 Answering Service			\$0
COMMUNICATIONS TOTAL	\$125	\$0	\$125
OFFICE EXPENSE			
0351 Office Supplies	\$50		\$50
0352 Soc Rec., Workbooks	\$305		\$305
0353 Printing/Reproduction	\$425		\$425
0354 Publications	\$245		\$245
0355 Legal Notices/Advertising			\$0
OFFICE EXPENSE TOTAL	\$1,025	\$0	\$1,025
EQUIPMENT			
0401 Purchase of Equipment			\$0
0402 Equipment Rent/Lease			\$0
0403 Equipment Maintenance			\$0
EQUIPMENT TOTAL	\$0	\$0	\$0
FACILITIES			
0451 Rent/Lease Building	\$150		\$150
0452 Facilities Maintenance	\$75		\$75
0453 Utilities	\$225		\$225
FACILITIES TOTAL	\$450	\$0	\$450
TRAVEL COSTS			
0501 Staff Mileage	\$400		\$400
0502 Staff Travel (Out of County)			\$0
0503 Staff Training/Registration			\$0
0504 Transportation	\$1,250		\$1,250
TRAVEL COSTS TOTAL	\$1,650	\$0	\$1,650

Delta Care, Inc.

**FRESNO COUNTY
FY 2014-2015 BUDGET**

Fiscal Year:	FY 2014-2015	Approved by:	Felix Enunwa	Date:	October 30, 2013
Provider Name:	Delta Care, Inc.				
Program:	Total Family SUD Prevention-Unification				
Date:	October 28, 2013				
Budget Categories-Line Item Description (Must Be Itemized)	BH Realignment Budget	Other Funding Budget	Proposed Program Budget		
PROGRAM SUPPLIES					
0551 Program Supplies-U/A, Physical Screening	\$750		\$750		\$750
0552 Program Supplies-Food	\$275		\$275		\$275
0553 Program Supplies-Household/Hygiene	\$3,230		\$3,230		\$3,230
PROGRAM SUPPLIES TOTAL	\$4,255	\$0	\$4,255		\$4,255
CONSULTANCY					
0601 Consultant Services-Evaluator	\$125		\$125		\$125
0602 Contracted Services					\$0
CONSULTANCY TOTAL	\$125	\$0	\$125		\$125
FISCAL AND AUDITS					
0651 Accounting/Bookkeeping					\$0
0652 External Audit					\$0
FISCAL AND AUDITS TOTAL	\$0	\$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	\$0	\$0	\$0		\$0
TOTAL PROGRAM EXPENDITURES	\$12,000	\$0	\$12,000		\$12,000
REVENUE/MATCH					
3120 Medi-Cal					\$0
3130 State Grant					\$0
3140 Private Donations					\$0
3150 Client Fees					\$0
REVENUE/MATCH TOTAL	\$0	\$0	\$0		\$0
NET PROGRAM BUDGET	\$12,000	\$0	\$12,000		\$12,000

Delta Care, Inc.

FRESNO COUNTY
FY 2015-2016 BUDGET

Fiscal Year: FY 2015-2016

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) 276-755 8

Submitted by: Felix Enunwa

Date: October 30, 2013

Approved by: Felix Enunwa

Signature: 

Date: 10/30/13

Fax Number: (559) 276-7568

E-Mail Address: dellacareinc@yahoo.com

No. of Budgeted FTE Administration: 0.00 Direct Service: 0.07

Budget Categories- Line Item Description (Must be Itemized)	Annual (12-Month) Salary	% of FTE dedicated to this program	% Time dedicated to services	Proposed Program Budget7			
				BH Realignment Admin.	Direct	Other Funding Admin.	Total Proposed Budget Admin. Direct
PERSONNEL/SALARIES							
0101 Counselor	\$29,500	7%	100%		\$2,065		\$0 \$2,065
0102 Counselor	\$29,500	7%	100%		\$2,065		\$0 \$2,065
0103							\$0 \$0
0104							\$0 \$0
0105							\$0 \$0
0106							\$0 \$0
0107							\$0 \$0
0108							\$0 \$0
0109							\$0 \$0
0110							\$0 \$0
0111							\$0 \$0
0112							\$0 \$0
0113							\$0 \$0
0114							\$0 \$0
0115							\$0 \$0
0116							\$0 \$0
0117							\$0 \$0
0118							\$0 \$0
0119							\$0 \$0
0120							\$0 \$0
0121							\$0 \$0
0122							\$0 \$0
SALARIES TOTAL				\$0	\$4,130	\$0	\$0 \$4,130
PAYROLL TAXES							
0151 State Unemployment Insurance							\$0 \$0
0152 F.I.C.A./O.A.S.D.I. @ 7.65%					\$316		\$0 \$316
0153 State Disability Insurance							\$0 \$0
0154 Workers' Compensation Insurance					\$149		\$0 \$149
PAYROLL TAXES TOTAL				\$0	\$465	\$0	\$0 \$465
EMPLOYEE BENEFITS							
0201 Health Insurance							\$0 \$0
EMPLOYEE BENEFITS TOTAL				\$0	\$0	\$0	\$0 \$0

Delta Care, Inc.

**FRESNO COUNTY
FY 2015-2016 BUDGET**

Fiscal Year: FY 2015-2016		Approved by: Felix Enunwa		
Provider Name: Delta Care, Inc.		Date: October 30, 2013		
Program: Total Family SUD Prevention-Unification				
Date: January 0, 1900				
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				
0251 Worker's Compensation Insurance-see page 1				\$0
0252 Liability Insurance				\$0
0253 Insurance Other-Specify				\$0
INSURANCE TOTAL		\$0	\$0	\$0
COMMUNICATIONS				
0301 Telecommunications/data lines		\$125		\$125
0302 Answering Service				\$0
COMMUNICATIONS TOTAL		\$125	\$0	\$125
OFFICE EXPENSE				
0351 Office Supplies		\$50		\$50
0352 Soc Rec., Workbooks		\$305		\$305
0353 Printing/Reproduction		\$425		\$425
0354 Publications		\$245		\$245
0355 Legal Notices/Advertising				\$0
OFFICE EXPENSE TOTAL		\$1,025	\$0	\$1,025
EQUIPMENT				
0401 Purchase of Equipment				\$0
0402 Equipment Rent/Lease				\$0
0403 Equipment Maintenance				\$0
EQUIPMENT TOTAL		\$0	\$0	\$0
FACILITIES				
0451 Rent/Lease Building		\$150		\$150
0452 Facilities Maintenance				\$0
0453 Utilities		\$75		\$75
FACILITIES TOTAL		\$225	\$0	\$225
TRAVEL COSTS				
0501 Staff Mileage		\$400		\$400
0502 Staff Travel (Out of County)				\$0
0503 Staff Training/Registration				\$0
0504 Transportation		\$1,250		\$1,250
TRAVEL COSTS TOTAL		\$1,650	\$0	\$1,650

Delta Care, Inc.

**FRESNO COUNTY
FY 2015-2016 BUDGET**

Fiscal Year:	FY 2015-2016	Approved by:	Felix Enunwa
Provider Name:	Delta Care, Inc.	Date:	October 30, 2013
Program:	Total Family SUD Prevention-Unification		
Date:	October 28, 2013		
Budget Categories-Line Item Description (Must Be Itemized)	BH Realignment Budget	Other Funding Budget	Proposed Program 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	\$0	\$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	\$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	\$0	\$0
NET PROGRAM BUDGET	\$12,000	\$0	\$12,000

Delta Care, Inc.

**FRESNO COUNTY
FY 2016-2017 BUDGET**

Fiscal Year: FY 2016-2017

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

Submitted by: Felix Enunwa

Date: October 30, 2013

Approved by: Felix Enunwa

Signature: 

Date: 10/30/2013

Fax Number: (559) 276-7558

E-Mail Address: deliacareinc@yahoo.com

No. of Budgeted FTE Administration: 0.00 Direct Service: 0.07

Budget Categories- Line Item Description (Must be Itemized)	Annual (12-Month) Salary	% of FTE dedicated to this program	% Time dedicated to services Admin. Direct	Proposed Program Budget			
				SAPT Funding Admin. Direct	Other Funding Admin. Direct	Total Proposed Budget Admin. Direct	
PERSONNEL/SALARIES							
0101 Counselor	\$29,500	7%	100%	\$2,065		\$0	\$2,065
0102 Counselor	\$29,500	7%	100%	\$2,065		\$0	\$2,065
0103						\$0	\$0
0104						\$0	\$0
0105						\$0	\$0
0106						\$0	\$0
0107						\$0	\$0
0108						\$0	\$0
0109						\$0	\$0
0110						\$0	\$0
0111						\$0	\$0
0112						\$0	\$0
0113						\$0	\$0
0114						\$0	\$0
0115						\$0	\$0
0116						\$0	\$0
0117						\$0	\$0
0118						\$0	\$0
0119						\$0	\$0
0120						\$0	\$0
0121						\$0	\$0
0122						\$0	\$0
SALARIES TOTAL				\$0	\$4,130	\$0	\$4,130
PAYROLL TAXES							
0151 State Unemployment Insurance						\$0	\$0
0152 F.I.C.A./O.A.S.D.I. @ 7.65%				\$316		\$0	\$316
0153 State Disability Insurance						\$0	\$0
0154 Workers' Compensation Insurance				\$149		\$0	\$149
PAYROLL TAXES TOTAL				\$0	\$465	\$0	\$465
EMPLOYEE BENEFITS							
0201 Health Insurance						\$0	\$0
EMPLOYEE BENEFITS TOTAL						\$0	\$0

Delta Care, Inc.

**FRESNO COUNTY
FY 2016-2017 BUDGET**

Fiscal Year:	FY 2016-2017	Approved by:	Felix Enunwa
Provider Name:	Delta Care, Inc.	Date:	October 30, 2013
Program:	Total Family SUD Prevention-Unification		
Date:	January 0, 1900		
Budget Categories-Line Item Description			
(Must Be Itemized)			
SALARY, PAYROLL TAX, AND EMPLOYEE BENEFITS TOTAL		BH Realignment Budget	Other Funding Budget
		\$4,595	\$0
INSURANCE			\$4,595
0251 Worker's Compensation Insurance-see page 1			\$0
0252 Liability Insurance			\$0
0253 Insurance Other-Specify			\$0
INSURANCE TOTAL		\$0	\$0
COMMUNICATIONS			
0301 Telecommunications/data lines		\$125	\$125
0302 Answering Service			\$0
COMMUNICATIONS TOTAL		\$125	\$125
OFFICE EXPENSE			
0351 Office Supplies		\$50	\$50
0352 Soc Rec., Workbooks		\$305	\$305
0353 Printing/Reproduction		\$425	\$425
0354 Publications		\$245	\$245
0355 Legal Notices/Advertising			\$0
OFFICE EXPENSE TOTAL		\$1,025	\$1,025
EQUIPMENT			
0401 Purchase of Equipment			\$0
0402 Equipment Rent/Lease			\$0
0403 Equipment Maintenance			\$0
EQUIPMENT TOTAL		\$0	\$0
FACILITIES			
0451 Rent/Lease Building		\$150	\$150
0452 Facilities Maintenance			\$0
0453 Utilities		\$75	\$75
FACILITIES TOTAL		\$225	\$225
TRAVEL COSTS			
0501 Staff Mileage		\$400	\$400
0502 Staff Travel (Out of County)			\$0
0503 Staff Training/Registration			\$0
0504 Transportation		\$1,250	\$1,250
TRAVEL COSTS TOTAL		\$1,650	\$1,650

Delta Care, Inc.

**FRESNO COUNTY
FY 2016-2017 BUDGET**

Fiscal Year: FY 2016-2017
Provider Name: Delta Care, Inc.
Program: Total Family SUD Prevention-Unification
Date: October 28, 2013

Approved by: Felix Enunwa

Date: October 30, 2013

Budget Categories-Line Item Description (Must Be Itemized)	BH Realignment Budget	Other Funding Budget	Proposed Program 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	\$0	\$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	\$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	\$0	\$0
NET PROGRAM BUDGET	\$12,000	\$0	\$12,000

Delta Care, Inc.

**FRESNO COUNTY
FY 2017-2018 BUDGET**

Fiscal Year: FY 2017-2018

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

Submitted by: Felix Enunwa

Date: October 30, 2013

Approved by: Felix Enunwa

Signature: 

Date: 10/30/2013

Fax Number: (559) 276-7568

E-Mail Address: dellacareinc@yahoo.com

No. of Budgeted FTE Administration: 0.00 Direct Service: 0.07

Budget Categories- Line Item Description (Must be Itemized)	Annual (12-Month) Salary	% of FTE dedicated to this program	% Time dedicated to services Admin. Direct	Proposed Program Budget			
				SAPT Funding Admin. Direct	Other Funding Admin. Direct	Total Proposed Budget Admin. Direct	
PERSONNEL/SALARIES							
0101 Counselor	\$29,500	7%	100%	\$2,065		\$0	\$2,065
0102 Counselor	\$29,500	7%	100%	\$2,065		\$0	\$2,065
0103						\$0	\$0
0104						\$0	\$0
0105						\$0	\$0
0106						\$0	\$0
0107						\$0	\$0
0108						\$0	\$0
0109						\$0	\$0
0110						\$0	\$0
0111						\$0	\$0
0112						\$0	\$0
0113						\$0	\$0
0114						\$0	\$0
0115						\$0	\$0
0116						\$0	\$0
0117						\$0	\$0
0118						\$0	\$0
0119						\$0	\$0
0120						\$0	\$0
0121						\$0	\$0
0122						\$0	\$0
SALARIES TOTAL				\$0	\$4,130	\$0	\$4,130
PAYROLL TAXES						\$0	\$0
0151 State Unemployment Insurance						\$0	\$0
0152 F.I.C.A./O.A.S.D.I. @ 7.65%				\$316		\$0	\$316
0153 State Disability Insurance				\$149		\$0	\$149
0154 Workers' Compensation Insurance						\$0	\$0
PAYROLL TAXES TOTAL				\$0	\$465	\$0	\$465
EMPLOYEE BENEFITS							
0201 Health Insurance				\$0	\$0	\$0	\$0
EMPLOYEE BENEFITS TOTAL				\$0	\$0	\$0	\$0

Delta Care, Inc.

**FRESNO COUNTY
FY 2017-2018 BUDGET**

Fiscal Year: FY 2017-2018

Provider Name: Delta Care, Inc.

Program: Total Family SUD Prevention-Unification

Date: January 0, 1900

Approved by: Felix Enunwa

Date: October 30, 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			
0251 Worker's Compensation Insurance-see page 1			\$0
0252 Liability Insurance			\$0
0253 Insurance Other-Specify			\$0
INSURANCE TOTAL	\$0	\$0	\$0
COMMUNICATIONS			
0301 Telecommunications/data lines	\$125		\$125
0302 Answering Service			\$0
COMMUNICATIONS TOTAL	\$125	\$0	\$125
OFFICE EXPENSE			
0351 Office Supplies	\$50		\$50
0352 Soc Rec., Workbooks	\$305		\$305
0353 Printing/Reproduction	\$425		\$425
0354 Publications	\$245		\$245
0355 Legal Notices/Advertising			\$0
OFFICE EXPENSE TOTAL	\$1,025	\$0	\$1,025
EQUIPMENT			
0401 Purchase of Equipment			\$0
0402 Equipment Rent/Lease			\$0
0403 Equipment Maintenance			\$0
EQUIPMENT TOTAL	\$0	\$0	\$0
FACILITIES			
0451 Rent/Lease Building	\$150		\$150
0452 Facilities Maintenance			\$0
0453 Utilities	\$75		\$75
FACILITIES TOTAL	\$225	\$0	\$225
TRAVEL COSTS			
0501 Staff Mileage	\$400		\$400
0502 Staff Travel (Out of County)			\$0
0503 Staff Training/Registration			\$0
0504 Transportation	\$1,250		\$1,250
TRAVEL COSTS TOTAL	\$1,650	\$0	\$1,650

Delta Care, Inc.

**FRESNO COUNTY
FY 2017-2018 BUDGET**

Fiscal Year: FY 2017-2018		Approved by: Felix Enunwa	
Provider Name: Delta Care, Inc.		Date: October 30, 2013	
Program: Total Family SUD Prevention-Unification			
Date: October 28, 2013			
Budget Categories-Line Item Description (Must Be Itemized)	BH Realignment Budget	Other Funding Budget	Proposed Program 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	\$0	\$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	\$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	\$0	\$0
NET PROGRAM BUDGET	\$12,000	\$0	\$12,000

**FRESNO COUNTY
FY 2013-2014 BUDGET
BUDGET JUSTIFICATION NARRATIVE**

PERSONNEL/ SALARIES	Annual Salary and FTE equivalence as in budget.		
	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	\$2,761	21%
	Substance Abuse Counselor	\$2,354	21%
PAYROLL TAXES TOTAL	0152--F.I.C.A./O.A.S.D.I @ 7.65%= \$391.00 0154--Worker's Compensation Insurance @ 3.6%=\$184 Total Payroll Taxes=\$575.00		
EMPLOYEE BENEFITS TOTAL	0201--Health Insurance calculated @ 10.36% of wages for a 12 month period=\$530		
OFFICE EXPENSE	0351 - Office Supplies: \$300 Purchase of paper, pens, staplers, and other essential items for staff to perform their assigned duties. 0352 - Soc Rec., Workbooks: \$2,470 Purchase of curriculum, Training kit, Program DVD and Evaluation Kit. 0354 - Incentives and Rewards: \$400 Purchase of gift cards, trinkets, certificates, etc. as incentives and rewards for participants.		
PROGRAM SUPPLIES	0552 - Food: \$2,610 Purchase of food to augment pot lucks, graduations, and snacks for program participants.		

Fresno New Connections

FRESNO COUNTY
FY 2013-2014 BUDGET

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: (559) 248-1548

Submitted by: Rob Martin

Date: October 31, 2013

Approved by: Loren French

Signature: *[Signature]*

Date: 11/14/13

Fax Number: (559) 248-1530

E-Mail Address: rcaard1@sbcglobal.net

No. of Budgeted FTE Administration: Direct Service: 0.21

Budget Categories- Line Item Description (Must be Itemized)	Annual (12-Month) Salary	% of FTE dedicated to this program	% Time dedicated to services	Proposed Program Budget			
				BH Realignment Admin.	Direct	Other Funding Admin.	Total Proposed Budget Admin. Direct
PERSONNEL/SALARIES							
0101 Substance Abuse Counselor	\$13,147.62	21%	100%		\$2,761		\$2,761
0102 Substance Abuse Counselor	\$11,209.52	21%	100%		\$2,354		\$2,354
0103							
0104							
0105							
0106							
0107							
0108							
0109							
0110							
0111							
0112							
0113							
0114							
0115							
0116							
0117							
0118							
0119							
0120							
0121							
0122							
SALARIES TOTAL					\$5,115		\$5,115
PAYROLL TAXES							
0151 State Unemployment Insurance					\$391		\$391
0152 F.I.C.A./O.A.S.D.I. @ 7.65%							
0153 State Disability Insurance					\$184		\$184
0154 Workers' Compensation Insurance					\$575		\$575
PAYROLL TAXES TOTAL							
EMPLOYEE BENEFITS							
0201 Health Insurance					\$530		\$530
EMPLOYEE BENEFITS TOTAL							
					\$530		\$530

Fresno New Connections

FRESNO COUNTY
FY 2013-2014 BUDGET

Fiscal Year: FY 2013-2014

Provider Name: Fresno New Connections

Program: Family-Focused Prevention Services

Date: Approved by: Loren French

Date: October 31, 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	\$6,220	\$0	\$6,220
INSURANCE			
0252 Liability Insurance			\$0
0253 Insurance Other-Specify			\$0
INSURANCE TOTAL	\$0	\$0	\$0
COMMUNICATIONS			
0301 Telecommunications/data lines			\$0
0302 Answering Service			\$0
COMMUNICATIONS TOTAL	\$0	\$0	\$0
OFFICE EXPENSE			
0351 Office Supplies	\$300		\$300
0352 Soc Rec., Workbooks	\$2,470		\$2,470
0353 Printing/Reproduction			\$0
0354 Incentives and Rewards	\$400		\$400
0355 Legal Notices/Advertising			\$0
OFFICE EXPENSE TOTAL	\$3,170	\$0	\$3,170
EQUIPMENT			
0401 Purchase of Equipment			\$0
0402 Equipment Rent/Lease			\$0
0403 Equipment Maintenance			\$0
EQUIPMENT TOTAL	\$0	\$0	\$0
FACILITIES			
0451 Rent/Lease Building			\$0
0452 Facilities Maintenance			\$0
0453 Utilities			\$0
FACILITIES TOTAL	\$0	\$0	\$0
TRAVEL COSTS			
0501 Staff Mileage			\$0
0502 Staff Travel (Out of County)			\$0
0503 Staff Training/Registration			\$0
0504 Transportation			\$0
TRAVEL COSTS TOTAL	\$0	\$0	\$0

Fresno New Connections

FRESNO COUNTY
FY 2013-2014 BUDGET

Fiscal Year: FY 2013-2014
 Provider Name: Fresno New Connections
 Program: Family-Focused Prevention Services
 Date: Approved by: Loren French Date: October 31, 2013

Budget Categories-Line Item Description (Must Be Itemized)	BH Realignment Budget	Other Funding Budget	Proposed Program Budget
PROGRAM SUPPLIES			
0551 Program Supplies			\$0
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	\$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	\$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	\$0	\$0
NET PROGRAM BUDGET	\$12,000	\$0	\$12,000

Fresno New Connections

FRESNO COUNTY
FY 2014-2015 BUDGET

Fiscal Year: FY 2014-2015
 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

Submitted by: Rob Martin
 Date: October 31, 2013
 Approved by: Loren French
 Signature: 
 Date: 11/14/13

No. of Budgeted FTE Administration: 0.00 Direct Service: 0.21

Fax Number: (559) 248-1530
 E-Mail Address: nrcod1@sbccglobal.net

Budget Categories- Line Item Description (Must be Itemized)	Annual (12-Month) Salary	% of FTE dedicated to this program	% Time dedicated to services	Proposed Program Budget			
				BH Realignment Admin.	Other Funding Admin. Direct	Total Proposed Budget Admin. Direct	
PERSONNEL/SALARIES							
0101 Substance Abuse Counselor	\$13,147.62	21%	100%	\$2,761		\$0	\$2,761
0102 Substance Abuse Counselor	\$11,209.52	21%	100%	\$2,354		\$0	\$2,354
0103						\$0	\$0
0104						\$0	\$0
0105						\$0	\$0
0106						\$0	\$0
0107						\$0	\$0
0108						\$0	\$0
0109						\$0	\$0
0110						\$0	\$0
0111						\$0	\$0
0112						\$0	\$0
0113						\$0	\$0
0114						\$0	\$0
0115						\$0	\$0
0116						\$0	\$0
0117						\$0	\$0
0118						\$0	\$0
0119						\$0	\$0
0120						\$0	\$0
0121						\$0	\$0
0122						\$0	\$0
SALARIES TOTAL	\$24,357			\$0	\$5,115	\$0	\$5,115
PAYROLL TAXES							
0151 State Unemployment Insurance				\$0	\$0	\$0	\$0
0152 F.I.C.A./O.A.S.D.I. @ 7.65%				\$0	\$391	\$0	\$391
0153 State Disability Insurance				\$0	\$0	\$0	\$0
0154 Workers' Compensation Insurance				\$0	\$184	\$0	\$184
PAYROLL TAXES TOTAL				\$0	\$575	\$0	\$575
EMPLOYEE BENEFITS							
0201 Health Insurance				\$530		\$0	\$530
EMPLOYEE BENEFITS TOTAL				\$0	\$530	\$0	\$530

Fresno New Connections

FRESNO COUNTY
FY 2014-2015 BUDGET

Fiscal Year: FY 2014-2015

Provider Name: Fresno New Connections

Program: Family-Focused Prevention Services

Approved by: Loren French

Date: October 31, 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	\$6,220	\$0	\$6,220
INSURANCE			
0251 Worker's Compensation Insurance-see page 1			\$0
0252 Liability Insurance			\$0
0253 Insurance Other-Specify			\$0
INSURANCE TOTAL	\$0	\$0	\$0
COMMUNICATIONS			
0301 Telecommunications/data lines			\$0
0302 Answering Service			\$0
COMMUNICATIONS TOTAL	\$0	\$0	\$0
OFFICE EXPENSE			
0351 Office Supplies	\$300		\$300
0352 Soc Rec., Workbooks	\$1,887		\$1,887
0353 Printing/Reproduction			\$0
0354 Incentives and Rewards	\$578		\$578
0355 Legal Notices/Advertising			\$0
OFFICE EXPENSE TOTAL	\$2,765	\$0	\$2,765
EQUIPMENT			
0401 Purchase of Equipment			\$0
0402 Equipment Rent/Lease			\$0
0403 Equipment Maintenance			\$0
EQUIPMENT TOTAL	\$0	\$0	\$0
FACILITIES			
0451 Rent/Lease Building			\$0
0452 Facilities Maintenance			\$0
0453 Utilities			\$0
FACILITIES TOTAL	\$0	\$0	\$0
TRAVEL COSTS			
0501 Staff Mileage			\$0
0502 Staff Travel (Out of County)			\$0
0503 Staff Training/Registration			\$0
0504 Transportation			\$0
TRAVEL COSTS TOTAL	\$0	\$0	\$0

Fresno New Connections

FRESNO COUNTY
FY 2014-2015 BUDGET

Fiscal Year: FY 2014-2015

Provider Name: Fresno New Connections

Program: Family-Focused Prevention Services

Approved by: Loren French

Date: October 31, 2013

Budget Categories-Line Item Description (Must Be Itemized)	BH Realignment Budget	Other Funding Budget	Proposed Program 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	\$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			\$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	\$0	\$0

NET PROGRAM BUDGET	\$12,000	\$0	\$12,000
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Fresno New Connections

FRESNO COUNTY
FY 2015-2016 BUDGET

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

Submitted by: Rob Martin

Date: October 31, 2013

Approved by: Loren French

Signature: 

Date: 11/14/13

Fax Number: (559) 248-1530

E-Mail Address: lrfr@fresnocal.net

Budget Categories- Line Item Description (Must be Itemized)	No. of Budgeted FTE Administration:	Annual (12-Month) Salary	% of FTE dedicated to this program	% Time dedicated to services	Proposed Program Budget			
					BH Realignment Admin.	Direct	Other Funding Admin.	Total Proposed Budget Admin. Direct
PERSONNEL/SALARIES								
0101 Substance Abuse Counselor		\$13,148	21%	100%	\$2,761			\$0 \$2,761
0102 Substance Abuse Counselor		\$11,210	21%	100%	\$2,354			\$0 \$2,354
0103								\$0 \$0
0104								\$0 \$0
0105								\$0 \$0
0106								\$0 \$0
0107								\$0 \$0
0108								\$0 \$0
0109								\$0 \$0
0110								\$0 \$0
0111								\$0 \$0
0112								\$0 \$0
0113								\$0 \$0
0114								\$0 \$0
0115								\$0 \$0
0116								\$0 \$0
0117								\$0 \$0
0118								\$0 \$0
0119								\$0 \$0
0120								\$0 \$0
0121								\$0 \$0
0122								\$0 \$0
SALARIES TOTAL					\$0	\$5,115	\$0 \$0	\$0 \$5,115
PAYROLL TAXES								
0151 State Unemployment Insurance						\$391		\$0 \$0
0152 F.I.C.A./O.A.S.D.I. @ 7.65%								\$0 \$391
0153 State Disability Insurance								\$0 \$0
0154 Workers' Compensation Insurance						\$184		\$0 \$184
PAYROLL TAXES TOTAL					\$0	\$575	\$0 \$0	\$0 \$575
EMPLOYEE BENEFITS								
0201 Health Insurance						\$530		\$0 \$530
EMPLOYEE BENEFITS TOTAL					\$0	\$530	\$0 \$0	\$0 \$530

Fresno New Connections

FRESNO COUNTY
FY 2015-2016 BUDGET

Fiscal Year: FY 2015-2016
Provider Name: Fresno New Connections
Program: Family-Focused Prevention Services
Date: Approved by: Loren French
Date: October 31, 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	\$6,220	\$0	\$6,220
INSURANCE			
0251 Worker's Compensation Insurance-see page 1			\$0
0252 Liability Insurance			\$0
0253 Insurance Other-Specify			\$0
INSURANCE TOTAL	\$0	\$0	\$0
COMMUNICATIONS			
0301 Telecommunications/data lines			\$0
0302 Answering Service			\$0
COMMUNICATIONS TOTAL	\$0	\$0	\$0
OFFICE EXPENSE			
0351 Office Supplies	\$300		\$300
0352 Soc Rec., Workbooks	\$1,887		\$1,887
0353 Printing/Reproduction			\$0
0354 Incentives and Rewards	\$578		\$578
0355 Legal Notices/Advertising			\$0
OFFICE EXPENSE TOTAL	\$2,765	\$0	\$2,765
EQUIPMENT			
0401 Purchase of Equipment			\$0
0402 Equipment Rent/Lease			\$0
0403 Equipment Maintenance			\$0
EQUIPMENT TOTAL	\$0	\$0	\$0
FACILITIES			
0451 Rent/Lease Building			\$0
0452 Facilities Maintenance			\$0
0453 Utilities			\$0
FACILITIES TOTAL	\$0	\$0	\$0
TRAVEL COSTS			
0501 Staff Mileage			\$0
0502 Staff Travel (Out of County)			\$0
0503 Staff Training/Registration			\$0
0504 Transportation			\$0
TRAVEL COSTS TOTAL	\$0	\$0	\$0

Fresno New Connections

FRESNO COUNTY
FY 2015-2016 BUDGET

Fiscal Year: FY 2015-2016

Provider Name: Fresno New Connections

Program: Family-Focused Prevention Services

Date:

Approved by: Loren French

Date: October 31, 2013

Budget Categories-Line Item Description (Must Be Itemized)	BH Realignment Budget	Other Funding Budget	Proposed Program Budget
PROGRAM SUPPLIES			
0551 Program Supplies-U/A, Physical Screening			\$0
0552 Program Supplies-Food	\$3,015		\$3,015
0553 Program Supplies-Household/Hygiene			\$0
PROGRAM SUPPLIES TOTAL	\$3,015	\$0	\$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			\$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	\$0	\$0

NET PROGRAM BUDGET	\$12,000	\$0	\$12,000
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Fresno New Connections

FRESNO COUNTY
FY 2016-2017 BUDGET

Fiscal Year: FY 2016-2017
 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

Submitted by: Rob Martin
 Date: October 31, 2013
 Approved by: Loren French
 Signature: *[Signature]*
 Date: 11/11/13

Fax Number: (559) 248-1530
 E-Mail Address: pcagood1@sbcglobal.net

Budget Categories- Line Item Description (Must be Itemized)	No. of Budgeted FTE Administration:	Annual (12-Month) Salary	% of FTE dedicated to this program	% Time dedicated to services Admin. Direct	Proposed Program Budget		
					BH Realignment Admin. Direct	Other Funding Admin. Direct	Total Proposed Budget Admin. Direct
PERSONNEL/SALARIES							
0101 Substance Abuse Counselor		\$13,148	21%	100%	\$2,761		\$0 \$2,761
0102 Substance Abuse Counselor		\$11,210	21%	100%	\$2,354		\$0 \$2,354
0103							\$0 \$0
0104							\$0 \$0
0105							\$0 \$0
0106							\$0 \$0
0107							\$0 \$0
0108							\$0 \$0
0109							\$0 \$0
0110							\$0 \$0
0111							\$0 \$0
0112							\$0 \$0
0113							\$0 \$0
0114							\$0 \$0
0115							\$0 \$0
0116							\$0 \$0
0117							\$0 \$0
0118							\$0 \$0
0119							\$0 \$0
0120							\$0 \$0
0121							\$0 \$0
0122							\$0 \$0
SALARIES TOTAL					\$5,115	\$0	\$0 \$5,115
PAYROLL TAXES							
0151 State Unemployment Insurance							\$0 \$0
0152 F.I.C.A./O.A.S.D.I. @ 7.65%					\$391		\$0 \$391
0153 State Disability Insurance							\$0 \$0
0154 Workers' Compensation Insurance					\$184		\$0 \$184
PAYROLL TAXES TOTAL					\$575		\$0 \$575
EMPLOYEE BENEFITS							
0201 Health Insurance					\$530		\$0 \$530
EMPLOYEE BENEFITS TOTAL					\$530		\$0 \$530

Fresno New Connections

FRESNO COUNTY
FY 2016-2017 BUDGET

Fiscal Year: FY 2016-2017

Provider Name: Fresno New Connections

Program: Family-Focused Prevention Services

Approved by: Loren French

Date: October 31, 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	\$6,220		\$6,220
INSURANCE			
0251 Worker's Compensation Insurance-see page 1			\$0
0252 Liability Insurance			\$0
0253 Insurance Other-Specify	\$0	\$0	\$0
INSURANCE TOTAL			
COMMUNICATIONS			
0301 Telecommunications/data lines			\$0
0302 Answering Service			\$0
COMMUNICATIONS TOTAL			
OFFICE EXPENSE			
0351 Office Supplies	\$300		\$300
0352 Soc Rec., Workbooks	\$1,887		\$1,887
0353 Printing/Reproduction			\$0
0354 Incentives and Rewards	\$578		\$578
0355 Legal Notices/Advertising			\$0
OFFICE EXPENSE TOTAL	\$2,765	\$0	\$2,765
EQUIPMENT			
0401 Purchase of Equipment			\$0
0402 Equipment Rent/Lease			\$0
0403 Equipment Maintenance			\$0
EQUIPMENT TOTAL	\$0	\$0	\$0
FACILITIES			
0451 Rent/Lease Building			\$0
0452 Facilities Maintenance			\$0
0453 Utilities			\$0
FACILITIES TOTAL	\$0	\$0	\$0
TRAVEL COSTS			
0501 Staff Mileage			\$0
0502 Staff Travel (Out of County)			\$0
0503 Staff Training/Registration			\$0
0504 Transportation			\$0
TRAVEL COSTS TOTAL	\$0	\$0	\$0

Fresno New Connections

FRESNO COUNTY
FY 2016-2017 BUDGET

Fiscal Year: FY 2016-2017

Provider Name: Fresno New Connections

Program: Family-Focused Prevention Services

Date:

Approved by: Loren French

Date: October 31, 2013

Budget Categories-Line Item Description (Must Be Itemized)	BH Realignment Budget	Other Funding Budget	Proposed Program Budget
PROGRAM SUPPLIES			
0551 Program Supplies-U/A, Physical Screening			\$0
0552 Program Supplies-Food	\$3,015		\$3,015
0553 Program Supplies-Household/Hygiene			\$0
PROGRAM SUPPLIES TOTAL	\$3,015	\$0	\$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			\$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	\$0	\$0

NET PROGRAM BUDGET	\$12,000	\$0	\$12,000
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Fresno New Connections

FRESNO COUNTY
FY 2017-2018 BUDGET

Fiscal Year: FY 2017-2018

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

Submitted by: Rob Martin

Date: October 31, 2013

Approved by: Loren French

Signature: 

Date: 11/14/13

Fax Number: (559) 248-1530

E-Mail Address: rsmart1@sbcglobal.net

No. of Budgeted FTE Administration: 0.00 Direct Service: 0.21

Budget Categories- Line Item Description (Must be itemized)	Annual (12-Month) Salary	% of FTE dedicated to this program	% Time dedicated to services Admin. Direct	Proposed Program Budget		Total Proposed Budget	
				BH Realignment Admin. Direct	Other Funding Admin. Direct	BH Realignment Admin. Direct	Other Funding Admin. Direct
PERSONNEL/SALARIES							
0101 Substance Abuse Counselor	\$13,148	21%	100%	\$2,761		\$0	\$2,761
0102 Substance Abuse Counselor	\$11,210	21%	100%	\$2,354		\$0	\$2,354
0103						\$0	\$0
0104						\$0	\$0
0105						\$0	\$0
0106						\$0	\$0
0107						\$0	\$0
0108						\$0	\$0
0109						\$0	\$0
0110						\$0	\$0
0111						\$0	\$0
0112						\$0	\$0
0113						\$0	\$0
0114						\$0	\$0
0115						\$0	\$0
0116						\$0	\$0
0117						\$0	\$0
0118						\$0	\$0
0119						\$0	\$0
0120						\$0	\$0
0121						\$0	\$0
0122						\$0	\$0
SALARIES TOTAL				\$0	\$5,115	\$0	\$5,115
PAYROLL TAXES							
0151 State Unemployment Insurance					\$0	\$0	\$0
0152 F.I.C.A./O.A.S.D.I. @ 7.65%					\$391	\$0	\$391
0153 State Disability Insurance						\$0	\$0
0154 Workers' Compensation Insurance					\$184	\$0	\$184
PAYROLL TAXES TOTAL				\$0	\$575	\$0	\$575
EMPLOYEE BENEFITS							
0201 Health Insurance					\$1,100	\$0	\$1,100
EMPLOYEE BENEFITS TOTAL				\$0	\$1,100	\$0	\$1,100

Fresno New Connections

FRESNO COUNTY
FY 2017-2018 BUDGET

Fiscal Year: FY 2017-2018

Provider Name: Fresno New Connections

Program: Family-Focused Prevention Services

Approved by: Loren French

Date: October 31, 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	\$6,790	\$0	\$6,790
INSURANCE			
0251 Worker's Compensation Insurance-see page 1			\$0
0252 Liability Insurance			\$0
0253 Insurance Other-Specify			\$0
INSURANCE TOTAL	\$0	\$0	\$0
COMMUNICATIONS			
0301 Telecommunications/data lines			\$0
0302 Answering Service			\$0
COMMUNICATIONS TOTAL	\$0	\$0	\$0
OFFICE EXPENSE			
0351 Office Supplies	\$300		\$300
0352 Soc Rec., Workbooks	\$1,317		\$1,317
0353 Printing/Reproduction			\$0
0354 Incentives and Rewards	\$578		\$578
0355 Legal Notices/Advertising			\$0
OFFICE EXPENSE TOTAL	\$2,195	\$0	\$2,195
EQUIPMENT			
0401 Purchase of Equipment			\$0
0402 Equipment Rent/Lease			\$0
0403 Equipment Maintenance			\$0
EQUIPMENT TOTAL	\$0	\$0	\$0
FACILITIES			
0451 Rent/Lease Building			\$0
0452 Facilities Maintenance			\$0
0453 Utilities			\$0
FACILITIES TOTAL	\$0	\$0	\$0
TRAVEL COSTS			
0501 Staff Mileage			\$0
0502 Staff Travel (Out of County)			\$0
0503 Staff Training/Registration			\$0
0504 Transportation			\$0
TRAVEL COSTS TOTAL	\$0	\$0	\$0

Fresno New Connections

FRESNO COUNTY
FY 2017-2018 BUDGET

Fiscal Year: FY 2017-2018
Provider Name: Fresno New Connections
Program: Family-Focused Prevention Services
Date: _____

Approved by: Loren French
Date: October 31, 2013

Budget Categories-Line Item Description (Must Be Itemized)	BH Realignment Budget	Other Funding Budget	Proposed Program Budget
PROGRAM SUPPLIES			
0551 Program Supplies-U/A, Physical Screening			\$0
0552 Program Supplies-Food	\$3,015.00		\$3,015
0553 Program Supplies-Household/Hygiene			\$0
PROGRAM SUPPLIES TOTAL	\$3,015	\$0	\$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			\$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	\$0	\$0

NET PROGRAM BUDGET	\$12,000	\$0	\$12,000
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UNLAWFUL USE OF DRUGS AND ALCOHOL CERTIFICATION

I, JOE WHITE, as an authorized agent of
(Print Name)
Central California Recovery 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 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: Joe White

Date: 5-17-17

Title: President

TRAFFICKING VICTIMS PROTECTION ACT OF 2000

CERTIFICATION

I, Joe White, as an authorized agent of
(Print Name)
Central California Recovery, acknowledge the requirement to
(Organization Name)
comply with the Trafficking Victims Protection Act of 2000 (TVPA), specifically Section 106(g), which authorizes the County of Fresno to terminate a contract, without penalty, if this organization or its employees, or a subcontractor or its employees:

- 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 is 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: Joe White

Date: 5-17-17

Title: President



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 Jale White, 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.

Central California Recovery
Agency Name

Signature:

Date:

Jale White

5/23/17

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

The County of Fresno is an Equal Employment Opportunity Employer

UNLAWFUL USE OF DRUGS AND ALCOHOL CERTIFICATION

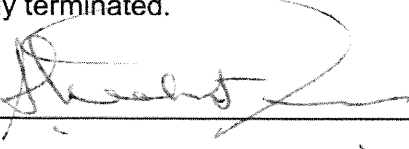
I, Dr. Felix Enunwa, as an authorized agent of
(Print Name)
Delta Care Inc acknowledge the requirement to
(Organization Name)

comply with California HSC 11999-11999.3, which authorizes the County of Fresno to terminate a contract, without penalty, if 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: 

Date: 5/18/17

Title: Chief Financial Officer

TRAFFICKING VICTIMS PROTECTION ACT OF 2000

CERTIFICATION

I, Dr. Felix Encinosa, as an authorized agent of
(Print Name)
Delta Care Inc, acknowledge the requirement to
(Organization Name)
comply with the Trafficking Victims Protection Act of 2000 (TVPA), specifically Section 106(g), which authorizes the County of Fresno to terminate a contract, without penalty, if this organization or its employees, or a subcontractor or its employees:

- 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 is 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: [Signature]

Date: 5/18/2017

Title: Chief Financial Officer



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 Dr. Felix Enamoris, 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:

[Signature]

Date:

5/18/2017

UNLAWFUL USE OF DRUGS AND ALCOHOL CERTIFICATION

I, Rob Martin, as an authorized agent of
(Print Name)
Fresno New Connections, Inc. 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 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
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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 Director

TRAFFICKING VICTIMS PROTECTION ACT OF 2000

CERTIFICATION

I, Rob Martin, as an authorized agent of
(Print Name)
Fresno New Connections, Inc., acknowledge the requirement to
(Organization Name)
comply with the Trafficking Victims Protection Act of 2000 (TVPA), specifically Section 106(g), which authorizes the County of Fresno to terminate a contract, without penalty, if this organization or its employees, or a subcontractor or its employees:

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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: Rob Martin

Date: 5/16/17

Title: Executive Director



County of Fresno

DEPARTMENT OF BEHAVIORAL HEALTH
DAWAN UTECHT
DIRECTOR

Exhibit I
Page 1 of 1

PRIVACY AND SECURITY AGREEMENT REGARDING AUTHORIZED ACCESS TO
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WORKFORCE MEMBERS

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As a condition of obtaining access to any Protected Health Information (PHI) that is necessary to carry out my function with DBH, I Rob Martin, 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 Medical 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:

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Agency Name

Signature: Rob Martin

Date: 5/16/17

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