

**Amendment II to
Services Agreement
Fiscal Year 2019/2020**

Parties

Commission: Children and Families Commission of Fresno County, California

Contractor: County of Fresno, Department of Public Health

Administrative

Original Contract Number: 201617-0954

Amendment II Contract Number: 201617-0954

Recitals

A. Commission and Contractor are parties to that certain Program Services Agreement (the "Agreement"), dated July 1, 2016, the Term of which is from July 1, 2016 to June 30, 2018 (the "Original Term").

B. The Parties now desire to amend the Agreement to provide for an extension of the Term and to modify the Services and Project Budget all as defined in the Agreement.

C. All capitalized terms used in this Amendment II to Program Services Agreement (this "Amendment II") shall have the meanings provided for in the Agreement unless otherwise specified in this Amendment II.

Therefore, in consideration of the above recitals, which are incorporated into this Amendment II by reference, the Parties agree as follows:

1. Term. This Amendment II is made effective as of July 1, 2019 (the "Effective Date"). The Term of the Agreement is extended until June 30, 2020, unless terminated earlier under the Agreement (the "Term") or as specified in this Amendment II to the contrary.
2. Amendment to Section 2.1. Effective as of July 1, 2019, **Exhibit A** will be replaced with the **Exhibit A**, "Scope of Work (2019-20 Fiscal Year)" attached to this Amendment II and incorporated herein by this reference. As of July 1, 2019, except as needed to interpret and enforce Contractor's responsibilities and obligations under the original Term of the Agreement, the original **Exhibit A** attached to the Agreement will have no further force and effect.
3. Amendment to Section 4.1. Section 4.1 of the Agreement is deleted in its entirety and replaced with the following:

4.1 **Project Budget.** Compensation for the Services provided from July 1, 2019 to June 30, 2020 is based upon actual costs as described in **Exhibit B**. Compensation for the Services will in no event exceed the total amount of \$835,952 (the "Contract Amount"). The Contract Amount includes Compensation for Services remaining under the Original Term of the Agreement. Compensation for Services provided prior to July 1, 2019 shall be in accordance with the original Agreement and this Amendment II.

4. Amendment to Section 4.2. The first sentence in Section 4.2 of the Agreement is deleted in its entirety and replaced with the following (the remainder of Section 4.2 is unaffected):

Commission will reimburse Contractor for all necessary, reasonable, and justifiable expenses, as determined by Commission, incurred in accordance with the Project Budget for providing the Services on behalf of Commission in an amount not to exceed the Contract Amount.

5. Controlling Document; No Other Amendment. In the event of any conflict between the terms of this Amendment II and the Agreement, the terms of this Amendment II shall control. Except as amended by this Amendment II, all terms of the Agreement shall remain in full force and effect, including, without limitation, all monitoring, evaluation, data collection, contract review, auditing, inspection, and record retention obligations set forth in Article 8 of the Agreement.

6. Binding Effect. The Agreement, as amended by this Amendment II, is binding upon, and inures to the benefit of, the respective heirs, executors, administrators, successors, and assigns of the Parties.

7. Headings and Construction. The subject headings of the sections and paragraphs of this Amendment II are included for purposes of convenience only and do not affect the construction or interpretation of any of its provisions. All words used in this Amendment II include the plural as well as the singular number, and vice versa; words used in this Amendment II in the present tense include the future as well as the present; and words used in this Amendment II in the masculine gender include the feminine and neuter genders, whenever the context so requires. No provision of this Amendment II will be interpreted for or against a Party because that Party or its legal representative drafted the provision, and this Amendment II will be construed as if jointly prepared by the Parties.

8. Counterparts. This Amendment II may be signed by the Parties in different counterparts and the signature pages combined to create one document binding on all Parties.

9. Signature Authority. Each Party represents that it has capacity, full power, and authority to enter into this Amendment II and perform under modified terms of the Agreement, and the person signing this Agreement on behalf of each Party has been properly authorized and empowered to enter into this Amendment II.


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Signatures

COMMISSION

CHILDREN AND FAMILIES COMMISSION
OF FRESNO COUNTY

REVIEWED AND RECOMMENDED
FOR APPROVAL

By: 
Emilia Reyes, Executive Director

Date of Signature: 9/25/19

APPROVED AS TO LEGAL FORM

By: 
Kenneth Price, Legal Counsel

Date of Signature: 10/23/19

By: 
Brian Pacheco, Commission Chair

Date of Signature: 10/23/19

CONTRACTOR

COUNTY OF FRESNO, DEPARTMENT OF
PUBLIC HEALTH

By: 
Authorized Representative

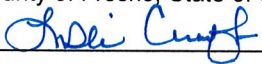
Date of Signature: 9/10/19

Name: Nathan Magsig
Chairman of the Board of Supervisors
Title: of the County of Fresno

Federal Tax ID Number: 94-6000512

ATTEST:

BERNICE E. SEIDEL
Clerk of the Board of Supervisors
County of Fresno, State of California

By: 

FOR ACCOUNTING USE ONLY:
ORG: 56201719
Fund/Subclass: 0001/10000
Revenue: 3530

EXHIBIT A

Scope of Work (2019-20 Fiscal Year)

A. Face Sheet

Agency Name: County of Fresno, Department of Public Health		Contract Number: 201617-0954	
Project Name: Nurse-Family Partnership		Project ID Number: 0954-17	
		GL: HP6 - 10-8504-00	100 %
		Start date/End date: 07/01/2016-06/30/2020	
Agency Address: 1221 Fulton Street, 4th Floor, Fresno, CA 93721		Contract amount: \$835,952	FY 16-17: \$190,412 FY 17-18: \$195,756 FY 18-19: \$240,796 FY 19-20: \$208,988
		Other Project Funding: \$ 603,337	
BOS District: 3		Agency phone #: 559-600-3330	
Mailing address if different than above: N/A			
Website: www.fcdph.org			
Strategic Plan Tier: Tier 1: Children Families			
Project Description: Briefly address what F5FC is funding and why. If applicable, describe the goals/outcomes. This will be placed on the F5FC website.			
Nurse-Family Partnership (NFP) is an evidence-based community healthcare program that empowers low-income, vulnerable first-time mothers to become confident, knowledgeable, and responsible parents, and ensures that their babies have the best possible start in life. This program is voluntary; mothers are enrolled in the program early in pregnancy and receive ongoing nurse home visits that continue until the child reaches their second birthday. The nurse provides guidance for emotional, social, and physical challenges as expectant mothers prepare to become parents. The nurses support mothers by connecting them to prenatal care and preventative health practices, providing individualized guidance on specific child developmental stages, as well as assisting mothers in their maternal life course development. The three goals of the NFP program are: improving pregnancy outcomes, child health and development, and economic self-sufficiency of the family.			
F5FC Contract Manager: Lupita Ramirez			
Program Contact (Person who runs day to day program operations/supervisor/coordinator/manager)			
Prefix: Mrs.	Name: Lorraine Hardy	Title: Supervising Public Health Nurse	
E-mail: hardyl@fresnocountyca.gov		Phone #: 559-600-3330	
Finance Contact (Person responsible for submitting budgets, financial reports and/or invoices)			
Prefix: Mr.	Name: Michael Chu	Title: Accountant	
E-mail: mchu@fresnocountyca.gov		Phone #: 559-600-6426	
Notice Contact (Person who has legal authority to sign contract)			
Prefix: Mr.	Name: David Pomaville	Title: Director	
E-mail: dpomaville@fresnocountyca.gov		Phone #: 559-600-3200	
Public Contact (Person responsible for general public calls requesting program info, how to access services, media, etc.)			
Prefix: Mrs.	Name: Lorraine Hardy	Title: Supervising Public Health Nurse	
E-mail: hardyl@fresnocountyca.gov		Phone #: 559-600-3330	

Direct Services Face Sheet & Scope of Work

Persimmony Contact Program Module – PROGRAM DATA ENTRY <small>(Person responsible for entering data)</small>		
Prefix: Ms.	Name: Sophia Rodriguez	Title: Office Assistant III
E-mail: SXRodriguez@fresnocountyca.gov		Phone #: 559-600-3330
Training: Access and No Training Required		
Persimmony Contact Program Module – PROGRAM DATA ENTRY <small>(Person responsible for entering data)</small>		
Prefix: Ms.	Name: Valerie Wells	Title: Supervising Office Assistant
E-mail: vwells@fresnocountyca.gov		Phone #: 559-600-3330
Training: Access and No Training Required		
Persimmony Contact Program Module – PROGRAM DATA ENTRY <small>(Person responsible for entering data)</small>		
Prefix: Ms.	Name: Diana Colin	Title: Office Assistant III
E-mail: dcolin@fresnocountyca.gov		Phone #: 559-600-3330
Training: Access and No Training Required		
Persimmony Contact Program Module – PROGRAM DATA ENTRY <small>(Person responsible for entering data)</small>		
Prefix: Ms.	Name: Linda Willome	Title: Office Assistant III
E-mail: lwillome@fresnocountyca.gov		Phone #: 559-600-3330
Training: Access and No Training Required		
Persimmony Contact Program Module – PROGRAM DATA ENTRY <small>(Person responsible for entering data)</small>		
Prefix: Ms.	Name: Christina Wyrick	Title: Program Technician
E-mail: clmoreno@fresnocountyca.gov		Phone #: 559-600-3330
Training: Access and No Training Required		
Persimmony Contact Program Module – PROGRAM DATA ENTRY <small>(Person responsible for entering data)</small>		
Prefix: Mr.	Name: Gabriel Torres	Title: Office Assistant
E-mail: gatorres@fresnocountyca.gov		Phone #: 559-600-3330
Training: Access and Training Required		
Persimmony Contact Program Module – PROGRAM DATA ENTRY <small>(Person responsible for entering data)</small>		
Prefix: Ms.	Name: Martha Garcia	Title: Office Assistant III
E-mail: marthagarcia@fresnocountyca.gov		Phone #: 559-600-3330
Training: Access and Training Required		
Persimmony Contact Program Module – PROGRAM DATA APPROVAL <small>(Person responsible for entering data)</small>		
Prefix: Mrs.	Name: Lorraine Hardy	Title: Supervising Public Health Nurse
E-mail: hardyl@fresnocountyca.gov		Phone #: 559-600-3330
Training: Access and No Training Required		

Direct Services Face Sheet & Scope of Work

Persimmony Contact Financial Module – FINANCIAL DATA ENTRY <small>(Person responsible for entering financial information)</small>		
Prefix: Mr.	Name: Michael Chu	Title: Accountant
E-mail: mchu@fresnocountyca.gov		Phone #: 559-600-6426
Training: Access and No Training Required		
Persimmony Contact Financial Module – FINANCIAL APPROVAL <small>(Person responsible for approving financial information)</small>		
Prefix: Mrs.	Name: Lorraine Hardy	Title: Supervising Public Health Nurse
E-mail: hardyl@fresnocountyca.gov		Phone #: 559-600-3330
Persimmony Contact Financial Module – FINANCIAL APPROVAL <small>(Person responsible for approving financial information)</small>		
Prefix: Ms.	Name: Aphivanh (Aphi) Xayavath	Title: Staff Analyst
E-mail: axayavath@fresnocountyca.gov		Phone #: 559-600-3330

Persimmony Monitoring Module – ANNUAL CONTRACT REVIEW (ACR) ACCESS <small>(Person responsible for responding to administrative and programmatic components of the ACR)</small>		
Prefix: Mrs.	Name: Lorraine Hardy	Title: Supervising Public Health Nurse
E-mail: hardyl@fresnocountyca.gov		Phone #: 559-600-3330
Persimmony Monitoring Module – ANNUAL CONTRACT REVIEW (ACR) ACCESS <small>(Person responsible for responding to financial component of the ACR)</small>		
Prefix: Mr.	Name: Michael Chu	Title: Accountant
E-mail: mchu@fresnocountyca.gov		Phone #: 559-600-6426

Direct Services Face Sheet & Scope of Work

Agency Service Locations:

List all physical addresses where F5FC services take place. If more than three sites, please include in this document by adding another row. Refer to the [Fresno County website](http://www.fresno.gov) to find the correct County District for each service location.

Location(s)	District(s)
Location 1: 1221 Fulton Street, 4th Floor, Fresno, CA 93721	District 3

First 5 Fresno County Strategic Plan and First 5 CA Result and Service Area Alignment:

Goal per F5FC Strategic Plan:	Percent of Funding	Dollar Amount
	FY1920	FY1920
Goal 1: Health Promotion	100%	\$208,988
Primary Strategy per F5FC Strategic Plan:	Percent of Funding	Dollar Amount
	FY1920	FY1920
HP6 Pre- and post-natal support for families	100%	\$208,988

State Result Area/Outcome <i>Refer to the Annual Report & School Readiness Appendices Fiscal Year</i>	State Service Area	Percent of Clients	Percent of Funding
		FY1920	FY1920
3. Improved Child Health	3e) Maternal and Child Health Care	100 %	100 %

Is this an evidence based or research-based program?

(Please check one)

- ☒ Evidence Based
☐ Research Based
☐ N/A

B. Demographic and Geographic Client Served Details

Types of Clients Served and Projected Numbers:

Please note that these fields reflect the client type options in Persimmony and not family relationships. Include all client level and aggregate clients included in sections C and D.

Type of Client	Total # of Clients
	FY1920
Child 0<3	37
Child 3-5	0
Parent	37
Prenatal	8
Other (please specify):	0
TOTAL:	82

Projected Numbers Served in Each Geographic Region:

Use the countywide box for programs providing services throughout the county.

Geographical Location of Clients to be Served	Total # of Clients
	FY1920
County Wide	82
Other (specify:)	
Total:	82

Geographical Location of Clients to be Served	Total # of Clients	Percent Urban (%)	Percent Rural (%)
	FY1920	FY1920	FY1920
Countywide	82	90%	10%

Direct Services Face Sheet & Scope of Work

C. Outputs: Services and Contacts

All services listed in section C are required to be entered in Persimmony on a monthly basis, refer to the Service Provider Manual for details. All clients served by F5FC funds must meet age and residency requirements. Service Provider is required to maintain back-up documentation. The information in the table below will remain the same for the full contract term (from one fiscal year to the next) unless otherwise specified or modified through a contract amendment request.

Service Type	F5FC Strategy	Core Client Type	Core Client Target # (Expected # of clients receiving service)	Frequency	Verification Method
			FY1920		
Parent partnership home visit ¹	HP6 Pre- and post-natal support for families	Parent	Total ¹ : 45 Q1: 40 Q2: 40 Q3: 40 Q4: 40	Frequency varies, please see endnotes	Service log
ASQ	HP3 Development Screenings and Assessme	Child	Total: 37 Q1: 6 Q2: 9 Q3: 10 Q4: 12	Annually within 90 days of enrollment ²	ASQ/ASQ:SE
ASQ:SE	HP3 Development Screenings and Assessme	Child	Total: 20 Q1: 5 Q2: 5 Q3: 5 Q4: 5	Annually within 90 days of enrollment ³	ASQ/ASQ:SE
Other assessment - PHQ-9 ⁴	HP5 Mental Health Early Identification and Int	Parent	Total: 20 Q1: 10 Q2: 10 Q3: 10 Q4: 10	Frequency varies, please see endnotes	Other - complete copy of PHQ9
Other assessment - DANCE ⁵	HP6 Pre- and post-natal support for families	Parent	Total: 15 Q1: 10 Q2: 10 Q3: 10 Q4: 10	Frequency varies, please see endnotes	Other - complete copy of PHQ9
Developmental referral	CP6 Resource, referral, coordination, and align	Child	Total: 1 Q1: 0 Q2: 0 Q3: 1 Q4: 0	As needed	Service log
Other referral ⁶	CP6 Resource, referral, coordination, and align	Parent	Total: 45 Q1: 15 Q2: 15 Q3: 15 Q4: 15	As needed	Service log

¹ Total unduplicated clients to be served in the entire year

Direct Services Face Sheet & Scope of Work

☐ Not Applicable - If your program does not provide core services, please check this box.

D. Aggregate Services and Narrative

The information in the table below will remain the same for the full contract term (from one fiscal year to the next) unless otherwise specified or modified through a contract amendment request. Service Provider is required to maintain back-up documentation. Data due Quarterly.

☒ Not Applicable - If your program does not provide aggregate services, please check this box.

Service Provider Staff Confidentiality Agreement & Request for Persimmony User Logon

All staff members of F5FC funded programs and projects (Service Providers) who are responsible for gathering or maintaining confidential information and records must adhere to this agreement.

Responsibilities

During the performance of Service Provider assigned duties related to the F5FC project, Service Provider might have access to confidential client information and records required for effective coordination and delivery of services to children and their families. All confidential discussions, deliberations, records, and information generated or maintained in connection with these activities shall be disclosed only to persons who have the need to know and authority to access confidential consumer information or records. This includes information obtained and conveyed through all media including the Persimmony database. **Service Provider must not disclose any confidential client information to any third party without the written authorization from the client or legally authorized representative.**

Legal Liabilities

Service Provider must adhere to the following:

- *Notice: All applicable employees, agents, and subcontractors shall be notified of state requirements for confidentiality and also notified that any person knowingly or intentionally violating the provisions of the state law is guilty of a misdemeanor.*
- *Records pertaining to any individual recipient of F5FC will be confidential and will not be open to examination for any purpose not directly connected with the administration of local evaluation.*
- *No person will publish, disclose, use, or permit the use of, or cause to be published, disclosed or used, any confidential information pertaining to any individual recipient of F5FC services.*

Prohibition of Re-Disclosing Confidential Client Information Employment Confidentiality Agreement

This notice accompanies a disclosure of confidential information concerning a consumer of services funded by the F5FC. The above referenced agency is prohibited from making any further disclosure of this confidential information unless further disclosure is expressly permitted by the written authorization to release the information of the person to whom it pertains or as otherwise permitted by these regulations. A general authorization for the release of confidential information is NOT sufficient for this purpose.

Acknowledgement of Confidentiality and Prohibition of Re-Disclosing Confidential Client Information Employment Confidentiality Agreement

The Agency acknowledges responsibility not to divulge any confidential information or records concerning clients of F5FC funded services without proper written authorization. By signing the Direct Services Agreement, the Agency accepts confidentiality and prohibition of re-disclosing confidential funding requirements.

Direct Services Face Sheet & Scope of Work

Type of Agreement: *Amendment-Direct Service*

Type of Procurement: ☐ Informal ☒ Formal ☐ Sole Source

Annual Contract Review: ☒ Formal ☐ Informal

BFF Policy Agreement Form Completed: ☒ Yes ☐ No (attach form to contract) ☐ N/A

EFT Form Completed: ☒ Yes ☐ No (attach form to contract)

W-9 Completed: ☒ Yes ☐ No

Persimmony Set-Up: *(check all that apply)*

- | | |
|--|---|
| <input type="checkbox"/> No data - only basic info for state reporting
<input type="checkbox"/> Aggregate data
<input checked="" type="checkbox"/> Client level data reporting
<input checked="" type="checkbox"/> Narrative
<input checked="" type="checkbox"/> <i>Performance module</i>
<input type="checkbox"/> <i>Financial module</i> | <input checked="" type="checkbox"/> Financial module
<input type="checkbox"/> <i>Monthly reporting</i>
<input checked="" type="checkbox"/> <i>Quarterly reporting</i>
<input type="checkbox"/> <i>One time payment</i>
<input checked="" type="checkbox"/> State upload |
|--|---|

Type of Agency: *(choose only one)*

- | | |
|--|--|
| <input type="checkbox"/> City Government
<input type="checkbox"/> Community Benefit Organization (501(c)3)
<input checked="" type="checkbox"/> County Government
<input type="checkbox"/> Faith Based Organization (attach policy)
<input type="checkbox"/> Federal Government Agency
<input type="checkbox"/> Higher Education | <input type="checkbox"/> Private and/or for Profit Organization
<input type="checkbox"/> School District
<input type="checkbox"/> State Government
<input type="checkbox"/> Other (please specify): |
|--|--|

F5FC Office Use Only

Commission Approved Date: 06/01/2016

F5FC Staff Review and Approval	FY1617	FY1718	FY1819	FY1920
Contract Manager Approved	4/19/16	6/20/17	4/27/18	3/29/19
Strategies Reviewed & Approved by Program & Evaluation Director	4/19/16	6/23/17	N/A	N/A

Agency name:	County of Fresno Department of Public Health	Contract number:	201617-0954
Program name:	Nurse-Family Partnership	Contract amount:	\$835,952

Direct Services Face Sheet & Scope of Work

- See Description of Services (end notes) •

¹ **Parent Partnership Home visit:** NFP follows a home-visiting schedule to meet the program goals and integrates self-efficacy, human ecology, and attachment theories within its nursing framework creating a unique context for learning, growth and overall well-being. Frequency of home visits will vary as follows: once a week for the first 4 weeks; then every other week until the baby is born; once a week for 6 weeks after the baby's birth; every other week until the child is 21 months; and monthly until 24 months. Once the child turns two years old, the family is transitioned out of the program.

² **ASQ:** Annually within 90 days of enrollment. ASQ-3 is authorized for initial use at 2 months of age.

³ **ASQ: SE:** Annually within 90 days of enrollment. ASQ-SE is authorized for initial use at 2 months.

⁴ **Other assessment- PHQ-9:** The Patient Health Questionnaire PHQ-9 will be administered at intake and 32-36 weeks antepartum, 4-6 weeks postpartum, 4 months, 12 months and as needed. In addition, the client count includes an abuse assessment screening tool (partner relationship assessment) that will be administered at intake and 32-36 weeks antepartum, 4-6 weeks postpartum, 4 months, 12 months and as needed. The total client count of 20 is a lower number of clients because the majority of clients in the program may not be antepartum/ postpartum. PHQ-9 does vary on nurses' case load it may be that a nurse has more toddlers (1 to 2-year old) and not doing as many PHQ-9s.

⁵ **Other assessment- DANCE:** Dyadic Assessment of Naturalistic Caregiver-child Experiences (DANCE) is a strengths-based assessment tool to aid the nurse in identifying areas of strengths and areas of growth in Parents. Children who experience positive caregiver- child interactions will engage more with their caregivers, will reinforce caregivers' behaviors, and will develop a sense of trust in their relationships with their caregivers and others. DANCE will be completed by parents when their children are 2,9,16 and 22 months of age. The client count of 15 for this service is a lower number of clients based on the need of each client determined by the public health nurse. DANCE assessments vary on nurses' case load and it may be that a nurse has more pregnant mothers or infants.

⁶ **Other referral:** Total client count of 45 will receive more than one referral throughout the fiscal year.

EXHIBIT B

Project Budget (2019-20 Fiscal Year)

FIRST 5 FRESNO COUNTY
Direct Service Budget

Agency Name:	County of Fresno, Department of Public Health
Project Name:	Nurse-Family Partnership
Contract Term:	07/01/2016-06/30/2020
Contract Number:	201617-0954
Submission Date:	3/26/2019
Prepared by:	Aphivanh Xayavath
Title:	Staff Analyst

	A	B	C	D	
	Year 1 Actuals	Year 2 Actuals	Year 3 Budget	Year 4 Budget	Total Program Amount
	07/01/16-6/30/17	07/01/17-06/30/18	07/01/18-06/30/19	07/01/19-06/30/20	

Category

I. Personnel

A. Salaries	88,041	78,654	106,397	99,574	372,666
B. Benefits	62,417	65,606	78,556	70,989	277,568
C. Taxes	6,812	5,696	8,139	7,617	28,264
Total Personnel	157,270	149,956	193,092	178,181	678,499

II. Operating Expenses

A. Facilities Costs	434	444	1,255	470	2,603
B. Operational/Supplies	2,018	1,652	2,916	1,016	7,602
C. Training/Travel	4,449	1,129	2,315	1,287	9,180
Total Operating Expenses	6,901	3,225	6,486	2,773	19,385

III. Program Expenses

A. Materials and Supplies	3,519	3,302	12,004	2,483	21,308
Total Program Expenses	3,519	3,302	12,004	2,483	21,308

IV. Professional Services	0	0	250.00	250	500
VI. Indirect Costs	22,722	39,273	28,964	25,302	116,260

Total Program	190,412	195,756	240,796	208,988	835,952
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	Year 1 Actuals	Year 2 Actuals	Year 3 Budget	Year 4 Budget	Total Other Funding
VII. Other Funding					
A. Leveraged	166,680	39,273	212,710	184,673	603,337
B. Other Funding Source:	-	-	-	-	-
C. Other Funding Source:	-	-	-	-	-
Total Other Funding	166,680	39,273	212,710	184,673	603,337



Children Families Commission of Fresno County
Service Provider Budget

1	Agency Name:	County of Fresno, Department of Public Health	Contract Term:	07/01/2016-06/30/2020
2	Project Name:	Nurse-Family Partnership	Contract Number:	201617-0954
3				

4				A			B			C			D		
YEAR 3 Budget															
First 5 Amounts				Leveraged			Select Other Funding Source:			Select Other Funding Source:					
07/01/18-6/30/19				07/01/18-6/30/19			07/01/18-6/30/19			07/01/18-6/30/19					
5	I. Personnel			Title	FTE	Amount	Title	FTE	Amount	Title	FTE	Amount	Title	FTE	Amount
6	The "Amount" should be: Annual Salary X the FTE whenever possible. 1 FTE = 40 hours / week			Supervising Public Health Nurse	0.10	10,863	Supervising Public Health Nurse	0.10	10,722			-			-
7				Public Health Nurse II	0.48	46,334	Public Health Nurse II	0.52	50,079						
8				Public Health Nurse II	0.56	49,200	Public Health Nurse II	0.44	38,705						
9															
10															
11															
12															
13	A. Total Salaries & FTE				1.14	106,397		1.06	99,506		-	-		-	-
14	B. Benefits		73.833%	78,556.00			73,468			-			-		
15	C. Taxes		7.65%	8,139.00			7,612			-			-		
16	Personnel Subtotal			193,092.00			180,586			-			-		
17	Justification of Benefits and Taxes:			Estimated benefits rates reflect Unemployment Insurance (.0007738), Retirement (.5186-.6583), OASDI (.0765), Health Insurance (\$7386-\$9996 per FTE per year) and Benefits Administration (\$104 per FTE per year).											
18	II. Operating Expenses														
19	A. Facilities Costs			1,255			1,184			-			-		
20	Narrative/Justification – Explain these costs and how they apply to the program, then state methodology (FTE, Square Footage, etc) for these costs and provide the calculation														
21	Address: Fresno County Department of Public Health, 1221 Fulton Mall, 4th floor, Fresno, CA 93721. Costs cover telephone/communication (\$880) and household expenses (\$1,559), determined by square footage allocation to the program. These are all Internal Service Funds charges. General Services Administration provides the base amount for the department. NFP staff use 1,225 sq ft.														
22	B. Operational/Supplies			2,916			1,667			-			-		
23	Narrative/Justification – Explain these costs and how they apply to the program, then state methodology (materials, services, leases) for these costs and provide the calculation														
24	General office supplies such as paper, pencils, envelopes and filing supplies (\$2,600); postage (\$40); and printing (\$100). Rent of storage container for archived files (\$693). Medical supplies for PHNs to use during home visits (\$1,150).														
25	C. Training/Travel			2,315			2,185			-			-		
26	Narrative/Justification – Explain these costs and how they apply to the program, then state methodology (name of local conferences & trainings) for these costs and provide the calculation														
27	Fees for staff to attend local meetings, conferences, and training (\$500). Staff private auto mileage reimbursement at a rate of \$0.545 per mile (\$2,000). County vehicle maintenance/usage/garage (\$2,000).														
28	Operating Expenses Subtotal			6,486			5,036			-			-		
29	III. Program Expenses														
30	Instructional Information			In the Narrative/Justification box provide a detailed explanation of all program expenses considered on this line item and how they are to support the program participants (include calculations where applicable).											
31	A. Materials and Supplies			12,004			-			-			-		
32	Subtotal			12,004			-			-			-		
33	Narrative/Justification – Provide the number of participants, cost per item, a description of the item, and justification for all expenses that support the clients of the program.														
34	Books and publications (\$5,004). Forms, pamphlets, educational materials to evaluate and assist NFP clients (\$7,000).						Narrative/Justification for Materials and Supplies			Narrative/Justification for Materials and Supplies			Narrative/Justification for Materials and Supplies		
35	IV. Professional Services (Contracts, MOU's, Sub agreements, etc.)														
36	Instructional Information			In the Narrative/Justification box provide a detailed explanation of all professional services considered on this line item and how they are to support the program or staff (include calculations where applicable). Any services exceeding \$5,000 must have attached a narrative delineating services.											



Children Families Commission of Fresno County
Service Provider Budget

43	Subtotal	250	-	-	-
44	Estimated costs for interpreters/translators who provide services for various languages through a Countywide contract.		Narrative/Justification –		Narrative/Justification –
50	Program Totals	211,832	185,622	-	-
51	VI. Indirect (= Program Totals - Equipment x Percentage of Indirect)				
52	Instructional Information	In the Narrative/Justification box explain these costs, how they will support/benefit the program, and how the percentage was determined.			
53	A. Indirect Rate	15.00%	28,964	27,088	
54	Fresno County Department of Public Health's indirect cost rate is 26.5% of the total personnel costs, prepared following OMB's 2 CFR Part 200 guidelines and approved by County of Fresno's Auditor-Controller/Treasure-Tax Collector Department. Lower rate applied to this budget to ensure sufficient funding for direct costs and remaining within funding award amount.		Narrative/Justification –		Narrative/Justification –
55	Total Proposed Budget	240,796	212,710	-	-

1	Agency Name:	County of Fresno, Department of Public Health	Contract Term:	07/01/2016-06/30/2020
2	Project Name:	Nurse-Family Partnership	Contract Number:	201617-0954
3				

4			A			B			C			D		
YEAR 4 Budget														
First 5 Amounts			Leveraged			Select Other Funding Source:			Select Other Funding Source:					
07/01/19-6/30/20			07/01/19-6/30/20			07/01/19-6/30/20			07/01/19-6/30/20					
5	I. Personnel		Title	FTE	Amount	Title	FTE	Amount	Title	FTE	Amount	Title	FTE	Amount
8	The "Amount" should be: Annual Salary X the FTE whenever possible. 1 FTE = 40 hours / week		Supervising Public Health Nurse	0.08	8,854	Supervising Public Health Nurse	0.07	8,734			-			-
9			Public Health Nurse I	0.46	33,476	Public Health Nurse I	0.54	38,978			-			-
10			Public Health Nurse II	0.58	57,244	Public Health Nurse II	0.42	41,586			-			-
11					-			-			-			-
12					-			-			-			-
13					-			-			-			-
14					-			-			-			-
15	A. Total Salaries & FTE			1.12	99,574		1.03	89,298		-	-		-	-
16	B. Benefits	71.293%	70,989.29			63,663.22			-			-		
17	C. Taxes	7.65%	7,617.41			6,831.30			-			-		
18	Personnel Subtotal		178,180.70			159,792.52			-			-		
19	Justification of Benefits and Taxes:		Estimated benefits rates reflect Unemployment Insurance (.00182), Retirement (.5116-.648), OASDI (.0765), Health Insurance (\$8,643-\$11,510 per FTE per year) and Benefits Administration (\$109 per FTE per year).											
20	II. Operating Expenses													
21	A. Facilities Costs		470			443			-			-		
22	Narrative/Justification – Explain these costs and how they apply to the program, then state methodology (FTE, Square Footage, etc) for these costs and provide the calculation													
23	Telephone communication costs used by program staff (\$913). Rate provided by Fresno County Department of Internal Services and is based on the type of device used.													
24	B. Operational/Supplies		1,016			534			-			-		
25	Narrative/Justification – Explain these costs and how they apply to the program, then state methodology (materials, services, leases) for these costs and provide the calculation													
26	General office supplies such as paper, pencils, envelopes and filing supplies (\$1,000); postage (\$40); and printing (\$60). Medical supplies for PHNs to use during home visits (\$450).													
27	C. Training/Travel		1,287			1,213			-			-		
28	Narrative/Justification – Explain these costs and how they apply to the program, then state methodology (name of local conferences & trainings) for these costs and provide the calculation													
29	Fees for staff to attend local meetings, conferences, and training (\$500). Staff private auto mileage reimbursement at a rate of \$0.58 per mile (\$2,000).													
33	Operating Expenses Subtotal		2,773			2,190			-			-		
34	III. Program Expenses													
35	Instructional Information		In the Narrative/Justification box provide a detailed explanation of all program expenses considered on this line item and how they are to support the program participants (include calculations where applicable).											
36	A. Materials and Supplies		2,483			-			-			-		
37	Subtotal		2,483			-			-			-		
38	Narrative/Justification – Provide the number of participants, cost per item, a description of the item, and justification for all expenses that support the clients of the program.													
39	Books and publications (\$1,000). Forms, pamphlets, educational materials to evaluate and assist NFP clients (\$1,483).								Narrative/Justification for Materials and Supplies			Narrative/Justification for Materials and Supplies		
40	IV. Professional Services (Contracts, MOU's, Sub agreements, etc.)													
41	Instructional Information		In the Narrative/Justification box provide a detailed explanation of all professional services considered on this line item and how they are to support the program or staff (include calculations where applicable). Any services exceeding \$5,000 must have attached a narrative delineating services.											
43	Subtotal		250			-			-			-		
44	Estimated costs for interpreters/translators who provide services for various languages through a Countywide contract.					Narrative/Justification –			Narrative/Justification –			Narrative/Justification –		
50	Program Totals		183,687			161,983			-			-		
51	VI. Indirect (= Program Totals - Equipment x Percentage of Indirect)													
52	Instructional Information		In the Narrative/Justification box explain these costs, how they will support/benefit the program, and how the percentage was determined.											
53	A. Indirect Rate	14.20%	25,302			22,691								
54	Fresno County Department of Public Health's indirect cost rate is 25.42% of the total personnel costs, prepared following OMB's 2 CFR Part 200 guidelines and approved by County of Fresno's Auditor-Controller/Treasure-Tax Collector Department. Lower rate applied to this budget to ensure sufficient funding for direct costs and remaining within funding award amount.								Narrative/Justification –			Narrative/Justification –		
55	Total Proposed Budget		208,988			184,673			-			-		