

**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: 201617-0950
Amendment II Contract Number: 201617-0950

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 \$1,388,930 (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

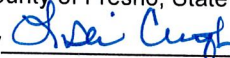
Date of Signature: 9/10/19

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: 56201615
Fund/Subclass: 0001/10000
Revenue: 3530

EXHIBIT A

Scope of Work (2019-20 Fiscal Year)

Direct Services Face Sheet & Scope of Work

This document will be completed with First 5 Fresno County (F5FC) staff and Service Provider during a development meeting.

A. Face Sheet

Agency Name: County of Fresno, Department of Public Health		Contract Number: 201617-0950 Project ID Number: 0950-17	
Project Name: Nurse Liaison		GL: SF1 – 10-8518-00	100 %
Agency Address: 1221 Fulton Street, Fresno, CA 93721		Start date/End date: 07/01/2016 - 06/30/2020	
		Contract amount: \$1,388,930	FY 16-17: \$312,617 FY 17-18: \$323,762 FY 18-19: \$402,560 FY 19-20: \$349,991
		Other Project Funding: \$ 1,607,083	
BOS <u>District</u>: 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:			
<i>Briefly address what F5FC is funding and why. If applicable, describe the goals/outcomes. This will be placed on the F5FC website.</i>			
<p>The primary goal of the Nurse Liaison program is to prevent child maltreatment by improving health outcomes and decreasing potential re-hospitalization rates for at-risk infants and children. The Nurse Liaison program provides public health nurse liaison services to Community Regional Medical Center and Valley Children's Hospital to support infants from the Neonatal Intensive Care Unit and their families through the transition to community care as well as high risk infants and children under six years of age living in Fresno County who because of organic or environmental factors may be at risk for growth and developmental delays and who may face serious health problems. In addition, the program serves children with developmental or behavior challenges identified through their child care provider and pregnant or parenting teens referred from the CalLearn program. Nurse Liaisons provide assessment, consultation, technical assistance, referral and linkage to a variety of community programs via a home visitation model.</p>			
F5FC Contract Manager: Liliana Salcedo			
Program Contact			
(Person who runs day to day program operations/supervisor/coordinator/manager)			
Prefix: Mrs.	Name: Megan Gunn	Title: Supervising Public Health Nurse	
E-mail: mgunn@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	

Direct Services Face Sheet & Scope of Work

Public Contact		
(Person responsible for general public calls requesting program info, how to access services, media, etc.)		
Prefix: Ms.	Name: Megan Gunn	Title: Supervising Public Health Nurse
E-mail: mgunn@fresnocountyca.gov		Phone #: 559-600-3330

Persimmony Contact Program Module – PROGRAM DATA ENTRY		
(Person responsible for entering data)		
Prefix: Ms.	Name: Megan Gunn	Title: Supervising Public Health Nurse
E-mail: mgunn@fresnocountyca.gov		Phone #: 559-600-3330
Training: Access and No Training Required		
Persimmony Contact Program Module – PROGRAM DATA APPROVAL		
(Person responsible for approving submission of data)		
Prefix: Ms.	Name: Megan Gunn	Title: Supervising Public Health Nurse
E-mail: mgunn@fresnocountyca.gov		Phone #: 559-600-3330
Training: Access and No Training Required		
Persimmony Contact Financial Module – FINANCIAL DATA ENTRY		
(Person responsible for entering financial information)		
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		
(Person responsible for approving financial information)		
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		
(Person responsible for responding to administrative and programmatic components of the ACR)		
Prefix: Ms.	Name: Megan Gunn	Title: Supervising Public Health Nurse
E-mail: mgunn@fresnocountyca.gov		Phone #: 559-600-3330
Persimmony Monitoring Module – ANNUAL CONTRACT REVIEW (ACR) ACCESS		
(Person responsible for responding to financial component of the ACR)		
Prefix: Mr.	Name: Michael Chu	Title: Accountant
E-mail: mchu@fresnocountyca.gov		Phone #: 559-600-6426

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.fresnocountyca.gov) to find the correct County District for each service location.

Location(s)	District(s)
Location 1: 1221 Fulton Street, Fresno. CA 93721	District 3

Direct Services Face Sheet & Scope of Work

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 3: Strong Families	100%	\$349,991
Primary Strategy per F5FC Strategic Plan:	Percent of Funding	Dollar Amount
	FY1920	FY1920
SF1 Multi-disciplinary Research-based Home Visitation	100%	\$349,991

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	3h) Primary Specialty Medical Services	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	113
Child 3-5	37
Parent	50
Prenatal	0
Other (please specify):	0
TOTAL:	200

Provider Category	Total # of Clients
	FY1920
Internal Program Staff	5
TOTAL:	5

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	200
Total:	200

Geographical Location of Clients to be Served	Total # of Clients	Percent Urban (%)	Percent Rural (%)
	FY1920	FY1920	FY1920
Countywide	200	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		
Case management session - Parenting Teen ¹	SF1 Multi-disciplinary Research-based Home Visitat	Parent	Total: 45 Q1: 5 Q2: 15 Q3: 10 Q4: 15	3 sessions ²	Service log
Case management session ³	SF1 Multi-disciplinary Research-based Home Visitat	Child	Total: 150 Q1: 37 Q2: 37 Q3: 38 Q4: 38	3 sessions ⁴	Service log
ASQ	HP3 Development Screenings and Assessments	Child	Total: 85 Q1: 20 Q2: 21 Q3: 22 Q4: 22	Annually and as needed	ASQ/ASQ:SE
ASQ:SE	HP3 Development Screenings and Assessments	Child	Total: 40 Q1: 10 Q2: 10 Q3: 10 Q4: 10	Annually and as needed	ASQ/ASQ:SE
Developmental referral	CP6 Resource, referral, coordination, and alignmen	Child	Total: 95 Q1: 22 Q2: 22 Q3: 25 Q4: 26	Annually and as needed	Service log
Other referral ⁵	CP6 Resource, referral, coordination, and alignmen	Child +Parent	Total: 95 Q1: 22 Q2: 22 Q3: 25 Q4: 26	Annually and as needed	Service log
Reflective practice session	CP1 Professional dev and training for providers	Provider	Total: 5 Q1: 5 Q2: 5 Q3: 5 Q4: 5	Once a month ⁶	Attendance Records/Sign-in sheets

¹ Total unduplicated clients to be served in the entire year

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"/> Performance module
<input type="checkbox"/> Financial module | <input checked="" type="checkbox"/> Financial module
<input type="checkbox"/> Monthly reporting
<input checked="" type="checkbox"/> Quarterly reporting
<input type="checkbox"/> One time payment
<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	6/01/17	4/27/18	4/9/19
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:	201617-0950
Program name:	Nurse Liaison	Contract amount:	1,388,930

Direct Services Face Sheet & Scope of Work

- See Description of Services (end notes) •

¹ **Case management session- Parenting Teen:** Case Management sessions include PHN visits at the client's home or field visits as an alternative to the home (examples: school, restaurant, park, etc.). Case management will be provided primarily to pregnant and/or parenting teens but may include case management services to infants and children referred from the community. Referrals come from the CalLearn program or other infant or children referrals.

Case management sessions may also include a telephone call no less than 5-10 minutes in length for services such as follow-up with the referral source, consultation with medical providers, child care providers, social workers, parents, and representatives of agencies involved with the client's follow-up services. These case management sessions will be recorded in the nursing documentation notes.

² **Case management session (Parenting Teen) Frequency:** It is expected that there will be an average of three service contacts per client, however it may range from one to as many as needed for case management services based on each client's needs and availability.

³ **Case management session- Child:** Case Management sessions include PHN visits at the client's home, field or site visits. Field visits are defined as visits with the PHN at alternative sites such as a public park, library or a restaurant. Site visits are defined as visits with the PHN at child care homes or centers.

Case management sessions may also include a telephone call no less than 5-10 minutes in length for services such as follow-up with the referral source, consultation with medical providers, child care providers, social workers, parents, and representatives of agencies involved with the client's follow-up services. These case management sessions will be recorded in the nursing documentation notes.

Primary referral sources are Valley Children's Hospital and Community Regional Medical Center with additional referrals being received from CPS, medical clinics, private doctors, community members, etc.

Referral sources also include child care centers, child care homes, preschools, CSN, etc.

⁴ **Case management (Child) frequency:** It is expected there will be an average of three service contacts per client, however it may range from one to as many as needed for case management services based on each client's needs and availability.

⁵ **Other Referral (Child):** Nurse Liaison will attach other referrals to the child or the parent/caregiver depending on the specificity of the referral. These other referrals are to improve the environment and decrease stressors on the child.

⁶ **Reflective Practice- Frequency:** Staff will participate in a group Reflective Practice (RP) and one-on-one sessions with the SPHN. The average RP service per staff member is once a month. The focus of these meetings will be to provide an opportunity to explore experiences, feelings and challenges encountered with clients or with the challenges of the role of home visiting itself.

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 Liaison
Contract Term:	07/01/16-06/30/20
Contract Number:	201617-0950
Submission Date:	4/5/2019
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	144,171	135,693	184,918	187,729	652,511
B. Benefits	96,882	96,858	126,268	128,942	448,949
C. Taxes	11,188	10,006	14,146	14,361	49,701
Total Personnel	252,241	242,557	325,332	331,032	1,151,162

II. Operating Expenses

A. Facilities Costs	4,579	4,826	5,933	5,366	20,704
B. Operational/Supplies	3,069	2,611	3,250	1,832	10,762
C. Training/Travel	2,832	1,200	4,913	2,832	11,777
Total Operating Expenses	10,480	8,637	14,096	10,030	43,243

III. Program Expenses

A. Materials and Supplies	2,889	2,983	5,332	3,929	15,133
Total Program Expenses	2,889	2,983	5,332	3,929	15,133

IV. Professional Services	7,000	6,060	9,000	5,000	27,060
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VI. Indirect Costs	40,007	63,525	48,800	0	152,332
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Total Program	312,617	323,762	402,560	349,991	\$1,388,930
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	Year 1 Actuals	Year 2 Actuals	Year 3 Budget	Year 4 Budget	Total Other Funding
VII. Other Funding					
A. Leveraged	344,725	376,600	452,238	433,520	1,607,083
B. Select Other Funding Source	0	0	0	0	0
C. Other Funding Source:	0	0	0	0	0
Total Other Funding	344,725	376,600	452,238	433,520	1,607,083



Children Families Commission of Fresno County
Service Provider Budget

1	Agency Name:	County of Fresno, Department of Public Health	Contract Term:	07/01/16-06/30/20
2	Project Name:	Nurse Liaison	Contract Number:	201617-0950
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	0.36	25,574	Supervising Public Health Nurse	0.34	24,154			-			-
7				Public Health Nurse II	0.50	48,207	Public Health Nurse II	0.50	48,207						
8				Public Health Nurse I	0.41	28,235	Public Health Nurse I	0.59	40,606						
9				Public Health Nurse I	0.42	36,993	Public Health Nurse I	0.58	51,086						
10				Public Health Nurse II	0.47	45,909	Public Health Nurse II	0.53	51,104						
11															
12															
13	A. Total Salaries & FTE				2.16	184,918		2.54	215,157		-	-		-	-
14	B. Benefits		68.283%	126,268			146,916			-			-		
15	C. Taxes		7.65%	14,146			16,459.51			-			-		
16	Personnel Subtotal			325,332			378,532			-			-		
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			5,933			8,301			-			-		
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	Fresno County Department of Public Health, 1221 Fulton Mall, 4th floor, Fresno, CA 93721. Costs cover the facilities charged by square footage and assigned phone lines. Telephones (\$1,717), facility operation/maintenance services (\$4,991), household expenses (\$1,000), utilities (\$4,611), and security/alarm (\$1,915). These are all Internal Service Funds charges. General Services Administration provides base amount for the department. Nurse Liaison staff account for approximately 0.50 ea. ft.														
22	B. Operational/Supplies			3,250			1,750			-			-		
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 (\$2,500) and postage (\$500). Medical supplies for PHNs to use during home visits (\$2,400).														
25	C. Training/Travel			4,913			6,875			-			-		
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 trainings (\$1,000). Staff private auto mileage reimbursement at a rate of \$0.545 per mile (\$2,200). County vehicle maintenance/usage/garage (\$8,588).														
28	Operating Expenses Subtotal			14,096			16,926			-			-		
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			5,332			-			-			-		
32	Subtotal			5,332			-			-			-		
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	Forms, pamphlets educational materials (books for children) to evaluate, educate and foster physical/mental/social growth in Nurse Liaison clients.						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.)														



Children Families Commission of Fresno County
Service Provider Budget

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	9,000	-	-	-
44	Estimated costs for interpreters/translators who provide services for various languages through a Countywide contract. Interpreting services at a rate of \$40.00 per hour.		Narrative/Justification –	Narrative/Justification –	Narrative/Justification –
50	Program Totals	353,760	395,458	-	-
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%	48,800	56,780	
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 allocation.		Narrative/Justification –		Narrative/Justification –
55	Total Proposed Budget	402,560	452,238	-	-

1	Agency Name:	County of Fresno, Department of Public Health	Contract Term:	07/01/16-06/30/20
2	Project Name:	Nurse Liaison	Contract Number:	201617-0950
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						
7	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	0.30	29,927	Supervising Public Health Nurse	0.40	40,937			-			-	
9			Public Health Nurse II	0.42	41,402	Public Health Nurse II	0.58	56,945			-			-	
10			Public Health Nurse I	0.38	29,568	Public Health Nurse I	0.62	48,441			-			-	
11			Public Health Nurse I	0.51	41,831	Public Health Nurse I	0.49	37,759			-			-	
12			Public Health Nurse II	0.45	45,001	Public Health Nurse II	0.55	55,284			-			-	
13										-			-		-
14					-			-			-			-	
15	A. Total Salaries & FTE			2.06	187,729		2.64	239,366		-	-		-	-	
16	B. Benefits	68.685%	128,941.66			164,409			-			-			
17	C. Taxes	7.65%	14,361.27			18,311			-			-			
18	Personnel Subtotal		331,032			422,086			-			-			
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		5,366			6,948			-			-			
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	Fresno County Department of Public Health, 1221 Fulton Mall, 4th floor, Fresno, CA 93721. Telephones (\$1,815), facility operation/maintenance services (\$4,600), utilities (\$4,000), and security/alarm (\$1,899). These are all Internal Service Funds charges by square footage and assigned phone lines for the program. General Services Administration provides base amount for the department. Nurse Liaison staff account for approximately 950 sq ft.														
24	B. Operational/Supplies		1,832			818			-			-			
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 (\$1,250) and postage (\$200). Medical supplies for PHNs to use during home visits (\$1,200).														
27	C. Training/Travel		2,832			3,668			-			-			
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 trainings (\$1,000). Staff private auto mileage reimbursement at a rate of \$0.58 per mile (\$2,000). County vehicle maintenance/usage/garage (\$3,500).														
33	Operating Expenses Subtotal		10,030			11,434			-			-			
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		3,929			-			-			-			
37	Subtotal		3,929			-			-			-			
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	Forms, pamphlets, educational materials (books and toys for children) to evaluate, educate and foster physical/mental/social growth in Nurse Liaison clients.					Narrative/Justification for Materials and Supplies			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		5,000			-			-			-			
44	Estimated costs for interpreters/translators who provide services for various languages through a Countywide contract. Interpreting services at a rate of \$40.00 per hour.					Narrative/Justification –			Narrative/Justification –			Narrative/Justification –			
50	Program Totals		349,991			433,520			-			-			
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		0.00%		-	-						Narrative/Justification –			
54									Narrative/Justification –			Narrative/Justification –			
55	Total Proposed Budget		349,991			433,520			-						