

**CALIFORNIA DEPARTMENT OF PUBLIC HEALTH
MATERNAL, CHILD AND ADOLESCENT HEALTH (MCAH) DIVISION**

**FUNDING AGREEMENT PERIOD
FY 2019-2023**

AGENCY INFORMATION FORM

Agencies are required to submit an electronic and signed copy (original signatures only) of this form along with their Annual AFA Package.

Agencies are **required to submit information when updates occur** during the fiscal year. Updated submissions do not require certification signatures.

AGENCY IDENTIFICATION INFORMATION

Any program related information being sent from the CDPH MCAH Division will be directed to all Program Directors.

Please enter the agreement or contract number for each applicable program

CHVP #: CHVP 19-10

Update Effective Date: _____ (only required when submitting updates)

Federal Employer ID#: 94-6000512

FI\$CAL ID#:

Complete Official Agency Name: County of Fresno

Business Address: 1221 Fulton Street, Fresno, CA, 93721

Agency Phone: (559) 600-3330

Agency Fax: (559) 455-4705

Agency Website: www.co.fresno.ca.us

**AGREEMENT FUNDING APPLICATION
POLICY COMPLIANCE AND CERTIFICATION**

Please enter the agreement or contract number for each of the applicable programs

CHVP #: CHVP 19-10

Update Effective Date: _____ (only required when submitting updates)

The undersigned hereby affirms that the statements contained in the Agreement Funding Application (AFA) are true and complete to the best of the applicant's knowledge.

I certify that this Maternal, Child and Adolescent Health (MCAH) program will comply with all applicable provisions of Article 1, Chapter 1, Part 2, Division 106 of the Health and Safety code (commencing with section 123225), Chapters 7 and 8 of the Welfare and Institutions Code (commencing with Sections 14000 and 142), and any applicable rules or regulations promulgated by CDPH pursuant to this article and these Chapters. I further certify that all MCAH related programs will comply with the most current MCAH Policies and Procedures Manual, including but not limited to, Administration. I further certify that the MCAH related programs will comply with all federal laws and regulations governing and regulating recipients of funds granted to states for the California Home Visiting Program (CHVP) pursuant to the Social Security Act, Title V, Section 511 (42 U.S.C. §711), as amended by Section 2951 of the Patient Protection and Affordable Care Act of 2010 (P.L. 111148). Reauthorization and appropriation for FY16 provided through Medicare Access and CHIP Reauthorization Act (P.L. 11410) Social Security Act, Title V, § 511(c) (42 U.S.C. § 711(c)), as amended by the Bipartisan Budget Act of 2018(P.L.115123), Title VI, Subtitle A. program CFDA# 93.870. I further agree that the MCAH related programs may be subject to all sanctions, or other remedies applicable, if the MCAH related program violates any of the above laws, regulations and policies with which it has certified it will comply.

Original signature of official authorized to commit the Agency to a CHVP Agreement

Signature line: 

Name (Print) Ernest Buddy Mendes

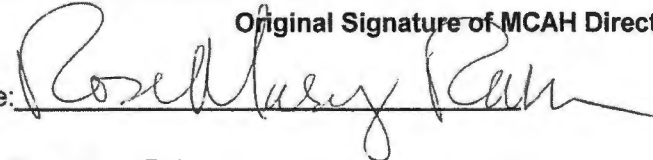
Title Chairman of the Board of Supervisors of the County of Fresno Date 1/7/2020

ATTEST:

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

By 
Deputy

Original Signature of MCAH Director

Signature line: 

Name (Print) Rose Mary Rahn

Title MCAH Director Date 6/24/19

CONTACT			LAST NAME		TITLE		BUDGETS		INVOICES		IF YES SELECTED, SIGN		PHONE	EMAIL ADDRESS	PROGRAM
AGENCY EXECUTIVE DIRECTOR	David	Pomaville			Public Health Director	Yes	Yes						(559) 600-3200	dpomaville@fresnocountyca.gov	CHVP
MCAH DIRECTOR	Rose Mary	Rahn			Division Manager	Yes	Yes						(559) 600-3330	rrahn@fresnocountyca.gov	CHVP
PROJECT COORDINATOR	Jennifer	Day			Supervising PHN	No	No						(559) 600-3330	lday@fresnocountyca.gov	CHVP
FISCAL OFFICER	Bruna	Chavez			Public Health Business Officer	Yes	Yes						(559) 600-3200	bchavez@fresnocountyca.gov	CHVP
FISCAL CONTACT	Aphivanh	Xayavath			Staff Analyst	No	No						(559) 600-3330	axayavath@fresnocountyca.gov	CHVP
CLERK OF THE BOARD or	Bernice	Seidel			Clerk, Board of Supervisors	No	No						(559) 600-1601	bseidel@fresnocountyca.gov	CHVP
CHAIR BOARD OF SUPERVISORS	Nathan	Magsig			Chairman, Board of Supervisors	No	No						(559) 600-5000	District5@fresnocountyca.gov	CHVP
OFFICIAL AUTHORIZED TO COMMIT AGENCY	Nathan	Magsig			Chairman, Board of Supervisors	No	No						(559) 600-5000	District5@fresnocountyca.gov	CHVP

AUTHORIZED TO SIGN?

[Signature]
[Signature]

All payments from CDPH to the Contractor shall be sent to the following address:

REMITTANCE ADDRESS
Federal ID #: 94-6000512
FISCAL ID #:
Contractor: County of Fresno
Attention: DPH Business Manager
Address: PO Box 11800
Contract Number: CHVP 19-10
Email: dphboat@fresnocountyca.gov

Either party may make changes to the information above by giving written notice to the other party.

Said changes shall not require an amendment to this agreement, but will require a new STD204 Payee Data Record or CDPH9083 Government Agency Taxpayer Form.

CHVP Work Plan Timeline

Goals and Measures for September 30, 2019 – September 29, 2023					
Goal 1: Provide leadership and structure for implementation of the California Home Visiting Program (CHVP) at the Local Implementing Agency (LIA)					
#	Objective	Activities	Responsible Party	Start and Completion Dates	Performance/Outcome Measures
Staffing Requirements					
1.1	LIA will ensure Maternal, Child, and Adolescent Health (MCAH) Director and/or designee dedicate no less than 5% Full	(A.) Provide oversight to LIA site managers, supervisors, staff, and various entities on all matters related to the development, implementation, operation, administration, evaluation, and reporting for local implementation of CHVP.	<ul style="list-style-type: none"> MCAH Program Director/Equivalent Designee 	9/30/19 – 9/29/23	<ul style="list-style-type: none"> Submission of Status Report Submission of Staffing Report Submission of Community Advisory Board (CAB) Meeting Materials Submission of Invoices

Effective July 1, 2019

CHVP Work Plan Timeline

	Time Equivalent (FTE) and no more than 15% FTE on the CHVP budget and staffing reports.	<p>(B.) Attend monthly MCAH and quarterly CHVP Directors calls. Participate in ongoing local community stakeholder groups, site visits, meetings, and/or conferences as directed.</p> <p>Note: If the LIA has a subcontractor, an LIA representative from the Department of Public Health must be present during entire site visit.</p>	<ul style="list-style-type: none"> • MCAH Program Director/Equivalent Designee 	9/30/19 – 9/29/23	<ul style="list-style-type: none"> • Submission of Status Report • Submission of CAB Meeting materials
1.2	LIA will implement home visiting programs using culturally proficient practices.	(A.) Participate in opportunities designed to enhance cultural sensitivity through webinars, trainings, and/or conferences.	<ul style="list-style-type: none"> • Supervising Public Health Nurse (SPHN) or Program Manager • Home Visitors 	9/30/19 – 9/29/23	<ul style="list-style-type: none"> • Submission of Training Log
		(B.) Recruit and hire staff that reflect the community served and/or speak the language of participants when possible.	<ul style="list-style-type: none"> • SPHN or Program Manager • Home Visitors 	9/30/19 – 9/29/23	<ul style="list-style-type: none"> • Submission of Staffing Report • Submission of Status Report
1.3	LIA will hire, train, and retain staff to comply with selected	(A.) Participate in required trainings as related to screening tools, health assessments,	<ul style="list-style-type: none"> • SPHN or Program Manager • Home Visitors 	9/30/19 – 9/29/23	<ul style="list-style-type: none"> • Submission of Training Log • Submission of Training Plan

Effective July 1, 2019

CHVP Work Plan Timeline

	home visiting model requirements and CHVP policies and procedures.	reflective supervision, data collection tools and software.			
		(B.) Maintain full staffing capacity to serve home visiting program participants and adhere to the specific model-based guidelines.	<ul style="list-style-type: none">• SPHN or Program Manager	9/30/19 – 9/29/23	<ul style="list-style-type: none">• Submission of Staffing Report
Program Requirements					
1.4	LIA will reach and maintain negotiated Maximum Caseload Capacity (MCC).	(A.) Develop and sustain relationships with appropriate agencies to obtain home visiting participant referrals.	<ul style="list-style-type: none">• MCAH Director/ Equivalent Designee• SPHN or Program Manager	9/30/19 – 9/29/23	<ul style="list-style-type: none">• Outreach activities listed on NFP or HFA Referrals Tracking Log
		(B.) Develop a Referral Triage Plan process for incoming home visiting participants.	<ul style="list-style-type: none">• SPHN or Program Manager	9/30/19 – 9/29/23	<ul style="list-style-type: none">• Production and submission of Referral Triage Plan outlining referral process (flow chart, logic model, narrative, etc.)

Effective July 1, 2019

CHVP Work Plan Timeline

		(C.) Home visitors funded at or above 25% FTE will maintain and monitor caseloads (referrals and dismissals) and provide data for all participants.	<ul style="list-style-type: none"> • SPHN or Program Manager 	9/30/19 – 9/29/23	<ul style="list-style-type: none"> • Sustain minimum of 85% MCC on Monthly Caseload Report • If below 85% MCC, submission of Performance Improvement Plan (PIP)
1.5	LIA will ensure selected home visiting model fidelity and quality assurance.	(A.) Implement NFP and HFA model requirements in accordance with the NFP Model Elements or the HFA Best Practice Standards.	<ul style="list-style-type: none"> • MCAH Director/ Equivalent Designee • SPHN or Program Manager 	9/30/19 – 9/29/23	<ul style="list-style-type: none"> • Submission of accreditation reports and/or proof of application for affiliation •
1.6	LIA will develop and implement home visiting policies and procedures.	(A.) Conduct an annual review of LIA policies and procedures and update as needed.	<ul style="list-style-type: none"> • MCAH Director/ Equivalent Designee • SPHN or Program Manager 	9/30/19 – 9/29/23	<ul style="list-style-type: none"> • Submission of policies in Status Report • Completion of policies and procedures questions on Status Report
		(B.) Conduct an annual review of CHVP policies and procedures.	<ul style="list-style-type: none"> • MCAH Director/ Equivalent Designee • SPHN or Program Manager 	9/30/19 – 9/29/23	<ul style="list-style-type: none"> • Completion of policies and procedures questions on Status Report
1.7	LIA will accurately collect and submit	(A.) Implement <i>CHVP Guidance 400-10 Required Screening and Assessment Tools</i> into home visiting practice.	<ul style="list-style-type: none"> • SPHN or Program Manager 	9/30/19 – 9/29/23	<ul style="list-style-type: none"> • Submission of timely and accurate data

Effective July 1, 2019

CHVP Work Plan Timeline

	participant data using selected home visiting model and CHVP-required documents.	(B.) Adhere to <i>CHVP Policy 600-10 Data Collection and Standardization</i> procedures.	<ul style="list-style-type: none">• SPHN or Program Manager	9/30/19 – 9/29/23	<ul style="list-style-type: none">• Submission of timely and accurate data
		(C.) Comply with NFP Quality Framework and NFP Quality Tools or CHVP HFA Data Collection Manual.	<ul style="list-style-type: none">• SPHN or Program Manager	9/30/19 – 9/29/23	<ul style="list-style-type: none">• Submission of timely and accurate data
Continuous Quality Improvement (CQI) Requirements					
1.8	LIA will conduct CQI projects and activities that align with CHVP program improvement goals.	(A.) Participate in quality improvement activities as directed by CHVP.	<ul style="list-style-type: none">• SPHN or Program Manager	9/30/19 – 9/29/23	<ul style="list-style-type: none">• Participation in Quarterly Technical Assistance (TA) calls• Submission of CQI plans, data, and information as requested by CHVP
		(B.) Utilize the CAB to inform and address quality improvement projects and decisions.	<ul style="list-style-type: none">• SPHN or Program Manager	9/30/19 – 9/29/23	<ul style="list-style-type: none">• Completion of CAB involvement in CQI efforts in Status Reports or as requested
		(C.) Utilize data to inform and improve program activities.	<ul style="list-style-type: none">• SPHN or Program Manager	9/30/19 – 9/29/23	<ul style="list-style-type: none">• Submission of CQI plans, data, and information as requested by CHVP• Completion of CQI questions on Status Report

Effective July 1, 2019

CHVP Work Plan Timeline

1.9	LIA will participate in the CHVP 2020 Conference.	(A.) Travel to and attend the CHVP 2020 Conference.	<ul style="list-style-type: none"> Attendees To Be Determined 	9/30/19 – 9/29/23	<ul style="list-style-type: none"> Completion of post conference survey
Goal 2: Collaborate with Local Early Childhood System Partners					
#	Objective	Activities	Responsible Party		Performance/Outcome Measures
2.1	LIA will collaborate with local early childhood system partners.	(A.) Collaborate with local early childhood system partners to provide a continuum of services.	<ul style="list-style-type: none"> MCAH Director/ Equivalent Designee SPHN or Program Manager 	9/30/19 – 9/29/23	<ul style="list-style-type: none"> Completion of CHVP-required systems level data collection surveys or reports
2.2	LIA will maintain a CAB.	(A.) Coordinate quarterly CAB meetings for the purpose of establishing appropriate linkages to referral/service systems and other community supports, including statewide and local early childhood partners.	<ul style="list-style-type: none"> MCAH Director/ Equivalent Designee SPHN or Program Manager 	9/30/19 – 9/29/23	<ul style="list-style-type: none"> Submission of CAB Meeting Materials (CAB Roster, Agenda, and Minutes) with Status Report Completion of CHVP-required systems level data collection surveys or reports

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CHVP Work Plan Timeline

2.3	LIA will pursue, develop, and maintain relationships with local service agencies, hospitals, and referral resources to facilitate the coordination of services and recruit participants.	(A.) Develop Memorandum of Understanding (MOU) agreements and/or informal written agreements (e.g., letters of support) with community agencies and service providers.	<ul style="list-style-type: none"> • MCAH Director/ Equivalent Designee • SPHN or Program Manager 	9/30/19 – 9/29/23	<ul style="list-style-type: none"> • Submission of formal or informal agreements with community agencies and services providers with Status Report • Submission of Annual CHVP Service Provider Survey • Submission of Outreach Log
Goal 3: Collect data for federal reporting requirements					
#	Objective	Activities	Responsible Party		Performance/Outcome Measures
3.1	LIA will collect and submit all information required for	(A.) On an ongoing basis, complete all model issued forms and assessment tools entirely. Forms and assessment tools are defined by CHVP and respective	<ul style="list-style-type: none"> • SPHN or Program Manager • Home Visitors • Data Clerk 	9/30/19 – 9/29/23	Submission of data for the following federal reports:

Effective July 1, 2019

CHVP Work Plan Timeline

	HRSA/MIECHV reporting.	model issued data collection manual(s).			<ul style="list-style-type: none"> • Demographic, Service Utilization, and Select Clinical Indicators (Form 1)
		(B.) Collect federally required priority population data for all participants served on an annual basis, entered directly into the data system (HFA) or collected and data aggregated into a CHVP-provided Excel spreadsheet (NFP).	<ul style="list-style-type: none"> • SPHN or Program Manager • Data Clerk 	9/30/19 – 9/29/23	<ul style="list-style-type: none"> • Performance Indicators and Systems Outcomes (Form 2) • Quarterly Performance Report (Form 4) • Submission of NFP Priority Population Survey on Status Reports
3.2	LIA will maintain clean and compliant data for all home visiting activities	(A.) Ensure accuracy and completeness of data input into designated data systems using data quality reports and monitoring.	<ul style="list-style-type: none"> • SPHN or Program Manager • Home Visitors • Data Clerk 	9/30/19 – 9/29/23	<ul style="list-style-type: none"> • Demonstrated compliance with data-related policies and program quality measures • Evidence of data cleaning on a monthly and quarterly basis using the CHVP data cleaning schedule (HFA) or model supplied data exception reports (NFP)

Effective July 1, 2019

CHVP Work Plan Timeline

	and participants.	(B.) Collect and enter the participant data into secure and designated data system within seven working days of data collection and as required by NFP or HFA models.	<ul style="list-style-type: none"> • Home Visitors • Data Clerk 	9/30/19 – 9/29/23	<ul style="list-style-type: none"> • Evidence of data cleaning on a monthly and quarterly basis using the CHVP data cleaning schedule • Evidence of data submission within seven working days of data collection • Evidence of signed participant consent forms
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Effective July 1, 2019

CHVP Work Plan Timeline

Program, Data, and Evaluation Required Reports (Monitoring Channels)	Frequency
<ol style="list-style-type: none"> 1. Priority Population Survey 2. CHVP Service Provider Survey 3. Outreach Log 4. Performance Improvement Plan (Below 85% MCC Action Plan) 5. Staffing Reports 6. CAB Meeting Materials – Minutes and Agendas 7. CAB Roster 8. Status Reports (Includes: Training Log, Training Plan, Formal and Informal Agreements, and Referral Tracking Log Progress) 9. Policies and procedures 10. Referral Triage Plan 11. HFA Accreditation Report (if applicable) 12. Fiscal Invoices 13. CQI Plan (if applicable) 	<ol style="list-style-type: none"> 1. Biannually 2. Annually 3. Biennially 4. Monthly Review 5. Quarterly 6. Biannually 7. Annually 8. Biannually 9. Annually 10. Annually 11. Upon Completion 12. Quarterly 13. Annually

Effective July 1, 2019

ORIGINAL BUDGET

BUDGET SUMMARY

FISCAL YEAR	BUDGET	INVOICE TYPE	BUDGET STATUS	BALANCE
2019-2020	ORIGINAL	QUARTERLY	ACTIVE	

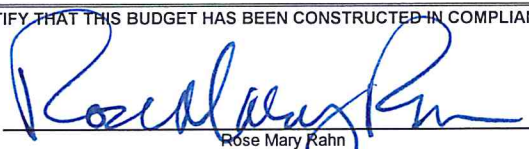
Rev 10/29/18

PURPOSE:	California Home Visiting Program	FUNDING SOURCE, PCA	FUNDING SOURCE, PCA	FUNDING SOURCE, PCA	FUNDING SOURCE, PCA
CONTRACTOR:	County of Fresno				
AGREEMENT #:	CHVP 19-10	(2)	(3)	(4)	(5)
SUBK:		(6)	(7)	(8)	(9)
	TOTAL FUNDING	%	\$	%	\$
	FUNDING TOTALS	806,895	806,895		

EXPENSE CATEGORY									
PERSONNEL	\$426,172	100.00%	\$426,172						
FRINGE BENEFITS	\$326,472	100.00%	\$326,472						
OPERATING	\$37,755	100.00%	\$37,755						
EQUIPMENT									
TRAVEL	\$11,496	100.00%	\$11,496						
SUBCONTRACTS									
OTHER COSTS	\$5,000	100.00%	\$5,000						
INDIRECT COST									
BUDGET TOTALS	\$806,895	100.00%	\$806,895						
BALANCES	=====>								

Maximum Amount Payable:	\$806,895
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I CERTIFY THAT THIS BUDGET HAS BEEN CONSTRUCTED IN COMPLIANCE WITH ALL MCAH ADMINISTRATIVE AND PROGRAM POLICIES.

Signature over  DATE 9-26-19

Printed Name Rose Mary Rahn
Click to Select Title

State Use Only	FUNDING SOURCE						
	PCA CODE						
PERSONNEL		426,172					
FRINGE BENEFITS		326,472					
OPERATING		37,755					
EQUIPMENT							
TRAVEL		11,496					
SUBCONTRACTS							
OTHER COSTS		5,000					
INDIRECT COST							
Totals for PCA Codes	806,895	806,895					

ORIGINAL BUDGET

PURPOSE:	California Home Visiting Program		FUNDING SOURCE, PCA		FUNDING SOURCE, PCA		FUNDING SOURCE, PCA		FUNDING SOURCE, PCA	
CONTRACTOR:	County of Fresno									
AGREEMENT #:	CHVP 19-10		(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
SUBK:		TOTAL FUNDING	%	\$	%	\$	%	\$	%	\$
FUNDING TOTALS		806,895		806,895						

EXPENSE CATEGORY										
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PERSONNEL						RECONCILIATION SECTION (Remaining Funds)				
TOTAL PERSONNEL COSTS						100.00%	426,172			
TOTAL WAGES							426,172			
	INITIALS	TITLE OR CLASS.	FTE %	ANNUAL SALARY	TOTAL WAGES					
1	RR	MCAH Director/Division Manager (In-kind)	15%							
2	JD	Supervising Public Health Nurse	75%	136,043	102,032	100.00%	102,032			
3	SH	Public Health Nurse I	100.0%	96,711	96,711	100.00%	96,711			
4	CD	Public Health Nurse I	100%	103,180	103,180	100.00%	103,180			
5	ST	Public Health Nurse II	100.000%	124,249	124,249	100.00%	124,249			
6	GT	Office Assistant III (In-kind)	100.000%							
7										
8										
9										
10										
11										
12										
13										
14										
15										

FRINGE BENEFITS				RECONCILIATION SECTION (Remaining Funds)						
TOTAL FRINGE BENEFITS				100.00%	326,472					
					326,472					

OPERATING				RECONCILIATION SECTION (Remaining Funds)						
TOTAL OPERATING EXPENSES				100.00%	37,755					
					37,755					
1	Training		7,736	100.00%	7,736					
2	Communications		1,516	100.00%	1,516					
3	Utilities/Equipment/Maintenance		971	100.00%	971					
4	Office Supplies		1,500	100.00%	1,500					
5	Postage		20	100.00%	20					
6	Printing		1,800	100.00%	1,800					
7	Rents & Leases		6,218	100.00%	6,218					
8	Nurse-Family Partnership, Inc.		17,994	100.00%	17,994					
9										
10										

ORIGINAL BUDGET

PURPOSE:	California Home Visiting Program		FUNDING SOURCE, PCA		FUNDING SOURCE, PCA		FUNDING SOURCE, PCA		FUNDING SOURCE, PCA	
CONTRACTOR:	County of Fresno									
AGREEMENT #:	CHVP 19-10		(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
SUBK:		TOTAL FUNDING	%	\$	%	\$	%	\$	%	\$
FUNDING TOTALS		806,895		806,895						

EXPENSE CATEGORY										
EQUIPMENT		RECONCILIATION SECTION (Remaining Funds)								
TOTAL EQUIPMENT EXPENSES										
1										
2										
3										
4										
5										

TRAVEL		RECONCILIATION SECTION (Remaining Funds)								
TOTAL TRAVEL EXPENSES		11,496	100.00%	11,496						
1	Travel	9,796	100.00%	9,796						
2	CHVP 2020 Conference	1,700	100.00%	1,700						
3										
4										
5										

SUBCONTRACTS		RECONCILIATION SECTION (Remaining Funds)								
TOTAL SUBCONTRACT EXPENSES										
1										
2										
3										
4										
5										

OTHER COSTS		RECONCILIATION SECTION (Remaining Funds)								
TOTAL OTHER COSTS		5,000	100.00%	5,000						
1	Books & Publications	3,000	100.00%	3,000						
2	Client Support Materials	2,000	100.00%	2,000						
3										
4										
5										

INDIRECT COST		RECONCILIATION SECTION (Remaining Funds)								
TOTAL INDIRECT COSTS										
of Total Personnel and Benefits										

**Agreement Funding Application Between the County of Fresno and the
California Department of Public Health**

Agreement Name: CDPH California Home Visiting Program Grant Agreement No.
CHVP 19-10

Fund/Subclass:	0001/10000
Organization #:	56201718
Revenue Account #:	4382



SUSAN FANELLI
Acting Director

State of California—Health and Human Services Agency
California Department of Public Health



GAVIN NEWSOM
Governor

September 9, 2019

Rose Mary Rahn
MCAH Director
County of Fresno
1221 Fulton Street
Fresno, CA 93721

Dear Ms. Rahn:

APPROVAL OF AGREEMENT FUNDING APPLICATION (AFA) FOR AGREEMENT
CALIFORNIA HOME VISITING PROGRAM (CHVP) 19-10 – FISCAL YEAR 2019-20

The California Department of Public Health, Maternal, Child and Adolescent Health (CDPH/MCAH) Division approves your Agency's AFA, for MCAH related programs.

To carry out the program(s) outlined in your SOW(s) and Budget(s), during the period of July 1, 2019 through September 30, 2020, the CDPH/MCAH Division will reimburse expenditures up to the following amounts:

California Home Visiting Program.....\$806,895

The availability of Maternal Infant and Early Childhood Home Visiting (MIECHV) funds are based upon funds appropriated in the FY 2019-20 Budget Act. Reimbursement of invoices is subject to compliance with all federal and state requirements pertaining to the CDPH/MCAH related programs and adherence to all applicable regulations, policies and procedures. Your Agency agrees to invoice actual and documented expenditures and to follow all the conditions of compliance stated in the current CDPH/CHVP Program and Fiscal Policies and Procedures manuals, including the ability to substantiate all funds claimed.

Caseload Requirements: Your Maximum Caseload Capacity is 75. All sites must maintain at least 85% of their MCC.

Please ensure that all necessary individuals within your Agency are notified of this approval and that the approved AFA documents are carefully reviewed. This approval letter constitutes a binding agreement. If any of the information contained in your



approved Budget is incorrect or different from that negotiated, please contact your contract manager Michael Neff at (916) 341-6726 or by e-mail at michael.neff@cdph.ca.gov within 14 calendar days from the date of this letter. Non-response constitutes acceptance of your approved AFA documents.

Sincerely,



Romeo Amian
Assistant Division Chief
Maternal, Child and Adolescent Health Division

cc: Rose Mary Rahn
MCAH Director

Michael Neff
Contract Manager

Sosha Marasigan-Quintero
CHVP Program Consultant

Central File