

Amendment III to
Services Agreement
Fiscal Year 2020/2021

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 III Contract Number: 201617-0954

Recitals

A. Commission and Contractor are parties to that certain Services Agreement (the "Agreement"), dated December 23, 2016, the Term of which is from July 1, 2016 to June 30, 2018 (the "Original Term"). Commission and Contractor are also parties to Amendment I, dated August 28, 2018, and Amendment II to the Agreement, dated October 23, 2019, extending the Term of the Agreement to June 30, 2020.

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 III to Services Agreement (this "Amendment III") shall have the meanings provided for in the Agreement unless otherwise specified in this Amendment III.

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

1. Term. This Amendment III is made effective as of July 1, 2020 (the "Effective Date"). The Term of the Agreement is extended until June 30, 2021, unless terminated earlier under the Agreement (the "Term") or as specified in this Amendment III to the contrary.
2. Amendment to Section 2.1. Effective as of July 1, 2020, **Exhibit A** will be replaced with the **Exhibit A**, "Scope of Work (2020-2021 Fiscal Year)" attached to this Amendment III and incorporated herein by this reference. As of July 1, 2020, 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 is based on actual costs as described in **Exhibit B**. Compensation for the Services will in no event exceed the total amount of \$1,037,186 (the "Contract Amount"). The Contract Amount includes compensation for Services remaining under the original term of the Agreement, as well as the Services to be performed under the Term, as defined in this Amendment III. Compensation for Services provided prior to July 1, 2020 shall be in accordance with the original Agreement, Amendment I, and 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 III and the Agreement, the terms of this Amendment III shall control. Except as amended by this Amendment III, 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 III, 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 III 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 III include the plural as well as the singular number, and vice versa; words used in this Amendment III in the present tense include the future as well as the present; and words used in this Amendment III in the masculine gender include the feminine and neuter genders, whenever the context so requires. No provision of this Amendment III will be interpreted for or against a Party because that Party or its legal representative drafted the provision, and this Amendment III will be construed as if jointly prepared by the Parties.

8. Counterparts. This Amendment III 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 III 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 III.

10. Electronic Signatures. Each Party acknowledges and agrees that this Amendment III may also be executed by electronic signature, which shall be considered as an original signature for all purposes and shall have the same force and effect as an original signature. Without limitation, "electronic signature" shall include faxed versions of an original signature, electronically scanned and transmitted versions of an original signature, or an "e-signed" document (e.g. DocuSign).

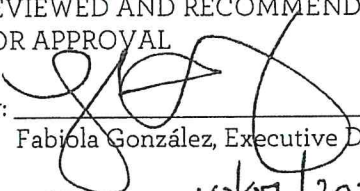
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Signatures

COMMISSION

CHILDREN AND FAMILIES COMMISSION
OF FRESNO COUNTY

REVIEWED AND RECOMMENDED
FOR APPROVAL

By: 
Fabiola González, Executive Director

Date of Signature: 10/07/2020

APPROVED AS TO LEGAL FORM

By: 
Kenneth Price, Legal Counsel

Date of Signature: 10/08/2020

By: 
Brian Pacheco, Commission Chair

Date of Signature: 10-14-20

CONTRACTOR

COUNTY OF FRESNO, DEPARTMENT OF
PUBLIC HEALTH

By: 
Authorized Representative

Date of Signature: 9-1-2020

Name: Ernest Buddy Mendes
Chairman of the Board of Supervisors of
Title: 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

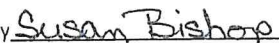
By:  Deputy

EXHIBIT A

Scope of Work (2020-2021 Fiscal Year)

A. Face Sheet

Agency Name: County of Fresno, Department of Public Health		Contract Number: 201617-0954	
		Project ID Number: 0954-17	
Project Name: Nurse-Family Partnership		GL: 10-8504-00	100 %
Agency Address: 1221 Fulton Street, 4th Floor, Fresno, CA 93721		Start date/End date: 07/01/2016-06/30/2021	
		Contract amount: \$1,037,186	FY 16-17: \$190,412 FY 17-18: \$195,756 FY 18-19: \$215,126 FY 19-20: \$225,643 FY 20-21: \$210,249
		Other Project Funding: \$ 797,365	
BOS District: 3		Agency phone #: 559-600-3330	
Website: www.fcdph.org			
Project Description: Briefly address what F5FC is funding and why. If applicable, describe the goals/outcomes. This may 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: Liliana Salcedo			
Program Contact (Person who runs day to day program operations/supervisor/coordinator/manager)			
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)			
Name: Michael Chu		Title: Accountant	
E-mail: mchu@fresnocountyca.gov		Phone #: 559-600-6426	
Notice Contact (Person who has legal authority to sign contract)			
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.)	
Name: Lorraine Hardy	Title: Supervising Public Health Nurse
E-mail: hardyl@fresnocountyca.gov	Phone #: 559-600-3330

Direct Services Face Sheet & Scope of Work

Program Contact	
(Person responsible for entering data)	
Name: Sophia Rodriguez	Title: Office Assistant III
E-mail: SXRodriguez@fresnocountyca.gov	Phone #: 559-600-3330
Program Contact	
(Person responsible for entering data)	
Name: Valerie Wells	Title: Supervising Office Assistant
E-mail: vwells@fresnocountyca.gov	Phone #: 559-600-3330
Program Contact	
(Person responsible for entering data)	
Name: Diana Colin	Title: Office Assistant III
E-mail: dcolin@fresnocountyca.gov	Phone #: 559-600-3330
Program Contact	
(Person responsible for entering data)	
Name: Linda Willome	Title: Office Assistant III
E-mail: lwillome@fresnocountyca.gov	Phone #: 559-600-3330
Program Contact	
(Person responsible for entering data)	
Name: Christina Wyrick	Title: Program Technician
E-mail: clmoreno@fresnocountyca.gov	Phone #: 559-600-3330
Program Contact	
(Person responsible for entering data)	
Name: Martin Basulto	Title: Office Assistant
E-mail: mbasulto@fresnocountyca.gov	Phone #: 559-600-3330
Program Contact	
(Person responsible for entering data)	
Name: Martha Garcia	Title: Office Assistant III
E-mail: marthagarcia@fresnocountyca.gov	Phone #: 559-600-3330
Program Contact	
(Person responsible for entering data)	
Name: Lorraine Hardy	Title: Supervising Public Health Nurse
E-mail: hardyl@fresnocountyca.gov	Phone #: 559-600-3330

Financial Contact	
(Person responsible for entering financial information)	
Name: Michael Chu	Title: Accountant
E-mail: mchu@fresnocountyca.gov	Phone #: 559-600-6426
Financial Contact	
(Person responsible for approving financial information)	
Name: Lorraine Hardy	Title: Supervising Public Health Nurse
E-mail: hardyl@fresnocountyca.gov	Phone #: 559-600-3330
Financial Contact	
(Person responsible for approving financial information)	
Name: Aphivanh (Aphi) Xayavath	Title: Staff Analyst
E-mail: axayavath@fresnocountyca.gov	Phone #: 559-600-3330

Agency Service Locations:

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:

Investment Area of F5FC Strategic Plan	Percent of Funding		
Families	100%		
Strategy per F5FC Strategic Plan	Percent of Funding		
Skill Building	100%		
State Result Area/Outcome	State Service Area	Percent of Clients	Percent of Funding
3. Improved Child Health	Early Intervention	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 the contract management database and not family relationships. Include all client level and aggregate clients included in sections C and D.*

Type of Client	Total # of Clients
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
County Wide	82
Total:	82

Geographical Location of Clients to be Served	Total # of Clients	Percent Urban (%)	Percent Rural (%)
	FY2021	FY2021	FY2021
Countywide	82	90%	10%

C. Outputs: Services and Contacts

All services listed in section D are required to be entered in the reporting databases system on a monthly basis, refer to the Funded Partner 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. Please note, total unduplicated number of clients are captured per deliverable. Quarterly breakdown of clients may overlap.

Service Type	Core Client Type	Core Client Target # (Expected # of clients receiving service)	Frequency	Verification Method
		FY2021		
Parent partnership home visit ¹	Parent	Total: 45 Q1: 40 Q2: 40 Q3: 40 Q4: 40	Frequency varies, please see endnotes	Service log
ASQ	Child	Total: 37 Q1: 6 Q2: 9 Q3: 10 Q4: 12	Annually within 90 days of enrollment ²	ASQ/ASQ:SE
ASQ:SE	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	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	Parent	Total: 15 Q1: 10 Q2: 10 Q3: 10 Q4: 10	Frequency varies, please see endnotes	Other - complete copy of PHQ9
Developmental referral	Child	Total: 1 Q1: 0 Q2: 0 Q3: 1 Q4: 0	As needed	Service log
Other referral ⁶	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

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 Reporting Database System 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 reporting database system. **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

Data Reporting System 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	FY2021
Contract Manager Approved	4/19/16	6/20/17	4/27/18	3/29/19	6/01/20
Strategies Reviewed & Approved by Program & Evaluation Director	4/19/16	6/23/17	N/A	N/A	6/11/20

Agency name:	County of Fresno Department of Public Health	Contract number:	201617-0954
Program name:	Nurse-Family Partnership	Contract amount:	\$1,037,186

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. The Nurse-Family Partnership model integrated a telehealth visit option in 2017 to increase client retention. Telehealth visits are incorporated in addition to in-person visits for clients who have returned to work or school. All client services are documented per NFP Telehealth Guidelines.

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 (2020-2021 Fiscal Year)

1	Agency Name:	County of Fresno, Department of Public Health	Contract Term:	07/01/2016-06/30/2021
2	Project Name:	Nurse-Family Partnership	Contract Number:	201617-0954

4				A			B			C			D			
YEAR 5																
First 5 Amounts				Leveraged			Select Other Funding Source:			Select Other Funding Source:						
07/01/20-6/30/21				07/01/20-6/30/21			07/01/19-6/30/21			07/01/19-6/30/21						
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	0.08	9,670	Supervising Public Health Nurse	0.07	8,593			-			-	
7				Public Health Nurse I	0.50	38,504	Public Health Nurse I	0.50	38,867							
8				Public Health Nurse II	0.57	57,418	Public Health Nurse II	0.43	42,896							
9																
10																
11																
12	A. Total Salaries & FTE				1.15	105,592		1.00	90,356		-	-		-	-	
13	B. Benefits		75.411%	79,628			68,138			-			-			
14	C. Taxes		7.65%	8,078			6,912			-			-			
15	Personnel Subtotal			193,298			165,407			-			-			
16	Justification of Benefits and Taxes:			Estimated benefits rates reflect Unemployment Insurance (.002068), Retirement (.572-.7077), OASDI (.0765), Health Insurance (\$8,943-\$11,941 per FTE per year) and Benefits Administration (\$113 per FTE per year).												
17	II. Operating Expenses															
18	A. Facilities Costs			517			453			-			-			
19	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															
20	Telephone communication costs used by program staff (\$970). Rate provided by Fresno County Department of Internal Services and is based on the type of device used.															
21	B. Operational/Supplies			1,840			980			-			-			
22	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															
23	General office supplies such as paper, pencils, envelopes and filing supplies (\$2,000); postage (\$40); and printing (\$60). Medical supplies for PHNs to use during home visits (\$720).															
24	C. Training/Travel			1,333			1,167			-			-			
25	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															
26	Fees for staff to attend local meetings, conferences, and training (\$500). Staff private auto mileage reimbursement at a rate of \$0.575 per mile (\$2,000).															
27	Operating Expenses Subtotal			3,690			2,600			-			-			
28	III. Program Expenses															
29	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).												
30	A. Materials and Supplies			3,346			-			-			-			
31	Subtotal			3,346			-			-			-			
32	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.															
33	Books and publications (\$1,346). Forms, pamphlets, educational materials to evaluate and assist NFP clients (\$2,000).															
34	Narrative/Justification for Materials and Supplies															
35	Narrative/Justification for Materials and Supplies															
36	Narrative/Justification for Materials and Supplies															
37	IV. Professional Services (Contracts, MOU's, Sub agreements, etc.)															
38	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.												
39	Subtotal			250			-			-			-			
40	Estimated costs for interpreters/translators who provide services for various languages through a Countywide contract.															
41	Program Totals			200,584			168,007			-			-			
42	VI. Indirect (= Program Totals - Equipment x Percentage of Indirect)															
43	Instructional Information			In the Narrative/Justification box explain these costs, how they will support/benefit the program, and how the percentage was determined.												
44	A. Indirect Rate			5.00%			9,665			8,270						
45	Fresno County Department of Public Health's indirect cost rate is 22.674% 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.															
46	Total Proposed Budget			210,249			176,277			-			-			

**FIRST 5 FRESNO COUNTY
Direct Service Budget**

Agency Name:	County of Fresno, Department of Public Health
Project Name:	Nurse-Family Partnership
Contract Term:	07/01/2016-06/30/2021
Contract Number:	201617-0954
Submission Date:	5/12/2020
Prepared by:	Aphivanh Xayavath
Title:	Staff Analyst III

	A	B	C	E	E	
	Year 1 Actuals	Year 2 Actuals	Year 3 Actuals	Year 4 Budget	Year 5 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	07/01/20-06/30/21	

Category

I. Personnel

A. Salaries	88,041	78,654	97,895	99,574	105,592	469,756
B. Benefits	62,417	65,606	73,083	70,989	79,628	351,723
C. Taxes	6,812	5,696	7,210	7,617	8,078	35,413
Total Personnel	157,270	149,956	178,188	178,181	193,298	856,893

II. Operating Expenses

A. Facilities Costs	434	444	473	470	517	2,338
B. Operational/Supplies	2,018	1,652	1,978	3,000	1,840	10,488
C. Training/Travel	4,449	1,129	2,315	1,287	1,333	10,513
Total Operating Expenses	6,901	3,225	4,766	4,757	3,690	23,339

III. Program Expenses

A. Materials and Supplies	3,519	3,302	5,443	17,153	3,346	32,763
Total Program Expenses	3,519	3,302	5,443	17,153	3,346	32,763

IV. Professional Services	0	0	0.00	250	250	500
VI. Indirect Costs	22,722	39,273	26,729	25,302	9,665	123,691

Total Program	190,412	195,756	215,126	225,643	210,249	1,037,186
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	Year 1 Actuals	Year 2 Actuals	Year 3 Actuals	Year 4 Budget	Year 5 Budget	Total Other Funding
VII. Other Funding						
A. Leveraged	166,680	39,273	229,662	185,473	176,277	797,365
B. Other Funding Source:	-	-	-	-	-	-
C. Other Funding Source:	-	-	-	-	-	-
Total Other Funding	166,680	39,273	229,662	185,473	176,277	797,365

Children and Families Commission of Fresno County

Name/No.: NURSE-FAMILY PARTNERSHIP (NFP) Amendment III to
Agreement 201617-0954 (#A-16-683).

Fund/Subclass:	0001/10000
Organization #:	56201719
Revenue Account #:	3530