

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: 201617-0950

Amendment III Contract Number: 201617-0950

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 aggregate amount of \$1,783,291 (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).

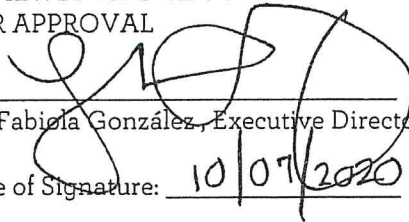
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Signatures

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: Susan Bishop Deputy

EXHIBIT A

Scope of Work (2020-2021 Fiscal Year)

A. Face Sheet

Agency Name: County of Fresno, Department of Public Health		Contract Number: 201617-0950	
		Project ID Number: 0950-17	
Project Name: Nurse Liaison		GL: 10-8518-00	100 %
		Start date/End date: 07/01/2016-06/30/2021	
Agency Address: 1221 Fulton Street, Fresno, CA 93721		Contract amount: \$1,783,291	FY 16-17: \$312,617 FY 17-18: \$323,762 FY 18-19: \$368,412 FY 19-20: \$384,139 FY 20-21: \$394,361
		Other Project Funding: \$ 2,178,731	
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.			
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.			
F5FC Contract Manager: Liliana Salcedo			
Program Contact (Person who runs day to day program operations/supervisor/coordinator/manager)			
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)			
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: Megan Gunn	Title: Supervising Public Health Nurse
E-mail: mgunn@fresnocountyca.gov	Phone #: 559-600-3330
Program Contact	
(Person responsible for entering data)	
Name: Megan Gunn	Title: Supervising Public Health Nurse
E-mail: mgunn@fresnocountyca.gov	Phone #: 559-600-3330
Program Contact	
(Person responsible for entering data)	
Name: Christina Wyrick	Title: Program Technician
E-mail: cwyrick@fresnocountyca.gov	Phone #: 559-600-6347
Program Contact	
(Person responsible for approving submission of data)	
Name: Megan Gunn	Title: Supervising Public Health Nurse
E-mail: mgunn@fresnocountyca.gov	Phone #: 559-600-3330
Finance Contact	
(Person responsible for entering financial information)	
Name: Michael Chu	Title: Accountant
E-mail: mchu@fresnocountyca.gov	Phone #: 559-600-6426
Finance Contact	
(Person responsible for approving financial information)	
Name: Megan Gunn	Title: Supervising Public Health Nurse
E-mail: mgunn@fresnocountyca.gov	Phone #: 559-600-3330
Finance 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, 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	105
Child 3-5	25
Parent	45
Prenatal	0
Other (please specify):	0
TOTAL:	175

Provider Category	Total # of Clients
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
	FY2021
County Wide	175
Total:	175

Geographical Location of Clients to be Served	Total # of Clients	Percent Urban (%)	Percent Rural (%)
	FY2021	FY2021	FY2021
Countywide	175	90%	10%

C. Outputs: Services and Contacts

All services listed in section C 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		
Case management session - Parenting Teen ¹	Parent	Total: 45 Q1: 5 Q2: 15 Q3: 10 Q4: 15	3 sessions ²	Service log
Case management session ³	Child	Total: 130 Q1: 24 Q2: 30 Q3: 38 Q4: 38	3 sessions ⁴	Service log
ASQ	Child	Total: 74 Q1: 13 Q2: 17 Q3: 22 Q4: 22	Annually and as needed	ASQ/ASQ:SE
ASQ:SE	Child	Total: 35 Q1: 7 Q2: 8 Q3: 10 Q4: 10	Annually and as needed	ASQ/ASQ:SE
Developmental referral	Child	Total: 83 Q1: 14 Q2: 18 Q3: 25 Q4: 26	Annually and as needed	Service log
Other referral ⁵	Child + Parent	Total: 83 Q1: 14 Q2: 18 Q3: 25 Q4: 26	Annually and as needed	Service log
Reflective practice session	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 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

Database 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	6/01/17	4/27/18	4/9/19	4/21/20
Strategies Reviewed & Approved by Director	4/19/16	6/23/17	N/A	N/A	6/11/2020

Agency name:	County of Fresno Department of Public Health	Contract number:	201617-0950
Program name:	Nurse Liaison	Contract amount:	\$1,783,291

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, text, email or telehealth visit 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, text, email or telehealth visit 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 (2020-2021 Fiscal Year)

1	Agency Name:	County of Fresno, Department of Public Health	Contract Term:	07/01/16-06/30/21
2	Project Name:	Nurse Liaison	Contract Number:	201617-0950
3				

4				A			B			C			D		
	YEAR 4 CAR														
	First 5 Amounts				Leveraged			Select Other Funding Source:			Select Other Funding Source:				
	07/01/20-6/30/21				07/01/20-6/30/21			07/01/20-6/30/21			07/01/20-6/30/21				
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	0.31	35,684	Supervising Public Health Nurse	0.39	44,755			-			-	
9			Public Health Nurse II	0.42	41,817	Public Health Nurse II	0.58	58,497							
10			Public Health Nurse I	0.38	31,976	Public Health Nurse I	0.62	51,734							
11			Public Health Nurse I	0.49	36,789	Public Health Nurse I	0.51	38,547							
12			Public Health Nurse II	0.46	46,621	Public Health Nurse II	0.54	54,293							
13															
14															
15	A. Total Salaries & FTE			2.06	192,887		2.64	247,826		-			-		
16	B. Benefits		77.434%		149,360			191,902			-			-	
17	C. Taxes		7.65%		14,756			18,959			-			-	
18	Personnel Subtotal				357,003			458,686			-			-	
19	Justification of Benefits and Taxes:		Estimated benefits rates reflect Unemployment Insurance (.00206), Retirement (.526-.7077), OASDI (.0765), Health Insurance (\$8,943-\$11,810 per FTE per year) and Benefits Administration (\$113 per FTE per year).												
20	II. Operating Expenses														
21	A. Facilities Costs				5,789			7,411			-			-	
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 St, 4th floor, Fresno, CA 93721. Telephones (\$2,000), facility operation/maintenance/household services (\$5,600), utilities (\$4,000), and security/alarm (\$1,600). 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.								Narrative/Justification –			Narrative/Justification –			
24	B. Operational/Supplies				1,326			674			-			-	
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) and postage (\$200). Medical supplies for PHNs to use during home visits (\$800).								Narrative/Justification –			Narrative/Justification –			
27	C. Training/Travel				3,289			4,211			-			-	
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 (\$2,000). Staff private auto mileage reimbursement at a rate of \$0.575 per mile (\$2,500). County vehicle maintenance/usage/garage (\$3,000).								Narrative/Justification –			Narrative/Justification –			
30	Operating Expenses Subtotal				10,404			12,296			-			-	
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				4,104			-			-			-	
37	Subtotal				4,104			-			-			-	
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				376,511			470,982			-			-	
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		5.000%		17,850			22,934							
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				394,361			493,917			-			-	

FIRST 5 FRESNO COUNTY

Direct Service Budget

Agency Name:	County of Fresno, Department of Public Health
Project Name:	Nurse Liaison
Contract Term:	07/01/16-06/30/21
Contract Number:	201617-0950
Submission Date:	5/21/2020
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	144,171	135,693	173,854	187,729	192,887	834,334
B. Benefits	96,882	96,858	117,470	128,942	149,360	589,512
C. Taxes	11,188	10,006	12,397	14,361	14,756	62,708
Total Personnel	252,241	242,557	303,721	331,032	357,003	1,486,554

II. Operating Expenses

A. Facilities Costs	4,579	4,826	4,705	5,366	5,789	25,265
B. Operational/Supplies	3,069	2,611	3,080	1,832	1,326	11,918
C. Training/Travel	2,832	1,200	2,764	4,575	3,289	14,660
Total Operating Expenses	10,480	8,637	10,549	11,773	10,404	51,843

III. Program Expenses

A. Materials and Supplies	2,889	2,983	4,000	14,929	4,104	28,905
Total Program Expenses	2,889	2,983	4,000	14,929	4,104	28,905

IV. Professional Services	7,000	6,060	4,585	8,000	5,000	30,645
VI. Indirect Costs	40,007	63,525	45,557	18,405	17,850	185,344

Total Program	312,617	323,762	368,412	384,139	394,361	\$ 1,783,291
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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	344,725	376,600	504,244	459,245	493,917	2,178,731
B. Select Other Funding Source:	0	0	0	0	0	0
C. Other Funding Source:	0	0	0	0	0	0
Total Other Funding	344,725	376,600	504,244	459,245	493,917	2,178,731

Children and Families Commission of Fresno County

Name/No.: NURSE LIAISON Amendment III to Agreement 201617-0950
(#A-16-684).

Fund/Subclass: 0001/10000
Organization #: 56201615
Revenue Account #: 3530