

1 **AMENDMENT NO. 1 TO SERVICE AGREEMENT**

2 This Amendment No. 1 to Service Agreement (“Amendment No. 1”) is dated
3 _____ and is between RH Community Builders L.P, a California limited
4 partnership (“Contractor”), and the County of Fresno, a political subdivision of the State of
5 California (“County”).

6 **Recitals**

7 A. On November 28, 2023 the County and the Contractor entered into Agreement No. 23-
8 627 (“Agreement”), to provide immediate and sustainable bridge housing and address the
9 treatment needs of the people experiencing homelessness who have a serious mental illness
10 (SMI) and/or substance use disorders (SUD). Contractor’s services are funded in large part by
11 the Behavioral Health Bridge Housing (BHBH) grant funding from the State of California
12 Department of Health Care Services (DHCS).

13 B. The County and Contractor now desire to amend the Agreement to add a new service
14 location, the Ambassador Inn located at 1804 W. Olive Avenue, Fresno, CA 93728, and
15 increase the maximum compensation and total number of Behavioral Health Bridge Housing
16 shelter beds from 180 to 240, an increase of 60 beds.

17 The parties therefore agree as follows:

- 18 1. Article 4 is deleted in its entirety, and replaced with the following:

19 **“Article 4**

20 **Compensation, Invoices, and Payments**

21 4.1 The County agrees to pay, and the Contractor agrees to receive
22 compensation for the performance of its services under this Agreement as
23 described in Revised Exhibit F to this Agreement, titled “Fresno County
24 Department of Behavioral Health Financial Terms and Conditions”.

25 4.2 **Additional Fiscal Requirements.** The Contractor shall comply with all Fiscal
26 requirements in Revised Exhibit F to this Agreement. ”

- 27 2. All references to Exhibit A shall be deemed references to “Revised Exhibit A”, which is
28 attached and incorporated by this reference.

1 3. All references to Exhibit E shall be deemed references to "Revised Exhibit E", which is
2 attached and incorporated by this reference.

3 4. All references to Exhibit F shall be deemed, references to "Revised Exhibit F", which is
4 attached and incorporated by this reference.

5 5. When both parties have signed this Amendment No. 1, the Agreement, and this
6 Amendment No. 1 together constitute the Agreement.

7 6. The Contractor represents and warrants to the County that:

8 a. The Contractor is duly authorized and empowered to sign and perform its obligations
9 under this Amendment.

10 b. The individual signing this Amendment on behalf of the Contractor is duly authorized
11 to do so and his or her signature on this Amendment legally binds the Contractor to
12 the terms of this Amendment.

13 7. The parties agree that this Amendment may be executed by electronic signature as
14 provided in this section.

15 a. An "electronic signature" means any symbol or process intended by an individual
16 signing this Amendment to represent their signature, including but not limited to (1) a
17 digital signature; (2) a faxed version of an original handwritten signature; or (3) an
18 electronically scanned and transmitted (for example by PDF document) version of an
19 original handwritten signature.

20 b. Each electronic signature affixed or attached to this Amendment (1) is deemed
21 equivalent to a valid original handwritten signature of the person signing this
22 Amendment for all purposes, including but not limited to evidentiary proof in any
23 administrative or judicial proceeding, and (2) has the same force and effect as the
24 valid original handwritten signature of that person.

25 c. The provisions of this section satisfy the requirements of Civil Code section 1633.5,
26 subdivision (b), in the Uniform Electronic Transaction Act (Civil Code, Division 3, Part
27 2, Title 2.5, beginning with section 1633.1).
28

1 d. Each party using a digital signature represents that it has undertaken and satisfied
2 the requirements of Government Code section 16.5, subdivision (a), paragraphs (1)
3 through (5), and agrees that each other party may rely upon that representation.

4 e. This Amendment is not conditioned upon the parties conducting the transactions
5 under it by electronic means and either party may sign this Amendment with an
6 original handwritten signature.

7 8. This Amendment may be signed in counterparts, each of which is an original, and all of
8 which together constitute this Amendment.

9 9. The Agreement as amended by this Amendment No. 1 is ratified and continued. All
10 provisions of the Agreement not amended by this Amendment No. 1 remain in full force and
11 effect.

12 [SIGNATURE PAGE FOLLOWS]

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1 The parties are signing this Amendment No. 1 on the date stated in the introductory
2 clause.

3 RH Community Builders, L.P.

COUNTY OF FRESNO

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5 
6 _____
Wayne Rutledge, Chief Executive Officer

Garry Bredefeld, Chairman of the Board of
Supervisors of the County of Fresno

7 3040 N. Fresno Street
8 Fresno, CA 93705

Attest:
Bernice E. Seidel
Clerk of the Board of Supervisors
County of Fresno, State of California

9
10
11 By: _____
Deputy

12 For accounting use only:

13 Org No.:5630/5002
14 Account No.:7295
15 Fund No.:0001
16 Subclass No.:10000
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SCOPE OF SERVICES

ORGANIZATION: RH Community Builders, LP
ORGANIZATION ADDRESS: 3040 N Fresno Street Fresno, CA 93703
SIERRA SUNRISE SITE ADDRESS: 949 N Parkway Drive Fresno, CA 93728
PHOENIX LANDING SITE ADDRESS: 4141 N Blackstone Ave Fresno, CA 93726
AMASSADOR BH SITE ADDRESS: 1804 W Olive Ave Fresno, CA 93728
PROJECT DIRECTOR: Katie Wilbur, Executive Director

CONTRACT PERIOD: July 1, 2023 – June 30, 2027

INTRODUCTION

RH Community Builders (RHCB) will provide low-barrier, emergency shelter and rental assistance services to individuals who are experiencing homelessness and documented or suspected severe mental illness. The intent of these services is to provide a stable shelter service to provide wraparound services and support identification and transitions into permanent housing.

TARGET POPULATION

Bridge Housing must serve individuals with serious behavioral health conditions, including SMI and/or SUD, who are experiencing homelessness and have a history of being unable to sustain in a lower level of shelter or housing. The passage of Senate Bill (SB) 1335 which establishes the Community Assistance, Recovery, and Empowerment (CARE) Program stipulate that the CARE Program participants be prioritized for any appropriate bridge housing funded by the BHBH program. Additionally, BHBH must prioritize addressing the needs of populations disproportionately impacted by homelessness.

Individuals must also meet a criteria level for shelter:

1. Experiencing literal homelessness
2. Ability to care for self:
 - a. Facilities are ADA accessible, but individuals must be able to self-transfer
 - b. CNA level staff available for mild Assisted Living Device (ALD) assistance-wound care

- c. Must be able to use the restroom independently and control bowels
3. Phoenix Landing will screen for 290 statuses due to proximity of schools

DESCRIPTION OF SERVICES

RHCB will provide low-barrier shelter to individuals in Fresno County who are experiencing literal homelessness and has a documented or suspected severe mental illness. The program will provide 240 beds at three service locations: 949 N Parkway Drive Fresno, CA 93728, 4141 N Blackstone Avenue Fresno, CA 93726, and 1804 W Olive Avenue. Fresno, CA 93728

The program will provide wraparound services aimed at stabilizing the individual and identifying permanent housing solutions. Each individual will be assigned to a Care Team consisting of: 1 Lead Care Manager, 1 Clinician, 1 Housing Navigator, 1 Certified Nurse's Assistant (CNA), and 2 Certified Peer Support Specialists.

REFERRALS:

1. CARE Court (effective 12/24)
2. Full-Service Partnership Programs contracted with Fresno County Department of Behavioral Health (DBH)
3. Literally homeless individuals engaged with Fresno County DBH clinical teams, Fresno County Outreach Teams and Fresno County DBH Outreach Teams
4. Crisis Residential and PHF
5. Hospitals and other Emergency Facilities
 - a. Has a Mental Health Principal Diagnosis
 - b. Housing instability
 - c. Demonstrated inability to maintain at a lower-level community shelter
6. DBH Housing Services– recent history of 5150, documented mental health, and demonstrated inability to maintain current housing

Upon referral to the program, the individual will complete the following:

1. Initial intake to gather basic identifying information

2. Universal Data Elements (UDE) required for entry into HMIS (all individuals will be entered into HMIS and the program will comply with all AB 977 reporting requirements.)

The program will offer a mixture of individual occupancy and double occupancy rooms. Double occupancy rooms will be utilized whenever possible to maximize the amount of services delivered, however individual occupancy rooms will be available for individuals whose mental health or other needs indicate that an individual room will be beneficial to their ability to remain sheltered. The program will operate under low-barrier, housing first principles, meaning individuals may still be active in their addiction.

PROGRAM OBJECTIVES AND OUTCOMES

RHCB shall:

Utilize a tracking system with which performance and outcome measures and other relevant person served data, such as demographics, will be maintained. The data tracking system may be incorporated into RHCB's electronic health records (EHR) system or be a stand-alone database. County must be afforded read-only access to the data tracking system. The following items listed below represent program goals to be tracked and achieved by the RHCB during the contract terms.

1. Effectiveness:
 - a. Hospitalizations – To assess the degree of effectiveness, RHCB will track decreases in the number of days hospitalized post-enrollment and compare to the total number of days spent in the psychiatric setting twelve (12) months prior to program enrollment.
 - b. Incarcerations – To reduce the total number of days spent confined in a jail or prison setting, RHCB will track decreases and compare to the total number of days spent incarcerated twelve (12) months prior to program enrollment.
 - c. Homelessness – To reduce the total number of days spent homeless, RHCB will track decreases and compare to the total number of days spent homeless twelve (12) months prior to program enrollment.
 - d. Medical Hospitalizations – To reduce the total number of days spent in a

hospital or emergency department setting, RHCB will track decreases and compare to the total number of days hospitalized twelve (12) months prior to program enrollment.

- e. Housing – Individuals in shelter will develop a plan for permanent housing.
 - f. Supplemental Security Income – Within six (6) months of enrollment, seventy percent (70%) of Individuals without SSI will have made SSI applications. RHCB shall provide a written report regarding these goals on a quarterly-annual basis.
 - g. Productivity – Direct service productivity rate shall be a minimum of sixty-five percent (65%).
 - h. Primary Care- Within thirty (30) days of enrollment fifty percent (50%) of individuals will be referred to a primary care doctor.
 - i. Substance Abuse- Within thirty (30) days of enrollment ninety percent (90%) of co-occurring individuals will be referred to a SUD outpatient service.
2. Efficiency
- a. Cost Per Person served – RHCB will efficiently use resources and maintain or minimize costs per person served. Costs include all staffing and overhead costs associated with program operations.
3. Access
- a. Length of Time from Referral to First Contact – RHCB will provide timely service for persons served requesting services. The goal wait time from referral to first contact is within three (3) business days.
 - b. Length of Time from Referral to First Intake/Assessment Appointment – The goal wait time from referral to first intake/assessment appointment is within three (3) business days.
 - c. Length of Time from Referral to First Mental Health and/or SUD Appointment – The goal wait time from referral to first mental health and/or SUD appointment is within fifteen (15) business days.
4. Satisfaction
- a. Consumer Perception Survey – RHCB will gauge satisfaction of individuals and collect data for service planning and quality improvement. The surveys are conducted every three (3) months over a week period. Program

beneficiaries are encouraged to participate in completing the survey. The goal is for seventy-five percent (75%) of persons served to be satisfied for each domain.

REPORTING, MONITORING, AND COMMUNICATION REQUIREMENTS

RHCB shall:

1. Enter data on the individuals and families served into local Homeless Management Information System (HMIS), as required by AB 977
2. Submit quarterly narrative and data reports that document progress toward improved outcomes as requested by County
3. Participate in monthly calls, learning collaboratives, and other TTA activities
4. Participate in monthly meetings with County
5. Meet the funding requirements, participate in financial review auditing and fraud prevention, and ensure appropriate uses of funds with County as requested
6. Provide required program updates and participate in monitoring reimbursement reviews with County, DHCS and/or Advocates for Human Potential (AHP) as requested
7. Reporting:

RHCB shall:

Participate in data collection and submission of quarterly narrative, data, and financial reports. Reports will be submitted as directed by County. These reports will summarize progress in implementing the BHBH Program Plan; expending funds, including, without limitation, equipment purchases; subcontracting; and providing bridge housing for individuals experiencing homelessness and serious behavioral health conditions; and must include accomplishments and any barriers to goals of the BHBH Program. The reports must cover the following time frames and observe the following due dates:

Reporting – Year 1

- Quarter 1: September 5–September 30, 2023, due by November 8, 2023
- Quarter 2: October 1–December 31, 2023, due by February 8, 2024

- Quarter 3: January 1–March 31, 2024, due by May 8, 2024
- Quarter 4: April 1–June 30, 2024, due by August 9, 2024
 - Meet state requirements for submission of data into the HMIS system as required by AB 977 when and in the manner required.

Reporting – Year 2

- Quarter 1: July 1–September 30, 2024, due by November 8, 2024
- Quarter 2: October 1–December 31, 2024, due by February 7, 2025
- Quarter 3: January 1–March 31, 2025, due by May 9, 2025
- Quarter 4: April 1–June 30, 2025, due by August 8, 2025
 - Meet state requirements for submission of data into the HMIS system as required by AB 977 when and in the manner required.

Reporting – Year 3

- Quarter 1: July 1–September 30, 2025, due by November 7, 2025
- Quarter 2: October 1–December 31, 2025, due by February 6, 2026
- Quarter 3: January 1–March 31, 2026, due by May 11, 2026
- Quarter 4: April 1–June 30, 2026, due by August 7, 2026
 - Meet state requirements for submission of data into the HMIS system as required by AB 977 when and in the manner required.

Reporting – Year 4

- Quarter 1: July 1–September 30, 2026, due by November 6, 2026
- Quarter 2: October 1–December 31, 2026, due by February 10, 2027
- Quarter 3: January 1–March 31, 2027, due by May 11, 2027
- Quarter 4: April 1–June 30, 2027, due June 28, 2027
 - Meet state requirements for submission of data into the HMIS system as required by AB 977 when and in the manner required.

Submit a final report by June 28, 2027.

RHCB'S RESPONSIBILITIES

Key supportive services will utilize the Critical Time Intervention (CTI) Model to make available support to individuals with serious mental illness. Available supportive services will include, but may not be limited to the following:

1. Provide services based on the community needs and principles and will include voluntary supportive services for individuals experiencing both homelessness and serious mental health conditions.
2. Support access to medication assisted treatment (MAT) and psychotropic medications for the treatment of mental disorders.
3. Prioritize and ensure that eligible CARE program participants receive BHBH Program services.
4. Provide outreach and progressive engagement strategies to offer and encourage individuals and/or families to enter.
5. Provide housing navigation and other supports to participants in accessing sustainable, affordable, permanent housing resources.
6. Conduct all services in a manner that allows for choice, enables people to stay in their "home" communities to the best extent possible, and provide community integration in accordance with all applicable federal and state laws.
7. Clinical support services including assistance with accessing, understanding, and utilizing all aspects of an individualized treatment plan, including but not limited to case management, therapy, and peer support.
8. Behavioral health management efforts directed to assist people to manage their wellness, create plans of action, and to identify personal patterns in order to decrease episodes of house instability and recidivism.
9. Provide housing navigation services including utilization of the Fresno Madera Continuum of Care (FMCoC) Coordinated Entry System (CES) for identification of housing options if appropriate, support individual with identification of appropriate housing options, and facilitate transition into permanent housing.
10. Life-skills development services and support to include personal care and hygiene, conflict-management, money-management, and how to transition

into permanent housing.

11. Provide benefits development counseling and advocacy to assist with accessing and securing any eligible benefits, including Medi-Cal and Social Security benefits.
12. Coordination of services, including linkages to primary health care, mental health care, substance abuse services, and medication referrals.
13. Provide direct specialty mental health services in accordance with the Mental Health Plan. RHCB will ensure the individual to whom the specialty mental health services meet the criteria and will ensure clinical record for each individual includes information and needs aligned with the criteria applicable at the time of service.
14. Transport individual to and from services as needed.
15. Provide services for co-occurring substance use disorders:
 - a. Identify alcohol, tobacco and drug abuse effects and patterns.
 - b. Education regarding the interaction of alcohol, tobacco, and drug use with psychiatric symptoms and medication.
 - c. Use of clinical interventions and peer support recovery groups and activities.
 - d. Education on relapse prevention

TRAINING REQUIREMENTS

RHCB shall:

Be trained in the purpose, mission, and philosophy, of the BHBH Program during their new hire orientation and annually throughout the course of their employment. Ongoing training shall include topics such as clinical, administrative, operational, human resource, cultural, and information technology areas. Additionally, cultural competency, Criminogenic Risk Factors, and specialized clinical training shall also be utilized.

Specific BHBH service delivery training shall include:

1. Cultural Awareness and Responsiveness
2. Compliance, Billing, and Documentation training
3. Self Care and Burn Out Prevention Training

4. ProACT training
5. Harm Reduction training
6. Housing First training
7. Trauma Informed and Trauma Responsive Methods and Processes
8. Motivational Interviewing
9. Strength based, Individual Driven Plan Development and Natural Support Inclusion
10. Attend other required trainings provided by the County

HOURS OF OPERATION:

RHCB shall be available to provide services to individuals 24 hours per day, seven (7) days per week.

AVERAGE INDIVIDUAL LENGTH OF STAY:

The average length of stay for individual shall be approximately 90-180 days.

COUNTY RESPONSIBILITIES:

County shall:

1. Assist RHCB in making linkages with the total mental health system. This will be accomplished through regularly scheduled meetings as well as formal and informal consultation.
2. Participate in evaluating the progress of the overall program and the efficiency of collaboration with RHCB staff and will be available to RHCB for ongoing consultation.
3. Receive and analyze statistical data outcome information from RHCB throughout the term of contract on a monthly basis. DBH will notify RHCB when additional participation is required. The performance outcome measurement process will not be limited to survey instruments but will also include, as appropriate, client and staff interviews, chart reviews, and other methods of obtaining required information.

**Sierra Sunrise
RH Community Builders**

**Instructions: At the top, please provide the name of the program and your organization's name.
For each FY, please provide your proposed maximum compensation based upon estimated services
provided within the blue cells in column E.**

| | | |
|--------------------------------------|--|-----------------------|
| Maximum Compensation FY 23-24 | | \$1,280,000.00 |
| Maximum Compensation FY 24-25 | | \$2,080,000.00 |
| Maximum Compensation FY 25-26 | | \$2,100,000.00 |
| Maximum Compensation FY 26-27 | | \$2,000,000.00 |
| Maximum Compensation FY 29-30 | | |

| | |
|-------------------------------------|---------------------|
| Program Maximum Compensation | \$ 7,460,000 |
|-------------------------------------|---------------------|

Sierra Sunrise
RH Community Builders
Fiscal Year (FY) 2023-24

PROGRAM EXPENSES

| 1000: DIRECT SALARIES & BENEFITS | | | | | |
|--|------------------------------|-------|-----------|------------|------------|
| Direct Employee Salaries | | | | | |
| Acct # | Administrative Position | FTE | Admin | Program | Total |
| 1101 | Director | 0.20 | \$ 16,641 | | \$ 16,641 |
| 1102 | Program Manager | 0.50 | 27,734 | | 27,734 |
| 1103 | Fiscal Analyst | 0.25 | 9,707 | | 9,707 |
| 1104 | | 0.00 | - | | - |
| 1105 | | 0.00 | - | | - |
| 1106 | | 0.00 | - | | - |
| 1107 | | 0.00 | - | | - |
| 1108 | | 0.00 | - | | - |
| 1109 | | 0.00 | - | | - |
| 1110 | | 0.00 | - | | - |
| 1111 | | 0.00 | - | | - |
| 1112 | | 0.00 | - | | - |
| 1113 | | 0.00 | - | | - |
| 1114 | | 0.00 | - | | - |
| 1115 | | 0.00 | - | | - |
| Direct Personnel Admin Salaries Subtotal | | 0.95 | \$ 54,082 | | \$ 54,082 |
| Acct # | Program Position | FTE | Admin | Program | Total |
| 1116 | Certified Nursing Assistant | 2.00 | | \$ 30,000 | \$ 30,000 |
| 1117 | Driver | 1.00 | | 30,508 | 30,508 |
| 1118 | Maintenance Tech | 1.00 | | 33,281 | 33,281 |
| 1119 | Food Service | 1.00 | | 30,508 | 30,508 |
| 1120 | Overnight Monitor | 6.00 | | 130,000 | 130,000 |
| 1121 | Janitor | 1.50 | | 31,201 | 31,201 |
| 1122 | | 0.00 | | - | - |
| 1123 | | 0.00 | | - | - |
| 1124 | | 0.00 | | - | - |
| 1125 | | 0.00 | | - | - |
| 1126 | | 0.00 | | - | - |
| 1127 | | 0.00 | | - | - |
| 1128 | | 0.00 | | - | - |
| 1129 | | 0.00 | | - | - |
| 1130 | | 0.00 | | - | - |
| 1131 | | 0.00 | | - | - |
| 1132 | | 0.00 | | - | - |
| 1133 | | 0.00 | | - | - |
| 1134 | | 0.00 | | - | - |
| Direct Personnel Program Salaries Subtotal | | 12.50 | | \$ 285,498 | \$ 285,498 |
| Direct Personnel Salaries Subtotal | | 13.45 | \$ 54,082 | \$ 285,498 | \$ 339,580 |
| Direct Employee Benefits | | | | | |
| Acct # | Description | | Admin | Program | Total |
| 1201 | Retirement | | \$ 850 | \$ 1,500 | \$ 2,350 |
| 1202 | Worker's Compensation | | 5,138 | 7,500 | 12,638 |
| 1203 | Health Insurance | | 2,840 | 5,000 | 7,840 |
| 1204 | Other (specify) | | | | - |
| 1205 | Other (specify) | | - | - | - |
| 1206 | Other (specify) | | - | - | - |
| Direct Employee Benefits Subtotal: | | | \$ 8,828 | \$ 14,000 | \$ 22,828 |
| Direct Payroll Taxes & Expenses: | | | | | |
| Acct # | Description | | Admin | Program | Total |
| 1301 | OASDI | | \$ 3,353 | \$ 10,000 | \$ 13,353 |
| 1302 | FICA/MEDICARE | | 784 | 2,500 | 3,284 |
| 1303 | SUI | | 1,785 | 6,200 | 7,985 |
| 1304 | Other: Employer Training Tax | | 54 | 344 | 398 |
| 1305 | Other (specify) | | - | - | - |
| 1306 | Other (specify) | | - | - | - |
| Direct Payroll Taxes & Expenses Subtotal: | | | \$ 5,976 | \$ 19,044 | \$ 25,020 |
| DIRECT EMPLOYEE SALARIES & BENEFITS TOTAL: | | | Admin | Program | Total |
| | | | \$ 68,886 | \$ 318,542 | \$ 387,428 |

| DIRECT EMPLOYEE SALARIES & BENEFITS PERCENTAGE: | Admin | Program |
|---|-------|---------|
| | 18% | 82% |

| 2000: DIRECT CLIENT SUPPORT | | |
|------------------------------------|---------------------------------------|-------------------|
| Acct # | Line Item Description | Amount |
| 2001 | Child Care | \$ - |
| 2002 | Client Housing Support | - |
| 2003 | Client Transportation & Support | 3,725 |
| 2004 | Clothing, Food, & Hygiene | 178,800 |
| 2005 | Education Support | - |
| 2006 | Employment Support | - |
| 2007 | Household Items for Clients | - |
| 2008 | Medication Supports | - |
| 2009 | Program Supplies - Medical | 698 |
| 2010 | Utility Vouchers | - |
| 2011 | Other (specify) | - |
| 2012 | Other: Landlord Engagement Activities | - |
| 2013 | Other (specify) | - |
| 2014 | Other (specify) | - |
| 2015 | Other (specify) | - |
| 2016 | Other (specify) | - |
| DIRECT CLIENT CARE TOTAL | | \$ 183,223 |

| 3000: DIRECT OPERATING EXPENSES | | |
|---|--------------------------------------|------------------|
| Acct # | Line Item Description | Amount |
| 3001 | Telecommunications | \$ 6,111 |
| 3002 | Printing/Postage | 691 |
| 3003 | Office, Household & Program Supplies | 10,456 |
| 3004 | Advertising | - |
| 3005 | Staff Development & Training | 6,114 |
| 3006 | Staff Mileage | - |
| 3007 | Subscriptions & Memberships | - |
| 3008 | Vehicle Maintenance | 136 |
| 3009 | Other Vehicle Insurance | 940 |
| 3010 | Other Required Insurance Coverages | 6,029 |
| 3011 | Other (specify) | - |
| 3012 | Other (specify) | - |
| DIRECT OPERATING EXPENSES TOTAL: | | \$ 30,477 |

| 4000: DIRECT FACILITIES & EQUIPMENT | | |
|--|------------------------------|-------------------|
| Acct # | Line Item Description | Amount |
| 4001 | Building Maintenance | \$ - |
| 4002 | Rent/Lease Building | 166,667 |
| 4003 | Rent/Lease Equipment | - |
| 4004 | Rent/Lease Vehicles | 4,000 |
| 4005 | Security | 100,000 |
| 4006 | Utilities | - |
| 4007 | Other (specify) | - |
| 4008 | Other (specify) | - |
| 4009 | Other (specify) | - |
| 4010 | Other (specify) | - |
| DIRECT FACILITIES/EQUIPMENT TOTAL: | | \$ 270,667 |

| 5000: DIRECT SPECIAL EXPENSES | | |
|---------------------------------------|---|-----------------|
| Acct # | Line Item Description | Amount |
| 5001 | Consultant (Network & Data Management) | \$ 4,695 |
| 5002 | HMIS (Health Management Information System) | 1,775 |
| 5003 | Contractual/Consulting Services (Specify) | 1,234 |
| 5004 | Translation Services | - |
| 5005 | Other (specify) | - |
| 5006 | Other (specify) | - |
| 5007 | Other (specify) | - |
| 5008 | Other (specify) | - |
| DIRECT SPECIAL EXPENSES TOTAL: | | \$ 7,704 |

| 6000: INDIRECT EXPENSES | | |
|-------------------------|---|------------|
| Acct # | Line Item Description | Amount |
| | Administrative Overhead | |
| 6001 | Use this line and only this line for approved indirect cost rate | \$ 122,000 |
| | Administrative Overhead | |
| 6002 | Professional Liability Insurance | - |
| 6003 | Accounting/Bookkeeping | - |
| 6004 | External Audit | - |
| 6005 | Insurance (Specify): | - |
| 6006 | Payroll Services | - |
| 6007 | Depreciation (Provider-Owned Equipment to be Used for Program Purposes) | - |
| 6008 | Personnel (Indirect Salaries & Benefits) | - |
| 6009 | Other (specify) | - |
| 6010 | Other (specify) | - |
| 6011 | Other (specify) | - |
| 6012 | Other (specify) | - |
| 6013 | Other (specify) | - |
| INDIRECT EXPENSES TOTAL | | \$ 122,000 |

| | |
|--------------------|-------|
| INDIRECT COST RATE | 9.81% |
|--------------------|-------|

| 7000: DIRECT FIXED ASSETS | | |
|-----------------------------|--|------------|
| Acct # | Line Item Description | Amount |
| 7001 | Computer Equipment & Software | \$ 62,334 |
| 7002 | Copiers, Cell Phones, Tablets, Devices to Contain HIPAA Data | 9,055 |
| 7003 | Furniture & Fixtures | 17,056 |
| 7004 | Leasehold/Tenant/Building Improvements | 180,000 |
| 7005 | Other Assets over \$500 with Lifespan of 2 Years + | 95,732 |
| 7006 | Assets over \$5,000/unit (Specify) | - |
| 7007 | Other (specify) | - |
| 7008 | Other (specify) | - |
| FIXED ASSETS EXPENSES TOTAL | | \$ 364,177 |

| | |
|------------------------|--------------|
| TOTAL PROGRAM EXPENSES | \$ 1,365,676 |
|------------------------|--------------|

PROGRAM FUNDING SOURCES

| 8000: TOTAL PROGRAM REVENUES | | |
|------------------------------|--------------------------|--------|
| Acct # | Line Item Description | Amount |
| 8001 | Revenue Allocated by DBH | - |
| 8002 | Client Fees | - |
| 8003 | Client Insurance | - |
| 8004 | Grants (Specify) | - |
| 8005 | Other (Specify) | - |
| 8006 | Other (Specify) | - |
| TOTAL PROGRAM REVENUES | | \$ - |

| | |
|-----------------------------------|------|
| TOTAL PROGRAM ESTIMATED REVENUES: | \$ - |
|-----------------------------------|------|

| | |
|-------------------|--------------|
| NET PROGRAM COST: | \$ 1,365,676 |
|-------------------|--------------|

**Sierra Sunrise
RH Community
Builders Fiscal Year
(FY) 2023-24**

PARTIAL FTE DETAIL

For all positions with FTE's split among multiple programs/contracts the below must be filled out

| Position | Contract #/Name/Department/County | FTE % |
|--------------|--|-------------|
| Director | BHBH/Phoenix Landing/FC DBH/ Fresno | 0.15 |
| | BHBH/Sierra Sunrise/FC DBH/Fresno | 0.20 |
| | Medi-Cal/Phoenix Landing/FC DBH/Fresno | 0.10 |
| | CalAIM/Phoenix Landing/FC DBH/Fresno | 0.25 |
| | Medi-Cal/Sierra Sunrise/FC DBH/Fresno | 0.15 |
| | CalAIM/Sierra Sunrise/FC DBH/Fresno | 0.15 |
| Total | | 1.00 |

| Position | Contract #/Name/Department/County | FTE % |
|-----------------|---------------------------------------|-------------|
| Program Manager | BHBH/Sierra Sunrise/FC DBH/ Fresno | 0.50 |
| | Medi-Cal/Sierra Sunrise/FC DBH/Fresno | 0.50 |
| | | |
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| | | |
| Total | | 1.00 |

| Position | Contract #/Name/Department/County | FTE % |
|----------------|--|-------------|
| Fiscal Analyst | BHBH/Phoenix Landing/FC DBH/ Fresno | 0.25 |
| | BHBH/Sierra Sunrise/FC DBH/Fresno | 0.25 |
| | Medi-Cal/Phoenix Landing/FC DBH/Fresno | 0.15 |
| | CalAIM/Phoenix Landing/FC DBH/Fresno | 0.10 |
| | Medi-Cal/Sierra Sunrise/FC DBH/Fresno | 0.10 |
| | CalAIM/Sierra Sunrise/FC DBH/Fresno | 0.15 |
| Total | | 1.00 |

| Position | Contract #/Name/Department/County | FTE % |
|--------------|-----------------------------------|-------------|
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| Total | | 0.00 |

| Position | Contract #/Name/Department/County | FTE % |
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| Total | | 0.00 |

| Position | Contract #/Name/Department/County | FTE % |
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| Total | | 0.00 |

| Position | Contract #/Name/Department/County | FTE % |
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| Total | | 0.00 |

| Position | Contract #/Name/Department/County | FTE % |
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| Total | | 0.00 |

| Position | Contract #/Name/Department/County | FTE % |
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| Total | | 0.00 |

| Position | Contract #/Name/Department/County | FTE % |
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| Total | | 0.00 |

| Position | Contract #/Name/Department/County | FTE % |
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| Total | | 0.00 |

| Position | Contract #/Name/Department/County | FTE % |
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| Total | | 0.00 |

| Position | Contract #/Name/Department/County | FTE % |
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| | | |
| | | |
| Total | | 0.00 |

| Position | Contract #/Name/Department/County | FTE % |
|----------|-----------------------------------|-------|
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Sierra Sunrise
RH Community Builders
Fiscal Year (FY) 2023-24 Budget Narrative

| PROGRAM EXPENSE | | | |
|---|---------------------------------|----------------|---|
| ACCT # | LINE ITEM | AMT | DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE |
| 1000: DIRECT SALARIES & BENEFITS | | 387,428 | |
| Administrative Positions | | 54,082 | |
| 1101 | Director | 16,641 | Responsible for Program Oversight and Management of the Program Manager |
| 1102 | Program Manager | 27,734 | Responsible for daily operations of the program including staff management and crisis response |
| 1103 | Fiscal Analyst | 9,707 | Responsible for fiscal managemetn and compliance with grant |
| 1104 | 0 | - | |
| 1105 | 0 | - | |
| 1106 | 0 | - | |
| 1107 | 0 | - | |
| 1108 | 0 | - | |
| 1109 | 0 | - | |
| 1110 | 0 | - | |
| 1111 | 0 | - | |
| 1112 | 0 | - | |
| 1113 | 0 | - | |
| 1114 | 0 | - | |
| 1115 | 0 | - | |
| Program Positions | | 285,498 | |
| 1116 | Certified Nursing Assistant | 30,000 | Responsible for assisting clients with daily living skills including woundcare and medication education |
| 1117 | Driver | 30,508 | Responsible for driving clients to and from appointments |
| 1118 | Maintenance Tech | 33,281 | Responsible for upkeep of program facility |
| 1119 | Food Service | 30,508 | Responsible for distrupution of facility meals |
| 1120 | Overnight Monitor | 130,000 | Responsible for checking clients in and out of the program, managing the front desk |
| 1121 | Janitor | 31,201 | Responsible for cleaning all common areas and client rooms. |
| 1122 | 0 | - | |
| 1123 | 0 | - | |
| 1124 | 0 | - | |
| 1125 | 0 | - | |
| 1126 | 0 | - | |
| 1127 | 0 | - | |
| 1128 | 0 | - | |
| 1129 | 0 | - | |
| 1130 | 0 | - | |
| 1131 | 0 | - | |
| 1132 | 0 | - | |
| 1133 | 0 | - | |
| 1134 | 0 | - | |
| Direct Employee Benefits | | 22,828 | |
| 1201 | Retirement | 2,350 | Employer match for employee retirement |
| 1202 | Worker's Compensation | 12,638 | Required workers comp coverage |
| 1203 | Health Insurance | 7,840 | 100% paid health insurance |
| 1204 | Other (specify) | - | |
| 1205 | Other (specify) | - | |
| 1206 | Other (specify) | - | |
| Direct Payroll Taxes & Expenses: | | 25,020 | |
| 1301 | OASDI | 13,353 | OASDI taxes |
| 1302 | FICA/MEDICARE | 3,284 | FICA taxes |
| 1303 | SUI | 7,985 | SUI taxes |
| 1304 | Other: Employer Training Tax | 398 | Employer Training Tax |
| 1305 | Other (specify) | - | |
| 1306 | Other (specify) | - | |
| 2000: DIRECT CLIENT SUPPORT | | 183,223 | |
| 2001 | Child Care | - | |
| 2002 | Client Housing Support | - | |
| 2003 | Client Transportation & Support | 3,725 | Client transportation costs related to gas and bus tickets |
| 2004 | Clothing, Food, & Hygiene | 178,800 | 3 meals daily for all clients in program, linens, and daily hygiene supplies |
| 2005 | Education Support | - | |
| 2006 | Employment Support | - | |
| 2007 | Household Items for Clients | - | |

| PROGRAM EXPENSE | | | |
|-----------------|----------------------------|-----|---|
| ACCT # | LINE ITEM | AMT | DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE |
| 2008 | Medication Supports | - | |
| 2009 | Program Supplies - Medical | 698 | Wound care supplies, RX copays as needed |
| 2010 | Utility Vouchers | - | |
| 2011 | Other (specify) | - | |

| PROGRAM EXPENSE | | | | |
|-----------------|--------|---------------------------------------|-----|---|
| | ACCT # | LINE ITEM | AMT | DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE |
| | 2012 | Other: Landlord Engagement Activities | - | |
| | 2013 | Other (specify) | - | |
| | 2014 | Other (specify) | - | |
| | 2015 | Other (specify) | - | |
| | 2016 | Other (specify) | - | |

| 3000: DIRECT OPERATING EXPENSES | | | 30,477 | |
|---------------------------------|------|--------------------------------------|--------|---|
| | 3001 | Telecommunications | 6,111 | cellphones, emails, etc. for program staff |
| | 3002 | Printing/Postage | 691 | Business cards |
| | 3003 | Office, Household & Program Supplies | 10,456 | Supplies for program operations including office supplies, cleaning supplies and other needed items |
| | 3004 | Advertising | - | |
| | 3005 | Staff Development & Training | 6,114 | Training for staff including MHA First Aid and Peer certification |
| | 3006 | Staff Mileage | - | |
| | 3007 | Subscriptions & Memberships | - | |
| | 3008 | Vehicle Maintenance | 136 | Repairs for program vehicle |
| | 3009 | Other Vehicle Insurance | 940 | |
| | 3010 | Other Required Insurance Coverages | 6,029 | Required coverages per contract |
| | 3011 | Other (specify) | - | |
| | 3012 | Other (specify) | - | |

| 4000: DIRECT FACILITIES & EQUIPMENT | | | 270,667 | |
|-------------------------------------|------|----------------------|---------|-------------------------------|
| | 4001 | Building Maintenance | - | |
| | 4002 | Rent/Lease Building | 166,667 | Rent for facility |
| | 4003 | Rent/Lease Equipment | - | |
| | 4004 | Rent/Lease Vehicles | 4,000 | Van for transporting clients |
| | 4005 | Security | 100,000 | 24/7 standign securirty guard |
| | 4006 | Utilities | - | |
| | 4007 | Other (specify) | - | |
| | 4008 | Other (specify) | - | |
| | 4009 | Other (specify) | - | |
| | 4010 | Other (specify) | - | |

| 5000: DIRECT SPECIAL EXPENSES | | | 7,704 | |
|-------------------------------|------|---|-------|--|
| | 5001 | Consultant (Network & Data Management) | 4,695 | IT Consulting |
| | 5002 | HMIS (Health Management Information System) | 1,775 | HMIS Access |
| | 5003 | Contractual/Consulting Services (Specify) | 1,234 | Background tests, drug testing, staff maangment software |
| | 5004 | Translation Services | - | |
| | 5005 | Other (specify) | - | |
| | 5006 | Other (specify) | - | |
| | 5007 | Other (specify) | - | |
| | 5008 | Other (specify) | - | |

| 6000: INDIRECT EXPENSES | | | 122,000 | |
|-------------------------|------|---|---------|---------------------|
| | 6001 | Administrative Overhead | 122,000 | 10% De Minimus Rate |
| | 6002 | Professional Liability Insurance | - | |
| | 6003 | Accounting/Bookkeeping | - | |
| | 6004 | External Audit | - | |
| | 6005 | Insurance (Specify): | - | |
| | 6006 | Payroll Services | - | |
| | 6007 | Depreciation (Provider-Owned Equipment to be Used | - | |
| | 6008 | Personnel (Indirect Salaries & Benefits) | - | |
| | 6009 | Other (specify) | - | |
| | 6010 | Other (specify) | - | |
| | 6011 | Other (specify) | - | |
| | 6012 | Other (specify) | - | |
| | 6013 | Other (specify) | - | |

| 7000: DIRECT FIXED ASSETS | | | 364,177 | |
|---------------------------|------|---|---------|---|
| | 7001 | Computer Equipment & Software | 62,334 | Replacement devices for program |
| | 7002 | Copiers, Cell Phones, Tablets, Devices to Contain HIPAA | 9,055 | Replacement devices for program |
| | 7003 | Furniture & Fixtures | 17,056 | Replacement client beds and furnishings |
| | 7004 | Leasehold/Tenant/Building Improvements | 180,000 | Facility safety and health improvements |
| | 7005 | Other Assets over \$500 with Lifespan of 2 Years + | 95,732 | Security Equipment |
| | 7006 | Assets over \$5,000/unit (Specify) | - | |
| | 7007 | Other (specify) | - | |
| | 7008 | Other (specify) | - | |

| PROGRAM EXPENSE | | | |
|--|-----------|-----------|---|
| ACCT # | LINE ITEM | AMT | DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE |
| TOTAL PROGRAM EXPENSE FROM BUDGET NARRATIVE: | | 1,365,676 | |

Sierra Sunrise
RH Community Builders
Fiscal Year (FY) 2024-25

PROGRAM EXPENSES

| 1000: DIRECT SALARIES & BENEFITS | | | | | |
|---|-----------------------------|--------------|-------------------|-------------------|-------------------|
| Direct Employee Salaries | | | | | |
| Acct # | Administrative Position | FTE | Admin | Program | Total |
| 1101 | Director | 0.10 | \$ 29,414 | | \$ 29,414 |
| 1102 | Program Manager | 0.50 | 43,682 | | 43,682 |
| 1103 | Fiscal Analyst | 0.25 | 15,081 | | 15,081 |
| 1104 | | | - | | - |
| 1105 | | | - | | - |
| 1106 | | | - | | - |
| 1107 | | | - | | - |
| 1108 | | | - | | - |
| 1109 | | | - | | - |
| 1110 | | | - | | - |
| 1111 | | | - | | - |
| 1112 | | | - | | - |
| 1113 | | | - | | - |
| 1114 | | | - | | - |
| 1115 | | | - | | - |
| Direct Personnel Admin Salaries Subtotal | | 0.85 | \$ 88,177 | | \$ 88,177 |
| Acct # | Program Position | FTE | Admin | Program | Total |
| 1116 | Certified Nursing Assistant | 2.00 | | \$ 103,976 | \$ 103,976 |
| 1117 | Driver | 1.00 | | 42,000 | 42,000 |
| 1118 | Maintenance Tech | 1.00 | | 48,300 | 48,300 |
| 1119 | Food Service | 1.00 | | 40,785 | 40,785 |
| 1120 | Overnight Monitor | 6.00 | | 225,000 | 225,000 |
| 1121 | Janitor | 2.00 | | 62,915 | 62,915 |
| 1122 | | | | - | - |
| 1123 | | | | - | - |
| 1124 | | | | - | - |
| 1125 | | | | - | - |
| 1126 | | | | - | - |
| 1127 | | | | - | - |
| 1128 | | | | - | - |
| 1129 | | | | - | - |
| 1130 | | | | - | - |
| 1131 | | | | - | - |
| 1132 | | | | - | - |
| 1133 | | | | - | - |
| 1134 | | | | - | - |
| Direct Personnel Program Salaries Subtotal | | 13.00 | | \$ 522,976 | \$ 522,976 |
| Direct Personnel Salaries Subtotal | | 13.85 | \$ 88,177 | \$ 522,976 | \$ 611,153 |
| Direct Employee Benefits | | | | | |
| Acct # | Description | | Admin | Program | Total |
| 1201 | Retirement | | \$ 1,020 | \$ 8,950 | \$ 9,970 |
| 1202 | Worker's Compensation | | 6,827 | 12,000 | 18,827 |
| 1203 | Health Insurance | | 4,080 | 11,000 | 15,080 |
| 1204 | Other (specify) | | - | - | - |
| 1205 | Other (specify) | | - | - | - |
| 1206 | Other (specify) | | - | - | - |
| Direct Employee Benefits Subtotal: | | | \$ 11,927 | \$ 31,950 | \$ 43,877 |
| Direct Payroll Taxes & Expenses: | | | | | |
| Acct # | Description | | Admin | Program | Total |
| 1301 | OASDI | | \$ 4,456 | \$ 22,916 | \$ 27,372 |
| 1302 | FICA/MEDICARE | | 1,042 | 8,867 | 9,909 |
| 1303 | SUI | | 2,372 | 14,000 | 16,372 |
| 1304 | Other (specify) | | 612 | 72 | 684 |
| 1305 | Other (specify) | | - | - | - |
| 1306 | Other (specify) | | - | - | - |
| Direct Payroll Taxes & Expenses Subtotal: | | | \$ 8,482 | \$ 45,855 | \$ 54,337 |
| DIRECT EMPLOYEE SALARIES & BENEFITS TOTAL: | | | \$ 108,586 | \$ 600,781 | \$ 709,367 |

| DIRECT EMPLOYEE SALARIES & BENEFITS PERCENTAGE: | Admin | Program |
|---|-------|---------|
| | 15% | 85% |

| 2000: DIRECT CLIENT SUPPORT | | |
|------------------------------------|---------------------------------|-------------------|
| Acct # | Line Item Description | Amount |
| 2001 | Child Care | \$ - |
| 2002 | Client Housing Support | 42 |
| 2003 | Client Transportation & Support | 4,064 |
| 2004 | Clothing, Food, & Hygiene | 223,000 |
| 2005 | Education Support | - |
| 2006 | Employment Support | - |
| 2007 | Household Items for Clients | - |
| 2008 | Medication Supports | - |
| 2009 | Program Supplies - Medical | - |
| 2010 | Utility Vouchers | - |
| 2011 | Other (specify) | - |
| 2012 | Other Landlord Engagement | - |
| 2013 | Other (specify) | - |
| 2014 | Other (specify) | - |
| 2015 | Other (specify) | - |
| 2016 | Other (specify) | - |
| DIRECT CLIENT CARE TOTAL | | \$ 227,106 |

| 3000: DIRECT OPERATING EXPENSES | | |
|---|--------------------------------------|------------------|
| Acct # | Line Item Description | Amount |
| 3001 | Telecommunications | \$ 5,166 |
| 3002 | Printing/Postage | 75 |
| 3003 | Office, Household & Program Supplies | 14,600 |
| 3004 | Advertising | - |
| 3005 | Staff Development & Training | 1,677 |
| 3006 | Staff Mileage | - |
| 3007 | Subscriptions & Memberships | - |
| 3008 | Vehicle Maintenance | 387 |
| 3009 | Other Vehicle Insurance | 1,800 |
| 3010 | Other Required Insurance Coverages | 6,500 |
| 3011 | Other (specify) | - |
| 3012 | Other (specify) | - |
| DIRECT OPERATING EXPENSES TOTAL: | | \$ 30,205 |

| 4000: DIRECT FACILITIES & EQUIPMENT | | |
|--|------------------------------|-------------------|
| Acct # | Line Item Description | Amount |
| 4001 | Building Maintenance | \$ - |
| 4002 | Rent/Lease Building | 250,000 |
| 4003 | Rent/Lease Equipment | - |
| 4004 | Rent/Lease Vehicles | 6,000 |
| 4005 | Security | 150,000 |
| 4006 | Utilities | - |
| 4007 | Other (specify) | - |
| 4008 | Other (specify) | - |
| 4009 | Other (specify) | - |
| 4010 | Other (specify) | - |
| DIRECT FACILITIES/EQUIPMENT TOTAL: | | \$ 406,000 |

| 5000: DIRECT SPECIAL EXPENSES | | |
|---------------------------------------|---|------------------|
| Acct # | Line Item Description | Amount |
| 5001 | Consultant (Network & Data Management) | \$ 10,029 |
| 5002 | HMIS (Health Management Information System) | 1,800 |
| 5003 | Contractual/Consulting Services (Specify) | 891 |
| 5004 | Translation Services | - |
| 5005 | Other (specify) | - |
| 5006 | Other (specify) | - |
| 5007 | Other (specify) | - |
| 5008 | Other (specify) | - |
| DIRECT SPECIAL EXPENSES TOTAL: | | \$ 12,720 |

| 6000: INDIRECT EXPENSES | | |
|-------------------------|---|------------|
| Acct # | Line Item Description | Amount |
| | Administrative Overhead | |
| 6001 | Use this line and only this line for approved indirect cost rate | \$ 138,443 |
| | Administrative Overhead | |
| 6002 | Professional Liability Insurance | - |
| 6003 | Accounting/Bookkeeping | - |
| 6004 | External Audit | - |
| 6005 | Insurance (Specify): | - |
| 6006 | Payroll Services | - |
| 6007 | Depreciation (Provider-Owned Equipment to be Used for Program Purposes) | - |
| 6008 | Personnel (Indirect Salaries & Benefits) | - |
| 6009 | Other (specify) | - |
| 6010 | Other (specify) | - |
| 6011 | Other (specify) | - |
| 6012 | Other (specify) | - |
| 6013 | Other (specify) | - |
| INDIRECT EXPENSES TOTAL | | \$ 138,443 |

| | |
|--------------------|-------|
| INDIRECT COST RATE | 9.99% |
|--------------------|-------|

| 7000: DIRECT FIXED ASSETS | | |
|-----------------------------|--|--------|
| Acct # | Line Item Description | Amount |
| 7001 | Computer Equipment & Software | \$ 42 |
| 7002 | Copiers, Cell Phones, Tablets, Devices to Contain HIPAA Data | - |
| 7003 | Furniture & Fixtures | 88 |
| 7004 | Leasehold/Tenant/Building Improvements | - |
| 7005 | Other Assets over \$500 with Lifespan of 2 Years + | - |
| 7006 | Assets over \$5,000/unit (Specify) | - |
| 7007 | Other (specify) | - |
| 7008 | FiscalRocks | - |
| FIXED ASSETS EXPENSES TOTAL | | \$ 130 |

| | |
|------------------------|--------------|
| TOTAL PROGRAM EXPENSES | \$ 1,523,971 |
|------------------------|--------------|

PROGRAM FUNDING SOURCES

| 8000: TOTAL PROGRAM REVENUES | | |
|------------------------------|--------------------------|--------|
| Acct # | Line Item Description | Amount |
| 8001 | Revenue Allocated by DBH | - |
| 8002 | Client Fees | - |
| 8003 | Client Insurance | - |
| 8004 | Grants (Specify) | - |
| 8005 | Other (Specify) | - |
| 8006 | Other (Specify) | - |
| TOTAL PROGRAM REVENUES | | \$ - |

| | |
|-----------------------------------|------|
| TOTAL PROGRAM ESTIMATED REVENUES: | \$ - |
|-----------------------------------|------|

| | |
|-------------------|--------------|
| NET PROGRAM COST: | \$ 1,523,971 |
|-------------------|--------------|

**Sierra Sunrise
RH Community Builders
Fiscal Year (FY) 2024-25**

PARTIAL FTE DETAIL

For all positions with FTE's split among multiple programs/contracts the below must be filled out

| Position | Contract #/Name/Department/County | FTE % |
|--------------|--|-------------|
| Director | BHBH/Phoenix Landing/FC DBH/ Fresno | 0.15 |
| | BHBH/Sierra Sunrise/FC DBH/Fresno | 0.10 |
| | Medi-Cal/Phoenix Landing/FC DBH/Fresno | 0.10 |
| | CalAIM/Phoenix Landing/FC DBH/Fresno | 0.25 |
| | Medi-Cal/Sierra Sunrise/FC DBH/Fresno | 0.20 |
| | CalAIM/Sierra Sunrise/FC DBH/Fresno | 0.20 |
| Total | | 1.00 |

| Position | Contract #/Name/Department/County | FTE % |
|-----------------|---------------------------------------|-------------|
| Program Manager | BHBH/Sierra Sunrise/FC DBH/ Fresno | 0.50 |
| | Medi-Cal/Sierra Sunrise/FC DBH/Fresno | 0.50 |
| Total | | 1.00 |

| Position | Contract #/Name/Department/County | FTE % |
|----------------|--|-------------|
| Fiscal Analyst | BHBH/Phoenix Landing/FC DBH/ Fresno | 0.25 |
| | BHBH/Sierra Sunrise/FC DBH/Fresno | 0.25 |
| | Medi-Cal/Phoenix Landing/FC DBH/Fresno | 0.15 |
| | CalAIM/Phoenix Landing/FC DBH/Fresno | 0.10 |
| | Medi-Cal/Sierra Sunrise/FC DBH/Fresno | 0.10 |
| | CalAIM/Sierra Sunrise/FC DBH/Fresno | 0.15 |
| Total | | 1.00 |

| Position | Contract #/Name/Department/County | FTE % |
|--------------|-----------------------------------|-------------|
| Total | | 0.00 |

| Position | Contract #/Name/Department/County | FTE % |
|--------------|-----------------------------------|-------------|
| Total | | 0.00 |

| Position | Contract #/Name/Department/County | FTE % |
|--------------|-----------------------------------|-------------|
| Total | | 0.00 |

| Position | Contract #/Name/Department/County | FTE % |
|--------------|-----------------------------------|-------------|
| Total | | 0.00 |

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| Total | | <u>0.00</u> |

| Position | Contract #/Name/Department/County | FTE % |
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| Total | | <u>0.00</u> |

| Position | Contract #/Name/Department/County | FTE % |
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| Total | | <u>0.00</u> |

| Position | Contract #/Name/Department/County | FTE % |
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| Total | | <u>0.00</u> |

| Position | Contract #/Name/Department/County | FTE % |
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| Total | | <u>0.00</u> |

| Position | Contract #/Name/Department/County | FTE % |
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| Total | | <u>0.00</u> |

| Position | Contract #/Name/Department/County | FTE % |
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| Total | | <u>0.00</u> |

| Position | Contract #/Name/Department/County | FTE % |
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| Total | | <u>0.00</u> |

| Position | Contract #/Name/Department/County | FTE % |
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| Total | | <u>0.00</u> |

Sierra Sunrise
RH Community Builders
Fiscal Year (FY) 2024-25 Budget Narrative

| PROGRAM EXPENSE | | | |
|---|---------------------------------|----------------|---|
| ACCT # | LINE ITEM | AMT | DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE |
| 1000: DIRECT SALARIES & BENEFITS | | 709,367 | |
| Administrative Positions | | 88,177 | |
| 1101 | Director | 29,414 | Responsible for Program Oversight and Management of the Program Manager |
| 1102 | Program Manager | 43,682 | Responsible for daily operations of the program including staff management and crisis response |
| 1103 | Fiscal Analyst | 15,081 | Responsible for fiscal management and compliance with grant |
| 1104 | 0 | - | |
| 1105 | 0 | - | |
| 1106 | 0 | - | |
| 1107 | 0 | - | |
| 1108 | 0 | - | |
| 1109 | 0 | - | |
| 1110 | 0 | - | |
| 1111 | 0 | - | |
| 1112 | 0 | - | |
| 1113 | 0 | - | |
| 1114 | 0 | - | |
| 1115 | 0 | - | |
| Program Positions | | 522,976 | |
| 1116 | Certified Nursing Assistant | 103,976 | Responsible for assisting clients with daily living skills including woundcare and medication education |
| 1117 | Driver | 42,000 | Responsible for driving clients to and from appointments |
| 1118 | Maintenance Tech | 48,300 | Responsible for upkeep of program facility |
| 1119 | Food Service | 40,785 | Responsible for distribution of facility meals |
| 1120 | Overnight Monitor | 225,000 | Responsible for checking clients in and out of the program, managing the front desk |
| 1121 | Janitor | 62,915 | Responsible for cleaning all common areas and client rooms. |
| 1122 | 0 | - | |
| 1123 | 0 | - | |
| 1124 | 0 | - | |
| 1125 | 0 | - | |
| 1126 | 0 | - | |
| 1127 | 0 | - | |
| 1128 | 0 | - | |
| 1129 | 0 | - | |
| 1130 | 0 | - | |
| 1131 | 0 | - | |
| 1132 | 0 | - | |
| 1133 | 0 | - | |
| 1134 | 0 | - | |
| Direct Employee Benefits | | 43,877 | |
| 1201 | Retirement | 9,970 | Employer match for employee retirement |
| 1202 | Worker's Compensation | 18,827 | Required workers comp coverage |
| 1203 | Health Insurance | 15,080 | 100% paid health insurance |
| 1204 | Other (specify) | - | |
| 1205 | Other (specify) | - | |
| 1206 | Other (specify) | - | |
| Direct Payroll Taxes & Expenses: | | 54,337 | |
| 1301 | OASDI | 27,372 | OASDI taxes |
| 1302 | FICA/MEDICARE | 9,909 | FICA taxes |
| 1303 | SUI | 16,372 | SUI taxes |
| 1304 | Other (specify) | 684 | Employer Training Tax |
| 1305 | Other (specify) | - | |
| 1306 | Other (specify) | - | |
| 2000: DIRECT CLIENT SUPPORT | | 227,106 | |
| 2001 | Child Care | - | |
| 2002 | Client Housing Support | 42 | Financial support for clients housing including rent, documents required, application fees, etc. |
| 2003 | Client Transportation & Support | 4,064 | gas for company van |
| 2004 | Clothing, Food, & Hygiene | 223,000 | 3 meals daily for all clients in program, linens, and daily hygiene supplies |
| 2005 | Education Support | - | |
| 2006 | Employment Support | - | |

| PROGRAM EXPENSE | | | | |
|-----------------|--------|-----------------------------|-----|---|
| | ACCT # | LINE ITEM | AMT | DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE |
| | 2007 | Household Items for Clients | - | |
| | 2008 | Medication Supports | - | |
| | 2009 | Program Supplies - Medical | - | |
| | 2010 | Utility Vouchers | - | |
| | 2011 | Other (specify) | - | |
| | 2012 | Other Landlord Engagement | - | |
| | 2013 | Other (specify) | - | |
| | 2014 | Other (specify) | - | |
| | 2015 | Other (specify) | - | |
| | 2016 | Other (specify) | - | |

| 3000: DIRECT OPERATING EXPENSES | | 30,205 | | |
|---------------------------------|------|--------------------------------------|--------|---|
| | 3001 | Telecommunications | 5,166 | cellphones, emails, etc. for program staff |
| | 3002 | Printing/Postage | 75 | Business cards |
| | 3003 | Office, Household & Program Supplies | 14,600 | Supplies for program operations including office supplies, cleaning supplies and other needed items |
| | 3004 | Advertising | - | |
| | 3005 | Staff Development & Training | 1,677 | Training for staff including MHA First Aid and Peer certification |
| | 3006 | Staff Mileage | - | |
| | 3007 | Subscriptions & Memberships | - | |
| | 3008 | Vehicle Maintenance | 387 | Repairs for program vehicle |
| | 3009 | Other Vehicle Insurance | 1,800 | Required coverages per contract |
| | 3010 | Other Required Insurance Coverages | 6,500 | Required coverages per contract |
| | 3011 | Other (specify) | - | |
| | 3012 | Other (specify) | - | |

| 4000: DIRECT FACILITIES & EQUIPMENT | | 406,000 | | |
|-------------------------------------|------|----------------------|---------|-------------------------------|
| | 4001 | Building Maintenance | - | |
| | 4002 | Rent/Lease Building | 250,000 | Rent for facility |
| | 4003 | Rent/Lease Equipment | - | |
| | 4004 | Rent/Lease Vehicles | 6,000 | Van for transporting clients |
| | 4005 | Security | 150,000 | 24/7 standign securirty guard |
| | 4006 | Utilities | - | |
| | 4007 | Other (specify) | - | |
| | 4008 | Other (specify) | - | |
| | 4009 | Other (specify) | - | |
| | 4010 | Other (specify) | - | |

| 5000: DIRECT SPECIAL EXPENSES | | 12,720 | | |
|-------------------------------|------|---|--------|--|
| | 5001 | Consultant (Network & Data Management) | 10,029 | IT Consulting |
| | 5002 | HMIS (Health Management Information System) | 1,800 | HMIS Access |
| | 5003 | Contractual/Consulting Services (Specify) | 891 | Background tests, drug testing, staff maangmt software |
| | 5004 | Translation Services | - | |
| | 5005 | Other (specify) | - | |
| | 5006 | Other (specify) | - | |
| | 5007 | Other (specify) | - | |
| | 5008 | Other (specify) | - | |

| 6000: INDIRECT EXPENSES | | 138,443 | | |
|-------------------------|------|---|---------|---------------------|
| | 6001 | Administrative Overhead | 138,443 | 10% de minimus rate |
| | 6002 | Professional Liability Insurance | - | |
| | 6003 | Accounting/Bookkeeping | - | |
| | 6004 | External Audit | - | |
| | 6005 | Insurance (Specify): | - | |
| | 6006 | Payroll Services | - | |
| | 6007 | Depreciation (Provider-Owned Equipment to be Used | - | |
| | 6008 | Personnel (Indirect Salaries & Benefits) | - | |
| | 6009 | Other (specify) | - | |
| | 6010 | Other (specify) | - | |
| | 6011 | Other (specify) | - | |
| | 6012 | Other (specify) | - | |
| | 6013 | Other (specify) | - | |

| 7000: DIRECT FIXED ASSETS | | 130 | | |
|---------------------------|------|---|----|---|
| | 7001 | Computer Equipment & Software | 42 | Replacement devices for program |
| | 7002 | Copiers, Cell Phones, Tablets, Devices to Contain HIPAA | - | |
| | 7003 | Furniture & Fixtures | 88 | Replacement client beds and furnishings |
| | 7004 | Leasehold/Tenant/Building Improvements | - | |
| | 7005 | Other Assets over \$500 with Lifespan of 2 Years + | - | |

| PROGRAM EXPENSE | | | |
|-----------------|------------------------------------|-----|---|
| ACCT # | LINE ITEM | AMT | DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE |
| 7006 | Assets over \$5,000/unit (Specify) | - | |
| 7007 | Other (specify) | - | |
| 7008 | FiscalRocks | - | |

TOTAL PROGRAM EXPENSE FROM BUDGET NARRATIVE: 1,523,971

Sierra Sunrise
RH Community Builders
Fiscal Year (FY) 2025-26

| PROGRAM EXPENSES | | | | | |
|--|-----------------------------|-------|------------|------------|------------|
| 1000: DIRECT SALARIES & BENEFITS | | | | | |
| Direct Employee Salaries | | | | | |
| Acct # | Administrative Position | FTE | Admin | Program | Total |
| 1101 | Director | 0.10 | \$ 27,041 | | \$ 27,041 |
| 1102 | Program Manager | 0.50 | 58,138 | | 58,138 |
| 1103 | Fiscal Analyst | 0.25 | 25,601 | | 25,601 |
| 1104 | | | - | | - |
| 1105 | | | - | | - |
| 1106 | | | - | | - |
| 1107 | | | - | | - |
| 1108 | | | - | | - |
| 1109 | | | - | | - |
| 1110 | | | - | | - |
| 1111 | | | - | | - |
| 1112 | | | - | | - |
| 1113 | | | - | | - |
| 1114 | | | - | | - |
| 1115 | | | - | | - |
| Direct Personnel Admin Salaries Subtotal | | 0.85 | \$ 110,780 | | \$ 110,780 |
| Acct # | Program Position | FTE | Admin | Program | Total |
| 1116 | Certified Nursing Assistant | 2.00 | | \$ 92,000 | \$ 92,000 |
| 1117 | Driver | 1.00 | | 49,922 | 49,922 |
| 1118 | Maintenance Tech | 1.00 | | 82,002 | 82,002 |
| 1119 | Food Service | 1.00 | | 45,762 | 45,762 |
| 1120 | Overnight Monitor | 6.00 | | 245,000 | 245,000 |
| 1121 | Janitor | 2.00 | | 81,000 | 81,000 |
| 1122 | | | | - | - |
| 1123 | | | | - | - |
| 1124 | | | | - | - |
| 1125 | | | | - | - |
| 1126 | | | | - | - |
| 1127 | | | | - | - |
| 1128 | | | | - | - |
| 1129 | | | | - | - |
| 1130 | | | | - | - |
| 1131 | | | | - | - |
| 1132 | | | | - | - |
| 1133 | | | | - | - |
| 1134 | | | | - | - |
| Direct Personnel Program Salaries Subtotal | | 13.00 | | \$ 595,686 | \$ 595,686 |
| Direct Personnel Salaries Subtotal | | 13.85 | \$ 110,780 | \$ 595,686 | \$ 706,466 |
| Direct Employee Benefits | | | | | |
| Acct # | Description | | Admin | Program | Total |
| 1201 | Retirement | | \$ 1,020 | \$ 3,600 | \$ 4,620 |
| 1202 | Worker's Compensation | | 9,574 | 20,000 | 29,574 |
| 1203 | Health Insurance | | 4,080 | 40,000 | 44,080 |
| 1204 | Other (specify) | | - | - | - |
| 1205 | Other (specify) | | - | - | - |
| 1206 | Other (specify) | | - | - | - |
| Direct Employee Benefits Subtotal: | | | \$ 14,674 | \$ 63,600 | \$ 78,274 |
| Direct Payroll Taxes & Expenses: | | | | | |
| Acct # | Description | | Admin | Program | Total |
| 1301 | OASDI | | \$ 6,248 | \$ 25,000 | \$ 31,248 |
| 1302 | FICA/MEDICARE | | 1,461 | 901 | 2,362 |
| 1303 | SUI | | 3,326 | 20,524 | 23,850 |
| 1304 | Other (specify) | | 101 | 639 | 740 |
| 1305 | Other (specify) | | - | - | - |
| 1306 | Other (specify) | | - | - | - |
| Direct Payroll Taxes & Expenses Subtotal: | | | \$ 11,136 | \$ 47,064 | \$ 58,200 |
| DIRECT EMPLOYEE SALARIES & BENEFITS TOTAL: | | | \$ 136,590 | \$ 706,350 | \$ 842,940 |

| DIRECT EMPLOYEE SALARIES & BENEFITS PERCENTAGE: | Admin | Program |
|---|-------|---------|
| | 16% | 84% |

| 2000: DIRECT CLIENT SUPPORT | | |
|------------------------------------|---------------------------------|-------------------|
| Acct # | Line Item Description | Amount |
| 2001 | Child Care | \$ - |
| 2002 | Client Housing Support | 1,500 |
| 2003 | Client Transportation & Support | 4,635 |
| 2004 | Clothing, Food, & Hygiene | 329,600 |
| 2005 | Education Support | - |
| 2006 | Employment Support | - |
| 2007 | Household Items for Clients | - |
| 2008 | Medication Supports | - |
| 2009 | Program Supplies - Medical | 500 |
| 2010 | Utility Vouchers | - |
| 2011 | Other (specify) | - |
| 2012 | Other Landlord Engagement | 30,000 |
| 2013 | Other (specify) | - |
| 2014 | Other (specify) | - |
| 2015 | Other (specify) | - |
| 2016 | Other (specify) | - |
| DIRECT CLIENT CARE TOTAL | | \$ 366,235 |

| 3000: DIRECT OPERATING EXPENSES | | |
|---|--------------------------------------|------------------|
| Acct # | Line Item Description | Amount |
| 3001 | Telecommunications | \$ 10,300 |
| 3002 | Printing/Postage | 460 |
| 3003 | Office, Household & Program Supplies | 25,400 |
| 3004 | Advertising | - |
| 3005 | Staff Development & Training | 13,605 |
| 3006 | Staff Mileage | - |
| 3007 | Subscriptions & Memberships | - |
| 3008 | Vehicle Maintenance | 820 |
| 3009 | Other Vehicle Insurance | 1,850 |
| 3010 | Other Required Insurance Coverage | 6,695 |
| 3011 | Other (specify) | - |
| 3012 | Other (specify) | - |
| DIRECT OPERATING EXPENSES TOTAL: | | \$ 59,130 |

| 4000: DIRECT FACILITIES & EQUIPMENT | | |
|--|------------------------------|-------------------|
| Acct # | Line Item Description | Amount |
| 4001 | Building Maintenance | \$ 15,000 |
| 4002 | Rent/Lease Building | 247,200 |
| 4003 | Rent/Lease Equipment | - |
| 4004 | Rent/Lease Vehicles | 10,180 |
| 4005 | Security | 194,500 |
| 4006 | Utilities | - |
| 4007 | Other (specify) | - |
| 4008 | Other (specify) | - |
| 4009 | Other (specify) | - |
| 4010 | Other (specify) | - |
| DIRECT FACILITIES/EQUIPMENT TOTAL: | | \$ 466,880 |

| 5000: DIRECT SPECIAL EXPENSES | | |
|---------------------------------------|---|------------------|
| Acct # | Line Item Description | Amount |
| 5001 | Consultant (Network & Data Management) | \$ 14,420 |
| 5002 | HMIS (Health Management Information System) | 865 |
| 5003 | Contractual/Consulting Services (Specify) | 9,750 |
| 5004 | Translation Services | 1,500 |
| 5005 | Other (specify) | - |
| 5006 | Other (specify) | - |
| 5007 | Other (specify) | - |
| 5008 | Other (specify) | - |
| DIRECT SPECIAL EXPENSES TOTAL: | | \$ 26,535 |

| 6000: INDIRECT EXPENSES | | |
|-------------------------|---|------------|
| Acct # | Line Item Description | Amount |
| | Administrative Overhead | |
| 6001 | Use this line and only this line for approved indirect cost rate | \$ 170,000 |
| | Administrative Overhead | |
| 6002 | Professional Liability Insurance | - |
| 6003 | Accounting/Bookkeeping | - |
| 6004 | External Audit | - |
| 6005 | Insurance (Specify): | - |
| 6006 | Payroll Services | - |
| 6007 | Depreciation (Provider-Owned Equipment to be Used for Program Purposes) | - |
| 6008 | Personnel (Indirect Salaries & Benefits) | - |
| 6009 | Other (specify) | - |
| 6010 | Other (specify) | - |
| 6011 | Other (specify) | - |
| 6012 | Other (specify) | - |
| 6013 | Other (specify) | - |
| INDIRECT EXPENSES TOTAL | | \$ 170,000 |

| | |
|--------------------|-------|
| INDIRECT COST RATE | 9.51% |
|--------------------|-------|

| 7000: DIRECT FIXED ASSETS | | |
|-----------------------------|--|-----------|
| Acct # | Line Item Description | Amount |
| 7001 | Computer Equipment & Software | \$ 20,515 |
| 7002 | Copiers, Cell Phones, Tablets, Devices to Contain HIPAA Data | 3,515 |
| 7003 | Furniture & Fixtures | 1,080 |
| 7004 | Leasehold/Tenant/Building Improvements | - |
| 7005 | Other Assets over \$500 with Lifespan of 2 Years + | - |
| 7006 | Assets over \$5,000/unit (Specify) | - |
| 7007 | Other (specify) | - |
| 7008 | Other (specify) | - |
| FIXED ASSETS EXPENSES TOTAL | | \$ 25,110 |

| | |
|------------------------|--------------|
| TOTAL PROGRAM EXPENSES | \$ 1,956,830 |
|------------------------|--------------|

PROGRAM FUNDING SOURCES

| 8000: TOTAL PROGRAM REVENUES | | |
|------------------------------|--------------------------|--------|
| Acct # | Line Item Description | Amount |
| 8001 | Revenue Allocated by DBH | - |
| 8002 | Client Fees | - |
| 8003 | Client Insurance | - |
| 8004 | Grants (Specify) | - |
| 8005 | Other (Specify) | - |
| 8006 | Other (Specify) | - |
| TOTAL PROGRAM REVENUES | | \$ - |

| | |
|-----------------------------------|------|
| TOTAL PROGRAM ESTIMATED REVENUES: | \$ - |
|-----------------------------------|------|

| | |
|-------------------|--------------|
| NET PROGRAM COST: | \$ 1,956,830 |
|-------------------|--------------|

**Sierra Sunrise
RH Community Builders
Fiscal Year (FY) 2025-26**

PARTIAL FTE DETAIL

For all positions with FTE's split among multiple programs/contracts the below must be filled out

| Position | Contract #/Name/Department/County | FTE % |
|--------------|--|-------------|
| Director | BHBH/Phoenix Landing/FC DBH/ Fresno | 0.15 |
| | BHBH/Sierra Sunrise/FC DBH/Fresno | 0.10 |
| | Medi-Cal/Phoenix Landing/FC DBH/Fresno | 0.10 |
| | CalAIM/Phoenix Landing/FC DBH/Fresno | 0.25 |
| | Medi-Cal/Sierra Sunrise/FC DBH/Fresno | 0.20 |
| | CalAIM/Sierra Sunrise/FC DBH/Fresno | 0.20 |
| Total | | 1.00 |

| Position | Contract #/Name/Department/County | FTE % |
|-----------------|---------------------------------------|-------------|
| Program Manager | BHBH/Sierra Sunrise/FC DBH/ Fresno | 0.50 |
| | Medi-Cal/Sierra Sunrise/FC DBH/Fresno | 0.50 |
| Total | | 1.00 |

| Position | Contract #/Name/Department/County | FTE % |
|----------------|--|-------------|
| Fiscal Analyst | BHBH/Phoenix Landing/FC DBH/ Fresno | 0.25 |
| | BHBH/Sierra Sunrise/FC DBH/Fresno | 0.25 |
| | Medi-Cal/Phoenix Landing/FC DBH/Fresno | 0.15 |
| | CalAIM/Phoenix Landing/FC DBH/Fresno | 0.10 |
| | Medi-Cal/Sierra Sunrise/FC DBH/Fresno | 0.10 |
| | CalAIM/Sierra Sunrise/FC DBH/Fresno | 0.15 |
| Total | | 1.00 |

| Position | Contract #/Name/Department/County | FTE % |
|--------------|-----------------------------------|-------------|
| Total | | 0.00 |

| Position | Contract #/Name/Department/County | FTE % |
|--------------|-----------------------------------|-------------|
| Total | | 0.00 |

| Position | Contract #/Name/Department/County | FTE % |
|--------------|-----------------------------------|-------------|
| Total | | 0.00 |

| Position | Contract #/Name/Department/County | FTE % |
|--------------|-----------------------------------|-------------|
| Total | | 0.00 |

Sierra Sunrise
RH Community Builders
Fiscal Year (FY) 2025-26 Budget Narrative

| PROGRAM EXPENSE | | | |
|---|---------------------------------|----------------|---|
| ACCT # | LINE ITEM | AMT | DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE |
| 1000: DIRECT SALARIES & BENEFITS | | 842,940 | |
| Administrative Positions | | 110,780 | |
| 1101 | Director | 27,041 | Responsible for Program Oversight and Management of the Program Manager |
| 1102 | Program Manager | 58,138 | Responsible for daily operations of the program including staff management and crisis response |
| 1103 | Fiscal Analyst | 25,601 | Responsible for fiscal managemetn and compliance with grant |
| 1104 | 0 | - | |
| 1105 | 0 | - | |
| 1106 | 0 | - | |
| 1107 | 0 | - | |
| 1108 | 0 | - | |
| 1109 | 0 | - | |
| 1110 | 0 | - | |
| 1111 | 0 | - | |
| 1112 | 0 | - | |
| 1113 | 0 | - | |
| 1114 | 0 | - | |
| 1115 | 0 | - | |
| Program Positions | | 595,686 | |
| 1116 | Certified Nursing Assistant | 92,000 | Responsible for assisting clients with daily living skills including woundcare and medication education |
| 1117 | Driver | 49,922 | Responsible for driving clients to and from appointments |
| 1118 | Maintenance Tech | 82,002 | Responsible for upkeep of program facility |
| 1119 | Food Service | 45,762 | Responsible for distrupution of facility meals |
| 1120 | Overnight Monitor | 245,000 | Responsible for checking clients in and out of the program, managing the front desk |
| 1121 | Janitor | 81,000 | Responsible for cleaning all common areas and client rooms. |
| 1122 | 0 | - | |
| 1123 | 0 | - | |
| 1124 | 0 | - | |
| 1125 | 0 | - | |
| 1126 | 0 | - | |
| 1127 | 0 | - | |
| 1128 | 0 | - | |
| 1129 | 0 | - | |
| 1130 | 0 | - | |
| 1131 | 0 | - | |
| 1132 | 0 | - | |
| 1133 | 0 | - | |
| 1134 | 0 | - | |
| Direct Employee Benefits | | 78,274 | |
| 1201 | Retirement | 4,620 | Employer match for employee retirement |
| 1202 | Worker's Compensation | 29,574 | Required workers comp coverage |
| 1203 | Health Insurance | 44,080 | 100% paid health insurance |
| 1204 | Other (specify) | - | |
| 1205 | Other (specify) | - | |
| 1206 | Other (specify) | - | |
| Direct Payroll Taxes & Expenses: | | 58,200 | |
| 1301 | OASDI | 31,248 | OASDI taxes |
| 1302 | FICA/MEDICARE | 2,362 | FICA taxes |
| 1303 | SUI | 23,850 | SUI taxes |
| 1304 | Other (specify) | 740 | Employer Training Tax |
| 1305 | Other (specify) | - | |
| 1306 | Other (specify) | - | |
| 2000: DIRECT CLIENT SUPPORT | | 366,235 | |
| 2001 | Child Care | - | |
| 2002 | Client Housing Support | 1,500 | Financial support for clients housing including rent, documents required, application fees, etc. |
| 2003 | Client Transportation & Support | 4,635 | gas for company van |
| 2004 | Clothing, Food, & Hygiene | 329,600 | 3 meals daily for all clients in program, linens, and daily hygiene supplies |
| 2005 | Education Support | - | |
| 2006 | Employment Support | - | |

| PROGRAM EXPENSE | | | | |
|-----------------|--------|-----------------------------|--------|--|
| | ACCT # | LINE ITEM | AMT | DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE |
| | 2007 | Household Items for Clients | - | |
| | 2008 | Medication Supports | - | |
| | 2009 | Program Supplies - Medical | 500 | Supplies for client medical needs including RX copays and wound care |
| | 2010 | Utility Vouchers | - | |
| | 2011 | Other (specify) | - | |
| | 2012 | Other Landlord Engagement | 30,000 | |
| | 2013 | Other (specify) | - | |
| | 2014 | Other (specify) | - | |
| | 2015 | Other (specify) | - | |
| | 2016 | Other (specify) | - | |

| 3000: DIRECT OPERATING EXPENSES | | 59,130 | | |
|---------------------------------|------|--------------------------------------|--------|---|
| | 3001 | Telecommunications | 10,300 | cellphones, emails, etc. for program staff |
| | 3002 | Printing/Postage | 460 | Business cards |
| | 3003 | Office, Household & Program Supplies | 25,400 | Supplies for program operations including office supplies, cleaning supplies and other needed items |
| | 3004 | Advertising | - | |
| | 3005 | Staff Development & Training | 13,605 | Training for staff including MHA First Aid and Peer certification |
| | 3006 | Staff Mileage | - | |
| | 3007 | Subscriptions & Memberships | - | |
| | 3008 | Vehicle Maintenance | 820 | Repairs for program vehicle |
| | 3009 | Other Vehicle Insurance | 1,850 | |
| | 3010 | Other Required Insurance Coverage | 6,695 | Required coverages per contract |
| | 3011 | Other (specify) | - | |
| | 3012 | Other (specify) | - | |

| 4000: DIRECT FACILITIES & EQUIPMENT | | 466,880 | | |
|-------------------------------------|------|----------------------|---------|-------------------------------|
| | 4001 | Building Maintenance | 15,000 | |
| | 4002 | Rent/Lease Building | 247,200 | Rent for facility |
| | 4003 | Rent/Lease Equipment | - | |
| | 4004 | Rent/Lease Vehicles | 10,180 | Van for transporting clients |
| | 4005 | Security | 194,500 | 24/7 standign securirty guard |
| | 4006 | Utilities | - | |
| | 4007 | Other (specify) | - | |
| | 4008 | Other (specify) | - | |
| | 4009 | Other (specify) | - | |
| | 4010 | Other (specify) | - | |

| 5000: DIRECT SPECIAL EXPENSES | | 26,535 | | |
|-------------------------------|------|---|--------|--|
| | 5001 | Consultant (Network & Data Management) | 14,420 | IT Consulting |
| | 5002 | HMIS (Health Management Information System) | 865 | HMIS Access |
| | 5003 | Contractual/Consulting Services (Specify) | 9,750 | Background tests, drug testing, staff maangmt software |
| | 5004 | Translation Services | 1,500 | Language Line Access |
| | 5005 | Other (specify) | - | |
| | 5006 | Other (specify) | - | |
| | 5007 | Other (specify) | - | |
| | 5008 | Other (specify) | - | |

| 6000: INDIRECT EXPENSES | | 170,000 | | |
|-------------------------|------|--|---------|---------------------|
| | 6001 | Administrative Overhead | 170,000 | 10% de minimus rate |
| | 6002 | Professional Liability Insurance | - | |
| | 6003 | Accounting/Bookkeeping | - | |
| | 6004 | External Audit | - | |
| | 6005 | Insurance (Specify): | - | |
| | 6006 | Payroll Services | - | |
| | 6007 | Depreciation (Provider-Owned Equipment to be Used) | - | |
| | 6008 | Personnel (Indirect Salaries & Benefits) | - | |
| | 6009 | Other (specify) | - | |
| | 6010 | Other (specify) | - | |
| | 6011 | Other (specify) | - | |
| | 6012 | Other (specify) | - | |
| | 6013 | Other (specify) | - | |

| 7000: DIRECT FIXED ASSETS | | 25,110 | | |
|---------------------------|------|---|--------|---|
| | 7001 | Computer Equipment & Software | 20,515 | Replacement devices for program |
| | 7002 | Copiers, Cell Phones, Tablets, Devices to Contain HIPAA | 3,515 | Replacement devices for program |
| | 7003 | Furniture & Fixtures | 1,080 | Replacement client beds and furnishings |
| | 7004 | Leasehold/Tenant/Building Improvements | - | |
| | 7005 | Other Assets over \$500 with Lifespan of 2 Years + | - | |

| PROGRAM EXPENSE | | | |
|-----------------|------------------------------------|-----|---|
| ACCT # | LINE ITEM | AMT | DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE |
| 7006 | Assets over \$5,000/unit (Specify) | - | |
| 7007 | Other (specify) | - | |
| 7008 | Other (specify) | - | |

TOTAL PROGRAM EXPENSE FROM BUDGET NARRATIVE: 1,956,830

Sierra Sunrise
RH Community Builders
Fiscal Year (FY) 2026-27

PROGRAM EXPENSES

1000: DIRECT SALARIES & BENEFITS

Direct Employee Salaries

| Acct # | Administrative Position | FTE | Admin | Program | Total |
|---|-------------------------|-------------|-------------------|---------|-------------------|
| 1101 | Director | 0.20 | \$ 27,873 | | \$ 27,873 |
| 1102 | Program Manager | 0.65 | 59,490 | | 59,490 |
| 1103 | Fiscal Analyst | 0.25 | 16,121 | | 16,121 |
| 1104 | | | - | | - |
| 1105 | | | - | | - |
| 1106 | | | - | | - |
| 1107 | | | - | | - |
| 1108 | | | - | | - |
| 1109 | | | - | | - |
| 1110 | | | - | | - |
| 1111 | | | - | | - |
| 1112 | | | - | | - |
| 1113 | | | - | | - |
| 1114 | | | - | | - |
| 1115 | | | - | | - |
| Direct Personnel Admin Salaries Subtotal | | 1.10 | \$ 103,484 | | \$ 103,484 |

| Acct # | Program Position | FTE | Admin | Program | Total |
|---|-----------------------------|--------------|-------|-------------------|-------------------|
| 1116 | Certified Nursing Assistant | 2.00 | | \$ 116,484 | \$ 116,484 |
| 1117 | Driver | 1.00 | | 52,002 | 52,002 |
| 1118 | Maintenance Tech | 1.00 | | 56,162 | 56,162 |
| 1119 | Overnight Monitor | 5.00 | | 228,804 | 228,804 |
| 1120 | Janitor | 2.00 | | 95,684 | 95,684 |
| 1121 | | | | | |
| 1122 | | | | - | - |
| 1123 | | | | - | - |
| 1124 | | | | - | - |
| 1125 | | | | - | - |
| 1126 | | | | - | - |
| 1127 | | | | - | - |
| 1128 | | | | - | - |
| 1129 | | | | - | - |
| 1130 | | | | - | - |
| 1131 | | | | - | - |
| 1132 | | | | - | - |
| 1133 | | | | - | - |
| 1134 | | | | - | - |
| Direct Personnel Program Salaries Subtotal | | 11.00 | | \$ 549,136 | \$ 549,136 |

| | | | Admin | Program | Total |
|---|--|--------------|-------------------|-------------------|-------------------|
| Direct Personnel Salaries Subtotal | | 12.10 | \$ 103,484 | \$ 549,136 | \$ 652,620 |

Direct Employee Benefits

| Acct # | Description | Admin | Program | Total |
|---|-----------------------|------------------|-------------------|-------------------|
| 1201 | Retirement | \$ 1,530 | \$ 10,000 | \$ 11,530 |
| 1202 | Worker's Compensation | 7,203 | 38,631 | 45,834 |
| 1203 | Health Insurance | 6,500 | 62,400 | 68,900 |
| 1204 | Other (specify) | - | - | - |
| 1205 | Other (specify) | - | - | - |
| 1206 | Other (specify) | - | - | - |
| Direct Employee Benefits Subtotal: | | \$ 15,233 | \$ 111,031 | \$ 126,264 |

Direct Payroll Taxes & Expenses:

| Acct # | Description | Admin | Program | Total |
|--|-----------------------------|------------------|------------------|------------------|
| 1301 | OASDI | \$ 6,416 | \$ 25,850 | \$ 32,266 |
| 1302 | FICA/MEDICARE | 1,501 | 9,320 | 10,821 |
| 1303 | SUI | 3,415 | 21,211 | 24,626 |
| 1304 | Other Employer Training Tax | 103 | 643 | 746 |
| 1305 | Other (specify) | - | - | - |
| 1306 | Other (specify) | - | - | - |
| Direct Payroll Taxes & Expenses Subtotal: | | \$ 11,435 | \$ 57,024 | \$ 68,459 |

| DIRECT EMPLOYEE SALARIES & BENEFITS TOTAL: | | Admin | Program | Total |
|---|--|-------------------|-------------------|-------------------|
| | | \$ 130,152 | \$ 717,191 | \$ 847,343 |

| DIRECT EMPLOYEE SALARIES & BENEFITS PERCENTAGE: | Admin | Program |
|--|------------|------------|
| | 15% | 85% |

| 2000: DIRECT CLIENT SUPPORT | | |
|---------------------------------|---------------------------------|-------------------|
| Acct # | Line Item Description | Amount |
| 2001 | Child Care | \$ - |
| 2002 | Client Housing Support | 2,500 |
| 2003 | Client Transportation & Support | 4,775 |
| 2004 | Clothing, Food, & Hygiene | 286,580 |
| 2005 | Education Support | - |
| 2006 | Employment Support | - |
| 2007 | Household Items for Clients | - |
| 2008 | Medication Supports | - |
| 2009 | Program Supplies - Medical | 2,501 |
| 2010 | Utility Vouchers | - |
| 2011 | Other (specify) | - |
| 2012 | Other Landlord Engagement | 4,532 |
| 2013 | Other (specify) | - |
| 2014 | Other (specify) | - |
| 2015 | Other (specify) | - |
| 2016 | Other (specify) | - |
| DIRECT CLIENT CARE TOTAL | | \$ 300,888 |

| 3000: DIRECT OPERATING EXPENSES | | |
|---|--------------------------------------|------------------|
| Acct # | Line Item Description | Amount |
| 3001 | Telecommunications | \$ 10,609 |
| 3002 | Printing/Postage | 450 |
| 3003 | Office, Household & Program Supplies | 25,900 |
| 3004 | Advertising | - |
| 3005 | Staff Development & Training | 13,700 |
| 3006 | Staff Mileage | - |
| 3007 | Subscriptions & Memberships | - |
| 3008 | Vehicle Maintenance | 850 |
| 3009 | Other Vehicle Insurance | 1,900 |
| 3010 | Other Required Insurance Coverage | 6,895 |
| 3011 | Other (specify) | - |
| 3012 | Other (specify) | - |
| DIRECT OPERATING EXPENSES TOTAL: | | \$ 60,304 |

| 4000: DIRECT FACILITIES & EQUIPMENT | | |
|---|-----------------------|-------------------|
| Acct # | Line Item Description | Amount |
| 4001 | Building Maintenance | \$ 75,000 |
| 4002 | Rent/Lease Building | 254,616 |
| 4003 | Rent/Lease Equipment | - |
| 4004 | Rent/Lease Vehicles | 6,365 |
| 4005 | Security | 225,000 |
| 4006 | Utilities | - |
| 4007 | Other (specify) | - |
| 4008 | Other (specify) | - |
| 4009 | Other (specify) | - |
| 4010 | Other (specify) | - |
| DIRECT FACILITIES/EQUIPMENT TOTAL: | | \$ 560,981 |

| 5000: DIRECT SPECIAL EXPENSES | | |
|---------------------------------------|---|------------------|
| Acct # | Line Item Description | Amount |
| 5001 | Consultant (Network & Data Management) | \$ 4,850 |
| 5002 | HMIS (Health Management Information System) | 1,800 |
| 5003 | Contractual/Consulting Services (Specify) | 5,900 |
| 5004 | Translation Services | 500 |
| 5005 | Other (specify) | - |
| 5006 | Other (specify) | - |
| 5007 | Other (specify) | - |
| 5008 | Other (specify) | - |
| DIRECT SPECIAL EXPENSES TOTAL: | | \$ 13,050 |

| 6000: INDIRECT EXPENSES | | |
|-------------------------|---|------------|
| Acct # | Line Item Description | Amount |
| | Administrative Overhead | |
| 6001 | Use this line and only this line for approved indirect cost rate | \$ 179,000 |
| | Administrative Overhead | |
| 6002 | Professional Liability Insurance | - |
| 6003 | Accounting/Bookkeeping | - |
| 6004 | External Audit | - |
| 6005 | Insurance (Specify): | - |
| 6006 | Payroll Services | - |
| 6007 | Depreciation (Provider-Owned Equipment to be Used for Program Purposes) | - |
| 6008 | Personnel (Indirect Salaries & Benefits) | - |
| 6009 | Other (specify) | - |
| 6010 | Other (specify) | - |
| 6011 | Other (specify) | - |
| 6012 | Other (specify) | - |
| 6013 | Other (specify) | - |
| INDIRECT EXPENSES TOTAL | | \$ 179,000 |

| | |
|--------------------|--------|
| INDIRECT COST RATE | 10.00% |
|--------------------|--------|

| 7000: DIRECT FIXED ASSETS | | |
|-----------------------------|--|----------|
| Acct # | Line Item Description | Amount |
| 7001 | Computer Equipment & Software | \$ 5,000 |
| 7002 | Copiers, Cell Phones, Tablets, Devices to Contain HIPAA Data | 1,500 |
| 7003 | Furniture & Fixtures | 1,100 |
| 7004 | Leasehold/Tenant/Building Improvements | - |
| 7005 | Other Assets over \$500 with Lifespan of 2 Years + | - |
| 7006 | Assets over \$5,000/unit (Specify) | - |
| 7007 | Other (specify) | - |
| 7008 | Other (specify) | - |
| FIXED ASSETS EXPENSES TOTAL | | \$ 7,600 |

| | |
|------------------------|--------------|
| TOTAL PROGRAM EXPENSES | \$ 1,969,166 |
|------------------------|--------------|

PROGRAM FUNDING SOURCES

| 8000: TOTAL PROGRAM REVENUES | | |
|------------------------------|--------------------------|--------|
| Acct # | Line Item Description | Amount |
| 8001 | Revenue Allocated by DBH | - |
| 8002 | Client Fees | - |
| 8003 | Client Insurance | - |
| 8004 | Grants (Specify) | - |
| 8005 | Other (Specify) | - |
| 8006 | Other (Specify) | - |
| TOTAL PROGRAM REVENUES | | \$ - |

| | |
|-----------------------------------|------|
| TOTAL PROGRAM ESTIMATED REVENUES: | \$ - |
|-----------------------------------|------|

| | |
|-------------------|--------------|
| NET PROGRAM COST: | \$ 1,969,166 |
|-------------------|--------------|

**Sierra Sunrise
RH Community Builders
Fiscal Year (FY) 2026-27**

PARTIAL FTE DETAIL

For all positions with FTE's split among multiple programs/contracts the below must be filled out

| Position | Contract #/Name/Department/County | FTE % |
|--------------|--|-------------|
| Director | BHBH/Phoenix Landing/FC DBH/ Fresno | 0.15 |
| | BHBH/Sierra Sunrise/FC DBH/Fresno | 0.10 |
| | Medi-Cal/Phoenix Landing/FC DBH/Fresno | 0.10 |
| | CalAIM/Phoenix Landing/FC DBH/Fresno | 0.25 |
| | Medi-Cal/Sierra Sunrise/FC DBH/Fresno | 0.20 |
| | CalAIM/Sierra Sunrise/FC DBH/Fresno | 0.20 |
| | | |
| Total | | 1.00 |

| Position | Contract #/Name/Department/County | FTE % |
|-----------------|---------------------------------------|-------------|
| Program Manager | BHBH/Sierra Sunrise/FC DBH/ Fresno | 0.65 |
| | Medi-Cal/Sierra Sunrise/FC DBH/Fresno | 0.35 |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total | | 1.00 |

| Position | Contract #/Name/Department/County | FTE % |
|----------------|--|-------------|
| Fiscal Analyst | BHBH/Phoenix Landing/FC DBH/ Fresno | 0.25 |
| | BHBH/Sierra Sunrise/FC DBH/Fresno | 0.25 |
| | Medi-Cal/Phoenix Landing/FC DBH/Fresno | 0.15 |
| | CalAIM/Phoenix Landing/FC DBH/Fresno | 0.10 |
| | Medi-Cal/Sierra Sunrise/FC DBH/Fresno | 0.10 |
| | CalAIM/Sierra Sunrise/FC DBH/Fresno | 0.15 |
| | | |
| Total | | 1.00 |

| Position | Contract #/Name/Department/County | FTE % |
|--------------|-----------------------------------|-------------|
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| Total | | 0.00 |

| Position | Contract #/Name/Department/County | FTE % |
|--------------|-----------------------------------|-------------|
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| | | |
| Total | | 0.00 |

| Position | Contract #/Name/Department/County | FTE % |
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| Total | | 0.00 |

| Position | Contract #/Name/Department/County | FTE % |
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Total 0.00

| Position | Contract #/Name/Department/County | FTE % |
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Total 0.00

| Position | Contract #/Name/Department/County | FTE % |
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Total 0.00

| Position | Contract #/Name/Department/County | FTE % |
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Total 0.00

| Position | Contract #/Name/Department/County | FTE % |
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Total 0.00

| Position | Contract #/Name/Department/County | FTE % |
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Total 0.00

| Position | Contract #/Name/Department/County | FTE % |
|----------|-----------------------------------|-------|
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Total 0.00

| Position | Contract #/Name/Department/County | FTE % |
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| Total | | 0.00 |

| Position | Contract #/Name/Department/County | FTE % |
|--------------|-----------------------------------|-------------|
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| | | |
| Total | | 0.00 |

Sierra Sunrise
RH Community Builders
Fiscal Year (FY) 2026-27 Budget Narrative

| PROGRAM EXPENSE | | | |
|---|---------------------------------|----------------|---|
| ACCT # | LINE ITEM | AMT | DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE |
| 1000: DIRECT SALARIES & BENEFITS | | 847,343 | |
| Administrative Positions | | 103,484 | |
| 1101 | Director | 27,873 | Responsible for Program Oversight and Management of the Program Manager |
| 1102 | Program Manager | 59,490 | Responsible for daily operations of the program including staff management and crisis response |
| 1103 | Fiscal Analyst | 16,121 | Responsible for fiscal management and compliance with grant |
| 1104 | 0 | - | |
| 1105 | 0 | - | |
| 1106 | 0 | - | |
| 1107 | 0 | - | |
| 1108 | 0 | - | |
| 1109 | 0 | - | |
| 1110 | 0 | - | |
| 1111 | 0 | - | |
| 1112 | 0 | - | |
| 1113 | 0 | - | |
| 1114 | 0 | - | |
| 1115 | 0 | - | |
| Program Positions | | 549,136 | |
| 1116 | Certified Nursing Assistant | 116,484 | Responsible for assisting clients with daily living skills including woundcare and medication education |
| 1117 | Driver | 52,002 | Responsible for driving clients to and from appointments |
| 1118 | Maintenance Tech | 56,162 | Responsible for upkeep of program facility |
| 1119 | Overnight Monitor | 228,804 | Responsible for disruption of facility meals |
| 1120 | Janitor | 95,684 | Responsible for checking clients in and out of the program, managing the front desk |
| 1121 | 0 | - | |
| 1122 | 0 | - | |
| 1123 | 0 | - | |
| 1124 | 0 | - | |
| 1125 | 0 | - | |
| 1126 | 0 | - | |
| 1127 | 0 | - | |
| 1128 | 0 | - | |
| 1129 | 0 | - | |
| 1130 | 0 | - | |
| 1131 | 0 | - | |
| 1132 | 0 | - | |
| 1133 | 0 | - | |
| 1134 | 0 | - | |
| Direct Employee Benefits | | 126,264 | |
| 1201 | Retirement | 11,530 | Employer match for employee retirement |
| 1202 | Worker's Compensation | 45,834 | Required workers comp coverage |
| 1203 | Health Insurance | 68,900 | 100% paid health insurance |
| 1204 | Other (specify) | - | |
| 1205 | Other (specify) | - | |
| 1206 | Other (specify) | - | |
| Direct Payroll Taxes & Expenses: | | 68,459 | |
| 1301 | OASDI | 32,266 | OASDI taxes |
| 1302 | FICA/MEDICARE | 10,821 | FICA taxes |
| 1303 | SUI | 24,626 | SUI taxes |
| 1304 | Other Employer Training Tax | 746 | Employer Training Tax |
| 1305 | Other (specify) | - | |
| 1306 | Other (specify) | - | |
| 2000: DIRECT CLIENT SUPPORT | | 300,888 | |
| 2001 | Child Care | - | |
| 2002 | Client Housing Support | 2,500 | Financial support for clients housing including rent, documents required, application fees, etc. |
| 2003 | Client Transportation & Support | 4,775 | gas for company van |
| 2004 | Clothing, Food, & Hygiene | 286,580 | 3 meals daily for all clients in program, linens, and daily hygiene supplies |
| 2005 | Education Support | - | |
| 2006 | Employment Support | - | |

| PROGRAM EXPENSE | | | | |
|-----------------|--------|-----------------------------|-------|--|
| | ACCT # | LINE ITEM | AMT | DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE |
| | 2007 | Household Items for Clients | - | |
| | 2008 | Medication Supports | - | |
| | 2009 | Program Supplies - Medical | 2,501 | Supplies for client medical needs including RX copays and wound care |
| | 2010 | Utility Vouchers | - | |
| | 2011 | Other (specify) | - | |
| | 2012 | Other Landlord Engagement | 4,532 | Support for engaging landlords to house clients |
| | 2013 | Other (specify) | - | |
| | 2014 | Other (specify) | - | |
| | 2015 | Other (specify) | - | |
| | 2016 | Other (specify) | - | |

| 3000: DIRECT OPERATING EXPENSES | | 60,304 | | |
|---------------------------------|------|--------------------------------------|--------|---|
| | 3001 | Telecommunications | 10,609 | cellphones, emails, etc. for program staff |
| | 3002 | Printing/Postage | 450 | Business cards |
| | 3003 | Office, Household & Program Supplies | 25,900 | Supplies for program operations including office supplies, cleaning supplies and other needed items |
| | 3004 | Advertising | - | |
| | 3005 | Staff Development & Training | 13,700 | Training for staff including MHA First Aid and Peer certification |
| | 3006 | Staff Mileage | - | |
| | 3007 | Subscriptions & Memberships | - | |
| | 3008 | Vehicle Maintenance | 850 | Repairs for program vehicle |
| | 3009 | Other Vehicle Insurance | 1,900 | Required coverages per contract |
| | 3010 | Other Required Insurance Coverage | 6,895 | Required coverages per contract |
| | 3011 | Other (specify) | - | |
| | 3012 | Other (specify) | - | |

| 4000: DIRECT FACILITIES & EQUIPMENT | | 560,981 | | |
|-------------------------------------|------|----------------------|---------|---|
| | 4001 | Building Maintenance | 75,000 | Upkeep of facility from client caused damages |
| | 4002 | Rent/Lease Building | 254,616 | Rent for facility |
| | 4003 | Rent/Lease Equipment | - | |
| | 4004 | Rent/Lease Vehicles | 6,365 | Van for transporting clients |
| | 4005 | Security | 225,000 | 24/7 standign securirty guard |
| | 4006 | Utilities | - | |
| | 4007 | Other (specify) | - | |
| | 4008 | Other (specify) | - | |
| | 4009 | Other (specify) | - | |
| | 4010 | Other (specify) | - | |

| 5000: DIRECT SPECIAL EXPENSES | | 13,050 | | |
|-------------------------------|------|---|-------|--|
| | 5001 | Consultant (Network & Data Management) | 4,850 | IT Consulting |
| | 5002 | HMIS (Health Management Information System) | 1,800 | HMIS Access |
| | 5003 | Contractual/Consulting Services (Specify) | 5,900 | Background tests, drug testing, staff maangmt software |
| | 5004 | Translation Services | 500 | Language line fees |
| | 5005 | Other (specify) | - | |
| | 5006 | Other (specify) | - | |
| | 5007 | Other (specify) | - | |
| | 5008 | Other (specify) | - | |

| 6000: INDIRECT EXPENSES | | 179,000 | | |
|-------------------------|------|--|---------|---------------------|
| | 6001 | Administrative Overhead | 179,000 | 10% de minimus rate |
| | 6002 | Professional Liability Insurance | - | |
| | 6003 | Accounting/Bookkeeping | - | |
| | 6004 | External Audit | - | |
| | 6005 | Insurance (Specify): | - | |
| | 6006 | Payroll Services | - | |
| | 6007 | Depreciation (Provider-Owned Equipment to be Used) | - | |
| | 6008 | Personnel (Indirect Salaries & Benefits) | - | |
| | 6009 | Other (specify) | - | |
| | 6010 | Other (specify) | - | |
| | 6011 | Other (specify) | - | |
| | 6012 | Other (specify) | - | |
| | 6013 | Other (specify) | - | |

| 7000: DIRECT FIXED ASSETS | | 7,600 | | |
|---------------------------|------|---|-------|---|
| | 7001 | Computer Equipment & Software | 5,000 | Replacement devices for program |
| | 7002 | Copiers, Cell Phones, Tablets, Devices to Contain HIPAA | 1,500 | Replacement devices for program |
| | 7003 | Furniture & Fixtures | 1,100 | Replacement client beds and furnishings |
| | 7004 | Leasehold/Tenant/Building Improvements | - | |
| | 7005 | Other Assets over \$500 with Lifespan of 2 Years + | - | |

| PROGRAM EXPENSE | | | |
|-----------------|------------------------------------|-----|---|
| ACCT # | LINE ITEM | AMT | DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE |
| 7006 | Assets over \$5,000/unit (Specify) | - | |
| 7007 | Other (specify) | - | |
| 7008 | Other (specify) | - | |

TOTAL PROGRAM EXPENSE FROM BUDGET NARRATIVE: 1,969,166

**Phoenix Landing
RH Community Builders**

**Instructions: At the top, please provide the name of the program and your organization's name.
For each FY, please provide your proposed maximum compensation based upon estimated services
provided within the blue cells in column E.**

| | | |
|--------------------------------------|--|-----------------------|
| Maximum Compensation FY 23-24 | | \$1,920,000.00 |
| Maximum Compensation FY 24-25 | | \$3,120,000.00 |
| Maximum Compensation FY 25-26 | | \$3,200,000.00 |
| Maximum Compensation FY 26-27 | | \$2,050,000.00 |
| Maximum Compensation FY 29-30 | | |

| | |
|-------------------------------------|----------------------|
| Program Maximum Compensation | \$ 10,290,000 |
|-------------------------------------|----------------------|

Phoenix Landing
RH Community Builders
Fiscal Year (FY)2023-24

PROGRAM EXPENSES

| 1000: DIRECT SALARIES & BENEFITS | | | | | |
|---|-----------------------------|--------------|------------------|-------------------|-------------------|
| Direct Employee Salaries | | | | | |
| Acct # | Administrative Position | FTE | Admin | Program | Total |
| 1101 | Director | 0.15 | \$ 11,700 | | \$ 11,700 |
| 1102 | Program Manager | 0.50 | 26,001 | | 26,001 |
| 1103 | Fiscal Analyst | 0.25 | 8,736 | | 8,736 |
| 1104 | | 0.00 | - | | - |
| 1105 | | 0.00 | - | | - |
| 1106 | | 0.00 | - | | - |
| 1107 | | 0.00 | - | | - |
| 1108 | | 0.00 | - | | - |
| 1109 | | 0.00 | - | | - |
| 1110 | | 0.00 | - | | - |
| 1111 | | 0.00 | - | | - |
| 1112 | | 0.00 | - | | - |
| 1113 | | 0.00 | - | | - |
| 1114 | | 0.00 | - | | - |
| 1115 | | 0.00 | - | | - |
| Direct Personnel Admin Salaries Subtotal | | 0.90 | \$ 46,437 | | \$ 46,437 |
| Acct # | Program Position | FTE | Admin | Program | Total |
| 1116 | Certified Nursing Assistant | 3.00 | | \$ 48,500 | \$ 48,500 |
| 1117 | Driver | 2.00 | | 30,000 | 30,000 |
| 1118 | Maintenance Tech | 2.00 | | 25,000 | 25,000 |
| 1119 | Food Service | 1.00 | | 12,000 | 12,000 |
| 1120 | Overnight Monitor | 1.00 | | 40,262 | 40,262 |
| 1121 | Janitor | 2.00 | | 34,668 | 34,668 |
| 1122 | | 0.00 | | - | - |
| 1123 | | 0.00 | | - | - |
| 1124 | | 0.00 | | - | - |
| 1125 | | 0.00 | | - | - |
| 1126 | | 0.00 | | - | - |
| 1127 | | 0.00 | | - | - |
| 1128 | | 0.00 | | - | - |
| 1129 | | 0.00 | | - | - |
| 1130 | | 0.00 | | - | - |
| 1131 | | 0.00 | | - | - |
| 1132 | | 0.00 | | - | - |
| 1133 | | 0.00 | | - | - |
| 1134 | | 0.00 | | - | - |
| Direct Personnel Program Salaries Subtotal | | 11.00 | | \$ 190,430 | \$ 190,430 |
| Direct Personnel Salaries Subtotal | | 11.90 | \$ 46,437 | \$ 190,430 | \$ 236,867 |
| Direct Employee Benefits | | | | | |
| Acct # | Description | | Admin | Program | Total |
| 1201 | Retirement | | \$ 720 | \$ 200 | \$ 920 |
| 1202 | Worker's Compensation | | 1,200 | 4,500 | 5,700 |
| 1203 | Health Insurance | | 3,800 | 500 | 4,300 |
| 1204 | Other (specify) | | - | - | - |
| 1205 | Other (specify) | | - | - | - |
| 1206 | Other (specify) | | - | - | - |
| Direct Employee Benefits Subtotal: | | | \$ 5,720 | \$ 5,200 | \$ 10,920 |
| Direct Payroll Taxes & Expenses: | | | | | |
| Acct # | Description | | Admin | Program | Total |
| 1301 | OASDI | | \$ 2,879 | \$ 10,000 | \$ 12,879 |
| 1302 | FICA/MEDICARE | | 673 | 5,273 | 5,946 |
| 1303 | SUI | | 1,532 | 7,050 | 8,582 |
| 1304 | Other Employer Training Tax | | 46 | 365 | 411 |
| 1305 | Other (specify) | | - | - | - |
| 1306 | Other (specify) | | - | - | - |
| Direct Payroll Taxes & Expenses Subtotal: | | | \$ 5,130 | \$ 22,688 | \$ 27,818 |
| DIRECT EMPLOYEE SALARIES & BENEFITS TOTAL: | | | \$ 57,287 | \$ 218,318 | \$ 275,605 |

| DIRECT EMPLOYEE SALARIES & BENEFITS PERCENTAGE: | Admin | Program |
|---|-------|---------|
| | 21% | 79% |

| 2000: DIRECT CLIENT SUPPORT | | |
|---------------------------------|---------------------------------|-------------------|
| Acct # | Line Item Description | Amount |
| 2001 | Child Care | \$ - |
| 2002 | Client Housing Support | - |
| 2003 | Client Transportation & Support | - |
| 2004 | Clothing, Food, & Hygiene | 108,000 |
| 2005 | Education Support | - |
| 2006 | Employment Support | - |
| 2007 | Household Items for Clients | - |
| 2008 | Medication Supports | - |
| 2009 | Program Supplies - Medical | - |
| 2010 | Utility Vouchers | - |
| 2011 | Other (specify) | - |
| 2012 | Other (specify) | - |
| 2013 | Other (specify) | - |
| 2014 | Other (specify) | - |
| 2015 | Other (specify) | - |
| 2016 | Other (specify) | - |
| DIRECT CLIENT CARE TOTAL | | \$ 108,000 |

| 3000: DIRECT OPERATING EXPENSES | | |
|---|--------------------------------------|------------------|
| Acct # | Line Item Description | Amount |
| 3001 | Telecommunications | \$ 6,000 |
| 3002 | Printing/Postage | 1,075 |
| 3003 | Office, Household & Program Supplies | 19,025 |
| 3004 | Advertising | - |
| 3005 | Staff Development & Training | 7,847 |
| 3006 | Staff Mileage | - |
| 3007 | Subscriptions & Memberships | - |
| 3008 | Vehicle Maintenance | 2,079 |
| 3009 | Vehicle Insurance | - |
| 3010 | Other Required Insurance Coverages | 20,553 |
| 3011 | Other (specify) | - |
| 3012 | Other (specify) | - |
| DIRECT OPERATING EXPENSES TOTAL: | | \$ 56,579 |

| 4000: DIRECT FACILITIES & EQUIPMENT | | |
|---|-----------------------|-------------------|
| Acct # | Line Item Description | Amount |
| 4001 | Building Maintenance | \$ 30,401 |
| 4002 | Rent/Lease Building | 206,881 |
| 4003 | Rent/Lease Equipment | - |
| 4004 | Rent/Lease Vehicles | 1,307 |
| 4005 | Security | 83,250 |
| 4006 | Utilities | 60,725 |
| 4007 | Other (specify) | - |
| 4008 | Other (specify) | - |
| 4009 | Other (specify) | - |
| 4010 | Other (specify) | - |
| DIRECT FACILITIES/EQUIPMENT TOTAL: | | \$ 382,564 |

| 5000: DIRECT SPECIAL EXPENSES | | |
|---------------------------------------|---|-----------------|
| Acct # | Line Item Description | Amount |
| 5001 | Consultant (Network & Data Management) | \$ 3,276 |
| 5002 | HMIS (Health Management Information System) | 910 |
| 5003 | Contractual/Consulting Services (Specify) | 2,366 |
| 5004 | Translation Services | - |
| 5005 | Other (specify) | - |
| 5006 | Other (specify) | - |
| 5007 | Other (specify) | - |
| 5008 | Other (specify) | - |
| DIRECT SPECIAL EXPENSES TOTAL: | | \$ 6,552 |

| 6000: INDIRECT EXPENSES | | |
|-------------------------|---|------------|
| Acct # | Line Item Description | Amount |
| | Administrative Overhead | |
| 6001 | Use this line and only this line for approved indirect cost rate | \$ 120,700 |
| | Administrative Overhead | |
| 6002 | Professional Liability Insurance | - |
| 6003 | Accounting/Bookkeeping | - |
| 6004 | External Audit | - |
| 6005 | Insurance (Specify): | - |
| 6006 | Payroll Services | - |
| 6007 | Depreciation (Provider-Owned Equipment to be Used for Program Purposes) | - |
| 6008 | Personnel (Indirect Salaries & Benefits) | - |
| 6009 | Other (specify) | - |
| 6010 | Other (specify) | - |
| 6011 | Other (specify) | - |
| 6012 | Other (specify) | - |
| 6013 | Other (specify) | - |
| INDIRECT EXPENSES TOTAL | | \$ 120,700 |

| | |
|--------------------|-------|
| INDIRECT COST RATE | 1.82% |
|--------------------|-------|

| 7000: DIRECT FIXED ASSETS | | |
|-----------------------------|--|--------------|
| Acct # | Line Item Description | Amount |
| 7001 | Computer Equipment & Software | \$ 70,812 |
| 7002 | Copiers, Cell Phones, Tablets, Devices to Contain HIPAA Data | 9,943 |
| 7003 | Furniture & Fixtures | 67,047 |
| 7004 | Leasehold/Tenant/Building Improvements | 205,543 |
| 7005 | Other Assets over \$500 with Lifespan of 2 Years + | - |
| 7006 | Assets over \$5,000/unit (Specify) | - |
| 7007 | Other Acquisition of 4141 N Blackstone Ave | 5,458,333 |
| 7008 | Other (specify) | - |
| FIXED ASSETS EXPENSES TOTAL | | \$ 5,811,678 |

| | |
|------------------------|--------------|
| TOTAL PROGRAM EXPENSES | \$ 6,761,678 |
|------------------------|--------------|

PROGRAM FUNDING SOURCES

| 8000: TOTAL PROGRAM REVENUES | | |
|------------------------------|--------------------------|--------|
| Acct # | Line Item Description | Amount |
| 8001 | Revenue Allocated by DBH | - |
| 8002 | Client Fees | - |
| 8003 | Client Insurance | - |
| 8004 | Grants (Specify) | - |
| 8005 | Other (Specify) | - |
| 8006 | Other (Specify) | - |
| TOTAL PROGRAM REVENUES | | \$ - |

| | |
|-----------------------------------|------|
| TOTAL PROGRAM ESTIMATED REVENUES: | \$ - |
|-----------------------------------|------|

| | |
|-------------------|--------------|
| NET PROGRAM COST: | \$ 6,761,678 |
|-------------------|--------------|

**Phoenix Landing
RH Community Builders
Fiscal Year (FY)2023-24**

PARTIAL FTE DETAIL

For all positions with FTE's split among multiple programs/contracts the below must be filled out

| Position | Contract #/Name/Department/County | FTE % |
|--------------|--|-------------|
| Director | BHBH/Phoenix Landing/FC DBH/ Fresno | 0.15 |
| | BHBH/Sierra Sunrise/FC DBH/Fresno | 0.20 |
| | Medi-Cal/Phoenix Landing/FC DBH/Fresno | 0.10 |
| | CalAIM/Phoenix Landing/FC DBH/Fresno | 0.25 |
| | Medi-Cal/Sierra Sunrise/FC DBH/Fresno | 0.15 |
| | CalAIM/Sierra Sunrise/FC DBH/Fresno | 0.15 |
| Total | | 1.00 |

| Position | Contract #/Name/Department/County | FTE % |
|-----------------|--|-------------|
| Program Manager | BHBH/Phoenix Landing/FC DBH/ Fresno | 0.50 |
| | Medi-Cal/Phoenix Landing/FC DBH/Fresno | 0.50 |
| | | |
| | | |
| | | |
| | | |
| Total | | 1.00 |

| Position | Contract #/Name/Department/County | FTE % |
|----------------|--|-------------|
| Fiscal Analyst | BHBH/Phoenix Landing/FC DBH/ Fresno | 0.25 |
| | BHBH/Sierra Sunrise/FC DBH/Fresno | 0.25 |
| | Medi-Cal/Phoenix Landing/FC DBH/Fresno | 0.15 |
| | CalAIM/Phoenix Landing/FC DBH/Fresno | 0.10 |
| | Medi-Cal/Sierra Sunrise/FC DBH/Fresno | 0.10 |
| | CalAIM/Sierra Sunrise/FC DBH/Fresno | 0.15 |
| Total | | 1.00 |

| Position | Contract #/Name/Department/County | FTE % |
|--------------|-----------------------------------|-------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| Total | | 0.00 |

| Position | Contract #/Name/Department/County | FTE % |
|--------------|-----------------------------------|-------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| Total | | 0.00 |

| Position | Contract #/Name/Department/County | FTE % |
|--------------|-----------------------------------|-------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| Total | | 0.00 |

| Position | Contract #/Name/Department/County | FTE % |
|----------|-----------------------------------|-------|
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|--------------|--|-------------|
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| | | |
| | | |
| | | |
| Total | | 0.00 |

| Position | Contract #/Name/Department/County | FTE % |
|--------------|-----------------------------------|-------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| Total | | 0.00 |

| Position | Contract #/Name/Department/County | FTE % |
|--------------|-----------------------------------|-------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| Total | | 0.00 |

| Position | Contract #/Name/Department/County | FTE % |
|--------------|-----------------------------------|-------------|
| | | |
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| | | |
| | | |
| | | |
| Total | | 0.00 |

| Position | Contract #/Name/Department/County | FTE % |
|--------------|-----------------------------------|-------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| Total | | 0.00 |

| Position | Contract #/Name/Department/County | FTE % |
|--------------|-----------------------------------|-------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| Total | | 0.00 |

| Position | Contract #/Name/Department/County | FTE % |
|--------------|-----------------------------------|-------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| Total | | 0.00 |

| Position | Contract #/Name/Department/County | FTE % |
|----------|-----------------------------------|-------|
| | | |
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| | | |
|--------------|--|--------------------|
| | | |
| | | |
| | | |
| | | |
| Total | | <u>0.00</u> |

| Position | Contract #/Name/Department/County | FTE % |
|--------------|-----------------------------------|--------------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total | | <u>0.00</u> |

Phoenix Landing
RH Community Builders
Fiscal Year (FY)2023-24 Budget Narrative

| PROGRAM EXPENSE | | | |
|---|---------------------------------|----------------|---|
| ACCT # | LINE ITEM | AMT | DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE |
| 1000: DIRECT SALARIES & BENEFITS | | 275,605 | |
| Administrative Positions | | 46,437 | |
| 1101 | Director | 11,700 | Responsible for Program Oversight and Management of the Program Manager |
| 1102 | Program Manager | 26,001 | Responsible for daily operations of the program including staff management and crisis response |
| 1103 | Fiscal Analyst | 8,736 | Responsible for fiscal management and compliance with grant |
| 1104 | 0 | - | |
| 1105 | 0 | - | |
| 1106 | 0 | - | |
| 1107 | 0 | - | |
| 1108 | 0 | - | |
| 1109 | 0 | - | |
| 1110 | 0 | - | |
| 1111 | 0 | - | |
| 1112 | 0 | - | |
| 1113 | 0 | - | |
| 1114 | 0 | - | |
| 1115 | 0 | - | |
| Program Positions | | 190,430 | |
| 1116 | Certified Nursing Assistant | 48,500 | Responsible for assisting clients with daily living skills including woundcare and medication education |
| 1117 | Driver | 30,000 | Responsible for driving clients to and from appointments |
| 1118 | Maintenance Tech | 25,000 | Responsible for upkeep of program facility |
| 1119 | Food Service | 12,000 | Responsible for distribution of facility meals |
| 1120 | Overnight Monitor | 40,262 | Responsible for checking clients in and out of the program, managing the front desk |
| 1121 | Janitor | 34,668 | Responsible for cleaning all common areas and client rooms. |
| 1122 | 0 | - | |
| 1123 | 0 | - | |
| 1124 | 0 | - | |
| 1125 | 0 | - | |
| 1126 | 0 | - | |
| 1127 | 0 | - | |
| 1128 | 0 | - | |
| 1129 | 0 | - | |
| 1130 | 0 | - | |
| 1131 | 0 | - | |
| 1132 | 0 | - | |
| 1133 | 0 | - | |
| 1134 | 0 | - | |
| Direct Employee Benefits | | 10,920 | |
| 1201 | Retirement | 920 | Employer match for employee retirement |
| 1202 | Worker's Compensation | 5,700 | Required workers comp coverage |
| 1203 | Health Insurance | 4,300 | 100% paid health insurance |
| 1204 | Other (specify) | - | |
| 1205 | Other (specify) | - | |
| 1206 | Other (specify) | - | |
| Direct Payroll Taxes & Expenses: | | 27,818 | |
| 1301 | OASDI | 12,879 | OASDI taxes |
| 1302 | FICA/MEDICARE | 5,946 | FICA taxes |
| 1303 | SUI | 8,582 | SUI taxes |
| 1304 | Other Employer Training Tax | 411 | Employer Training Tax |
| 1305 | Other (specify) | - | |
| 1306 | Other (specify) | - | |
| 2000: DIRECT CLIENT SUPPORT | | 108,000 | |
| 2001 | Child Care | - | |
| 2002 | Client Housing Support | - | |
| 2003 | Client Transportation & Support | - | |
| 2004 | Clothing, Food, & Hygiene | 108,000 | 3 meals daily for all clients in program, linens, and daily hygiene supplies |
| 2005 | Education Support | - | |
| 2006 | Employment Support | - | |
| 2007 | Household Items for Clients | - | |

| PROGRAM EXPENSE | | | |
|-----------------|----------------------------|-----|---|
| ACCT # | LINE ITEM | AMT | DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE |
| 2008 | Medication Supports | - | |
| 2009 | Program Supplies - Medical | - | |
| 2010 | Utility Vouchers | - | |
| 2011 | Other (specify) | - | |

| PROGRAM EXPENSE | | | | |
|-----------------|--------|-----------------|-----|---|
| | ACCT # | LINE ITEM | AMT | DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE |
| | 2012 | Other (specify) | - | |
| | 2013 | Other (specify) | - | |
| | 2014 | Other (specify) | - | |
| | 2015 | Other (specify) | - | |
| | 2016 | Other (specify) | - | |

| 3000: DIRECT OPERATING EXPENSES | | 56,579 | | |
|---------------------------------|------|--------------------------------------|--------|---|
| | 3001 | Telecommunications | 6,000 | cellphones, emails, etc. for program staff |
| | 3002 | Printing/Postage | 1,075 | Business cards |
| | 3003 | Office, Household & Program Supplies | 19,025 | Supplies for program operations including office supplies, cleaning supplies and other needed items |
| | 3004 | Advertising | - | |
| | 3005 | Staff Development & Training | 7,847 | Training for staff including MHA First Aid and Peer certification |
| | 3006 | Staff Mileage | - | |
| | 3007 | Subscriptions & Memberships | - | |
| | 3008 | Vehicle Maintenance | 2,079 | Repairs for program vehicle |
| | 3009 | Vehicle Insurance | - | |
| | 3010 | Other Required Insurance Coverages | 20,553 | Required coverages per contract |
| | 3011 | Other (specify) | - | |
| | 3012 | Other (specify) | - | |

| 4000: DIRECT FACILITIES & EQUIPMENT | | 382,564 | | |
|-------------------------------------|------|----------------------|---------|--|
| | 4001 | Building Maintenance | 30,401 | Upkeep of facility from client caused damages |
| | 4002 | Rent/Lease Building | 206,881 | Rent for facility |
| | 4003 | Rent/Lease Equipment | - | |
| | 4004 | Rent/Lease Vehicles | 1,307 | Van for transporting clients |
| | 4005 | Security | 83,250 | 24/7 standign securirty guard |
| | 4006 | Utilities | 60,725 | PG&E, water, internet, and garbage services for facility |
| | 4007 | Other (specify) | - | |
| | 4008 | Other (specify) | - | |
| | 4009 | Other (specify) | - | |
| | 4010 | Other (specify) | - | |

| 5000: DIRECT SPECIAL EXPENSES | | 6,552 | | |
|-------------------------------|------|---|-------|--|
| | 5001 | Consultant (Network & Data Management) | 3,276 | IT Consulting |
| | 5002 | HMIS (Health Management Information System) | 910 | HMIS Access |
| | 5003 | Contractual/Consulting Services (Specify) | 2,366 | Background tests, drug testing, staff maangmt software |
| | 5004 | Translation Services | - | |
| | 5005 | Other (specify) | - | |
| | 5006 | Other (specify) | - | |
| | 5007 | Other (specify) | - | |
| | 5008 | Other (specify) | - | |

| 6000: INDIRECT EXPENSES | | 120,700 | | |
|-------------------------|------|---|---------|---------------------|
| | 6001 | Administrative Overhead | 120,700 | 10% de minimus rate |
| | 6002 | Professional Liability Insurance | - | |
| | 6003 | Accounting/Bookkeeping | - | |
| | 6004 | External Audit | - | |
| | 6005 | Insurance (Specify): | - | |
| | 6006 | Payroll Services | - | |
| | 6007 | Depreciation (Provider-Owned Equipment to be Used | - | |
| | 6008 | Personnel (Indirect Salaries & Benefits) | - | |
| | 6009 | Other (specify) | - | |
| | 6010 | Other (specify) | - | |
| | 6011 | Other (specify) | - | |
| | 6012 | Other (specify) | - | |
| | 6013 | Other (specify) | - | |

| 7000: DIRECT FIXED ASSETS | | 5,811,678 | | |
|---------------------------|------|---|-----------|---|
| | 7001 | Computer Equipment & Software | 70,812 | Replacement devices for program |
| | 7002 | Copiers, Cell Phones, Tablets, Devices to Contain HIPAA | 9,943 | Replacement devices for program |
| | 7003 | Furniture & Fixtures | 67,047 | Replacement client beds and furnishings |
| | 7004 | Leasehold/Tenant/Building Improvements | 205,543 | Facility safety and health improvements |
| | 7005 | Other Assets over \$500 with Lifespan of 2 Years + | - | |
| | 7006 | Assets over \$5,000/unit (Specify) | - | |
| | 7007 | Other Acquisition of 4141 N Blackstone Ave | 5,458,333 | Partial purchase of 4141 N Blackstone Ave |
| | 7008 | Other (specify) | - | |

| PROGRAM EXPENSE | | | |
|--|-----------|-----------|---|
| ACCT # | LINE ITEM | AMT | DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE |
| TOTAL PROGRAM EXPENSE FROM BUDGET NARRATIVE: | | 6,761,678 | |

Phoenix Landing
RH Community Builders
Fiscal Year (FY) 2024-25

PROGRAM EXPENSES

1000: DIRECT SALARIES & BENEFITS

Direct Employee Salaries

| Acct # | Administrative Position | FTE | Admin | Program | Total |
|---|-------------------------|-------------|------------------|---------|------------------|
| 1101 | Director | 0.20 | \$ 26,209 | | \$ 26,209 |
| 1102 | Program Manager | 0.50 | 43,682 | | 43,682 |
| 1103 | Fiscal Analyst | 0.25 | 18,097 | | 18,097 |
| 1104 | | | - | | - |
| 1105 | | | - | | - |
| 1106 | | | - | | - |
| 1107 | | | - | | - |
| 1108 | | | - | | - |
| 1109 | | | - | | - |
| 1110 | | | - | | - |
| 1111 | | | - | | - |
| 1112 | | | - | | - |
| 1113 | | | - | | - |
| 1114 | | | - | | - |
| 1115 | | | - | | - |
| Direct Personnel Admin Salaries Subtotal | | 0.95 | \$ 87,988 | | \$ 87,988 |

| Acct # | Program Position | FTE | Admin | Program | Total |
|---|-----------------------------|--------------|-------|-------------------|-------------------|
| 1116 | Certified Nursing Assistant | 4.00 | | \$ 212,077 | \$ 212,077 |
| 1117 | Driver | 1.00 | | 95,684 | 95,684 |
| 1118 | Maintenance Tech | 1.00 | | 93,786 | 93,786 |
| 1119 | Food Service | 1.00 | | 38,385 | 38,385 |
| 1120 | Overnight Monitor | 1.00 | | 40,928 | 40,928 |
| 1121 | Janitor | 2.00 | | 86,077 | 86,077 |
| 1122 | | | | - | - |
| 1123 | | | | - | - |
| 1124 | | | | - | - |
| 1125 | | | | - | - |
| 1126 | | | | - | - |
| 1127 | | | | - | - |
| 1128 | | | | - | - |
| 1129 | | | | - | - |
| 1130 | | | | - | - |
| 1131 | | | | - | - |
| 1132 | | | | - | - |
| 1133 | | | | - | - |
| 1134 | | | | - | - |
| Direct Personnel Program Salaries Subtotal | | 10.00 | | \$ 566,937 | \$ 566,937 |

| | | FTE | Admin | Program | Total |
|---|--|--------------|------------------|-------------------|-------------------|
| Direct Personnel Salaries Subtotal | | 10.95 | \$ 87,988 | \$ 566,937 | \$ 654,925 |

Direct Employee Benefits

| Acct # | Description | Admin | Program | Total |
|---|-----------------------|------------------|------------------|------------------|
| 1201 | Retirement | \$ 1,020 | \$ 1,000 | \$ 2,020 |
| 1202 | Worker's Compensation | 5,000 | 8,000 | 13,000 |
| 1203 | Health Insurance | 4,560 | 12,000 | 16,560 |
| 1204 | Other (specify) | - | - | - |
| 1205 | Other (specify) | - | - | - |
| 1206 | Other (specify) | - | - | - |
| Direct Employee Benefits Subtotal: | | \$ 10,580 | \$ 21,000 | \$ 31,580 |

Direct Payroll Taxes & Expenses:

| Acct # | Description | Admin | Program | Total |
|--|-----------------|-----------------|------------------|------------------|
| 1301 | OASDI | \$ 5,455 | \$ 30,000 | \$ 35,455 |
| 1302 | FICA/MEDICARE | 1,276 | 8,505 | 9,781 |
| 1303 | SUI | 2,904 | 14,000 | 16,904 |
| 1304 | Other (specify) | 88 | 587 | 675 |
| 1305 | Other (specify) | - | - | - |
| 1306 | Other (specify) | - | - | - |
| Direct Payroll Taxes & Expenses Subtotal: | | \$ 9,723 | \$ 53,092 | \$ 62,815 |

| DIRECT EMPLOYEE SALARIES & BENEFITS TOTAL: | | Admin | Program | Total |
|---|--|-------------------|-------------------|-------------------|
| | | \$ 108,291 | \$ 641,029 | \$ 749,320 |

| DIRECT EMPLOYEE SALARIES & BENEFITS PERCENTAGE: | Admin | Program |
|--|------------|------------|
| | 14% | 86% |

| 2000: DIRECT CLIENT SUPPORT | | |
|---------------------------------|---------------------------------|-------------------|
| Acct # | Line Item Description | Amount |
| 2001 | Child Care | \$ - |
| 2002 | Client Housing Support | - |
| 2003 | Client Transportation & Support | 2,544 |
| 2004 | Clothing, Food, & Hygiene | 200,000 |
| 2005 | Education Support | - |
| 2006 | Employment Support | - |
| 2007 | Household Items for Clients | - |
| 2008 | Medication Supports | - |
| 2009 | Program Supplies - Medical | - |
| 2010 | Utility Vouchers | - |
| 2011 | Other (specify) | - |
| 2012 | Other: Landlord Engagement | - |
| 2013 | Other (specify) | - |
| 2014 | Other (specify) | - |
| 2015 | Other (specify) | - |
| 2016 | Other (specify) | - |
| DIRECT CLIENT CARE TOTAL | | \$ 202,544 |

| 3000: DIRECT OPERATING EXPENSES | | |
|---|--------------------------------------|------------------|
| Acct # | Line Item Description | Amount |
| 3001 | Telecommunications | \$ 6,264 |
| 3002 | Printing/Postage | 120 |
| 3003 | Office, Household & Program Supplies | 29,473 |
| 3004 | Advertising | - |
| 3005 | Staff Development & Training | - |
| 3006 | Staff Mileage | - |
| 3007 | Subscriptions & Memberships | - |
| 3008 | Vehicle Maintenance | 213 |
| 3009 | Other Vehicle Insurance | 1,620 |
| 3010 | Other (specify) | - |
| 3011 | Other (specify) | - |
| 3012 | Other (specify) | - |
| DIRECT OPERATING EXPENSES TOTAL: | | \$ 37,690 |

| 4000: DIRECT FACILITIES & EQUIPMENT | | |
|---|-----------------------|-------------------|
| Acct # | Line Item Description | Amount |
| 4001 | Building Maintenance | \$ 19,800 |
| 4002 | Rent/Lease Building | 66,667 |
| 4003 | Rent/Lease Equipment | - |
| 4004 | Rent/Lease Vehicles | 15,791 |
| 4005 | Security | 301,890 |
| 4006 | Utilities | 125,980 |
| 4007 | Other (specify) | - |
| 4008 | Other (specify) | - |
| 4009 | Other (specify) | - |
| 4010 | Other (specify) | - |
| DIRECT FACILITIES/EQUIPMENT TOTAL: | | \$ 530,128 |

| 5000: DIRECT SPECIAL EXPENSES | | |
|---------------------------------------|---|------------------|
| Acct # | Line Item Description | Amount |
| 5001 | Consultant (Network & Data Management) | \$ 15,000 |
| 5002 | HMIS (Health Management Information System) | - |
| 5003 | Contractual/Consulting Services (Specify) | 810 |
| 5004 | Translation Services | - |
| 5005 | Other (specify) | - |
| 5006 | Other (specify) | - |
| 5007 | Other (specify) | - |
| 5008 | Other (specify) | - |
| DIRECT SPECIAL EXPENSES TOTAL: | | \$ 15,810 |

| 6000: INDIRECT EXPENSES | | |
|--------------------------------|---|-------------------|
| Acct # | Line Item Description | Amount |
| | Administrative Overhead | |
| 6001 | Use this line and only this line for approved indirect cost rate | \$ 154,029 |
| | Administrative Overhead | |
| 6002 | Professional Liability Insurance | - |
| 6003 | Accounting/Bookkeeping | - |
| 6004 | External Audit | - |
| 6005 | Insurance (Specify): | - |
| 6006 | Payroll Services | - |
| 6007 | Depreciation (Provider-Owned Equipment to be Used for Program Purposes) | - |
| 6008 | Personnel (Indirect Salaries & Benefits) | - |
| 6009 | Other (specify) | - |
| 6010 | Other (specify) | - |
| 6011 | Other (specify) | - |
| 6012 | Other (specify) | - |
| 6013 | Other (specify) | - |
| INDIRECT EXPENSES TOTAL | | \$ 154,029 |

| | |
|---------------------------|---------------|
| INDIRECT COST RATE | 10.01% |
|---------------------------|---------------|

| 7000: DIRECT FIXED ASSETS | | |
|------------------------------------|--|-----------------|
| Acct # | Line Item Description | Amount |
| 7001 | Computer Equipment & Software | \$ 1,000 |
| 7002 | Copiers, Cell Phones, Tablets, Devices to Contain HIPAA Data | 85 |
| 7003 | Furniture & Fixtures | 2,617 |
| 7004 | Leasehold/Tenant/Building Improvements | - |
| 7005 | Other Assets over \$500 with Lifespan of 2 Years + | - |
| 7006 | Assets over \$5,000/unit (Specify) | - |
| 7007 | Other (specify) | - |
| 7008 | FiscalRocks | - |
| FIXED ASSETS EXPENSES TOTAL | | \$ 3,702 |

| | |
|-------------------------------|---------------------|
| TOTAL PROGRAM EXPENSES | \$ 1,693,223 |
|-------------------------------|---------------------|

PROGRAM FUNDING SOURCES

| 8000: TOTAL PROGRAM REVENUES | | |
|-------------------------------|--------------------------|-------------|
| Acct # | Line Item Description | Amount |
| 8001 | Revenue Allocated by DBH | - |
| 8002 | Client Fees | - |
| 8003 | Client Insurance | - |
| 8004 | Grants (Specify) | - |
| 8005 | Other (Specify) | - |
| 8006 | Other (Specify) | - |
| TOTAL PROGRAM REVENUES | | \$ - |

| | |
|--|-------------|
| TOTAL PROGRAM ESTIMATED REVENUES: | \$ - |
|--|-------------|

| | |
|--------------------------|---------------------|
| NET PROGRAM COST: | \$ 1,693,223 |
|--------------------------|---------------------|

**Phoenix Landing
RH Community Builders
Fiscal Year (FY) 2024-25**

PARTIAL FTE DETAIL

For all positions with FTE's split among multiple programs/contracts the below must be filled out

| Position | Contract #/Name/Department/County | FTE % |
|--------------|--|-------------|
| Director | BHBH/Phoenix Landing/FC DBH/ Fresno | 0.20 |
| | BHBH/Sierra Sunrise/FC DBH/Fresno | 0.10 |
| | Medi-Cal/Phoenix Landing/FC DBH/Fresno | 0.15 |
| | CalAIM/Phoenix Landing/FC DBH/Fresno | 0.25 |
| | Medi-Cal/Sierra Sunrise/FC DBH/Fresno | 0.15 |
| | CalAIM/Sierra Sunrise/FC DBH/Fresno | 0.15 |
| Total | | 1.00 |

| Position | Contract #/Name/Department/County | FTE % |
|-----------------|--|-------------|
| Program Manager | BHBH/Phoenix Landing/FC DBH/ Fresno | 0.50 |
| | Medi-Cal/Phoenix Landing/FC DBH/Fresno | 0.50 |
| | | |
| | | |
| | | |
| | | |
| Total | | 1.00 |

| Position | Contract #/Name/Department/County | FTE % |
|----------------|--|-------------|
| Fiscal Analyst | BHBH/Phoenix Landing/FC DBH/ Fresno | 0.25 |
| | BHBH/Sierra Sunrise/FC DBH/Fresno | 0.25 |
| | Medi-Cal/Phoenix Landing/FC DBH/Fresno | 0.15 |
| | CalAIM/Phoenix Landing/FC DBH/Fresno | 0.10 |
| | Medi-Cal/Sierra Sunrise/FC DBH/Fresno | 0.10 |
| | CalAIM/Sierra Sunrise/FC DBH/Fresno | 0.15 |
| Total | | 1.00 |

| Position | Contract #/Name/Department/County | FTE % |
|--------------|-----------------------------------|-------------|
| | | |
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| | | |
| Total | | 0.00 |

| Position | Contract #/Name/Department/County | FTE % |
|--------------|-----------------------------------|-------------|
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| | | |
| Total | | 0.00 |

| Position | Contract #/Name/Department/County | FTE % |
|--------------|-----------------------------------|-------------|
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| | | |
| Total | | 0.00 |

| Position | Contract #/Name/Department/County | FTE % |
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| Total | | <u>0.00</u> |

| Position | Contract #/Name/Department/County | FTE % |
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| Total | | <u>0.00</u> |

| Position | Contract #/Name/Department/County | FTE % |
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| Total | | <u>0.00</u> |

| Position | Contract #/Name/Department/County | FTE % |
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| Total | | <u>0.00</u> |

| Position | Contract #/Name/Department/County | FTE % |
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| | | |
| Total | | <u>0.00</u> |

| Position | Contract #/Name/Department/County | FTE % |
|----------|-----------------------------------|-------------|
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| | | |
| Total | | <u>0.00</u> |

| Position | Contract #/Name/Department/County | FTE % |
|----------|-----------------------------------|-------------|
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| | | |
| Total | | <u>0.00</u> |

| Position | Contract #/Name/Department/County | FTE % |
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| | | |
| Total | | <u>0.00</u> |

| Position | Contract #/Name/Department/County | FTE % |
|--------------|-----------------------------------|--------------------|
| | | |
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| | | |
| | | |
| Total | | <u>0.00</u> |

Phoenix Landing
RH Community Builders
Fiscal Year (FY) 2024-25 Budget Narrative

| PROGRAM EXPENSE | | | |
|---|---------------------------------|----------------|---|
| ACCT # | LINE ITEM | AMT | DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE |
| 1000: DIRECT SALARIES & BENEFITS | | 749,320 | |
| Administrative Positions | | 87,988 | |
| 1101 | Director | 26,209 | Responsible for Program Oversight and Management of the Program Manager |
| 1102 | Program Manager | 43,682 | Responsible for daily operations of the program including staff management and crisis response |
| 1103 | Fiscal Analyst | 18,097 | Responsible for fiscal management and compliance with grant |
| 1104 | 0 | - | |
| 1105 | 0 | - | |
| 1106 | 0 | - | |
| 1107 | 0 | - | |
| 1108 | 0 | - | |
| 1109 | 0 | - | |
| 1110 | 0 | - | |
| 1111 | 0 | - | |
| 1112 | 0 | - | |
| 1113 | 0 | - | |
| 1114 | 0 | - | |
| 1115 | 0 | - | |
| Program Positions | | 566,937 | |
| 1116 | Certified Nursing Assistant | 212,077 | Responsible for assisting clients with daily living skills including woundcare and medication education |
| 1117 | Driver | 95,684 | Responsible for driving clients to and from appointments |
| 1118 | Maintenance Tech | 93,786 | Responsible for upkeep of program facility |
| 1119 | Food Service | 38,385 | Responsible for disruption of facility meals |
| 1120 | Overnight Monitor | 40,928 | Responsible for checking clients in and out of the program, managing the front desk |
| 1121 | Janitor | 86,077 | Responsible for cleaning all common areas and client rooms. |
| 1122 | 0 | - | |
| 1123 | 0 | - | |
| 1124 | 0 | - | |
| 1125 | 0 | - | |
| 1126 | 0 | - | |
| 1127 | 0 | - | |
| 1128 | 0 | - | |
| 1129 | 0 | - | |
| 1130 | 0 | - | |
| 1131 | 0 | - | |
| 1132 | 0 | - | |
| 1133 | 0 | - | |
| 1134 | 0 | - | |
| Direct Employee Benefits | | 31,580 | |
| 1201 | Retirement | 2,020 | Employer match for employee retirement |
| 1202 | Worker's Compensation | 13,000 | Required workers comp coverage |
| 1203 | Health Insurance | 16,560 | 100% paid health insurance |
| 1204 | Other (specify) | - | |
| 1205 | Other (specify) | - | |
| 1206 | Other (specify) | - | |
| Direct Payroll Taxes & Expenses: | | 62,815 | |
| 1301 | OASDI | 35,455 | OASDI taxes |
| 1302 | FICA/MEDICARE | 9,781 | FICA taxes |
| 1303 | SUI | 16,904 | SUI taxes |
| 1304 | Other (specify) | 675 | Employer Training Tax |
| 1305 | Other (specify) | - | |
| 1306 | Other (specify) | - | |
| 2000: DIRECT CLIENT SUPPORT | | 202,544 | |
| 2001 | Child Care | - | |
| 2002 | Client Housing Support | - | |
| 2003 | Client Transportation & Support | 2,544 | Gas for van, bus tickets for clients |
| 2004 | Clothing, Food, & Hygiene | 200,000 | 3 meals daily for all clients in program, linens, and daily hygiene supplies |
| 2005 | Education Support | - | |
| 2006 | Employment Support | - | |
| 2007 | Household Items for Clients | - | |

| PROGRAM EXPENSE | | | | |
|-----------------|--------|----------------------------|-----|---|
| | ACCT # | LINE ITEM | AMT | DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE |
| | 2008 | Medication Supports | - | |
| | 2009 | Program Supplies - Medical | - | |
| | 2010 | Utility Vouchers | - | |
| | 2011 | Other (specify) | - | |
| | 2012 | Other: Landlord Engagement | - | |
| | 2013 | Other (specify) | - | |
| | 2014 | Other (specify) | - | |
| | 2015 | Other (specify) | - | |
| | 2016 | Other (specify) | - | |

| 3000: DIRECT OPERATING EXPENSES | | 37,690 | | |
|---------------------------------|------|--------------------------------------|--------|---|
| | 3001 | Telecommunications | 6,264 | cellphones, emails, etc. for program staff |
| | 3002 | Printing/Postage | 120 | Business cards |
| | 3003 | Office, Household & Program Supplies | 29,473 | Supplies for program operations including office supplies, cleaning supplies and other needed items |
| | 3004 | Advertising | - | |
| | 3005 | Staff Development & Training | - | |
| | 3006 | Staff Mileage | - | |
| | 3007 | Subscriptions & Memberships | - | |
| | 3008 | Vehicle Maintenance | 213 | Repairs for program vehicle |
| | 3009 | Other Vehicle Insurance | 1,620 | Required coverages per contract |
| | 3010 | Other (specify) | - | |
| | 3011 | Other (specify) | - | |
| | 3012 | Other (specify) | - | |

| 4000: DIRECT FACILITIES & EQUIPMENT | | 530,128 | | |
|-------------------------------------|------|----------------------|---------|--|
| | 4001 | Building Maintenance | 19,800 | Upkeep of facility from client caused damages |
| | 4002 | Rent/Lease Building | 66,667 | Rent for facility |
| | 4003 | Rent/Lease Equipment | - | |
| | 4004 | Rent/Lease Vehicles | 15,791 | Van for transporting clients |
| | 4005 | Security | 301,890 | 24/7 standign security guard |
| | 4006 | Utilities | 125,980 | PG&E, water, internet, and garbage services for facility |
| | 4007 | Other (specify) | - | |
| | 4008 | Other (specify) | - | |
| | 4009 | Other (specify) | - | |
| | 4010 | Other (specify) | - | |

| 5000: DIRECT SPECIAL EXPENSES | | 15,810 | | |
|-------------------------------|------|---|--------|---|
| | 5001 | Consultant (Network & Data Management) | 15,000 | IT Consulting |
| | 5002 | HMIS (Health Management Information System) | - | HMIS Access |
| | 5003 | Contractual/Consulting Services (Specify) | 810 | Background tests, drug testing, staff maangement software |
| | 5004 | Translation Services | - | |
| | 5005 | Other (specify) | - | |
| | 5006 | Other (specify) | - | |
| | 5007 | Other (specify) | - | |
| | 5008 | Other (specify) | - | |

| 6000: INDIRECT EXPENSES | | 154,029 | | |
|-------------------------|------|---|---------|---------------------|
| | 6001 | Administrative Overhead | 154,029 | 10% De Minimus Rate |
| | 6002 | Professional Liability Insurance | - | |
| | 6003 | Accounting/Bookkeeping | - | |
| | 6004 | External Audit | - | |
| | 6005 | Insurance (Specify): | - | |
| | 6006 | Payroll Services | - | |
| | 6007 | Depreciation (Provider-Owned Equipment to be Used | - | |
| | 6008 | Personnel (Indirect Salaries & Benefits) | - | |
| | 6009 | Other (specify) | - | |
| | 6010 | Other (specify) | - | |
| | 6011 | Other (specify) | - | |
| | 6012 | Other (specify) | - | |
| | 6013 | Other (specify) | - | |

| 7000: DIRECT FIXED ASSETS | | 3,702 | | |
|---------------------------|------|---|-------|---|
| | 7001 | Computer Equipment & Software | 1,000 | Replacement devices for program |
| | 7002 | Copiers, Cell Phones, Tablets, Devices to Contain HIPAA | 85 | Replacement devices for program |
| | 7003 | Furniture & Fixtures | 2,617 | Replacement client beds and furnishings |
| | 7004 | Leasehold/Tenant/Building Improvements | - | |
| | 7005 | Other Assets over \$500 with Lifespan of 2 Years + | - | |
| | 7006 | Assets over \$5,000/unit (Specify) | - | |

| PROGRAM EXPENSE | | | |
|-----------------|-----------------|-----|---|
| ACCT # | LINE ITEM | AMT | DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE |
| 7007 | Other (specify) | - | |
| 7008 | FiscalRocks | - | |

TOTAL PROGRAM EXPENSE FROM BUDGET NARRATIVE: 1,693,223

Phoenix Landing
RH Community Builders
Fiscal Year (FY)2025-26

PROGRAM EXPENSES

1000: DIRECT SALARIES & BENEFITS

| Direct Employee Salaries | | | | | |
|---|----------------------------|--------------|-------------------|-------------------|-------------------|
| Acct # | Administrative Position | FTE | Admin | Program | Total |
| 1101 | Director | 0.15 | \$ 20,281 | | \$ 20,281 |
| 1102 | Program Manager | 0.50 | 44,722 | | 44,722 |
| 1103 | Fiscal Analyst | 0.25 | 28,721 | | 28,721 |
| 1104 | | | - | | - |
| 1105 | | | - | | - |
| 1106 | | | - | | - |
| 1107 | | | - | | - |
| 1108 | | | - | | - |
| 1109 | | | - | | - |
| 1110 | | | - | | - |
| 1111 | | | - | | - |
| 1112 | | | - | | - |
| 1113 | | | - | | - |
| 1114 | | | - | | - |
| 1115 | | | - | | - |
| Direct Personnel Admin Salaries Subtotal | | 0.90 | \$ 93,724 | | \$ 93,724 |
| Acct # | Program Position | FTE | Admin | Program | Total |
| 1116 | Certified Nusing Assistant | 4.00 | | \$ 224,649 | \$ 224,649 |
| 1117 | Driver | 1.00 | | 49,922 | 49,922 |
| 1118 | Maintenance Tech | 2.00 | | 104,004 | 104,004 |
| 1119 | Food Service | 1.00 | | 45,762 | 45,762 |
| 1120 | Overnight Monitor | 3.00 | | 141,496 | 141,496 |
| 1121 | | | | - | - |
| 1122 | | | | - | - |
| 1123 | | | | - | - |
| 1124 | | | | - | - |
| 1125 | | | | - | - |
| 1126 | | | | - | - |
| 1127 | | | | - | - |
| 1128 | | | | - | - |
| 1129 | | | | - | - |
| 1130 | | | | - | - |
| 1131 | | | | - | - |
| 1132 | | | | - | - |
| 1133 | | | | - | - |
| 1134 | | | | - | - |
| Direct Personnel Program Salaries Subtotal | | 11.00 | | \$ 565,833 | \$ 565,833 |
| Direct Personnel Salaries Subtotal | | 11.90 | \$ 93,724 | \$ 565,833 | \$ 659,557 |
| Direct Employee Benefits | | | | | |
| Acct # | Description | | Admin | Program | Total |
| 1201 | Retirement | | \$ 1,140 | \$ 9,600 | \$ 10,740 |
| 1202 | Worker's Compensation | | 7,954 | 20,312 | 28,266 |
| 1203 | Health Insurance | | 4,560 | 20,000 | 24,560 |
| 1204 | Other (specify) | | - | - | - |
| 1205 | Other (specify) | | - | - | - |
| 1206 | Other (specify) | | - | - | - |
| Direct Employee Benefits Subtotal: | | | \$ 13,654 | \$ 49,912 | \$ 63,566 |
| Direct Payroll Taxes & Expenses: | | | | | |
| Acct # | Description | | Admin | Program | Total |
| 1301 | OASDI | | \$ 5,191 | \$ 26,309 | \$ 31,500 |
| 1302 | FICA/MEDICARE | | 1,214 | 6,153 | 7,367 |
| 1303 | SUI | | 2,763 | 14,003 | 16,766 |
| 1304 | Other (specify) | | 48 | 424 | 472 |
| 1305 | Other (specify) | | - | - | - |
| 1306 | Other (specify) | | - | - | - |
| Direct Payroll Taxes & Expenses Subtotal: | | | \$ 9,216 | \$ 46,889 | \$ 56,105 |
| DIRECT EMPLOYEE SALARIES & BENEFITS TOTAL: | | | \$ 116,594 | \$ 662,634 | \$ 779,228 |

| DIRECT EMPLOYEE SALARIES & BENEFITS PERCENTAGE: | Admin | Program |
|--|-------|---------|
| | 15% | 85% |

| 2000: DIRECT CLIENT SUPPORT | | |
|---------------------------------|---------------------------------|-------------------|
| Acct # | Line Item Description | Amount |
| 2001 | Child Care | \$ - |
| 2002 | Client Housing Support | 2,500 |
| 2003 | Client Transportation & Support | 2,750 |
| 2004 | Clothing, Food, & Hygiene | 555,000 |
| 2005 | Education Support | - |
| 2006 | Employment Support | - |
| 2007 | Household Items for Clients | - |
| 2008 | Medication Supports | - |
| 2009 | Program Supplies - Medical | 2,150 |
| 2010 | Utility Vouchers | - |
| 2011 | Other (specify) | - |
| 2012 | Other Landlord Engagement | 31,562 |
| 2013 | Other (specify) | - |
| 2014 | Other (specify) | - |
| 2015 | Other (specify) | - |
| 2016 | Other (specify) | - |
| DIRECT CLIENT CARE TOTAL | | \$ 593,962 |

| 3000: DIRECT OPERATING EXPENSES | | |
|---|--------------------------------------|------------------|
| Acct # | Line Item Description | Amount |
| 3001 | Telecommunications | \$ 6,400 |
| 3002 | Printing/Postage | 270 |
| 3003 | Office, Household & Program Supplies | 35,650 |
| 3004 | Advertising | - |
| 3005 | Staff Development & Training | - |
| 3006 | Staff Mileage | - |
| 3007 | Subscriptions & Memberships | - |
| 3008 | Vehicle Maintenance | 540 |
| 3009 | Other Vehicle Insurance | 1,650 |
| 3010 | Other (specify) | - |
| 3011 | Other (specify) | - |
| 3012 | Other (specify) | - |
| DIRECT OPERATING EXPENSES TOTAL: | | \$ 44,510 |

| 4000: DIRECT FACILITIES & EQUIPMENT | | |
|---|-----------------------|-------------------|
| Acct # | Line Item Description | Amount |
| 4001 | Building Maintenance | \$ 120,505 |
| 4002 | Rent/Lease Building | - |
| 4003 | Rent/Lease Equipment | - |
| 4004 | Rent/Lease Vehicles | 20,000 |
| 4005 | Security | 408,100 |
| 4006 | Utilities | 145,470 |
| 4007 | Other (specify) | - |
| 4008 | Other (specify) | - |
| 4009 | Other (specify) | - |
| 4010 | Other (specify) | - |
| DIRECT FACILITIES/EQUIPMENT TOTAL: | | \$ 694,075 |

| 5000: DIRECT SPECIAL EXPENSES | | |
|---------------------------------------|---|------------------|
| Acct # | Line Item Description | Amount |
| 5001 | Consultant (Network & Data Management) | \$ 15,450 |
| 5002 | HMIS (Health Management Information System) | - |
| 5003 | Contractual/Consulting Services (Specify) | 13,717 |
| 5004 | Translation Services | 500 |
| 5005 | Other (specify) | - |
| 5006 | Other (specify) | - |
| 5007 | Other (specify) | - |
| 5008 | Other (specify) | - |
| DIRECT SPECIAL EXPENSES TOTAL: | | \$ 29,667 |

| 6000: INDIRECT EXPENSES | | |
|-------------------------|---|------------|
| Acct # | Line Item Description | Amount |
| | Administrative Overhead | |
| 6001 | Use this line and only this line for approved indirect cost rate | \$ 214,000 |
| | Administrative Overhead | |
| 6002 | Professional Liability Insurance | - |
| 6003 | Accounting/Bookkeeping | - |
| 6004 | External Audit | - |
| 6005 | Insurance (Specify): | - |
| 6006 | Payroll Services | - |
| 6007 | Depreciation (Provider-Owned Equipment to be Used for Program Purposes) | - |
| 6008 | Personnel (Indirect Salaries & Benefits) | - |
| 6009 | Other (specify) | - |
| 6010 | Other (specify) | - |
| 6011 | Other (specify) | - |
| 6012 | Other (specify) | - |
| 6013 | Other (specify) | - |
| INDIRECT EXPENSES TOTAL | | \$ 214,000 |

| | |
|--------------------|-------|
| INDIRECT COST RATE | 9.82% |
|--------------------|-------|

| 7000: DIRECT FIXED ASSETS | | |
|-----------------------------|--|-----------|
| Acct # | Line Item Description | Amount |
| 7001 | Computer Equipment & Software | \$ 10,000 |
| 7002 | Copiers, Cell Phones, Tablets, Devices to Contain HIPAA Data | 5,000 |
| 7003 | Furniture & Fixtures | 23,700 |
| 7004 | Leasehold/Tenant/Building Improvements | - |
| 7005 | Other Assets over \$500 with Lifespan of 2 Years + | - |
| 7006 | Assets over \$5,000/unit (Specify) | - |
| 7007 | Other (specify) | - |
| 7008 | Other (specify) | - |
| FIXED ASSETS EXPENSES TOTAL | | \$ 38,700 |

| | |
|------------------------|--------------|
| TOTAL PROGRAM EXPENSES | \$ 2,394,142 |
|------------------------|--------------|

PROGRAM FUNDING SOURCES

| 8000: TOTAL PROGRAM REVENUES | | |
|------------------------------|--------------------------|--------|
| Acct # | Line Item Description | Amount |
| 8001 | Revenue Allocated by DBH | - |
| 8002 | Client Fees | - |
| 8003 | Client Insurance | - |
| 8004 | Grants (Specify) | - |
| 8005 | Other (Specify) | - |
| 8006 | Other (Specify) | - |
| TOTAL PROGRAM REVENUES | | \$ - |

| | |
|-----------------------------------|------|
| TOTAL PROGRAM ESTIMATED REVENUES: | \$ - |
|-----------------------------------|------|

| | |
|-------------------|--------------|
| NET PROGRAM COST: | \$ 2,394,142 |
|-------------------|--------------|

**Phoenix Landing
RH Community Builders
Fiscal Year (FY)2025-26**

PARTIAL FTE DETAIL

For all positions with FTE's split among multiple programs/contracts the below must be filled out

| Position | Contract #/Name/Department/County | FTE % |
|--------------|--|-------------|
| Director | BHBH/Phoenix Landing/FC DBH/ Fresno | 0.15 |
| | BHBH/Sierra Sunrise/FC DBH/Fresno | 0.15 |
| | Medi-Cal/Phoenix Landing/FC DBH/Fresno | 0.15 |
| | CalAIM/Phoenix Landing/FC DBH/Fresno | 0.25 |
| | Medi-Cal/Sierra Sunrise/FC DBH/Fresno | 0.15 |
| | CalAIM/Sierra Sunrise/FC DBH/Fresno | 0.15 |
| Total | | 1.00 |

| Position | Contract #/Name/Department/County | FTE % |
|-----------------|--|-------------|
| Program Manager | BHBH/Phoenix Landing/FC DBH/ Fresno | 0.50 |
| | Medi-Cal/Phoenix Landing/FC DBH/Fresno | 0.50 |
| | | |
| | | |
| | | |
| | | |
| Total | | 1.00 |

| Position | Contract #/Name/Department/County | FTE % |
|----------------|--|-------------|
| Fiscal Analyst | BHBH/Phoenix Landing/FC DBH/ Fresno | 0.25 |
| | BHBH/Sierra Sunrise/FC DBH/Fresno | 0.25 |
| | Medi-Cal/Phoenix Landing/FC DBH/Fresno | 0.15 |
| | CalAIM/Phoenix Landing/FC DBH/Fresno | 0.10 |
| | Medi-Cal/Sierra Sunrise/FC DBH/Fresno | 0.10 |
| | CalAIM/Sierra Sunrise/FC DBH/Fresno | 0.15 |
| Total | | 1.00 |

| Position | Contract #/Name/Department/County | FTE % |
|--------------|-----------------------------------|-------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| Total | | 0.00 |

| Position | Contract #/Name/Department/County | FTE % |
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| Total | | 0.00 |

| Position | Contract #/Name/Department/County | FTE % |
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| Total | | 0.00 |

| Position | Contract #/Name/Department/County | FTE % |
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Total 0.00

| Position | Contract #/Name/Department/County | FTE % |
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Total 0.00

| Position | Contract #/Name/Department/County | FTE % |
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Total 0.00

| Position | Contract #/Name/Department/County | FTE % |
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Total 0.00

| Position | Contract #/Name/Department/County | FTE % |
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Total 0.00

| Position | Contract #/Name/Department/County | FTE % |
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Total 0.00

| Position | Contract #/Name/Department/County | FTE % |
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Total 0.00

| Position | Contract #/Name/Department/County | FTE % |
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| Total | | <u>0.00</u> |

| Position | Contract #/Name/Department/County | FTE % |
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| | | |
| Total | | <u>0.00</u> |

Phoenix Landing
RH Community Builders
Fiscal Year (FY)2025-26 Budget Narrative

| PROGRAM EXPENSE | | | |
|---|---------------------------------|----------------|---|
| ACCT # | LINE ITEM | AMT | DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE |
| 1000: DIRECT SALARIES & BENEFITS | | 779,228 | |
| Administrative Positions | | 93,724 | |
| 1101 | Director | 20,281 | Responsible for Program Oversight and Management of the Program Manager |
| 1102 | Program Manager | 44,722 | Responsible for daily operations of the program including staff management and crisis response |
| 1103 | Fiscal Analyst | 28,721 | Responsible for fiscal managemetn and compliance with grant |
| 1104 | 0 | - | |
| 1105 | 0 | - | |
| 1106 | 0 | - | |
| 1107 | 0 | - | |
| 1108 | 0 | - | |
| 1109 | 0 | - | |
| 1110 | 0 | - | |
| 1111 | 0 | - | |
| 1112 | 0 | - | |
| 1113 | 0 | - | |
| 1114 | 0 | - | |
| 1115 | 0 | - | |
| Program Positions | | 565,833 | |
| 1116 | Certified Nusing Assistant | 224,649 | Responsible for assisting clients with daily living skills including woundcare and medication education |
| 1117 | Driver | 49,922 | Responsible for driving clients to and from appointments |
| 1118 | Maintenance Tech | 104,004 | Responsible for upkeep of program facility |
| 1119 | Food Service | 45,762 | Responsible for distrupution of facility meals |
| 1120 | Overnight Monitor | 141,496 | Responsible for checking clients in and out of the program, managing the front desk |
| 1121 | 0 | - | |
| 1122 | 0 | - | |
| 1123 | 0 | - | |
| 1124 | 0 | - | |
| 1125 | 0 | - | |
| 1126 | 0 | - | |
| 1127 | 0 | - | |
| 1128 | 0 | - | |
| 1129 | 0 | - | |
| 1130 | 0 | - | |
| 1131 | 0 | - | |
| 1132 | 0 | - | |
| 1133 | 0 | - | |
| 1134 | 0 | - | |
| Direct Employee Benefits | | 63,566 | |
| 1201 | Retirement | 10,740 | Employer match for employee retirement |
| 1202 | Worker's Compensation | 28,266 | Required workers comp coverage |
| 1203 | Health Insurance | 24,560 | 100% paid health insurance |
| 1204 | Other (specify) | - | |
| 1205 | Other (specify) | - | |
| 1206 | Other (specify) | - | |
| Direct Payroll Taxes & Expenses: | | 56,105 | |
| 1301 | OASDI | 31,500 | OASDI taxes |
| 1302 | FICA/MEDICARE | 7,367 | FICA taxes |
| 1303 | SUI | 16,766 | SUI taxes |
| 1304 | Other (specify) | 472 | Employer Training Tax |
| 1305 | Other (specify) | - | |
| 1306 | Other (specify) | - | |
| 2000: DIRECT CLIENT SUPPORT | | 593,962 | |
| 2001 | Child Care | - | |
| 2002 | Client Housing Support | 2,500 | Housing support such as rental assistance, deposits, documents, or travel for reunificaiton |
| 2003 | Client Transportation & Support | 2,750 | Gas for van, bus tickets for clients |
| 2004 | Clothing, Food, & Hygiene | 555,000 | 3 meals daily for all clients in program, linens, and daily hygiene supplies |
| 2005 | Education Support | - | |
| 2006 | Employment Support | - | |

| PROGRAM EXPENSE | | | | |
|-----------------|--------|-----------------------------|--------|---|
| | ACCT # | LINE ITEM | AMT | DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE |
| | 2007 | Household Items for Clients | - | |
| | 2008 | Medication Supports | - | |
| | 2009 | Program Supplies - Medical | 2,150 | Medical supplies for client needs such as wound care |
| | 2010 | Utility Vouchers | - | |
| | 2011 | Other (specify) | - | |
| | 2012 | Other Landlord Engagement | 31,562 | |
| | 2013 | Other (specify) | - | |
| | 2014 | Other (specify) | - | |
| | 2015 | Other (specify) | - | |
| | 2016 | Other (specify) | - | |

| 3000: DIRECT OPERATING EXPENSES | | 44,510 | | |
|---------------------------------|------|--------------------------------------|--------|---|
| | 3001 | Telecommunications | 6,400 | cellphones, emails, etc. for program staff |
| | 3002 | Printing/Postage | 270 | Business cards |
| | 3003 | Office, Household & Program Supplies | 35,650 | Supplies for program operations including office supplies, cleaning supplies and other needed items |
| | 3004 | Advertising | - | |
| | 3005 | Staff Development & Training | - | |
| | 3006 | Staff Mileage | - | |
| | 3007 | Subscriptions & Memberships | - | |
| | 3008 | Vehicle Maintenance | 540 | Repairs for program vehicle |
| | 3009 | Other Vehicle Insurance | 1,650 | Required coverages per contract |
| | 3010 | Other (specify) | - | |
| | 3011 | Other (specify) | - | |
| | 3012 | Other (specify) | - | |

| 4000: DIRECT FACILITIES & EQUIPMENT | | 694,075 | | |
|-------------------------------------|------|----------------------|---------|--|
| | 4001 | Building Maintenance | 120,505 | Upkeep of facility from client caused damages |
| | 4002 | Rent/Lease Building | - | |
| | 4003 | Rent/Lease Equipment | - | |
| | 4004 | Rent/Lease Vehicles | 20,000 | Van for transporting clients |
| | 4005 | Security | 408,100 | 24/7 standign securirty guard |
| | 4006 | Utilities | 145,470 | PG&E, water, internet, and garbage services for facility |
| | 4007 | Other (specify) | - | |
| | 4008 | Other (specify) | - | |
| | 4009 | Other (specify) | - | |
| | 4010 | Other (specify) | - | |

| 5000: DIRECT SPECIAL EXPENSES | | 29,667 | | |
|-------------------------------|------|---|--------|--|
| | 5001 | Consultant (Network & Data Management) | 15,450 | IT Consulting |
| | 5002 | HMIS (Health Management Information System) | - | HMIS Access |
| | 5003 | Contractual/Consulting Services (Specify) | 13,717 | Background tests, drug testing, staff maangmt software |
| | 5004 | Translation Services | 500 | Language Line |
| | 5005 | Other (specify) | - | |
| | 5006 | Other (specify) | - | |
| | 5007 | Other (specify) | - | |
| | 5008 | Other (specify) | - | |

| 6000: INDIRECT EXPENSES | | 214,000 | | |
|-------------------------|------|--|---------|---------------------|
| | 6001 | Administrative Overhead | 214,000 | 10% De Minimum Rate |
| | 6002 | Professional Liability Insurance | - | |
| | 6003 | Accounting/Bookkeeping | - | |
| | 6004 | External Audit | - | |
| | 6005 | Insurance (Specify): | - | |
| | 6006 | Payroll Services | - | |
| | 6007 | Depreciation (Provider-Owned Equipment to be Used) | - | |
| | 6008 | Personnel (Indirect Salaries & Benefits) | - | |
| | 6009 | Other (specify) | - | |
| | 6010 | Other (specify) | - | |
| | 6011 | Other (specify) | - | |
| | 6012 | Other (specify) | - | |
| | 6013 | Other (specify) | - | |

| 7000: DIRECT FIXED ASSETS | | 38,700 | | |
|---------------------------|------|---|--------|---|
| | 7001 | Computer Equipment & Software | 10,000 | Replacement devices for program |
| | 7002 | Copiers, Cell Phones, Tablets, Devices to Contain HIPAA | 5,000 | Replacement devices for program |
| | 7003 | Furniture & Fixtures | 23,700 | Replacement client beds and furnishings |
| | 7004 | Leasehold/Tenant/Building Improvements | - | |
| | 7005 | Other Assets over \$500 with Lifespan of 2 Years + | - | |

| PROGRAM EXPENSE | | | |
|-----------------|------------------------------------|-----|---|
| ACCT # | LINE ITEM | AMT | DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE |
| 7006 | Assets over \$5,000/unit (Specify) | - | |
| 7007 | Other (specify) | - | |
| 7008 | Other (specify) | - | |

TOTAL PROGRAM EXPENSE FROM BUDGET NARRATIVE: 2,394,142

Phoenix Landing
RH Community Builders
Fiscal Year (FY) 2026-27

PROGRAM EXPENSES

| 1000: DIRECT SALARIES & BENEFITS | | | | | |
|--|-----------------------------|-------|------------|------------|------------|
| Direct Employee Salaries | | | | | |
| Acct # | Administrative Position | FTE | Admin | Program | Total |
| 1101 | Director | 0.15 | \$ 20,905 | | \$ 20,905 |
| 1102 | Program Manager | 0.75 | 85,762 | | 85,762 |
| 1103 | Fiscal Analyst | 0.25 | 19,345 | | 19,345 |
| 1104 | | | - | | - |
| 1105 | | | - | | - |
| 1106 | | | - | | - |
| 1107 | | | - | | - |
| 1108 | | | - | | - |
| 1109 | | | - | | - |
| 1110 | | | - | | - |
| 1111 | | | - | | - |
| 1112 | | | - | | - |
| 1113 | | | - | | - |
| 1114 | | | - | | - |
| 1115 | | | - | | - |
| Direct Personnel Admin Salaries Subtotal | | 1.15 | \$ 126,012 | | \$ 126,012 |
| Acct # | Program Position | FTE | Admin | Program | Total |
| 1116 | Certified Nursing Assistant | 4.00 | | \$ 232,969 | \$ 232,969 |
| 1117 | Driver | 1.00 | | 52,002 | 52,002 |
| 1118 | Maintenance Tech | 2.00 | | 112,324 | 112,324 |
| 1119 | Food Service | 1.00 | | 45,762 | 45,762 |
| 1120 | Overnight Monitor | 4.00 | | 183,048 | 183,048 |
| 1121 | | | | - | - |
| 1122 | | | | - | - |
| 1123 | | | | - | - |
| 1124 | | | | - | - |
| 1125 | | | | - | - |
| 1126 | | | | - | - |
| 1127 | | | | - | - |
| 1128 | | | | - | - |
| 1129 | | | | - | - |
| 1130 | | | | - | - |
| 1131 | | | | - | - |
| 1132 | | | | - | - |
| 1133 | | | | - | - |
| 1134 | | | | - | - |
| Direct Personnel Program Salaries Subtotal | | 12.00 | | \$ 626,105 | \$ 626,105 |
| Direct Personnel Salaries Subtotal | | 13.15 | \$ 126,012 | \$ 626,105 | \$ 752,117 |
| Direct Employee Benefits | | | | | |
| Acct # | Description | | Admin | Program | Total |
| 1201 | Retirement | | \$ 1,710 | \$ 6,000 | \$ 7,710 |
| 1202 | Worker's Compensation | | 6,881 | 27,500 | 34,381 |
| 1203 | Health Insurance | | 5,700 | 42,000 | 47,700 |
| 1204 | Other (specify) | | - | - | - |
| 1205 | Other (specify) | | - | - | - |
| 1206 | Other (specify) | | - | - | - |
| Direct Employee Benefits Subtotal: | | | \$ 14,291 | \$ 75,500 | \$ 89,791 |
| Direct Payroll Taxes & Expenses: | | | | | |
| Acct # | Description | | Admin | Program | Total |
| 1301 | OASDI | | \$ 533 | \$ 23,470 | \$ 24,003 |
| 1302 | FICA/MEDICARE | | 1,247 | 6,424 | 7,671 |
| 1303 | SUI | | 2,838 | 14,621 | 17,459 |
| 1304 | Other Employer Training Tax | | 86 | 443 | 529 |
| 1305 | Other (specify) | | - | - | - |
| 1306 | Other (specify) | | - | - | - |
| Direct Payroll Taxes & Expenses Subtotal: | | | \$ 4,704 | \$ 44,958 | \$ 49,662 |
| DIRECT EMPLOYEE SALARIES & BENEFITS TOTAL: | | | \$ 145,007 | \$ 746,563 | \$ 891,570 |

| DIRECT EMPLOYEE SALARIES & BENEFITS PERCENTAGE: | Admin | Program |
|---|-------|---------|
| | 16% | 84% |

| 2000: DIRECT CLIENT SUPPORT | | |
|---------------------------------|---------------------------------|-------------------|
| Acct # | Line Item Description | Amount |
| 2001 | Child Care | \$ - |
| 2002 | Client Housing Support | 2,500 |
| 2003 | Client Transportation & Support | 2,500 |
| 2004 | Clothing, Food, & Hygiene | 500,000 |
| 2005 | Education Support | - |
| 2006 | Employment Support | - |
| 2007 | Household Items for Clients | - |
| 2008 | Medication Supports | - |
| 2009 | Program Supplies - Medical | 2,500 |
| 2010 | Utility Vouchers | - |
| 2011 | Other (specify) | - |
| 2012 | Other Landlord Engagement | - |
| 2013 | Other (specify) | - |
| 2014 | Other (specify) | - |
| 2015 | Other (specify) | - |
| 2016 | Other (specify) | - |
| DIRECT CLIENT CARE TOTAL | | \$ 507,500 |

| 3000: DIRECT OPERATING EXPENSES | | |
|---|--------------------------------------|------------------|
| Acct # | Line Item Description | Amount |
| 3001 | Telecommunications | \$ 16,645 |
| 3002 | Printing/Postage | 270 |
| 3003 | Office, Household & Program Supplies | 20,000 |
| 3004 | Advertising | - |
| 3005 | Staff Development & Training | 9,500 |
| 3006 | Staff Mileage | - |
| 3007 | Subscriptions & Memberships | - |
| 3008 | Vehicle Maintenance | 570 |
| 3009 | Other Vehicle Insurance | 1,700 |
| 3010 | Other (specify) | - |
| 3011 | Other (specify) | - |
| 3012 | Other (specify) | - |
| DIRECT OPERATING EXPENSES TOTAL: | | \$ 48,685 |

| 4000: DIRECT FACILITIES & EQUIPMENT | | |
|---|-----------------------|-------------------|
| Acct # | Line Item Description | Amount |
| 4001 | Building Maintenance | \$ 120,000 |
| 4002 | Rent/Lease Building | - |
| 4003 | Rent/Lease Equipment | - |
| 4004 | Rent/Lease Vehicles | 20,000 |
| 4005 | Security | 286,443 |
| 4006 | Utilities | 85,000 |
| 4007 | Other (specify) | - |
| 4008 | Other (specify) | - |
| 4009 | Other (specify) | - |
| 4010 | Other (specify) | - |
| DIRECT FACILITIES/EQUIPMENT TOTAL: | | \$ 511,443 |

| 5000: DIRECT SPECIAL EXPENSES | | |
|---------------------------------------|---|------------------|
| Acct # | Line Item Description | Amount |
| 5001 | Consultant (Network & Data Management) | \$ 5,500 |
| 5002 | HMIS (Health Management Information System) | 1,800 |
| 5003 | Contractual/Consulting Services (Specify) | 3,828 |
| 5004 | Translation Services | 1,500 |
| 5005 | Other (specify) | - |
| 5006 | Other (specify) | - |
| 5007 | Other (specify) | - |
| 5008 | Other (specify) | - |
| DIRECT SPECIAL EXPENSES TOTAL: | | \$ 12,628 |

| 6000: INDIRECT EXPENSES | | |
|-------------------------|---|------------|
| Acct # | Line Item Description | Amount |
| | Administrative Overhead | |
| 6001 | Use this line and only this line for approved indirect cost rate | \$ 199,000 |
| | Administrative Overhead | |
| 6002 | Professional Liability Insurance | - |
| 6003 | Accounting/Bookkeeping | - |
| 6004 | External Audit | - |
| 6005 | Insurance (Specify): | - |
| 6006 | Payroll Services | - |
| 6007 | Depreciation (Provider-Owned Equipment to be Used for Program Purposes) | - |
| 6008 | Personnel (Indirect Salaries & Benefits) | - |
| 6009 | Other (specify) | - |
| 6010 | Other (specify) | - |
| 6011 | Other (specify) | - |
| 6012 | Other (specify) | - |
| 6013 | Other (specify) | - |
| INDIRECT EXPENSES TOTAL | | \$ 199,000 |

| | |
|--------------------|-------|
| INDIRECT COST RATE | 9.97% |
|--------------------|-------|

| 7000: DIRECT FIXED ASSETS | | |
|-----------------------------|--|-----------|
| Acct # | Line Item Description | Amount |
| 7001 | Computer Equipment & Software | \$ 10,038 |
| 7002 | Copiers, Cell Phones, Tablets, Devices to Contain HIPAA Data | 1,000 |
| 7003 | Furniture & Fixtures | 13,500 |
| 7004 | Leasehold/Tenant/Building Improvements | - |
| 7005 | Other Assets over \$500 with Lifespan of 2 Years + | - |
| 7006 | Assets over \$5,000/unit (Specify) | - |
| 7007 | Other (specify) | - |
| 7008 | Other (specify) | - |
| FIXED ASSETS EXPENSES TOTAL | | \$ 24,538 |

| | |
|------------------------|--------------|
| TOTAL PROGRAM EXPENSES | \$ 2,195,364 |
|------------------------|--------------|

PROGRAM FUNDING SOURCES

| 8000: TOTAL PROGRAM REVENUES | | |
|------------------------------|--------------------------|--------|
| Acct # | Line Item Description | Amount |
| 8001 | Revenue Allocated by DBH | - |
| 8002 | Client Fees | - |
| 8003 | Client Insurance | - |
| 8004 | Grants (Specify) | - |
| 8005 | Other (Specify) | - |
| 8006 | Other (Specify) | - |
| TOTAL PROGRAM REVENUES | | \$ - |

| | |
|-----------------------------------|------|
| TOTAL PROGRAM ESTIMATED REVENUES: | \$ - |
|-----------------------------------|------|

| | |
|-------------------|--------------|
| NET PROGRAM COST: | \$ 2,195,364 |
|-------------------|--------------|

**Phoenix Landing
RH Community Builders
Fiscal Year (FY) 2026-27**

PARTIAL FTE DETAIL

For all positions with FTE's split among multiple programs/contracts the below must be filled out

| Position | Contract #/Name/Department/County | FTE % |
|--------------|--|-------------|
| Director | BHBH/Phoenix Landing/FC DBH/ Fresno | 0.15 |
| | BHBH/Sierra Sunrise/FC DBH/Fresno | 0.15 |
| | Medi-Cal/Phoenix Landing/FC DBH/Fresno | 0.15 |
| | CalAIM/Phoenix Landing/FC DBH/Fresno | 0.25 |
| | Medi-Cal/Sierra Sunrise/FC DBH/Fresno | 0.15 |
| | CalAIM/Sierra Sunrise/FC DBH/Fresno | 0.15 |
| | | |
| Total | | 1.00 |

| Position | Contract #/Name/Department/County | FTE % |
|-----------------|--|-------------|
| Program Manager | BHBH/Phoenix Landing/FC DBH/ Fresno | 0.50 |
| | Medi-Cal/Phoenix Landing/FC DBH/Fresno | 0.50 |
| | | |
| | | |
| | | |
| | | |
| Total | | 1.00 |

| Position | Contract #/Name/Department/County | FTE % |
|----------------|--|-------------|
| Fiscal Analyst | BHBH/Phoenix Landing/FC DBH/ Fresno | 0.25 |
| | BHBH/Sierra Sunrise/FC DBH/Fresno | 0.25 |
| | Medi-Cal/Phoenix Landing/FC DBH/Fresno | 0.15 |
| | CalAIM/Phoenix Landing/FC DBH/Fresno | 0.10 |
| | Medi-Cal/Sierra Sunrise/FC DBH/Fresno | 0.10 |
| | CalAIM/Sierra Sunrise/FC DBH/Fresno | 0.15 |
| | | |
| Total | | 1.00 |

| Position | Contract #/Name/Department/County | FTE % |
|--------------|-----------------------------------|-------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total | | 0.00 |

| Position | Contract #/Name/Department/County | FTE % |
|--------------|-----------------------------------|-------------|
| | | |
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| | | |
| | | |
| | | |
| | | |
| Total | | 0.00 |

| Position | Contract #/Name/Department/County | FTE % |
|--------------|-----------------------------------|-------------|
| | | |
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| | | |
| | | |
| | | |
| Total | | 0.00 |

| Position | Contract #/Name/Department/County | FTE % |
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| | | |
| Total | | <u>0.00</u> |

| Position | Contract #/Name/Department/County | FTE % |
|--------------|-----------------------------------|--------------------|
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| | | |
| | | |
| | | |
| | | |
| Total | | <u>0.00</u> |

Phoenix Landing
RH Community Builders
Fiscal Year (FY) 2026-27 Budget Narrative

| PROGRAM EXPENSE | | | |
|---|---------------------------------|----------------|---|
| ACCT # | LINE ITEM | AMT | DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE |
| 1000: DIRECT SALARIES & BENEFITS | | 891,570 | |
| Administrative Positions | | 126,012 | |
| 1101 | Director | 20,905 | Responsible for Program Oversight and Management of the Program Manager |
| 1102 | Program Manager | 85,762 | Responsible for daily operations of the program including staff management and crisis response |
| 1103 | Fiscal Analyst | 19,345 | Responsible for fiscal management and compliance with grant |
| 1104 | 0 | - | |
| 1105 | 0 | - | |
| 1106 | 0 | - | |
| 1107 | 0 | - | |
| 1108 | 0 | - | |
| 1109 | 0 | - | |
| 1110 | 0 | - | |
| 1111 | 0 | - | |
| 1112 | 0 | - | |
| 1113 | 0 | - | |
| 1114 | 0 | - | |
| 1115 | 0 | - | |
| Program Positions | | 626,105 | |
| 1116 | Certified Nursing Assistant | 232,969 | Responsible for assisting clients with daily living skills including woundcare and medication education |
| 1117 | Driver | 52,002 | Responsible for driving clients to and from appointments |
| 1118 | Maintenance Tech | 112,324 | Responsible for upkeep of program facility |
| 1119 | Food Service | 45,762 | Responsible for disruption of facility meals |
| 1120 | Overnight Monitor | 183,048 | Responsible for checking clients in and out of the program, managing the front desk |
| 1121 | 0 | - | |
| 1122 | 0 | - | |
| 1123 | 0 | - | |
| 1124 | 0 | - | |
| 1125 | 0 | - | |
| 1126 | 0 | - | |
| 1127 | 0 | - | |
| 1128 | 0 | - | |
| 1129 | 0 | - | |
| 1130 | 0 | - | |
| 1131 | 0 | - | |
| 1132 | 0 | - | |
| 1133 | 0 | - | |
| 1134 | 0 | - | |
| Direct Employee Benefits | | 89,791 | |
| 1201 | Retirement | 7,710 | Employer match for employee retirement |
| 1202 | Worker's Compensation | 34,381 | Required workers comp coverage |
| 1203 | Health Insurance | 47,700 | 100% paid health insurance |
| 1204 | Other (specify) | - | |
| 1205 | Other (specify) | - | |
| 1206 | Other (specify) | - | |
| Direct Payroll Taxes & Expenses: | | 49,662 | |
| 1301 | OASDI | 24,003 | OASDI taxes |
| 1302 | FICA/MEDICARE | 7,671 | FICA taxes |
| 1303 | SUI | 17,459 | SUI taxes |
| 1304 | Other Employer Training Tax | 529 | Employer Training Tax |
| 1305 | Other (specify) | - | |
| 1306 | Other (specify) | - | |
| 2000: DIRECT CLIENT SUPPORT | | 507,500 | |
| 2001 | Child Care | - | |
| 2002 | Client Housing Support | 2,500 | Housing support such as rental assistance, deposits, documents, or travel for reunification |
| 2003 | Client Transportation & Support | 2,500 | Gas for van, bus tickets for clients |
| 2004 | Clothing, Food, & Hygiene | 500,000 | 3 meals daily for all clients in program, linens, and daily hygiene supplies |
| 2005 | Education Support | - | |
| 2006 | Employment Support | - | |

| PROGRAM EXPENSE | | | |
|-----------------|-----------------------------|-------|---|
| ACCT # | LINE ITEM | AMT | DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE |
| 2007 | Household Items for Clients | - | |
| 2008 | Medication Supports | - | |
| 2009 | Program Supplies - Medical | 2,500 | Medical supplies for client needs such as wound care |
| 2010 | Utility Vouchers | - | |
| 2011 | Other (specify) | - | |
| 2012 | Other Landlord Engagement | - | |
| 2013 | Other (specify) | - | |
| 2014 | Other (specify) | - | |
| 2015 | Other (specify) | - | |
| 2016 | Other (specify) | - | |

| 3000: DIRECT OPERATING EXPENSES | | 48,685 | |
|---------------------------------|--------------------------------------|--------|---|
| 3001 | Telecommunications | 16,645 | cellphones, emails, etc. for program staff |
| 3002 | Printing/Postage | 270 | Business cards |
| 3003 | Office, Household & Program Supplies | 20,000 | Supplies for program operations including office supplies, cleaning supplies and other needed items |
| 3004 | Advertising | - | |
| 3005 | Staff Development & Training | 9,500 | |
| 3006 | Staff Mileage | - | |
| 3007 | Subscriptions & Memberships | - | |
| 3008 | Vehicle Maintenance | 570 | Repairs for program vehicle |
| 3009 | Other Vehicle Insurance | 1,700 | Required coverages per contract |
| 3010 | Other (specify) | - | |
| 3011 | Other (specify) | - | |
| 3012 | Other (specify) | - | |

| 4000: DIRECT FACILITIES & EQUIPMENT | | 511,443 | |
|-------------------------------------|----------------------|---------|--|
| 4001 | Building Maintenance | 120,000 | Upkeep of facility from client caused damages |
| 4002 | Rent/Lease Building | - | |
| 4003 | Rent/Lease Equipment | - | |
| 4004 | Rent/Lease Vehicles | 20,000 | Van for transporting clients |
| 4005 | Security | 286,443 | 24/7 standign securirty guard |
| 4006 | Utilities | 85,000 | PG&E, water, internet, and garbage services for facility |
| 4007 | Other (specify) | - | |
| 4008 | Other (specify) | - | |
| 4009 | Other (specify) | - | |
| 4010 | Other (specify) | - | |

| 5000: DIRECT SPECIAL EXPENSES | | 12,628 | |
|-------------------------------|---|--------|--|
| 5001 | Consultant (Network & Data Management) | 5,500 | IT Consulting |
| 5002 | HMIS (Health Management Information System) | 1,800 | HMIS Access |
| 5003 | Contractual/Consulting Services (Specify) | 3,828 | Background tests, drug testing, staff maangmt software |
| 5004 | Translation Services | 1,500 | Language Line |
| 5005 | Other (specify) | - | |
| 5006 | Other (specify) | - | |
| 5007 | Other (specify) | - | |
| 5008 | Other (specify) | - | |

| 6000: INDIRECT EXPENSES | | 199,000 | |
|-------------------------|--|---------|---------------------|
| 6001 | Administrative Overhead | 199,000 | 10% De Minimus Rate |
| 6002 | Professional Liability Insurance | - | |
| 6003 | Accounting/Bookkeeping | - | |
| 6004 | External Audit | - | |
| 6005 | Insurance (Specify): | - | |
| 6006 | Payroll Services | - | |
| 6007 | Depreciation (Provider-Owned Equipment to be Used) | - | |
| 6008 | Personnel (Indirect Salaries & Benefits) | - | |
| 6009 | Other (specify) | - | |
| 6010 | Other (specify) | - | |
| 6011 | Other (specify) | - | |
| 6012 | Other (specify) | - | |
| 6013 | Other (specify) | - | |

| 7000: DIRECT FIXED ASSETS | | 24,538 | |
|---------------------------|---|--------|---|
| 7001 | Computer Equipment & Software | 10,038 | Replacement devices for program |
| 7002 | Copiers, Cell Phones, Tablets, Devices to Contain HIPAA | 1,000 | Replacement devices for program |
| 7003 | Furniture & Fixtures | 13,500 | Replacement client beds and furnishings |
| 7004 | Leasehold/Tenant/Building Improvements | - | |
| 7005 | Other Assets over \$500 with Lifespan of 2 Years + | - | |

| PROGRAM EXPENSE | | | |
|-----------------|------------------------------------|-----|---|
| ACCT # | LINE ITEM | AMT | DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE |
| 7006 | Assets over \$5,000/unit (Specify) | - | |
| 7007 | Other (specify) | - | |
| 7008 | Other (specify) | - | |

TOTAL PROGRAM EXPENSE FROM BUDGET NARRATIVE: 2,195,364

**Ambassador
RH Community Builders**

**Instructions: At the top, please provide the name of the program and your organization's name.
For each FY, please provide your proposed maximum compensation based upon estimated services
provided within the blue cells in column E.**

| | | |
|--------------------------------------|--|---------------------|
| Maximum Compensation FY 25-26 | | |
| Maximum Compensation FY 26-27 | | \$ 1,350,000 |
| Maximum Compensation FY 27-28 | | |
| Maximum Compensation FY 28-29 | | |
| Maximum Compensation FY 29-30 | | |

| | | |
|-------------------------------------|--|---------------------|
| Program Maximum Compensation | | \$ 1,350,000 |
|-------------------------------------|--|---------------------|

Ambassador
RH Community Builders
Fiscal Year (FY) 2026-27

PROGRAM EXPENSES

| 1000: DIRECT SALARIES & BENEFITS | | | | | |
|--|-------------------------|-------|------------|------------|------------|
| Direct Employee Salaries | | | | | |
| Acct # | Administrative Position | FTE | Admin | Program | Total |
| 1101 | Director | 0.25 | \$ 33,804 | | \$ 33,804 |
| 1102 | Program Manager | 0.75 | 68,640 | | 68,640 |
| 1103 | Maintenance Tech | 1.00 | 75,000 | | 75,000 |
| 1104 | Janitor | 1.00 | 45,756 | | 45,756 |
| 1105 | | | | | - |
| 1106 | | 0.00 | - | | - |
| 1107 | | 0.00 | - | | - |
| 1108 | | 0.00 | - | | - |
| 1109 | | 0.00 | - | | - |
| 1110 | | 0.00 | - | | - |
| 1111 | | 0.00 | - | | - |
| 1112 | | 0.00 | - | | - |
| 1113 | | 0.00 | - | | - |
| 1114 | | 0.00 | - | | - |
| 1115 | | 0.00 | - | | - |
| Direct Personnel Admin Salaries Subtotal | | 3.00 | \$ 223,200 | | \$ 223,200 |
| Acct # | Program Position | FTE | Admin | Program | Total |
| 1116 | Lead Care Manager | 1.00 | | 79,044 | \$ 79,044 |
| 1117 | Monitor | 3.00 | | 162,080 | 162,080 |
| 1118 | Peer Support | 2.00 | | 120,000 | 120,000 |
| 1119 | Driver | 1.00 | | 55,756 | 55,756 |
| 1120 | | 0.00 | | - | - |
| 1121 | | 0.00 | | - | - |
| 1122 | | 0.00 | | - | - |
| 1123 | | 0.00 | | - | - |
| 1124 | | 0.00 | | - | - |
| 1125 | | 0.00 | | - | - |
| 1126 | | 0.00 | | - | - |
| 1127 | | 0.00 | | - | - |
| 1128 | | 0.00 | | - | - |
| 1129 | | 0.00 | | - | - |
| 1130 | | 0.00 | | - | - |
| 1131 | | 0.00 | | - | - |
| 1132 | | 0.00 | | - | - |
| 1133 | | 0.00 | | - | - |
| 1134 | | 0.00 | | - | - |
| Direct Personnel Program Salaries Subtotal | | 7.00 | | \$ 416,880 | \$ 416,880 |
| Direct Personnel Salaries Subtotal | | 10.00 | \$ 223,200 | \$ 416,880 | \$ 640,080 |
| Direct Employee Benefits | | | | | |
| Acct # | Description | | Admin | Program | Total |
| 1201 | Retirement | | \$ 3,600 | \$ 1,600 | \$ 5,200 |
| 1202 | Worker's Compensation | | 15,257 | 23,784 | 39,041 |
| 1203 | Health Insurance | | 15,200 | 7,200 | 22,400 |
| 1204 | Other (specify) | | - | - | - |
| 1205 | Other (specify) | | - | - | - |
| 1206 | Other (specify) | | - | - | - |
| Direct Employee Benefits Subtotal: | | | \$ 34,057 | \$ 32,584 | \$ 66,641 |
| Direct Payroll Taxes & Expenses: | | | | | |
| Acct # | Description | | Admin | Program | Total |
| 1301 | OASDI | | \$ 15,636 | \$ 24,374 | \$ 40,010 |
| 1302 | FICA/MEDICARE | | 5,927 | 9,238 | 15,165 |
| 1303 | SUI | | 5,044 | 5,241 | 10,285 |
| 1304 | Other (specify) | | - | - | - |
| 1305 | Other (specify) | | - | - | - |
| 1306 | Other (specify) | | - | - | - |
| Direct Payroll Taxes & Expenses Subtotal: | | | \$ 26,607 | \$ 38,853 | \$ 65,460 |
| DIRECT EMPLOYEE SALARIES & BENEFITS TOTAL: | | | \$ 283,864 | \$ 488,317 | \$ 772,181 |

| DIRECT EMPLOYEE SALARIES & BENEFITS PERCENTAGE: | Admin | Program |
|---|-------|---------|
| | 37% | 63% |

| 2000: DIRECT CLIENT SUPPORT | | |
|---------------------------------|---------------------------------|-------------------|
| Acct # | Line Item Description | Amount |
| 2001 | Child Care | \$ - |
| 2002 | Client Housing Support | - |
| 2003 | Client Transportation & Support | - |
| 2004 | Clothing, Food, & Hygiene | 402,053 |
| 2005 | Education Support | - |
| 2006 | Employment Support | - |
| 2007 | Household Items for Clients | 34,668 |
| 2008 | Medication Supports | - |
| 2009 | Program Supplies - Medical | - |
| 2010 | Utility Vouchers | - |
| 2011 | Other (specify) | - |
| 2012 | Other (specify) | - |
| 2013 | Other (specify) | - |
| 2014 | Other (specify) | - |
| 2015 | Other (specify) | - |
| 2016 | Other (specify) | - |
| DIRECT CLIENT CARE TOTAL | | \$ 436,721 |

| 3000: DIRECT OPERATING EXPENSES | | |
|---|--------------------------------------|------------------|
| Acct # | Line Item Description | Amount |
| 3001 | Telecommunications | \$ 14,795 |
| 3002 | Printing/Postage | - |
| 3003 | Office, Household & Program Supplies | 17,205 |
| 3004 | Advertising | - |
| 3005 | Staff Development & Training | 10,000 |
| 3006 | Staff Mileage | - |
| 3007 | Subscriptions & Memberships | - |
| 3008 | Vehicle Maintenance | 1,500 |
| 3009 | Other (specify) | - |
| 3010 | Company Car Gas | 3,981 |
| 3011 | Timekeeping | 1,947 |
| 3012 | Other (specify) | - |
| DIRECT OPERATING EXPENSES TOTAL: | | \$ 49,428 |

| 4000: DIRECT FACILITIES & EQUIPMENT | | |
|---|-----------------------|-------------------|
| Acct # | Line Item Description | Amount |
| 4001 | Building Maintenance | \$ 64,457 |
| 4002 | Rent/Lease Building | - |
| 4003 | Rent/Lease Equipment | - |
| 4004 | Rent/Lease Vehicles | 18,000 |
| 4005 | Security | 286,440 |
| 4006 | Utilities | 119,010 |
| 4007 | Other (specify) | - |
| 4008 | Other (specify) | - |
| 4009 | Other (specify) | - |
| 4010 | Other (specify) | - |
| DIRECT FACILITIES/EQUIPMENT TOTAL: | | \$ 487,907 |

| 5000: DIRECT SPECIAL EXPENSES | | |
|---------------------------------------|---|-----------------|
| Acct # | Line Item Description | Amount |
| 5001 | Consultant (Network & Data Management) | \$ - |
| 5002 | HMIS (Health Management Information System) | 2,918 |
| 5003 | Contractual/Consulting Services (Specify) | 3,743 |
| 5004 | Translation Services | - |
| 5005 | Other (specify) | - |
| 5006 | Other (specify) | - |
| 5007 | Other (specify) | - |
| 5008 | Other (specify) | - |
| DIRECT SPECIAL EXPENSES TOTAL: | | \$ 6,661 |

| 6000: INDIRECT EXPENSES | | |
|-------------------------|---|------------|
| Acct # | Line Item Description | Amount |
| | Administrative Overhead | |
| 6001 | Use this line and only this line for approved indirect cost rate | \$ 188,000 |
| | Administrative Overhead | |
| 6002 | Professional Liability Insurance | - |
| 6003 | Accounting/Bookkeeping | - |
| 6004 | External Audit | - |
| 6005 | Insurance (Specify): | - |
| 6006 | Payroll Services | - |
| 6007 | Depreciation (Provider-Owned Equipment to be Used for Program Purposes) | - |
| 6008 | Personnel (Indirect Salaries & Benefits) | - |
| 6009 | Other (specify) | - |
| 6010 | Other (specify) | - |
| 6011 | Other (specify) | - |
| 6012 | Other (specify) | - |
| 6013 | Other (specify) | - |
| INDIRECT EXPENSES TOTAL | | \$ 188,000 |

| | |
|--------------------|--------|
| INDIRECT COST RATE | 10.53% |
|--------------------|--------|

| 7000: DIRECT FIXED ASSETS | | |
|-----------------------------|--|-----------|
| Acct # | Line Item Description | Amount |
| 7001 | Computer Equipment & Software | \$ 13,485 |
| 7002 | Copiers, Cell Phones, Tablets, Devices to Contain HIPAA Data | 3,900 |
| 7003 | Furniture & Fixtures | 15,000 |
| 7004 | Leasehold/Tenant/Building Improvements | - |
| 7005 | Other Assets over \$500 with Lifespan of 2 Years + | - |
| 7006 | Assets over \$5,000/unit (Specify) | - |
| 7007 | Other (specify) | - |
| 7008 | Other (specify) | - |
| FIXED ASSETS EXPENSES TOTAL | | \$ 32,385 |

| | |
|------------------------|--------------|
| TOTAL PROGRAM EXPENSES | \$ 1,973,283 |
|------------------------|--------------|

PROGRAM FUNDING SOURCES

| 8000: TOTAL PROGRAM REVENUES | | |
|------------------------------|--------------------------|--------|
| Acct # | Line Item Description | Amount |
| 8001 | Revenue Allocated by DBH | - |
| 8002 | Client Fees | - |
| 8003 | Client Insurance | - |
| 8004 | Grants (Specify) | - |
| 8005 | Other (Specify) | - |
| 8006 | Other (Specify) | - |
| TOTAL PROGRAM REVENUES | | \$ - |

| | |
|-----------------------------------|------|
| TOTAL PROGRAM ESTIMATED REVENUES: | \$ - |
|-----------------------------------|------|

| | |
|-------------------|--------------|
| NET PROGRAM COST: | \$ 1,973,283 |
|-------------------|--------------|

**Ambassador
RH Community Builders
Fiscal Year (FY) 2026-27**

PARTIAL FTE DETAIL

For all positions with FTE's split among multiple programs/contracts the below must be filled out

| Position | Contract #/Name/Department/County | FTE % |
|--------------|-----------------------------------|---------------|
| Director | Ambassador CR/DBH/Fresno County | 25.00 |
| | Phoenix Landing/DBH/Fresno County | 33.00 |
| | Sierra Sunrise/DBH/Fresno County | 33.00 |
| | The Flats/DSS/Fresno County | 9.00 |
| | | |
| | | |
| Total | | 100.00 |

| Position | Contract #/Name/Department/County | FTE % |
|-----------------|-----------------------------------|---------------|
| Program Manager | Ambassador CR/DBH/Fresno County | 75.00 |
| | Ambassador SMHS/DBH/Fresno County | 25.00 |
| | | |
| | | |
| | | |
| | | |
| Total | | 100.00 |

| Position | Contract #/Name/Department/County | FTE % |
|--------------|-----------------------------------|-------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total | | 0.00 |

| Position | Contract #/Name/Department/County | FTE % |
|--------------|-----------------------------------|-------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total | | 0.00 |

| Position | Contract #/Name/Department/County | FTE % |
|--------------|-----------------------------------|-------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total | | 0.00 |

| Position | Contract #/Name/Department/County | FTE % |
|--------------|-----------------------------------|-------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total | | 0.00 |

| Position | Contract #/Name/Department/County | FTE % |
|----------|-----------------------------------|-------|
| | | |
| | | |

| | | |
|--------------|--|--------------------|
| | | |
| | | |
| | | |
| | | |
| Total | | <u>0.00</u> |

| Position | Contract #/Name/Department/County | FTE % |
|--------------|-----------------------------------|--------------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total | | <u>0.00</u> |

**Ambassador
RH Community Builders
Fiscal Year (FY) 2026-27 Budget Narrative**

| PROGRAM EXPENSE | | | | |
|---|--------|-----------------------|----------------|---|
| | ACCT # | LINE ITEM | AMT | DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE |
| 1000: DIRECT SALARIES & BENEFITS | | | 772,181 | |
| Administrative Positions | | | 223,200 | |
| | 1101 | Director | 33,804 | The director is responsible for contract compliance, monthly reporting, and supporting the Program Manager with daily operations |
| | 1102 | Program Manager | 68,640 | The program manager is responsible for day to day work including staff management, monitoring outcomes, and facility maintenance |
| | 1103 | Maintenance Tech | 75,000 | The maintenance tech is responsible for onsite repairs to the facility including repairing client damage and normal ware & tear |
| | 1104 | Janitor | 45,756 | The janitor is responsible for cleaning the facility including the common spaces and cleaning individual client rooms to ensure facility standards are maintained. |
| | 1105 | 0 | - | |
| | 1106 | 0 | - | |
| | 1107 | 0 | - | |
| | 1108 | 0 | - | |
| | 1109 | 0 | - | |
| | 1110 | 0 | - | |
| | 1111 | 0 | - | |
| | 1112 | 0 | - | |
| | 1113 | 0 | - | |
| | 1114 | 0 | - | |
| | 1115 | 0 | - | |
| Program Positions | | | 416,880 | |
| | 1116 | Lead Care Manager | 79,044 | The lead care manager is responsible for the care coordination of the assigned care team clients. |
| | 1117 | Monitor | 162,080 | The monitors are responsible for overall program operations including front desk management, answering phones, room searches, assisting clients with immediate needs, and ensuring the program is well monitored. |
| | 1118 | Peer Support | 120,000 | The peer support specialist are responsible for providing peer services focused on recovery and goal progression. |
| | 1119 | Driver | 55,756 | The driver is responsible for transporting clients to and from appointments to assist with overall functioning. |
| | 1120 | 0 | - | |
| | 1121 | 0 | - | |
| | 1122 | 0 | - | |
| | 1123 | 0 | - | |
| | 1124 | 0 | - | |
| | 1125 | 0 | - | |
| | 1126 | 0 | - | |
| | 1127 | 0 | - | |
| | 1128 | 0 | - | |
| | 1129 | 0 | - | |
| | 1130 | 0 | - | |
| | 1131 | 0 | - | |
| | 1132 | 0 | - | |
| | 1133 | 0 | - | |
| | 1134 | 0 | - | |
| Direct Employee Benefits | | | 66,641 | |
| | 1201 | Retirement | 5,200 | 3% 1:1 match for employee contributins |
| | 1202 | Worker's Compensation | 39,041 | Worker's Comp for employee wages |
| | 1203 | Health Insurance | 22,400 | Employee health insurance covered at 100% by RH Community Builders |
| | 1204 | Other (specify) | - | |
| | 1205 | Other (specify) | - | |
| | 1206 | Other (specify) | - | |
| Direct Payroll Taxes & Expenses: | | | 65,460 | |
| | 1301 | OASDI | 40,010 | OASDI required taxes |
| | 1302 | FICA/MEDICARE | 15,165 | FICA/MEDICARE taxes |
| | 1303 | SUI | 10,285 | SUI taxes |
| | 1304 | Other (specify) | - | |
| | 1305 | Other (specify) | - | |
| | 1306 | Other (specify) | - | |
| 2000: DIRECT CLIENT SUPPORT | | | 436,721 | |
| | 2001 | Child Care | - | |

| PROGRAM EXPENSE | | | |
|-----------------|---------------------------------|---------|---|
| ACCT # | LINE ITEM | AMT | DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE |
| 2002 | Client Housing Support | - | |
| 2003 | Client Transportation & Support | - | |
| 2004 | Clothing, Food, & Hygiene | 402,053 | 3 meals per day, basic hygiene supplies and clothing support for clients in the program |
| 2005 | Education Support | - | |
| 2006 | Employment Support | - | |
| 2007 | Household Items for Clients | 34,668 | Linens and cleaning supplies for client use |
| 2008 | Medication Supports | - | |
| 2009 | Program Supplies - Medical | - | |
| 2010 | Utility Vouchers | - | |
| 2011 | Other (specify) | - | |

| PROGRAM EXPENSE | | | | |
|-----------------|--------|-----------------|-----|---|
| | ACCT # | LINE ITEM | AMT | DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE |
| | 2012 | Other (specify) | - | |
| | 2013 | Other (specify) | - | |
| | 2014 | Other (specify) | - | |
| | 2015 | Other (specify) | - | |
| | 2016 | Other (specify) | - | |

| 3000: DIRECT OPERATING EXPENSES | | | 49,428 | |
|---------------------------------|------|--------------------------------------|--------|--|
| | 3001 | Telecommunications | 14,795 | Cellphones, email, and other communication costs for the program |
| | 3002 | Printing/Postage | - | Business cards and printing costs for materials related to the program. |
| | 3003 | Office, Household & Program Supplies | 17,205 | Office supplies for program operation including paper, pens, binders and other typical office supplies. |
| | 3004 | Advertising | - | |
| | 3005 | Staff Development & Training | 10,000 | |
| | 3006 | Staff Mileage | - | |
| | 3007 | Subscriptions & Memberships | - | |
| | 3008 | Vehicle Maintenance | 1,500 | |
| | 3009 | Other (specify) | - | |
| | 3010 | Company Car Gas | 3,981 | Expenses related to gas for company van to transport clients to appointments etc. |
| | 3011 | Timekeeping | 1,947 | Monthly per employee expense related to software for employee timekeeping in compliance with CA State Law. |
| | 3012 | Other (specify) | - | |

| 4000: DIRECT FACILITIES & EQUIPMENT | | | 487,907 | |
|-------------------------------------|------|----------------------|---------|---|
| | 4001 | Building Maintenance | 64,457 | Materials and 3rd party labor for maintenance of the facility including supplies, pest control, HVAC, and plumbing. |
| | 4002 | Rent/Lease Building | - | |
| | 4003 | Rent/Lease Equipment | - | |
| | 4004 | Rent/Lease Vehicles | 18,000 | |
| | 4005 | Security | 286,440 | 24/7 standing security guard dedicated to the program to ensure safety and program compliance. |
| | 4006 | Utilities | 119,010 | Utilities to operate the facility including PG&E, City of Fresno, fire alarm monitoring, etc. |
| | 4007 | Other (specify) | - | |
| | 4008 | Other (specify) | - | |
| | 4009 | Other (specify) | - | |
| | 4010 | Other (specify) | - | |

| 5000: DIRECT SPECIAL EXPENSES | | | 6,661 | |
|-------------------------------|------|---|-------|---|
| | 5001 | Consultant (Network & Data Management) | - | |
| | 5002 | HMIS (Health Management Information System) | 2,918 | Licenses for FMCoC Homeless Management Information System as required by contract |
| | 5003 | Contractual/Consulting Services (Specify) | 3,743 | Background and drug tests for new hires |
| | 5004 | Translation Services | - | |
| | 5005 | Other (specify) | - | |
| | 5006 | Other (specify) | - | |
| | 5007 | Other (specify) | - | |
| | 5008 | Other (specify) | - | |

| 6000: INDIRECT EXPENSES | | | 188,000 | |
|-------------------------|------|---|---------|-------------------------------|
| | 6001 | Administrative Overhead | 188,000 | 10% De Minimus In Direct Rate |
| | 6002 | Professional Liability Insurance | - | |
| | 6003 | Accounting/Bookkeeping | - | |
| | 6004 | External Audit | - | |
| | 6005 | Insurance (Specify): | - | |
| | 6006 | Payroll Services | - | |
| | 6007 | Depreciation (Provider-Owned Equipment to be Used | - | |
| | 6008 | Personnel (Indirect Salaries & Benefits) | - | |
| | 6009 | Other (specify) | - | |
| | 6010 | Other (specify) | - | |
| | 6011 | Other (specify) | - | |
| | 6012 | Other (specify) | - | |
| | 6013 | Other (specify) | - | |

| 7000: DIRECT FIXED ASSETS | | | 32,385 | |
|---------------------------|------|---|--------|---|
| | 7001 | Computer Equipment & Software | 13,485 | Computers and associated equipment for program staff |
| | 7002 | Copiers, Cell Phones, Tablets, Devices to Contain HIPAA | 3,900 | Cellphones for program staff and copier for program operations |
| | 7003 | Furniture & Fixtures | 15,000 | Office furniture and client furnishings for the program includings, desks and storage, beds and dressers. |

| PROGRAM EXPENSE | | | |
|-----------------|--|-----|---|
| ACCT # | LINE ITEM | AMT | DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE |
| 7004 | Leasehold/Tenant/Building Improvements | - | |
| 7005 | Other Assets over \$500 with Lifespan of 2 Years + | - | |
| 7006 | Assets over \$5,000/unit (Specify) | - | |
| 7007 | Other (specify) | - | |
| 7008 | Other (specify) | - | |

TOTAL PROGRAM EXPENSE FROM BUDGET NARRATIVE: 1,973,283

FRESNO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH FINANCIAL TERMS AND CONDITIONS

This Exhibit sets forth the financial terms and conditions, including compensation, invoicing, billing, audits, and other fiscal requirements, and is incorporated into the Specialty Mental Health Services (SMHS) Agreement between County and Contractor. County shall ensure timely and accurate compensation for services delivered and fulfill all responsibilities associated with funding sources under this Agreement.

I. Compensation

County shall compensate Contractor for services rendered under this Agreement, subject to the limitations and conditions herein. Compensation under this Agreement shall be paid only for services performed in accordance with its terms, while the Agreement is in effect, and subject to the amounts stated in this section. County employees have no authority to authorize payment beyond what is expressly provided in this Agreement.

a. Total Maximum Compensation

In no event shall total compensation payable to Contractor for all services provided under this Agreement exceed Forty Million, Nine Hundred Thirty-Three Thousand, Three Hundred Thirty-Three Dollars and No/100 Dollars (\$40,933,333.00), during the entire term of this Agreement.

The maximum compensation may be increased only through a written amendment, contingent on the availability of sufficient funds.

i. Illustrative Table

| Fiscal Year (FY) | SMHS Maximum Compensation | Non-Treatment Maximum Compensation (BHBH Grant Funds) | Total FY Maximum Compensation |
|-------------------------|----------------------------------|--|--------------------------------------|
| FY 2023-24 | \$3,200,000.00 | \$8,127,354.00 | \$11,327,354.00 |
| FY 2024-25 | \$5,200,000.00 | \$3,217,194.00 | \$8,417,194.00 |
| FY 2025-26 | \$5,300,000.00 | \$4,350,972.00 | \$9,650,972.00 |
| FY 2026-27 | \$5,400,000.00 | \$6,137,813.00 | \$11,537,813.00 |
| | | | \$40,933,333.00 |

b. Maximum Compensation for SMHS

For each fiscal year covered by this Agreement, the maximum compensation payable to Contractor for SMHS shall be as follows:

July 1, 2023 – June 30, 2024: Three Million Two Hundred Thousand Dollars and No/100 Dollars (\$3,200,000.00),

July 1, 2024 – June 30, 2025: Five Million Two Hundred Thousand Dollars and No/100 Dollars (\$5,200,000.00),

July 1, 2025 – June 30, 2026: Five Million Three Hundred Thousand Dollars and No/100 Dollars (\$5,300,000.00),

July 1, 2026 – June 30, 2027: Five Million Four Hundred Thousand Dollars and No/100 Dollars (\$5,400,000.00).

This amount is not guaranteed and shall be paid only for approved services rendered and claims submitted and approved through the Electronic Health Record (EHR).

c. Maximum Compensation for Non-Treatment Supports (BHBH Grant Funds)

For each fiscal year covered by this Agreement, the maximum compensation payable to Contractor for non-treatment supports shall be as follows:

July 1, 2023 – June 30, 2024: Eight Million One Hundred Twenty-Seven Thousand Three Hundred Fifty-Four Dollars and No/100 Dollars (\$8,127,354.00)

July 1, 2024 – June 30, 2025: Three Million Two Hundred Seventeen Thousand One Hundred Ninety-Four Dollars and No/100 Dollars (\$3,217,194.00)

July 1, 2025 – June 30, 2026: Four Million Three Hundred Fifty Thousand Nine Hundred Seventy-Two Dollars and No/100 Dollars (\$4,350,972.00)

July 1, 2026 – June 30, 2027: Six Million One Hundred Thirty-Seven Thousand Eight Hundred Thirteen Dollars and No/100 Dollars (\$6,137,813.00)

These amounts will be reimbursed based on actual costs in accordance with the approved budget in Exhibit E, up to the FY maximum listed above.

II. Performance Incentives for SMHS Fee-For-Service

Contractor may be eligible to receive performance-based incentives intended to encourage program growth, enhance service delivery, and improve overall wellness outcomes in unserved and underserved communities. The determination of eligibility and the calculation of such incentives shall be at the discretion of County's DBH Director or designee and governed by the following conditions:

a. Eligibility

- i. Incentives shall be available only after the completion of two full fiscal years under this Agreement for Contractors providing SMHS reimbursed under County's Fee-for-Service structure.
- ii. A baseline cannot be established using partial fiscal year data; therefore, eligibility requires two consecutive complete fiscal years of performance data.
- iii. Contractors entering this Agreement after the initial contract fiscal year shall become eligible upon completion of two consecutive fiscal years under this Agreement.

b. Performance Baseline

- i. The initial performance baseline shall be established based on the Contractor's State-approved claimed dollar amount for services performed, claimed, and approved by the State in fiscal year one (1), as recorded by County.
- ii. This baseline shall be adjusted for any subsequent State rate changes to finalize the performance baseline for fiscal year two (2).

c. Incentive Calculation

- i. Upon completion of fiscal year two (2), if Contractor exceeds the established performance baseline, Contractor shall be eligible for an incentive payment equal to eight percent (8%) of the Medi-Cal reimbursements generated above the baseline amount.

d. Annual Adjustments

- i. Each subsequent fiscal year's performance baseline shall be adjusted annually to the higher of:
 1. The prior fiscal year's actual State-approved claimed amount plus any State rate increases; or
 2. The previously established performance baseline amount plus any State rate increases.
- ii. Under no circumstances shall the performance baseline decrease from one fiscal year to the next.

e. Illustrative Table

The table below provides an example of annual baseline adjustments. This table is for reference only and is not binding. Actual details will be finalized between both parties at the conclusion of fiscal year one (1).

| Fiscal Year | Prior Baseline (Before Adjustment) | State Rate Adjustment | New Performance Baseline (After Adjustment) | Actual Claimed Amount | Amount Above Baseline | Performance Incentive (8%) |
|--------------------|---|------------------------------|--|------------------------------|------------------------------|-----------------------------------|
| Year 1 | N/A | N/A | N/A | \$500,000 | \$0 | \$0 |
| Year 2 | \$500,000 | +3% | \$515,000 | \$550,000 | \$35,000 | \$2,800 |
| Year 3 | \$550,000 | +2% | \$561,000 | \$520,000 | \$0 | \$0 |
| Year 4 | \$561,000 | +2% | \$572,220 | \$600,000 | \$27,780 | \$2,222 |
| Year 5 | \$600,000 | +2% | \$612,000 | \$650,000 | \$38,000 | \$3,040 |

Contractor must be in satisfactory standing with all performance outcomes and reporting requirements under this Agreement prior to receiving any performance-based incentive payment. All required reports must be submitted in full and on time. Failure to meet these requirements may result in County’s DBH Director or designee, at their sole discretion, deeming Contractor ineligible for performance incentives or withhold payments until compliance is achieved.

County will calculate and provide written notification of any incentive award within ninety (90) calendar days after all State-approved claimed services for the targeted fiscal year have been received and recorded by County, or within nine (9) months following the end of the targeted fiscal year, whichever is later. Payment of any approved incentive will be made within forty-five (45) days after final approval.

Payment of performance incentives is contingent upon compliance with all applicable regulations and the availability of funds.

III. Rate Categories for Fee-For-Service

The clinical and housing supportive services provided by the Contractor under this Agreement shall be reimbursed in accordance with the rate schedule set forth in Exhibit F – Attachment A, which is incorporated herein by reference and made part of this Agreement. Services shall be categorized as Clinic-Site Based, and the Contractor shall be compensated according to the applicable rate schedule specified in Exhibit F – Attachment A.

a. Clinic-Site Based:

Clinic-Site programs are defined as programs that provide less than fifty percent (50%) of services in the field. For purposes of this calculation, only billable services will be considered. “In the field” refers to services that do not occur through telehealth and do not occur at designated sites where Contractor is afforded regular access. Designated sites shall be

identified by Contractor and approved in writing by County's DBH Director or designee. County retains the sole discretion to classify a program as Clinic-Site Based.

For the purposes of this Agreement, Clinic-Site Based locations are defined as the following SmartCare (EHR) Locations (CMS Places of Service):

- i. Office
- ii. Telehealth Provided Other than in Persons Served Home
- iii. Telehealth Provided in Patient's Home
- iv. Any location where the mode of delivery is Video Conference, Telephone, or Written communication

These locations will be used to calculate the ratio of Clinic-Site Based to Field Based services.

b. Field Based:

Field Based programs are defined as programs that provide more than fifty percent (50%) of services in the field. "In the field" refers to services that do not occur through telehealth and do not occur at designated sites where the Contractor is afforded regular access. The County retains sole discretion to classify a program as Field-Based.

During the term of this Agreement, Contractor may submit a written proposal to County requesting compensation under the Field-Based reimbursement rate category. Such proposals must be submitted at least ninety (90) calendar days prior to the start of each new fiscal year. County shall provide a written decision prior to the start of the next fiscal year. If approved, County's DBH Director or designee will issue a rate change notification in accordance with the modification provisions of this Agreement, and Contractor's performance will be monitored for compliance with Field-Based service delivery requirements as outlined above.

If Contractor is deemed eligible to receive compensation at the Field-Based reimbursement rates and subsequently fails to meet the Field-Based service delivery requirements, Contractor shall be subject to recoupment of payments at the sole discretion of County's DBH Director or designee, upon written notice.

County shall complete Field-Based service delivery analysis and any recoupment reconciliation within ninety (90) calendar days following the end of the targeted quarter, or within ninety (90) calendar days after all billable services for that quarter have been entered into in the EHR by the Contractor, whichever is later. The recoupment amount shall equal the difference between payments made to Contractor during the targeted quarter and the amount recalculated at the respective fiscal year's Clinic-Site Based rate schedule, after applying any claiming adjustments. County shall provide written notice to Contractor of the analysis results and, if

applicable, process the recoupment in accordance with the terms and conditions of this Agreement.

County shall monitor Contractor on an ongoing basis and analyze data to ensure the accuracy of assigned rate categories. County retains authority to reassign rate categories as necessary and will provide written notice of any such changes in accordance with the modification provisions outlined in Article 15 of this Agreement. Contractor may appeal the category reassignment in writing within thirty (30) calendar days of receiving written notice. If no appeal is submitted within this timeframe, the reassignment will stand.

IV. Invoices

County shall process and pay Contractor's invoices for services rendered under this Agreement, subject to the limitations and conditions herein. Payment under this Agreement shall be made only for invoices submitted in accordance with its terms, while the Agreement is in effect, and subject to the deadlines and requirements stated in this section. County employees have no authority to authorize payment beyond what is expressly provided in this Agreement.

a. Definition of Acceptable Invoice

Definition

An Acceptable Invoice is a complete, itemized invoice submitted in accordance with the submission requirements set forth in Section IV(b) of this Exhibit. Each invoice shall include, at a minimum:

- i. Contractor's legal name and remit-to address;
- ii. Invoice number and date;
- iii. Contract or Purchase Order (PO) number;
- iv. Service period, including start and end dates;
- v. Itemized description of services, including units, rates, and applicable codes;
- vi. Total amount due, reflecting any credits or adjustments; and
- vii. County department or cost center, if applicable.

b. Invoice Submission Deadlines

Contractor shall comply with the following requirements for invoice submission and processing:

- i. Monthly Submission
 1. Contractor shall use best efforts to submit monthly invoices, in arrears, by the fifteenth (15th) calendar day of each month.

2. Invoices shall be submitted in the format prescribed by County. This timeline is intended to facilitate prompt processing and does not supersede the final submission deadline specified below.

ii. Submission Method

All invoices shall be submitted electronically to the following recipients:

1. dbhinvoicereview@fresnocountyca.gov
2. dbh-invoices@fresnocountyca.gov
3. County's assigned DBH Staff Analyst

iii. Illustrative Table

The table below provides an example of FY 2026-2027 invoice deadlines.

| Service Month | Target Submission | Initial Invoice Deadline | Supplemental*/ OHC Deadline |
|---------------|-------------------|--------------------------|---|
| Jul 2026 | Aug 15, 2026 | Sep 29, 2026 | Nov 28, 2026 |
| Aug 2026 | Sep 15, 2026 | Oct 30, 2026 | Dec 29, 2026 |
| Sep 2026 | Oct 15, 2026 | Nov 29, 2026 | Jan 28, 2027 |
| Oct 2026 | Nov 15, 2026 | Dec 30, 2026 | Feb 28, 2027 |
| Nov 2026 | Dec 15, 2026 | Jan 29, 2027 | Mar 30, 2027 |
| Dec 2026 | Jan 15, 2027 | Mar 01, 2027 | Apr 30, 2027 |
| Jan 2027 | Feb 15, 2027 | Apr 01, 2027 | May 31, 2027 |
| Feb 2027 | Mar 15, 2027 | Apr 29, 2027 | Jun 28, 2027 |
| Mar 2027 | Apr 15, 2027 | May 30, 2027 | Jul 29, 2027 |
| Apr 2027 | May 15, 2027 | Jun 29, 2027 | Aug 28, 2027 |
| May 2027 | Jun 15, 2027 | Jul 30, 2027 | Supplemental – Aug 29, 2027 OHC – Sep 28, 2027 |
| June 2027 | Jul 15, 2027 | Aug 29, 2027 | Supplemental – Aug 29, 2027 OHC – Oct 28, 2027 |

*Supplemental allowed if initial invoice submission is timely

c. Invoice Review and Withholding

At the discretion of County, if an invoice is found to be incorrect or is otherwise not in proper form or substance, County may withhold payment for only the portion of the invoice deemed incorrect or improper. Prior to withholding payment, County shall provide Contractor with at least five (5) calendar days' written notice. Contractor shall continue providing services for up to ninety (90) calendar days after receiving notice of the invoice issue while resolution efforts are ongoing. If the invoice remains unresolved to County's satisfaction after the ninety

(90) day period, County may elect to terminate this Agreement, in accordance with the termination provisions outlined in Article 6.

If County fails to provide notice of an incorrect or improper invoice and this results in delay in reimbursement, Contractor may initiate the escalation process through County's DBH Finance Division's Invoice Review Team. This process may include escalation to the DBH Finance Division Manager and ultimately County's DBH Director or designee to ensure timely reimbursement.

If County withholds any portion of an invoice due to incorrect or improper form or substance, Contractor shall resolve the issue and communicate any delays in resolution to County's DBH Finance Division Manager within ninety (90) calendar days of receiving notice of the withholding. Failure to resolve or communicate within this timeframe may result in the withholding being deemed final and non-payable at the sole discretion of County.

Contractor shall submit all initial invoices for services rendered within a given calendar month no later than sixty (60) calendar days following the end of the month in which services are provided. Invoices submitted after this 60-day period may be rejected and not processed for payment.

If the initial invoice is submitted within the required timeframe, supplemental or revised invoices may be submitted within one hundred twenty (120) calendar days following the end of the month in which services were provided. Supplemental invoices will not be accepted if the initial invoice is not submitted timely.

All billing related to Other Health Coverage (OHC) must be submitted within one hundred twenty (120) calendar days following the month in which services were provided.

The County shall not process or pay any invoices submitted more than sixty (60) calendar days after the end of the fiscal year in which the services were performed, except for claims related to Other Health Coverage (OHC), which must be submitted within one hundred twenty (120) calendar days following the month in which services were provided.

d. Fee-For-Service Invoice Calculation

Invoices for specialty mental health services shall be calculated based on the units of time associated with each CPT or HCPCS code entered into the County billing system, multiplied by the practitioner service rates specified in Exhibit F – Attachment A.

Services pending determination from Medicare, OHC, or any other third-party payers shall not be reimbursed until Explanation of Benefits (EOB) is processed and any remaining balance is transferred to Medi-Cal or other applicable coverage, in accordance with this Agreement's funding requirements.

Notwithstanding the foregoing, County may, at its sole discretion, authorize payment for services provided to individuals with OHC when such services are not fully covered by the primary payer. This discretionary payment shall only apply to the remaining balance after all applicable third-party reimbursements have been applied and upon receipt of the EOB, unless DBH expressly approves earlier payment in writing. Such approval shall be documented and remain subject to all funding requirements under this Agreement.

County payments are provisional and subject to adjustment upon completion of all cost settlement and reconciliation activities. Adjustments, including recoupments, shall be made in accordance with this Agreement. County shall provide written notice of any adjustments. Final settlement will be based on audit findings and compliance with all applicable regulations.

Revenue reporting requirements are outlined in Section VII(f) (Financial Compliance and Enforcement).

e. Cost Reimbursement Invoice Calculation

Invoices for cost reimbursement services shall be calculated based on actual expenses incurred during the applicable service month. Contractor shall submit monthly invoices in arrears, accompanied by detailed general ledgers itemizing program costs for that month. These documents shall serve as verification to ensure costs align with the approved budget in Exhibit E.

Contractor shall maintain supporting documentation for all claimed costs and make such records available for audit by County, State, or Federal authorities upon request. Failure to submit required reports and documentation may result in County withholding payment until compliance is achieved, upon written notice.

Monthly invoices shall reflect the total amount due for allowable costs, reduced by any revenue collected from third-party payers, client-pay, or private-pay sources, and shall exclude unallowable cost such as lobbying or political contributions.

f. Corrective Action Plans

Contractor shall enter all services into the County EHR and submit invoices in accordance with the deadlines and requirements specified in this Agreement, ensuring accuracy and completeness of all information.

Failure to comply with these requirements may result in the implementation of a corrective action plan at the discretion of the County. Corrective action plans may include, but are not limited to, financial penalties or termination of this Agreement in accordance with the termination provisions outlined in Article 6.

g. Payment

County shall make payment to Contractor in arrears for services provided during the preceding month, within forty-five (45) calendar days after receipt, verification, and approval of the invoice by County.

Payments shall be made upon certification or other proof satisfactory to County that services have been performed or actual expenditures incurred in accordance with this Agreement. Any compensation not expended by Contractor pursuant to this Agreement shall automatically revert to County.

i. Incidental Expenses

Contractor shall be solely responsible for all costs and expenses not identified as reimbursable by County under this Agreement. Such costs include, but not limited to, administrative overhead, travel, and other incidental expenses.

h. Applicable Fees

Contractor shall not charge any person served or third-party payers for services provided under this Agreement unless expressly directed to do so by County at the time of referral. When directed to charge for services, Contractor shall use the uniform billing and collection guidelines prescribed by DHCS.

Contractor shall perform eligibility and financial determinations in accordance with DHCS' Uniform Method of Determining Ability to Pay (UMDAP), as outlined in BHIN 98-13 (available at dhcs.ca.gov), unless directed otherwise by County.

Contractor shall not submit claims to, or demand or collect reimbursement from, persons served or their representatives for specialty mental health or related administrative services provided under this Agreement, except to collect other health insurance coverage, share of cost, and co-payments, as permitted under California Code of Regulations, Title 9, §1810.365(c).

Under no circumstances shall Contractor bill persons served for covered services any amount greater than would be owed if the County provided the services directly. Contractor shall comply with all applicable requirements, including 42 C.F.R. § 438.106.

i. Claiming Responsibilities for SMHS

Contractor shall enter all claims data into the County's EHR using the California Mental Health Services Authority (CalMHSA) Smart Care Procedure Codes (available at <https://2023.calmhsa.org/procedure-code-definitions/>) by the fifteenth (15th) calendar day of each month for services rendered in the previous month. County's EHR system will convert these codes to Current Procedural Terminology (CPT) or Healthcare Common Procedure Coding System (HCPCS) codes, in accordance with the DHCS Billing Manual (available at

<https://www.dhcs.ca.gov/services/MH/Pages/MedCCC-Library.aspx>), as amended from time to time.

All claims shall be accurate, complete, and error-free, and must include all required information. Contractor is responsible for monitoring and correcting any errors within thirty (30) calendar days from the date of service to ensure timely payment. County will monitor service volume, billing amounts, and service types entered into the EHR. Any audit exceptions resulting from Contractor' reporting shall be the sole responsibility of Contractor.

Contractor shall provide all necessary data to enable County to bill Medi-Cal and meet State and Federal reporting requirements. Data may be provided through direct EHR entry, electronic file submission compatible with County systems, or system integration. Contractor shall maximize Federal Financial Participation (FFP) by claiming all eligible Medi-Cal services and correcting denied claims for resubmission.

Contractor is responsible for billing all SMHS for persons served with OHC and/or Medicare. For individuals with OHC and/or Medicare, Contractor shall bill the carrier and obtain payment or denial, or validate non-response after ninety (90) calendar days from claim submission. Contractor must report all third-party collections monthly and submit copies of EOBs or CMS 1500 forms to: DBHAccountsReceivable@fresnocountyca.gov. EOBs shall be submitted in batches by service month, with email subject lines including Contractor Name, Program Name, and Payment or Denial status.

V. Recoupments and Audits Requirements

a. Recoupment Process

County shall recapture from Contractor the value of any services or expenditures determined to be ineligible based on County or State monitoring results. County may enter into a repayment agreement with Contractor for up to twelve (12) months, with the option to extend to a total of twenty-four (24) months at County discretion. Repayment agreements require written approval by County. County may offset repayment amounts against future invoices or recoup all funds immediately. These remedies are not exclusive, and County may pursue other means of recovery.

Contractor shall be financially liable for all disallowances or audit exceptions identified through State audits, County utilization reviews, or other oversight processes. Disallowed amounts must be remitted within forty-five (45) calendar days or will be withheld from subsequent payments. Contractor shall not receive reimbursement for any services disallowed or denied by County or State review processes.

County will conduct periodic audits to verify clinical documentation, validate costs invoiced under cost reimbursement agreements, and ensure compliance with applicable regulations. Audits may require Contractor to reimburse County for previously paid services under circumstances including, but not limited to:

- i. Fraud, Waste, or Abuse as defined in federal regulations.
- ii. Overpayment due to errors in claiming or documentation
- iii. Other reasons specified by DHCS in the SMHS Reasons for Recoupment guidance.

Contractor shall reimburse County for all overpayments identified by any oversight entity within required timeframes. Funds owed must be paid within forty-five (45) calendar days of notification or will be offset against future payments.

b. Audit Requirements

The following requirements apply to all audits and reviews conducted under this Agreement.

Contractor is responsible for ensuring the accuracy of all claims submitted, including proper documentation, coding, and compliance with SMHS standards. Contractor shall maintain confidentiality of all records in accordance with HIPAA and applicable State and Federal laws.

Contractor shall cooperate fully with County, DHCS, or other regulatory bodies in any audit or review, including providing access to records, documents, and facilities. Contractor shall allow inspection and audit for ten (10) years following the Agreement's end date or until any audit or investigation is resolved, whichever is later, pursuant to 42 C.F.R. §§ 438.3(h) and 438.230(i)(3)(i-iii).

c. Single Audit Clause

If Contractor expends One Million Dollars (\$1,000,000.00) or more in Federal or Federal flow-through funds in any fiscal year, Contractor shall conduct an annual audit in accordance with the Single Audit Standards as set forth in Office of Management and Budget (OMB) 2 CFR 200. The audit report and management letter shall be submitted to County within nine (9) months of the fiscal year end. The audit must include either a statement of findings or a statement that no findings were identified. If findings exist, Contractor shall provide a corrective action plan signed by an authorized representative and take prompt action to address any material non-compliance or weakness.

Failure to perform the required audit may result in County conducting the audit or contracting with a public accountant to perform the audit at Contractor's expense. Audit costs related to this Agreement are the sole responsibility of Contractor.

If Contractor's Federal expenditures do not meet the Single Audit Clause threshold, Contractor shall perform a program audit and submit to County within nine (9) months of the fiscal year end. The program audit must attest to Contractor's financial solvency and compliance with Agreement requirements.

Contractor shall make all records and accounts available for inspection by County, the State, the Controller General of the United States, the Federal Grantor Agency, or their authorized representatives at all reasonable times for a period of at least three (3) years following the final payment under this Agreement or until all pending matters are resolved, whichever is later.

d. Audit Requirements for Pass-Through Entities

If County determines that Contractor is a "subrecipient" or pass-through entity as defined in 2 C.F.R. § 200, Contractor shall comply with all applicable cost principles, administrative requirements, and audit standards, including those governing claims for payment or reimbursement.

Financial audit reports must include a separate schedule identifying all funds received from or passed through the County. This schedule shall specify the Agreement number, Agreement amount, Agreement period, and the amount expended during the fiscal year by funding source.

Contractor will provide a financial audit report including all attachments to the report and the management letter and corresponding response within six months of the end of the audit year to the County's DBH Director or designee. The County's Director or designee is responsible for providing the audit report to the County Auditor.

Contractor shall submit the financial audit report, including all attachments, the management letter, and any corresponding response to County within six (6) months of the end of the audit year. The County will forward the report to the County Auditor.

Any required corrective action plan must be submitted to County at the same time as the audit report or as soon thereafter as available. County shall monitor implementation of the corrective action plan as it relates to services provided under this Agreement.

VI. County-Owned Property Requirements

This section applies only to the program components and services provided under Cost Reimbursement. County and Contractor acknowledge that fixed assets are tangible and intangible property obtained or controlled under County for operational use and will benefit County for a period exceeding one (1) year.

a. Agreement Assets

Assets shall be tracked on an agreement-by-agreement basis. Unless otherwise permitted by the funding source, all assets shall fall under the "Equipment" category. Items of a sensitive nature, including those containing HIPAA Protected Health Information (PHI), must be purchased and allocated to a single Agreement. Examples of assets include, but are not limited to:

- i. Computers (desktops and laptops);
- ii. Copiers, cell phones, tablets, and other devices with any HIPAA data;
- iii. Modular furniture;
- iv. Land;
- v. Any items over \$5,000;
- vi. Items of \$500 or more with a lifespan of at least two (2) years (e.g., televisions, washers/dryers, printers, digital cameras, other equipment/furniture).

Contractor shall maintain an asset tracking system that includes, at a minimum:

- i. Asset description and unique identifier (e.g., serial number);
- ii. Acquisition date and cost;
- iii. Quantity and location or assigned user;
- iv. Source of grant funding (if applicable);
- v. The disposition date and method (surplus, transfer, destruction, loss).

b. Retention and Maintenance

All assets shall remain County property upon expiration of this Agreement. Contractor shall participate in annual inventory and ensure return of all County-owned, undepreciated assets or reimburse County for their monetary value if unable to return them. Contractor shall:

- i. Maintain equipment in good working order, normal wear and tear excepted;
- ii. Label equipment with County-assigned program number and maintain inventory list as required;

Report loss or theft immediately in writing and provide a police report for stolen items.

c. Equipment Purchase

Any equipment purchased with funds under this Agreement requires prior written approval from County. Purchases must directly relate to services under this Agreement. County may deny reimbursement for unauthorized purchases.

d. Modification of Assets

Contractor must obtain prior written approval from County for any modification or change in use of property acquired or improved with Agreement funds. If such property is sold or used

for non-qualifying purposes, Contractor shall reimburse County for its current fair market value, less any portion funded by non-County sources. These requirements remain in effect for the life of the property unless relieved by State action.

VII. Additional Compliance and Reporting Requirements

Contractor acknowledges and agrees that its obligations under this Agreement are subject to all applicable local, State, and Federal laws and regulations, including but not limited to those governing Medi-Cal, HIPAA, and the False Claims Act.

a. Notification of Changes

Contractor shall provide written notice to County of any material change affecting the performance of this Agreement, including but not limited to:

i. Organizational Changes

Changes in organizational name, Head of Service, or principal business address.

ii. Service Location Changes

Change in any service-delivery location. Notice shall be provided at least six (6) months in advance to allow County sufficient time to comply with site certification requirements. Such notice will become part of this Agreement upon written acknowledgment by the County, provided the change of address does not conflict with any other provisions of this Agreement.

iii. Ownership, Licensure, or Capacity Changes

Any change in ownership, organizational status, licensure, or Contractor's ability to provide the quantity or quality of the contracted services. Notice shall be provided immediately and no later than fifteen (15) calendar days following the change.

Failure to provide timely notice as required herein may result in corrective action, including withholding of payment or termination of this Agreement, in accordance with the provisions outlined in Article 6.

b. Record Maintenance and Retention

Contractor shall maintain complete, accurate, and current records to demonstrate accountability for all services and fiscal activities under this Agreement. Records include, but are not limited to:

i. Service Delivery Documentation

Monthly summary sheets, sign-in sheets, and other primary source documents supporting services provided.

ii. Fiscal Records

All financial records shall be maintained in accordance with Generally Accepted Accounting Principles (GAAP) and must account for all funds, tangible assets, revenues, and expenditures. Fiscal records shall also comply with the requirements set forth in 2 CFR Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards.

iii. Retention Requirements

Contractor shall retain all service and financial records for a minimum of ten (10) years from the date of final payment, the final date of this Agreement, final settlement, or until all audit findings are resolved, whichever is later.

iv. Access and Compliance

Contractor shall provide County access to all records upon request and comply with all applicable local, State, and Federal laws regarding the maintenance and relinquishment of medical records.

Failure to maintain records in accordance with these requirements may result in withholding of payments or termination of this Agreement, as outlined in Article 6.

c. Financial Reports

Contractor shall submit audited financial reports to County on an annual basis. The audit shall:

i. Standards

Be conducted in accordance with GAAP and generally accepted auditing standards.

ii. Submission Timeline

The audit report, including all attachments, the management letter, and any corresponding response, must be submitted to County within six (6) months of the end of the audit year.

iii. Corrective Action

If findings are identified, Contractor shall provide a corrective action plan signed by an authorized representative at the time of submission or as soon thereafter as available. County shall monitor implementation of the corrective action plan as it relates to services provided under this Agreement.

Failure to submit required financial reports within the specified timeframe may result in corrective action, including withholding of payment or termination of this Agreement, in accordance with Article 6.

d. Agreement Termination

In the event this Agreement is terminated, reaches its designated term, or Contractor ceases operations, Contractor shall:

i. Delivery of Records

Provide or make available to County all financial and service records accumulated under this Agreement, whether completed, partially completed, or in progress, within seven (7) calendar days of the termination or end date.

ii. Final Compensation

Contractor shall be entitled to payment for all SMHS satisfactorily provided through and including the effective date of termination, subject to the terms and conditions of this Agreement.

This provision shall not limit or reduce any damages owed to County resulting from Contractor's breach of this Agreement.

Failure to comply with these requirements may result in withholding payment or other remedies available to the County under Article 6.

e. Restrictions and Limitations

This Agreement is subject to all restrictions, limitations, and conditions imposed by County, State, or Federal funding sources that may affect the fiscal provisions or funding for this Agreement. Key provisions include:

i. Funding Contingency

This Agreement is contingent upon sufficient funds being made available by County, State, or Federal sources for the term of this Agreement. If the State or Federal governments reduce financial participation in the Medi-Cal program, County shall meet with Contractor to discuss renegotiating the services required.

ii. Fiscal Year Funding

Funding is allocated by fiscal year. Any unspent appropriation for a fiscal year does not roll over and is not available for services provided in subsequent years.

iii. Delayed Payments

In the event funding for these services is delayed by the State Controller, County may defer payments to Contractor. The deferred amount shall not exceed the amount of funding delayed by the State Controller to County. The deferral period shall not exceed the duration of the State Controller's delay plus forty-five (45) calendar days.

f. Financial Compliance and Enforcement

County maintains the right to monitor Contractor's performance under this Agreement to ensure accuracy of claims for reimbursement and compliance with all applicable laws and regulations.

Contractor shall claim and collect all other available revenues, including but not limited to Medicare, private insurance, grants, client rent/fees, and any other third-party funding sources. Contractor shall maintain accurate records of all such revenues collected and report them to County in the format and frequency specified by County. Reports shall be submitted concurrently with monthly invoices or as otherwise directed and must include sufficient detail to support reconciliation and verification of revenue sources.

No federal funds provided under this Agreement shall be used to pay the salary of an individual at a rate exceeding Level 1 of the Executive Schedule, as published by U.S. Office of Personnel Management and amended from time to time amended.

Federal Financial Participation shall not be available for any amount furnished to an excluded individual or entity, or at the direction of a physician during the period of exclusion when the person providing the service knew or should have known of the exclusion, or to an individual or entity when the County failed to suspend payments during an investigation of a credible allegation of fraud, pursuant to 42 U.S.C. section 1396b(i)(2).

Contractor shall be responsible for any disallowances resulting from inadequate documentation.

Failure by either party to enforce any provision of this Agreement shall not constitute a waiver of that provision or any other provision.

If Contractor fails to comply with any provision of this Agreement, County may, upon written notice, be relieved of its obligation to provide further compensation.

g. Compliance with Federal and State Laws

Contractor shall comply with all applicable Federal and State laws and regulations governing the provision of services and the use of funds under this Agreement, including but not limited to:

- i. The False Claims Act employee training and policy requirements set forth in 42 U.S.C. §1396a(a)(68) and any related guidance issued by the U.S. Department of Health and Human Services;
- ii. Medi-Cal program requirements;
- iii. HIPAA privacy and security standards;
- iv. Any other applicable statutes, regulations, and administrative rules.

Contractor shall maintain documentation demonstrating compliance with these requirements and make such documentation available to County upon request.

h. Restrictions on Fund Redirection

Contractor shall not redirect or transfer funds from one funded program to another funded program under this Agreement, except through a duly executed amendment approved by County.

Contractor shall not allocate or charge services provided to an eligible person under one funded program to another funded program unless the person served is also eligible for services under the second funded program.

i. Record Retention and Access

Contractor shall maintain complete, accurate, and current records to demonstrate accountability for all services and fiscal activities under this Agreement. Records shall include, but are not limited to:

- i. Service delivery documentation (e.g., monthly summary sheets, sign-in sheets, and other primary source documents);
- ii. Fiscal records maintained in accordance with Generally Accepted Accounting Principles (GAAP), accounting for all funds, tangible assets, revenues, and expenditures;
- iii. Documentation required under 2 CFR Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards.

Retention Requirements:

Contractor shall retain all service and financial records for a minimum of ten (10) years from the date of final payment, the final date of this Agreement, final settlement, or until all audit findings are resolved, whichever is later.

Access and Compliance:

Contractor shall provide County access to all records upon request and comply with all applicable local, State, and Federal laws regarding the maintenance and relinquishment of medical records.

Failure to maintain records in accordance with these requirements may result in withholding of payments or termination of this Agreement, as outlined in Article 6.

FEE-FOR-SERVICE RATES

**Fee-for-Service rates are established by the Department of Health Care Services. Contractor acknowledges that the rates listed in the table below are all-inclusive rates and cover all program operating expenses, including but is not limited to:

- i. Direct and indirect staff time (e.g., patient care, documentation, travel, and paid time off);
- ii. Total staff compensation (e.g., salaries, wages, benefits, bonuses, incentives);
- iii. Vehicle expenses (e.g. gas, maintenance, insurance);
- iv. Training and professional development;
- v. Assets and capital equipment;
- vi. Utilities overhead costs.

Indirect cost expenses shall be determined by the Contractor under the Fee-for-Service reimbursement structure.

Assigned Fee-For-Service Rate Category:

Clinic/Site Based

Fee-For-Service Rate Table:

| Clinic/Site Based (less than 50% of services are provided in the field) | |
|--|-------------------------------|
| Provider Type | Provider Rate Per Hour |
| Licensed Physician | \$1,000.00 |
| Physicians Assistant | \$448.49 |
| Nurse Practitioner | \$497.27 |
| Registered Nurse | \$406.18 |
| Certified Nurse Specialist | \$497.27 |
| Licensed Vocational Nurse | \$213.38 |
| Registered Pharmacist | \$478.67 |
| Licensed Psychiatric Technician | \$182.93 |
| Psychologist (Licensed or Waivered) | \$402.17 |
| LPHA (MFT LCSW LPCC)/ Intern or Waivered LPHA (MFT LCSW LPCC) | \$260.25 |
| Occupational Therapist | \$346.43 |
| Mental Health Rehab Specialist | \$195.80 |
| Peer Support Specialists | \$205.59 |
| Community Health Worker | \$200.70 |
| Medical Assistant | \$146.68 |
| Other Qualified Providers | \$195.80 |
| Certified AOD Counselor | \$215.87 |

| Flat Rate Type | Unit | Maximum Units That Can Be Billed | Rate |
|--|-----------------|--|-------------|
| Interactive Complexity | 15 min per unit | 1 per allowed procedure per provider per person served | \$19.48 |
| Sign Language/Oral Interpretive Services | 15 min per unit | Variable | \$32.87 |