

1 **AMENDMENT NO. 2 TO SERVICE AGREEMENT**

2 This Amendment No. 2 to Service Agreement (“Amendment No. 2”) is dated
3 _____ and is between Hope & Healing Family Therapy Center, Inc., a S
4 Corporation (“Contractor”), and the County of Fresno, a political subdivision of the State of
5 California (“County”).

6 **Recitals**

7 A. On September 9, 2025, the County and the Contractor entered into Agreement No. 25-
8 458 (“Agreement”), to provide Housing Supportive Services (HSS) and specialty mental health
9 services (SMHS) to tenants living in County permanent supportive housing (PSH)
10 developments. On April 7, 2026, the County and the Contractor entered into Amendment No. 1
11 to 25-458 (26-149), to adjust the Fee-for-Service compensation amounts for FY 2025-26,
12 increasing the overall maximum compensation by \$150,000 and revising the client support cost
13 reimbursement budgets for each site.

14 B. The County and Contractor now desire to amend the Agreement (25-458) to adjust the
15 Fee-for-Service compensation amounts for FY 2025-2026, increasing the overall maximum
16 compensation by \$135,141. The increase to the maximum compensation will address the high
17 service needs at the Butterfly Gardens, Avalon Commons, and Arthur at Blackstone sites.

18 The parties therefore agree as follows:

19 1. All references to Exhibit C shall be deemed references to “Revised Exhibit C-1”. Revised
20 Exhibit C-1 is attached and incorporated by this reference.

21 2. When both parties have signed this Amendment No. 2, the Agreement, Amendment No.
22 1, and this Amendment No. 2 together constitute the Agreement.

23 3. The Contractor represents and warrants to the County that:

24 4. The Contractor is duly authorized and empowered to sign and perform its obligations
25 under this Amendment.

26 5. The individual signing this Amendment on behalf of the Contractor is duly authorized to
27 do so and his or her signature on this Amendment legally binds the Contractor to the terms of
28 this Amendment.

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

3 Hope & Healing Family Therapy Center, Inc. COUNTY OF FRESNO
4

5 *Elika Beckwith*

6 Elika Beckwith, Chief Executive Officer

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

8 *Brett Watts*

9 Brett Watts, Secretary

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

10
11 1322 E. Shaw Ave. Suite 350
12 Fresno, CA 93710

By: _____
Deputy

13 For accounting use only:

14 Org No.: 5630-4846
15 5630-5015
16 5630-5016
17 Account No.: 7295
Fund No.: 0001
Subclass No.: 10000

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 Sixteen Million Six Hundred Fifty-Three Thousand, Seven Hundred Thirty-Eight and No/100 Dollars (\$16,653,738.00), 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	Total FY Maximum Compensation
FY 2025-2026	\$1,699,141.00	\$222,221.00	\$1,921,362.00
FY 2026-2027	\$3,994,548.00	\$14,500.00	\$4,009,048.00
FY 2027-2028	\$3,793,009.00	\$14,500.00	\$3,807,509.00
FY 2028-2029	\$3,559,477.00	\$14,500.00	\$3,573,977.00
FY 2029-2030	\$3,327,342.00	\$14,500.00	\$3,341,842.00
			\$16,653,738.00

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:

September 9, 2025 - June 30, 2026: One Million Six Hundred Ninety-Nine Thousand, One Hundred Forty-One and No/100 Dollars (\$1,699,141.00).

July 1, 2026 - June 30, 2027: Three Million Nine Hundred Ninety-Four Thousand, Five Hundred Forty-Eight and No/100 Dollars (\$3,994,548.00).

July 1, 2027 – June 30, 2028: Three Million Seven Hundred Ninety-Three Thousand, Nine and No/100 Dollars (\$3,793,009.00).

July 1, 2028 – June 30, 2029: Three Million Five Hundred Fifty-Nine Thousand, Four Hundred Seventy-Seven and No/100 Dollars (\$3,559,477.00).

July 1, 2029 – June 30, 2030: Three Million Three Hundred Twenty-Seven Thousand, Three Hundred Forty-Two and No/100 Dollars (\$3,327,342.00).

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

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

September 9, 2025 - June 30, 2026: Two Hundred Twenty-Two Thousand, Two Hundred Twenty-One and No/100 Dollars (\$222,221.00), consisting of \$213,763.00 for ramp-up activities and \$8,458.00 for Non-Treatment Supports.

July 1, 2026 - June 30, 2027: Fourteen Thousand, Five Hundred and No/100 Dollars (\$14,500.00).

July 1, 2027 – June 30, 2028: Fourteen Thousand, Five Hundred and No/100 Dollars (\$14,500.00).

July 1, 2028 – June 30, 2029: Fourteen Thousand, Five Hundred and No/100 Dollars (\$14,500.00).

July 1, 2029 – June 30, 2030: Fourteen Thousand, Five Hundred and No/100 Dollars (\$14,500.00).

These amounts will be reimbursed based on actual costs in accordance with the approved budget in Exhibit C – Attachment B, 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 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 Housing Supportive Services provided by the Contractor under this Agreement shall be reimbursed in accordance with the rate schedule set forth in Exhibit C – 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 C – 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. 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) for this Agreement and will be utilized to calculate the ratio of Clinic-Site Bases to Field Based services:

- i. The Arthur at Blackstone: 3045 N Blackstone Ave Fresno, CA 93703
- ii. Avalon Commons: 7521 N Chestnut Ave Fresno, CA 93720
- iii. Butterfly Gardens: 784 W. Holland Ave Clovis, CA 93612

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

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 4.2 of this Agreement. 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:

 - 3. dbhinvoicereview@fresnocountyca.gov
 - 4. dbh-invoices@fresnocountyca.gov
 - 5. 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

Service Month	Target Submission	Initial Invoice Deadline	Supplemental*/ OHC Deadline
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 C – Attachment A.

Services pending determination from Medicare, OHC, or any other third-party payers shall not be reimbursed until 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 7.6 (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 C – Attachment B.

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 shall only apply to the program components and services provided under Cost Reimbursement. County and Contractor recognize that fixed assets are tangible and intangible property obtained or controlled under County for use in operational capacity and will benefit County for a period more than 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	\$969.97
Physicians Assistant	\$435.02
Nurse Practitioner	\$482.34
Registered Nurse	\$393.99
Certified Nurse Specialist	\$482.34
Licensed Vocational Nurse	\$206.97
Registered Pharmacist	\$464.30
Licensed Psychiatric Technician	\$177.43
Psychologist (Licensed or Waivered)	\$390.09
LPHA (MFT LCSW LPCC)/ Intern or Waivered LPHA (MFT LCSW LPCC)	\$252.44
Occupational Therapist	\$336.04
Mental Health Rehab Specialist	\$189.92
Peer Support Specialists	\$199.42
Community Health Worker	\$194.67
Medical Assistant	\$142.28
Other Qualified Providers	\$189.92

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	\$18.89
Sign Language/Oral Interpretive Services	15 min per unit	Variable	\$31.88

**Housing Supportive Services-Arthur at Blackstone
 Hope & Healing Family Therapy Center, Inc.
 HSS FFS Maximum Compensation**

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		\$	525,000
Maximum Compensation FY 26-27		\$	1,097,951
Maximum Compensation FY 27-28		\$	1,097,951
Maximum Compensation FY 28-29		\$	1,092,271
Maximum Compensation FY 29-30		\$	1,020,551

Program Maximum Compensation	\$	4,833,724
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**Housing Supportive Services-Arthur at Blackstone
Hope & Healing Family Therapy Center, Inc.
FY 2025-26 Ramp Up Budget**

PROGRAM EXPENSES

1000: DIRECT SALARIES & BENEFITS					
Direct Employee Salaries					
Acct #	Administrative Position	FTE	Admin	Program	Total
1101	Chief Executive Officer	0.26	\$ 2,290		\$ 2,290
1102	Administrative Manager	0.26	1,051		1,051
1103	Billing Specialist	0.33	1,465		1,465
1104					-
1105			-		-
1106			-		-
1107			-		-
1108			-		-
1109			-		-
1110			-		-
1111			-		-
1112			-		-
1113			-		-
1114			-		-
1115			-		-
Direct Personnel Admin Salaries Subtotal		0.85	\$ 4,806		\$ 4,806
Acct #	Program Position	FTE	Admin	Program	Total
1116	Associate Director	0.33		\$ 2,462	\$ 2,462
1117	Clinical Supervisor	0.33		2,289	2,289
1118	Program Supervisor	0.33		1,858	1,858
1119	Lead Mental Health Clinician	1.00		11,468	11,468
1120				-	-
1121	Behavioral Coach	1.00		6,383	6,383
1122	Peer Support Specialist	1.00		6,291	6,291
1123	Doctor's Assistant	0.33		969	969
1124				-	-
1125				-	-
1126				-	-
1127				-	-
1128				-	-
1129				-	-
1130				-	-
1131				-	-
1132				-	-
1133				-	-
1134				-	-
Direct Personnel Program Salaries Subtotal		4.32		\$ 31,720	\$ 31,720
Direct Personnel Salaries Subtotal		5.17	\$ 4,806	\$ 31,720	\$ 36,526
Direct Employee Benefits					
Acct #	Description		Admin	Program	Total
1201	Retirement		\$ -	\$ -	\$ -
1202	Worker's Compensation		289	521	810
1203	Health Insurance			1,795	1,795
1204	Other (specify)		-	-	-
1205	Other (specify)		-	-	-
1206	Other (specify)		-	-	-
Direct Employee Benefits Subtotal:			\$ 289	\$ 2,316	\$ 2,605
Direct Payroll Taxes & Expenses:					
Acct #	Description		Admin	Program	Total
1301	OASDI		\$ 308	\$ 2,030	\$ 2,338
1302	FICA/MEDICARE		70	460	530
1303	SUI				-
1304	Other (specify)		-	-	-
1305	Other (specify)		-	-	-
1306	Other (specify)		-	-	-
Direct Payroll Taxes & Expenses Subtotal:			\$ 378	\$ 2,490	\$ 2,868
DIRECT EMPLOYEE SALARIES & BENEFITS TOTAL:			\$ 5,473	\$ 36,526	\$ 41,999

DIRECT EMPLOYEE SALARIES & BENEFITS PERCENTAGE:	Admin	Program
	13%	87%

2000: DIRECT CLIENT SUPPORT		
Acct #	Line Item Description	Amount
2001		
2002		
2003		
2004		
2005		
2006		
2007		
2008		
2009		
2010		
2011		
2012		
2013		
2014		
2015		
2016		
DIRECT CLIENT CARE TOTAL		\$ -

3000: DIRECT OPERATING EXPENSES		
Acct #	Line Item Description	Amount
3001	Telecommunications	\$ 1,408
3002	Staffonboarding and ongoing background	531
3003	Office, Household & Program Supplies	350
3004	Market/Advertising/Recruiting	
3005	Staff Development & Training	2,078
3006		-
3007		-
3008		-
3009		-
3010		-
3011		-
3012		-
DIRECT OPERATING EXPENSES TOTAL:		\$ 4,367

4000: DIRECT FACILITIES & EQUIPMENT		
Acct #	Line Item Description	Amount
4001	Building Maintenance	\$ -
4002	Rent/Lease Building	4,365
4003	Utilities	-
4004	Internet	100
4005		-
4006		-
4007		-
4008		-
4009		-
4010		-
DIRECT FACILITIES/EQUIPMENT TOTAL:		\$ 4,465

5000: DIRECT SPECIAL EXPENSES		
Acct #	Line Item Description	Amount
5001	Consultant (Network & Data Management)	
5002		
5003		-
5004		-
5005		-
5006		-
5007		-
5008		-
DIRECT SPECIAL EXPENSES TOTAL:		\$ -

6000: INDIRECT EXPENSES		
Acct #	Line Item Description	Amount
	Administrative Overhead	
6001	Use this line and only this line for approved indirect cost rate	\$ -
	Administrative Overhead	
6002	Insurance:Prof. Liability, Automobile, Cyber, SAM, EPLI, Commercial General Liability, At-Risk Propert	1,178
6003	Payroll Services and Human Resources Services	159
6004		-
6005		-
6006		-
6007		-
6008		-
6009		-
6010		-
6011		-
6012		-
6013		-
INDIRECT EXPENSES TOTAL		\$ 1,337

INDIRECT COST RATE	2.15%
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7000: DIRECT FIXED ASSETS		
Acct #	Line Item Description	Amount
7001	Computer Equipment & Software	\$ 5,100
7002	Cell Phones, Tablets, Devices to Contain HIPAA Data	3,485
7003	Furniture & Fixtures	2,500
7004	Copier/Fax/Scanner	300
7005		-
7006		-
7007		-
7008		-
FIXED ASSETS EXPENSES TOTAL		\$ 11,385

TOTAL PROGRAM EXPENSES	\$ 63,553
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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 (CSS-Mental Health Services Act (MHSA))	63,553
8006	Other (Specify)	-
TOTAL PROGRAM REVENUES		\$ 63,553

TOTAL PROGRAM ESTIMATED REVENUES:	\$ 63,553
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NET PROGRAM COST:	\$ -
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	25-076/HSS Arthur/DBH/Fresno	0.33
Total		1.00

Position	Contract #/Name/Department/County	FTE %
Program Supervisor	25-076/HSS Butterfly/DBH/Fresno	0.34
	25-076/HSS Avalon/DBH/Fresno	0.33
	25-076/HSS Arthur/DBH/Fresno	0.33
Total		1.00

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

Position	Contract #/Name/Department/County	FTE %
Doctor's Assistant	25-076/HSS Butterfly/DBH/Fresno	0.34
	25-076/HSS Avalon/DBH/Fresno	0.33
	25-076/HSS Arthur/DBH/Fresno	0.33
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		<u>0.00</u>

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

**Housing Supportive Services-Arthur at Blackstone
Hope & Healing Family Therapy Center, Inc.
FY 2025-26 Ramp Up Budget Narrative**

PROGRAM EXPENSE			
ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
1000: DIRECT SALARIES & BENEFITS		41,999	
Administrative Positions		4,806	
1101	Chief Executive Officer	2,290	The CEO oversees all organization operations and is the acting Clinical Director. This accounts for 8 weeks of salary and benefits costs to ramp and prepare the program prior to service provision.
1102	Administrative Manager	1,051	The Administrative Manager oversees the administrative staff and administrative operations. The AM is also the executive assistant to the CEO. This accounts for 8 weeks of salary and benefits costs to ramp and prepare the program prior to service provision.
1103	Billing Specialist	1,465	The Billing Specialist completes all billing tasks. This accounts for 8 weeks of salary and benefits costs to ramp and prepare the program prior to service provision.
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		31,720	
1116	Associate Director	2,462	The Associate Director oversees day to day operations of the program. This accounts for 8 weeks of salary and benefits costs to ramp and prepare the program prior to service provision.
1117	Clinical Supervisor	2,289	The Clinical Supervisor supports with day to day operations and supervise the Clinicians and other support staff. This accounts for 8 weeks of salary and benefits costs to ramp and prepare the program prior to service provision.
1118	Program Supervisor	1,858	The Program Supervisor provides support with day to day program operations and supervises program staff. This accounts for 8 weeks of salary and benefits costs to ramp and prepare the program prior to service provision.
1119	Lead Mental Health Clinician	11,468	The Lead Mental Health Clinician supports the team and provides direct care services to individuals and families. This consists of LPHAs including LMFT, LCSW, LPCC and waived associates. This accounts for 8 weeks of salary and benefits costs to onboard and train prior to service provision.
1120	0	-	
1121	Behavioral Coach	6,383	The Behavioral Coach provides direct services to individuals and families. This accounts for 8 weeks of salary and benefits costs to onboard and train prior to service provision.
1122	Peer Support Specialist	6,291	The Peer Support Specialist provides direct services to individuals and families. This accounts for 8 weeks of salary and benefits costs to onboard and train prior to service provision.
1123	Doctor's Assistant	969	The Doctor's Assistant provides administrative support to the Psychiatrist, staff and individuals served. This accounts for 8 weeks of salary and benefits costs to onboard and train prior to service provision.
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		2,605	
1201	Retirement	-	
1202	Worker's Compensation	810	Inclusive of Worker's Compensation coverage for all employees in ramp period.

PROGRAM EXPENSE			
ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
1203	Health Insurance	1,795	Inclusive of Medical, Vision and Dental insurance coverage for employees during ramp period. Calculated at 30% of salaries.
1204	Other (specify)	-	
1205	Other (specify)	-	
1206	Other (specify)	-	
Direct Payroll Taxes & Expenses:		2,868	
1301	OASDI	2,338	Calculated at 6.4% of salaries.
1302	FICA/MEDICARE	530	Calculated at 1.45% of salaries
1303	SUI	-	
1304	Other (specify)	-	
1305	Other (specify)	-	
1306	Other (specify)	-	

2000: DIRECT CLIENT SUPPORT			
2001			
2002			
2003			
2004			
2005			
2006			
2007			
2008			
2009			
2010			
2011			
2012			
2013			
2014			
2015			
2016			

3000: DIRECT OPERATING EXPENSES			
		4,367	
3001	Telecommunications	1,408	Microsoft 365 Business including Teams, Office and Outlook licenses, phone line and phones allowing each employee access to the telecommunications network to communicate internally and with customers for ramp employees.
3002	Staffonboarding and ongoing background	531	Staff onboarding costs for DMV pull, Livescan Background checks, and TB testing for initial employees onboarded during ramp up.
3003	Office, Household & Program Supplies	350	Office supplies (paper, pens, notebooks, paper clips); break room supplies (plates, napkins, cups, utensils, coffee supplies); household supplies (toilet paper, cleaning supplies, paper towels); Medical supplies (blood pressure machine, scale, height measurement rod)
3004	Market/Advertising/Recruiting	-	
3005	Staff Development & Training	2,078	Cost of initial Evidence Based Practice Trainings (CTI, MI, TFCBT), Crisis Training, Cultural Trainings, CPR/First Aid, Relias training system and other staff training costs during the ramp period. Additional trainings will occur after the ramp period.
3006	0	-	
3007	0	-	
3008	0	-	
3009	0	-	
3010	0	-	
3011	0	-	
3012	0	-	

4000: DIRECT FACILITIES & EQUIPMENT			
		4,465	
4001	Building Maintenance	-	
4002	Rent/Lease Building	4,365	This includes monthly rent and lease costs for office space for the first 2 months to ensure site certification process is completed on time. This includes maintenance and utilities costs.
4003	Utilities	-	
4004	Internet	100	Internet Service for Organization's office for the first two months.
4005	0	-	
4006	0	-	
4007	0	-	
4008	0	-	
4009	0	-	
4010	0	-	

PROGRAM EXPENSE			
ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
5000: DIRECT SPECIAL EXPENSES		-	
5001	Consultant (Network & Data Management)	-	
5002	0	-	
5003	0	-	
5004	0	-	
5005	0	-	
5006	0	-	
5007	0	-	
5008	0	-	
6000: INDIRECT EXPENSES		1,337	
6001	Administrative Overhead	-	
6002	Insurance:Prof. Liability, Automobile, Cyber, SAM, EPLI, Commercial General Liability, At-Risk Property	1,178	All insurance costs including: Commercial General Liability, Automobile Liability, All-Risk Property Insurance, EPLI, Professional Liability, Molestation Liability and Cyber Risk Insurance coverages for first two months.
6003	Payroll Services and Human Resources Services	159	Payroll fees for first two months and HR support for onboarding ramp employees.
6004	0	-	
6005	0	-	
6006	0	-	
6007	0	-	
6008	0	-	
6009	0	-	
6010	0	-	
6011	0	-	
6012	0	-	
6013	0	-	
7000: DIRECT FIXED ASSETS		11,385	
7001	Computer Equipment & Software	5,100	Computers, Laptops, monitors, mouses, headphones,USB extenders, external camera and microphone for telemedicine appointments and all other devices and necessary software for staff in ramp up period.
7002	Cell Phones, Tablets, Devices to Contain HIPAA Data	3,485	Cell phones, tablets, charging cords and blocks and other devices as needed for operations and service provision such as external hot spots.
7003	Furniture & Fixtures	2,500	Office Furniture including desks, chairs, tables, filing cabinets, couches, reception and lobby area furniture. Kitchen equipment/supplies such as refrigerator, microwave, table and chairs.
7004	Copier/Fax/Scanner	300	Cost to lease a copier/fax/scanner for first two months of ramp period.
7005	0	-	
7006	0	-	
7007	0	-	
7008	0	-	

TOTAL PROGRAM EXPENSE FROM BUDGET NARRATIVE: 63,553

**Housing Supportive Services-Arthur at Blackstone
Hope & Healing Family Therapy Center, Inc.
Fiscal Year 2025-26 Cost Reimbursement Budget**

PROGRAM EXPENSES

2000: DIRECT CLIENT SUPPORT		
Acct #	Line Item Description	Amount
2001	Child Care	\$ 75
2002	Client Housing Support	367
2003	Client Transportation & Support	321
2004	Clothing, Food, & Hygiene	388
2005	Education Support	100
2006	Employment Support	233
2007	Household Items for Clients	292
2008	Medication Supports	100
2009	Program Supplies - Medical	50
2010	Utility Vouchers	207
2011	Other (specify)	200
2012	Other (specify)	
2013	Other (specify)	-
2014	Other (specify)	-
2015	Other (specify)	-
2016	Other (specify)	-
DIRECT CLIENT CARE TOTAL		\$ 2,333

TOTAL PROGRAM EXPENSES \$ 2,333

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 (CSS-Mental Health Services Act (MHSA))	2,333
8006	Other (Specify)	-
TOTAL PROGRAM REVENUES		\$ 2,333

TOTAL PROGRAM ESTIMATED REVENUES: \$ 2,333

NET PROGRAM COST: \$ (0)

**Housing Supportive Services-Arthur at Blackstone
Hope & Healing Family Therapy Center, Inc.
Fiscal Year 2025-26 Cost Reimbursement Budget Narrative**

PROGRAM EXPENSE			
ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
2000: DIRECT CLIENT SUPPORT		2,333	
2001	Child Care	75	This includes supports for child care costs to enable families to participate in services, attend jobs, education, support child development and other.
2002	Client Housing Support	367	Housing Supports - Support clients with things such as rent, security deposits, board and care, emergency housing such as hotels/motels, groceries, utilities, household supplies, and other.
2003	Client Transportation & Support	321	This includes bus tokens/passes, gas cards, emergency vehicle repair, maintenance and registration fees, moving costs and other related transportation support resources to ensure families have access to get to appointments, school, work, and other.
2004	Clothing, Food, & Hygiene	388	This includes but is not limited to purchasing food, water, blankets, hygiene supplies, health supplies, and clothing to meet families' basic necessities. This also includes food/snacks provided during treatment sessions. Also, includes miscellaneous client support items such as pet food, groceries, DMV identification, birth certificates, and other items needed by clients.
2005	Education Support	100	This includes school supplies, field trips, uniforms, and linkage to other educational resources, educational supports, and other.
2006	Employment Support	233	This includes but is not limited to purchasing clothing or uniforms needed for employment, tools or equipment and other employment resources.
2007	Household Items for Clients	292	This includes but is not limited to items needed for families' homes including cleaning supplies, organizational management (chore charts, schedules, calendars), furniture, pest control, repairs, and safety items (Lock boxes, locks, door and window alarms) and other items needed by clients.
2008	Medication Supports	100	This includes purchasing medications when insurance coverage is unavailable or there are other barriers to receiving medications to avoid lapse in medications, medication organizers, lice treatments, and other.
2009	Program Supplies - Medical	50	This includes medical supplies such as blood pressure machines, diabetes testing supplies, PPE, first aid supplies, thermometers, or scales.
2010	Utility Vouchers	207	This includes but is not limited to emergency assistance for families for gas, water, electricity, garbage/sewer to maintain a safe and livable home, and other.
2011	Other (specify)	200	Other (Client Activities/therapeutic supplies) - Supplies for client activities including groups such as art therapy, exercise groups, cooking classes, or other group activities to build social skills and independent living skills, and any other items not listed.
2012	Other (specify)	-	
2013	Other (specify)	-	
2014	Other (specify)	-	
2015	Other (specify)	-	
2016	Other (specify)	-	

TOTAL PROGRAM EXPENSE FROM BUDGET NARRATIVE: 2,333

**Housing Supportive Services-Arthur at Blackstone
Hope & Healing Family Therapy Center, Inc.
Fiscal Year 2026-27 Cost Reimbursement Budget**

PROGRAM EXPENSES

2000: DIRECT CLIENT SUPPORT		
Acct #	Line Item Description	Amount
2001	Child Care	\$ 150
2002	Client Housing Support	550
2003	Client Transportation & Support	550
2004	Clothing, Food, & Hygiene	750
2005	Education Support	150
2006	Employment Support	400
2007	Household Items for Clients	450
2008	Medication Supports	250
2009	Program Supplies - Medical	100
2010	Utility Vouchers	450
2011	Other (specify)	200
2012	Other (specify)	-
2013	Other (specify)	-
2014	Other (specify)	-
2015	Other (specify)	-
2016	Other (specify)	-
DIRECT CLIENT CARE TOTAL		\$ 4,000

TOTAL PROGRAM EXPENSES \$ 4,000

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 (CSS-Mental Health Services Act (MHSA))	4,000
8006	Other (Specify)	-
TOTAL PROGRAM REVENUES		\$ 4,000

TOTAL PROGRAM ESTIMATED REVENUES: \$ 4,000

NET PROGRAM COST: \$ -

**Housing Supportive Services-Arthur at Blackstone
Hope & Healing Family Therapy Center, Inc.
Fiscal Year 2026-27 Cost Reimbursement Budget Narrative**

PROGRAM EXPENSE			
ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
2000: DIRECT CLIENT SUPPORT		4,000	
2001	Child Care	150	This includes supports for child care costs to enable families to participate in services, attend jobs, education, support child development and other.
2002	Client Housing Support	550	Housing Supports - Support clients with things such as rent, security deposits, board and care, emergency housing such as hotels/motels, groceries, utilities, household supplies, and other.
2003	Client Transportation & Support	550	This includes bus tokens/passes, gas cards, emergency vehicle repair, maintenance and registration fees, moving costs and other related transportation support resources to ensure families have access to get to appointments, school, work, and other.
2004	Clothing, Food, & Hygiene	750	This includes but is not limited to purchasing food, water, blankets, hygiene supplies, health supplies, and clothing to meet families' basic necessities. This also includes food/snacks provided during treatment sessions. Also, includes miscellaneous client support items such as pet food, groceries, DMV identification, birth certificates, and other items needed by clients.
2005	Education Support	150	This includes school supplies, field trips, uniforms, and linkage to other educational resources, educational supports, and other.
2006	Employment Support	400	This includes but is not limited to purchasing clothing or uniforms needed for employment, tools or equipment and other employment resources.
2007	Household Items for Clients	450	This includes but is not limited to items needed for families' homes including cleaning supplies, organizational management (chore charts, schedules, calendars), furniture, pest control, repairs, and safety items (Lock boxes, locks, door and window alarms) and other items needed by clients.
2008	Medication Supports	250	This includes purchasing medications when insurance coverage is unavailable or there are other barriers to receiving medications to avoid lapse in medications, medication organizers, lice treatments, and other.
2009	Program Supplies - Medical	100	This includes medical supplies such as blood pressure machines, diabetes testing supplies, PPE, first aid supplies, thermometers, or scales.
2010	Utility Vouchers	450	This includes but is not limited to emergency assistance for families for gas, water, electricity, garbage/sewer to maintain a safe and livable home, and other.
2011	Other (specify)	200	Other (Client Activities/therapeutic supplies) - Supplies for client activities including groups such as art therapy, exercise groups, cooking classes, or other group activities to build social skills and independent living skills, and any other items not listed.
2012	Other (specify)	-	
2013	Other (specify)	-	
2014	Other (specify)	-	
2015	Other (specify)	-	
2016	Other (specify)	-	

TOTAL PROGRAM EXPENSE FROM BUDGET NARRATIVE: 4,000

**Housing Supportive Services-Arthur at Blackstone
Hope & Healing Family Therapy Center, Inc.
Fiscal Year 2027-28 Cost Reimbursement Budget**

PROGRAM EXPENSES

2000: DIRECT CLIENT SUPPORT		
Acct #	Line Item Description	Amount
2001	Child Care	\$ 150
2002	Client Housing Support	550
2003	Client Transportation & Support	550
2004	Clothing, Food, & Hygiene	750
2005	Education Support	150
2006	Employment Support	400
2007	Household Items for Clients	450
2008	Medication Supports	250
2009	Program Supplies - Medical	100
2010	Utility Vouchers	450
2011	Other (specify)	200
2012	Other (specify)	-
2013	Other (specify)	-
2014	Other (specify)	-
2015	Other (specify)	-
2016	Other (specify)	-
DIRECT CLIENT CARE TOTAL		\$ 4,000

TOTAL PROGRAM EXPENSES \$ 4,000

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 (CSS-Mental Health Services Act (MHSA))	4,000
8006	Other (Specify)	-
TOTAL PROGRAM REVENUES		\$ 4,000

TOTAL PROGRAM ESTIMATED REVENUES: \$ 4,000

NET PROGRAM COST: \$ -

**Housing Supportive Services-Arthur at Blackstone
Hope & Healing Family Therapy Center, Inc.
Fiscal Year 2027-28 Cost Reimbursement Budget Narrative**

PROGRAM EXPENSE			
ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
2000: DIRECT CLIENT SUPPORT		4,000	
2001	Child Care	150	This includes supports for child care costs to enable families to participate in services, attend jobs, education, support child development and other.
2002	Client Housing Support	550	Housing Supports - Support clients with things such as rent, security deposits, board and care, emergency housing such as hotels/motels, groceries, utilities, household supplies, and other.
2003	Client Transportation & Support	550	This includes bus tokens/passes, gas cards, emergency vehicle repair, maintenance and registration fees, moving costs and other related transportation support resources to ensure families have access to get to appointments, school, work, and other.
2004	Clothing, Food, & Hygiene	750	This includes but is not limited to purchasing food, water, blankets, hygiene supplies, health supplies, and clothing to meet families' basic necessities. This also includes food/snacks provided during treatment sessions. Also, includes miscellaneous client support items such as pet food, groceries, DMV identification, birth certificates, and other items needed by clients.
2005	Education Support	150	This includes school supplies, field trips, uniforms, and linkage to other educational resources, educational supports, and other.
2006	Employment Support	400	This includes but is not limited to purchasing clothing or uniforms needed for employment, tools or equipment and other employment resources.
2007	Household Items for Clients	450	This includes but is not limited to items needed for families' homes including cleaning supplies, organizational management (chore charts, schedules, calendars), furniture, pest control, repairs, and safety items (Lock boxes, locks, door and window alarms) and other items needed by clients.
2008	Medication Supports	250	This includes purchasing medications when insurance coverage is unavailable or there are other barriers to receiving medications to avoid lapse in medications, medication organizers, lice treatments, and other.
2009	Program Supplies - Medical	100	This includes medical supplies such as blood pressure machines, diabetes testing supplies, PPE, first aid supplies, thermometers, or scales.
2010	Utility Vouchers	450	This includes but is not limited to emergency assistance for families for gas, water, electricity, garbage/sewer to maintain a safe and livable home, and other.
2011	Other (specify)	200	Other (Client Activities/therapeutic supplies) - Supplies for client activities including groups such as art therapy, exercise groups, cooking classes, or other group activities to build social skills and independent living skills, and any other items not listed.
2012	Other (specify)	-	
2013	Other (specify)	-	
2014	Other (specify)	-	
2015	Other (specify)	-	
2016	Other (specify)	-	

TOTAL PROGRAM EXPENSE FROM BUDGET NARRATIVE: 4,000

**Housing Supportive Services-Arthur at Blackstone
Hope & Healing Family Therapy Center, Inc.
Fiscal Year 2028-29 Cost Reimbursement Budget**

PROGRAM EXPENSES

2000: DIRECT CLIENT SUPPORT		
Acct #	Line Item Description	Amount
2001	Child Care	\$ 150
2002	Client Housing Support	550
2003	Client Transportation & Support	550
2004	Clothing, Food, & Hygiene	750
2005	Education Support	150
2006	Employment Support	400
2007	Household Items for Clients	450
2008	Medication Supports	250
2009	Program Supplies - Medical	100
2010	Utility Vouchers	450
2011	Other (specify)	200
2012	Other (specify)	-
2013	Other (specify)	-
2014	Other (specify)	-
2015	Other (specify)	-
2016	Other (specify)	-
DIRECT CLIENT CARE TOTAL		\$ 4,000

TOTAL PROGRAM EXPENSES \$ 4,000

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 (CSS-Mental Health Services Act (MHSA))	4,000
8006	Other (Specify)	-
TOTAL PROGRAM REVENUES		\$ 4,000

TOTAL PROGRAM ESTIMATED REVENUES: \$ 4,000

NET PROGRAM COST: \$ -

**Housing Supportive Services-Arthur at Blackstone
Hope & Healing Family Therapy Center, Inc.
Fiscal Year 2028-29 Cost Reimbursement Budget Narrative**

PROGRAM EXPENSE			
ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
2000: DIRECT CLIENT SUPPORT		4,000	
2001	Child Care	150	This includes supports for child care costs to enable families to participate in services, attend jobs, education, support child development and other.
2002	Client Housing Support	550	Housing Supports - Support clients with things such as rent, security deposits, board and care, emergency housing such as hotels/motels, groceries, utilities, household supplies, and other.
2003	Client Transportation & Support	550	This includes bus tokens/passes, gas cards, emergency vehicle repair, maintenance and registration fees, moving costs and other related transportation support resources to ensure families have access to get to appointments, school, work, and other.
2004	Clothing, Food, & Hygiene	750	This includes but is not limited to purchasing food, water, blankets, hygiene supplies, health supplies, and clothing to meet families' basic necessities. This also includes food/snacks provided during treatment sessions. Also, includes miscellaneous client support items such as pet food, groceries, DMV identification, birth certificates, and other items needed by clients.
2005	Education Support	150	This includes school supplies, field trips, uniforms, and linkage to other educational resources, educational supports, and other.
2006	Employment Support	400	This includes but is not limited to purchasing clothing or uniforms needed for employment, tools or equipment and other employment resources.
2007	Household Items for Clients	450	This includes but is not limited to items needed for families' homes including cleaning supplies, organizational management (chore charts, schedules, calendars), furniture, pest control, repairs, and safety items (Lock boxes, locks, door and window alarms) and other items needed by clients.
2008	Medication Supports	250	This includes purchasing medications when insurance coverage is unavailable or there are other barriers to receiving medications to avoid lapse in medications, medication organizers, lice treatments, and other.
2009	Program Supplies - Medical	100	This includes medical supplies such as blood pressure machines, diabetes testing supplies, PPE, first aid supplies, thermometers, or scales.
2010	Utility Vouchers	450	This includes but is not limited to emergency assistance for families for gas, water, electricity, garbage/sewer to maintain a safe and livable home, and other.
2011	Other (specify)	200	Other (Client Activities/therapeutic supplies) - Supplies for client activities including groups such as art therapy, exercise groups, cooking classes, or other group activities to build social skills and independent living skills, and any other items not listed.
2012	Other (specify)	-	
2013	Other (specify)	-	
2014	Other (specify)	-	
2015	Other (specify)	-	
2016	Other (specify)	-	

TOTAL PROGRAM EXPENSE FROM BUDGET NARRATIVE: 4,000

**Housing Supportive Services-Arthur at Blackstone
Hope & Healing Family Therapy Center, Inc.
Fiscal Year 2029-30 Cost Reimbursement Budget**

PROGRAM EXPENSES

2000: DIRECT CLIENT SUPPORT		
Acct #	Line Item Description	Amount
2001	Child Care	\$ 150
2002	Client Housing Support	550
2003	Client Transportation & Support	550
2004	Clothing, Food, & Hygiene	750
2005	Education Support	150
2006	Employment Support	400
2007	Household Items for Clients	450
2008	Medication Supports	250
2009	Program Supplies - Medical	100
2010	Utility Vouchers	450
2011	Other (specify)	200
2012	Other (specify)	-
2013	Other (specify)	-
2014	Other (specify)	-
2015	Other (specify)	-
2016	Other (specify)	-
DIRECT CLIENT CARE TOTAL		\$ 4,000

TOTAL PROGRAM EXPENSES \$ 4,000

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 (CSS-Mental Health Services Act (MHSA))	4,000
8006	Other (Specify)	-
TOTAL PROGRAM REVENUES		\$ 4,000

TOTAL PROGRAM ESTIMATED REVENUES: \$ 4,000

NET PROGRAM COST: \$ -

**Housing Supportive Services-Arthur at Blackstone
Hope & Healing Family Therapy Center, Inc.
Fiscal Year 2029-30 Cost Reimbursement Budget Narrative**

PROGRAM EXPENSE			
ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
2000: DIRECT CLIENT SUPPORT		4,000	
2001	Child Care	150	This includes supports for child care costs to enable families to participate in services, attend jobs, education, support child development and other.
2002	Client Housing Support	550	Housing Supports - Support clients with things such as rent, security deposits, board and care, emergency housing such as hotels/motels, groceries, utilities, household supplies, and other.
2003	Client Transportation & Support	550	This includes bus tokens/passes, gas cards, emergency vehicle repair, maintenance and registration fees, moving costs and other related transportation support resources to ensure families have access to get to appointments, school, work, and other.
2004	Clothing, Food, & Hygiene	750	This includes but is not limited to purchasing food, water, blankets, hygiene supplies, health supplies, and clothing to meet families' basic necessities. This also includes food/snacks provided during treatment sessions. Also, includes miscellaneous client support items such as pet food, groceries, DMV identification, birth certificates, and other items needed by clients.
2005	Education Support	150	This includes school supplies, field trips, uniforms, and linkage to other educational resources, educational supports, and other.
2006	Employment Support	400	This includes but is not limited to purchasing clothing or uniforms needed for employment, tools or equipment and other employment resources.
2007	Household Items for Clients	450	This includes but is not limited to items needed for families' homes including cleaning supplies, organizational management (chore charts, schedules, calendars), furniture, pest control, repairs, and safety items (Lock boxes, locks, door and window alarms) and other items needed by clients.
2008	Medication Supports	250	This includes purchasing medications when insurance coverage is unavailable or there are other barriers to receiving medications to avoid lapse in medications, medication organizers, lice treatments, and other.
2009	Program Supplies - Medical	100	This includes medical supplies such as blood pressure machines, diabetes testing supplies, PPE, first aid supplies, thermometers, or scales.
2010	Utility Vouchers	450	This includes but is not limited to emergency assistance for families for gas, water, electricity, garbage/sewer to maintain a safe and livable home, and other.
2011	Other (specify)	200	Other (Client Activities/therapeutic supplies) - Supplies for client activities including groups such as art therapy, exercise groups, cooking classes, or other group activities to build social skills and independent living skills, and any other items not listed.
2012	Other (specify)	-	
2013	Other (specify)	-	
2014	Other (specify)	-	
2015	Other (specify)	-	
2016	Other (specify)	-	

TOTAL PROGRAM EXPENSE FROM BUDGET NARRATIVE: 4,000

**Housing Supportive Services-Avalon Commons
 Hope & Healing Family Therapy Center, Inc.
 HSS FFS Maximum Compensation**

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		\$	394,141
Maximum Compensation FY 26-27		\$	1,084,347
Maximum Compensation FY 27-28		\$	1,097,951
Maximum Compensation FY 28-29		\$	1,094,543
Maximum Compensation FY 29-30		\$	1,018,279

Program Maximum Compensation	\$	4,689,261
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**Housing Supportive Services-Avalon Commons
Hope & Healing Family Therapy Center, Inc.
FY 2025-26 Ramp Up Budget**

PROGRAM EXPENSES

1000: DIRECT SALARIES & BENEFITS					
Direct Employee Salaries					
Acct #	Administrative Position	FTE	Admin	Program	Total
1101	Chief Executive Officer	0.26	\$ 3,053		\$ 3,053
1102	Administrative Manager	0.26	1,401		1,401
1103	Billing Specialist	0.33	1,954		1,954
1104					-
1105			-		-
1106			-		-
1107			-		-
1108			-		-
1109			-		-
1110			-		-
1111			-		-
1112			-		-
1113			-		-
1114			-		-
1115			-		-
Direct Personnel Admin Salaries Subtotal		0.85	\$ 6,408		\$ 6,408
Acct #	Program Position	FTE	Admin	Program	Total
1116	Associate Director	0.33		\$ 4,396	\$ 4,396
1117	Clinical Supervisor	0.33		4,071	4,071
1118	Program Supervisor	0.33		3,338	3,338
1119	Lead Mental Health Clinician	1.00		9,750	9,750
1120	Mental Health Clinician	1.00		8,185	8,185
1121					-
1122	Peer Support Specialist	1.00		4,863	4,863
1123	Doctor's Assistant	0.33		1,291	1,291
1124					-
1125					-
1126					-
1127					-
1128					-
1129					-
1130					-
1131					-
1132					-
1133					-
1134					-
Direct Personnel Program Salaries Subtotal		4.32		\$ 35,894	\$ 35,894
Direct Personnel Salaries Subtotal		5.17	\$ 6,408	\$ 35,894	\$ 42,302
Direct Employee Benefits					
Acct #	Description		Admin	Program	Total
1201	Retirement		\$ -	\$ -	\$ -
1202	Worker's Compensation		386	695	1,080
1203	Health Insurance			1,895	1,895
1204	Other (specify)		-	-	-
1205	Other (specify)		-	-	-
1206	Other (specify)		-	-	-
Direct Employee Benefits Subtotal:			\$ 386	\$ 2,590	\$ 2,975
Direct Payroll Taxes & Expenses:					
Acct #	Description		Admin	Program	Total
1301	OASDI		\$ 410	\$ 2,297	\$ 2,707
1302	FICA/MEDICARE		93	520	613
1303	SUI				-
1304	Other (specify)		-	-	-
1305	Other (specify)		-	-	-
1306	Other (specify)		-	-	-
Direct Payroll Taxes & Expenses Subtotal:			\$ 503	\$ 2,817	\$ 3,320
DIRECT EMPLOYEE SALARIES & BENEFITS TOTAL:			Admin	Program	Total
			\$ 7,297	\$ 41,301	\$ 48,597

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

2000: DIRECT CLIENT SUPPORT		
Acct #	Line Item Description	Amount
2001		
2002		
2003		
2004		
2005		
2006		
2007		
2008		
2009		
2010		
2011		
2012		
2013		
2014		
2015		
2016		
DIRECT CLIENT CARE TOTAL		\$ -

3000: DIRECT OPERATING EXPENSES		
Acct #	Line Item Description	Amount
3001	Telecommunications	\$ 1,408
3002	Staffonboarding and ongoing background	531
3003	Office, Household & Program Supplies	250
3004	Market/Advertising/Recruiting	
3005	Staff Development & Training	2,078
3006		-
3007		-
3008		-
3009		-
3010		-
3011		-
3012		-
DIRECT OPERATING EXPENSES TOTAL:		\$ 4,267

4000: DIRECT FACILITIES & EQUIPMENT		
Acct #	Line Item Description	Amount
4001	Building Maintenance	
4002	Rent/Lease Building	4,365
4003	Utilities	
4004	Internet	100
4005		-
4006		-
4007		-
4008		-
4009		-
4010		-
DIRECT FACILITIES/EQUIPMENT TOTAL:		\$ 4,465

5000: DIRECT SPECIAL EXPENSES		
Acct #	Line Item Description	Amount
5001	Consultant (Network & Data Management)	
5002		
5003		-
5004		-
5005		-
5006		-
5007		-
5008		-
DIRECT SPECIAL EXPENSES TOTAL:		\$ -

6000: INDIRECT EXPENSES		
Acct #	Line Item Description	Amount
	Administrative Overhead	
6001	Use this line and only this line for approved indirect cost rate	\$ -
	Administrative Overhead	
6002	Insurance:Prof. Liability, Automobile, Cyber, SAM, EPLI, Commercial General Liability, At-Risk Propert	1,569
6003	Payroll Services and Human Resources Services	212
6004		-
6005		-
6006		-
6007		-
6008		-
6009		-
6010		-
6011		-
6012		-
6013		-
INDIRECT EXPENSES TOTAL		\$ 1,781

INDIRECT COST RATE	2.59%
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7000: DIRECT FIXED ASSETS		
Acct #	Line Item Description	Amount
7001	Computer Equipment & Software	\$ 5,100
7002	Cell Phones, Tablets, Devices to Contain HIPAA Data	3,485
7003	Furniture & Fixtures	2,500
7004	Copier/Fax/Scanner	235
7005		-
7006		-
7007		-
7008		-
FIXED ASSETS EXPENSES TOTAL		\$ 11,320

TOTAL PROGRAM EXPENSES	\$ 70,430
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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 (CSS-Mental Health Services Act (MHSA))	70,430
8006	Other (Specify)	-
TOTAL PROGRAM REVENUES		\$ 70,430

TOTAL PROGRAM ESTIMATED REVENUES:	\$ 70,430
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NET PROGRAM COST:	\$ 0
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	25-076/HSS Arthur/DBH/Fresno	0.33
Total		1.00

Position	Contract #/Name/Department/County	FTE %
Program Supervisor	25-076/HSS Butterfly/DBH/Fresno	0.34
	25-076/HSS Avalon/DBH/Fresno	0.33
	25-076/HSS Arthur/DBH/Fresno	0.33
Total		1.00

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

Position	Contract #/Name/Department/County	FTE %
Doctor's Assistant	25-076/HSS Butterfly/DBH/Fresno	0.34
	25-076/HSS Avalon/DBH/Fresno	0.33
	25-076/HSS Arthur/DBH/Fresno	0.33
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		<u>0.00</u>

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

**Housing Supportive Services-Avalon Commons
Hope & Healing Family Therapy Center, Inc.
FY 2025-26 Ramp Up Budget Narrative**

PROGRAM EXPENSE			
ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
1000: DIRECT SALARIES & BENEFITS		48,597	
Administrative Positions		6,408	
1101	Chief Executive Officer	3,053	The CEO oversees all organization operations and is the acting Clinical Director. This accounts for 8 weeks of salary and benefits costs to ramp and prepare the program prior to service provision.
1102	Administrative Manager	1,401	The Administrative Manager oversees the administrative staff and administrative operations. The AM is also the executive assistant to the CEO. This accounts for 8 weeks of salary and benefits costs to ramp and prepare the program prior to service provision.
1103	Billing Specialist	1,954	The Billing Specialist completes all billing tasks. This accounts for 8 weeks of salary and benefits costs to ramp and prepare the program prior to service provision.
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		35,894	
1116	Associate Director	4,396	The Associate Director oversees day to day operations of the program. This accounts for 8 weeks of salary and benefits costs to ramp and prepare the program prior to service provision.
1117	Clinical Supervisor	4,071	The Clinical Supervisor supports with day to day operations and supervise the Clinicians and other support staff. This accounts for 8 weeks of salary and benefits costs to ramp and prepare the program prior to service provision.
1118	Program Supervisor	3,338	The Program Supervisor provides support with day to day program operations and supervises program staff. This accounts for 8 weeks of salary and benefits costs to ramp and prepare the program prior to service provision.
1119	Lead Mental Health Clinician	9,750	The Lead Mental Health Clinician supports the team and provides direct care services to individuals and families. This consists of LPHAs including LMFT, LCSW, LPCC and waived associates. This accounts for 8 weeks of salary and benefits costs to onboard and train prior to service provision.
1120	Mental Health Clinician	8,185	The Mental Health Clinician supports the team and provides direct care services to individuals and families. This consists of LPHAs including LMFT, LCSW, LPCC and waived associates. This accounts for 8 weeks of salary and benefits costs to onboard and train prior to service provision.
1121	0	-	
1122	Peer Support Specialist	4,863	The Peer Support Specialist provides direct services to individuals and families. This accounts for 8 weeks of salary and benefits costs to onboard and train prior to service provision.
1123	Doctor's Assistant	1,291	The Doctor's Assistant provides administrative support to the Psychiatrist, staff and individuals served. This accounts for 8 weeks of salary and benefits costs to onboard and train prior to service provision.
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		2,975	
1201	Retirement	-	

PROGRAM EXPENSE			
ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
1202	Worker's Compensation	1,080	Inclusive of Worker's Compensation coverage for all employees in ramp period.
1203	Health Insurance	1,895	Inclusive of Medical, Vision and Dental insurance coverage for employees during ramp period. Calculated at 30% of salaries.
1204	Other (specify)	-	
1205	Other (specify)	-	
1206	Other (specify)	-	
Direct Payroll Taxes & Expenses:		3,320	
1301	OASDI	2,707	Calculated at 6.4% of salaries.
1302	FICA/MEDICARE	613	Calculated at 1.45% of salaries
1303	SUI	-	
1304	Other (specify)	-	
1305	Other (specify)	-	
1306	Other (specify)	-	

2000: DIRECT CLIENT SUPPORT		AMT	
2001		-	
2002			
2003			
2004			
2005			
2006			
2007			
2008			
2009			
2010			
2011			
2012			
2013			
2014			
2015			
2016			

3000: DIRECT OPERATING EXPENSES		AMT	
3001	Telecommunications	1,408	Microsoft 365 Business including Teams, Office and Outlook licenses, phone line and phones allowing each employee access to the telecommunications network to communicate internally and with customers for ramp employees.
3002	Staffonboarding and ongoing background	531	Staff onboarding costs for DMV pull, Livescan Background checks, and TB testing for initial employees onboarded during ramp up.
3003	Office, Household & Program Supplies	250	Office supplies (paper, pens, notebooks, paper clips); break room supplies (plates, napkins, cups, utensils, coffee supplies); household supplies (toilet paper, cleaning supplies, paper towels); Medical supplies (blood pressure machine, scale, height measurement rod)
3004	Market/Advertising/Recruiting	-	
3005	Staff Development & Training	2,078	Cost of initial Evidence Based Practice Trainings (CTI, MI, TFCBT), Crisis Training, Cultural Trainings, CPR/First Aid, Relias training system and other staff training costs during the ramp period. Additional trainings will occur after the ramp period.
3006	0	-	
3007	0	-	
3008	0	-	
3009	0	-	
3010	0	-	
3011	0	-	
3012	0	-	

4000: DIRECT FACILITIES & EQUIPMENT		AMT	
4001	Building Maintenance	-	
4002	Rent/Lease Building	4,365	This includes monthly rent and lease costs for office space for the first 2 months to ensure site certification process is completed on time. This includes maintenance and utilities costs.
4003	Utilities	-	
4004	Internet	100	Internet Service for Organization's office for the first two months.
4005	0	-	
4006	0	-	
4007	0	-	
4008	0	-	

PROGRAM EXPENSE			
ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
4009	0	-	
4010	0	-	

5000: DIRECT SPECIAL EXPENSES			
5001	Consultant (Network & Data Management)	-	
5002	0	-	
5003	0	-	
5004	0	-	
5005	0	-	
5006	0	-	
5007	0	-	
5008	0	-	

6000: INDIRECT EXPENSES			
		1,781	
6001	Administrative Overhead	-	
6002	Insurance:Prof. Liability, Automobile, Cyber, SAM, EPLI, Commercial General Liability, At-Risk Property	1,569	All insurance costs including: Commercial General Liability, Automobile Liability, All-Risk Property Insurance, EPLI, Professional Liability, Molestation Liability and Cyber Risk Insurance coverages for first two months.
6003	Payroll Services and Human Resources Services	212	Payroll fees for first two months and HR support for onboarding ramp employees.
6004	0	-	
6005	0	-	
6006	0	-	
6007	0	-	
6008	0	-	
6009	0	-	
6010	0	-	
6011	0	-	
6012	0	-	
6013	0	-	

7000: DIRECT FIXED ASSETS			
		11,320	
7001	Computer Equipment & Software	5,100	Computers, Laptops, monitors, mouses, headphones,USB extenders, external camera and microphone for telemedicine appointments and all other devices and necessary software for staff in ramp up period.
7002	Cell Phones, Tablets, Devices to Contain HIPAA Data	3,485	Cell phones, tablets, charging cords and blocks and other devices as needed for operations and service provision such as external hot spots.
7003	Furniture & Fixtures	2,500	Office Furniture including desks, chairs, tables, filing cabinets, couches, reception and lobby area furniture. Kitchen equipment/supplies such as refrigerator, microwave, table and chairs.
7004	Copier/Fax/Scanner	235	Cost to lease a copier/fax/scanner for first two months of ramp period.
7005	0	-	
7006	0	-	
7007	0	-	
7008	0	-	

TOTAL PROGRAM EXPENSE FROM BUDGET NARRATIVE: 70,430

**Housing Supportive Services-Avalon Commons
 Hope & Healing Family Therapy Center, Inc.
 Fiscal Year 2025-26 Cost Reimbursement Budget**

PROGRAM EXPENSES

2000: DIRECT CLIENT SUPPORT		
Acct #	Line Item Description	Amount
2001	Child Care	\$ 31
2002	Client Housing Support	102
2003	Client Transportation & Support	183
2004	Clothing, Food, & Hygiene	335
2005	Education Support	131
2006	Employment Support	175
2007	Household Items for Clients	219
2008	Medication Supports	219
2009	Program Supplies - Medical	50
2010	Utility Vouchers	205
2011	Other (specify)	100
2012	Other (specify)	-
2013	Other (specify)	-
2014	Other (specify)	-
2015	Other (specify)	-
2016	Other (specify)	-
DIRECT CLIENT CARE TOTAL		\$ 1,750

TOTAL PROGRAM EXPENSES \$ 1,750

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 (CSS-Mental Health Services Act (MHSA))	1,750
8006	Other (Specify)	-
TOTAL PROGRAM REVENUES		\$ 1,750

TOTAL PROGRAM ESTIMATED REVENUES: \$ 1,750

NET PROGRAM COST: \$ 0

**Housing Supportive Services-Avalon Commons
 Hope & Healing Family Therapy Center, Inc.
 Fiscal Year 2025-26 Cost Reimbursement Budget Narrative**

PROGRAM EXPENSE			
ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
2000: DIRECT CLIENT SUPPORT		1,750	
2001	Child Care	31	This includes supports for child care costs to enable families to participate in services, attend jobs, education, support child development and other.
2002	Client Housing Support	102	Housing Supports - Support clients with things such as rent, security deposits, board and care, emergency housing such as hotels/motels, groceries, utilities, household supplies, and other.
2003	Client Transportation & Support	183	This includes bus tokens/passes, gas cards, emergency vehicle repair, maintenance and registration fees, moving costs and other related transportation support resources to ensure families have access to get to appointments, school, work, and other.
2004	Clothing, Food, & Hygiene	335	This includes but is not limited to purchasing food, water, blankets, hygiene supplies, health supplies, and clothing to meet families' basic necessities. This also includes food/snacks provided during treatment sessions. Also, includes miscellaneous client support items such as pet food, groceries, DMV identification, birth certificates, and other items needed by clients.
2005	Education Support	131	This includes school supplies, field trips, uniforms, and linkage to other educational resources, educational supports, and other.
2006	Employment Support	175	This includes but is not limited to purchasing clothing or uniforms needed for employment, tools or equipment and other employment resources.
2007	Household Items for Clients	219	This includes but is not limited to items needed for families' homes including cleaning supplies, organizational management (chore charts, schedules, calendars), furniture, pest control, repairs, and safety items (Lock boxes, locks, door and window alarms) and other items needed by clients.
2008	Medication Supports	219	This includes purchasing medications when insurance coverage is unavailable or there are other barriers to receiving medications to avoid lapse in medications, medication organizers, lice treatments, and other.
2009	Program Supplies - Medical	50	This includes medical supplies such as blood pressure machines, diabetes testing supplies, PPE, first aid supplies, thermometers, or scales.
2010	Utility Vouchers	205	This includes but is not limited to emergency assistance for families for gas, water, electricity, garbage/sewer to maintain a safe and livable home, and other.
2011	Other (specify)	100	Other (Client Activities/therapeutic supplies) - Supplies for client activities including groups such as art therapy, exercise groups, cooking classes, or other group activities to build social skills and independent living skills, and any other items not listed.
2012	Other (specify)	-	
2013	Other (specify)	-	
2014	Other (specify)	-	
2015	Other (specify)	-	
2016	Other (specify)	-	

TOTAL PROGRAM EXPENSE FROM BUDGET NARRATIVE: 1,750

**Housing Supportive Services-Avalon Commons
 Hope & Healing Family Therapy Center, Inc.
 Fiscal Year 2026-27 Cost Reimbursement Budget**

PROGRAM EXPENSES

2000: DIRECT CLIENT SUPPORT		
Acct #	Line Item Description	Amount
2001	Child Care	\$ 125
2002	Client Housing Support	275
2003	Client Transportation & Support	400
2004	Clothing, Food, & Hygiene	500
2005	Education Support	225
2006	Employment Support	300
2007	Household Items for Clients	375
2008	Medication Supports	200
2009	Program Supplies - Medical	75
2010	Utility Vouchers	275
2011	Other (specify)	250
2012	Other (specify)	-
2013	Other (specify)	-
2014	Other (specify)	-
2015	Other (specify)	-
2016	Other (specify)	-
DIRECT CLIENT CARE TOTAL		\$ 3,000

TOTAL PROGRAM EXPENSES \$ 3,000

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 (CSS-Mental Health Services Act (MHSA))	3,000
8006	Other (Specify)	-
TOTAL PROGRAM REVENUES		\$ 3,000

TOTAL PROGRAM ESTIMATED REVENUES: \$ 3,000

NET PROGRAM COST: \$ -

**Housing Supportive Services-Avalon Commons
 Hope & Healing Family Therapy Center, Inc.
 Fiscal Year 2026-27 Cost Reimbursement Budget Narrative**

PROGRAM EXPENSE			
ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
2000: DIRECT CLIENT SUPPORT		3,000	
2001	Child Care	125	This includes supports for child care costs to enable families to participate in services, attend jobs, education, support child development and other.
2002	Client Housing Support	275	Housing Supports - Support clients with things such as rent, security deposits, board and care, emergency housing such as hotels/motels, groceries, utilities, household supplies, and other.
2003	Client Transportation & Support	400	This includes bus tokens/passes, gas cards, emergency vehicle repair, maintenance and registration fees, moving costs and other related transportation support resources to ensure families have access to get to appointments, school, work, and other.
2004	Clothing, Food, & Hygiene	500	This includes but is not limited to purchasing food, water, blankets, hygiene supplies, health supplies, and clothing to meet families' basic necessities. This also includes food/snacks provided during treatment sessions. Also, includes miscellaneous client support items such as pet food, groceries, DMV identification, birth certificates, and other items needed by clients.
2005	Education Support	225	This includes school supplies, field trips, uniforms, and linkage to other educational resources, educational supports, and other.
2006	Employment Support	300	This includes but is not limited to purchasing clothing or uniforms needed for employment, tools or equipment and other employment resources.
2007	Household Items for Clients	375	This includes but is not limited to items needed for families' homes including cleaning supplies, organizational management (chore charts, schedules, calendars), furniture, pest control, repairs, and safety items (Lock boxes, locks, door and window alarms) and other items needed by clients.
2008	Medication Supports	200	This includes purchasing medications when insurance coverage is unavailable or there are other barriers to receiving medications to avoid lapse in medications, medication organizers, lice treatments, and other.
2009	Program Supplies - Medical	75	This includes medical supplies such as blood pressure machines, diabetes testing supplies, PPE, first aid supplies, thermometers, or scales.
2010	Utility Vouchers	275	This includes but is not limited to emergency assistance for families for gas, water, electricity, garbage/sewer to maintain a safe and livable home, and other.
2011	Other (specify)	250	Other (Client Activities/therapeutic supplies) - Supplies for client activities including groups such as art therapy, exercise groups, cooking classes, or other group activities to build social skills and independent living skills, and any other items not listed.
2012	Other (specify)	-	
2013	Other (specify)	-	
2014	Other (specify)	-	
2015	Other (specify)	-	
2016	Other (specify)	-	

TOTAL PROGRAM EXPENSE FROM BUDGET NARRATIVE: 3,000

**Housing Supportive Services-Avalon Commons
 Hope & Healing Family Therapy Center, Inc.
 Fiscal Year 2027-28 Cost Reimbursement Budget**

PROGRAM EXPENSES

2000: DIRECT CLIENT SUPPORT		
Acct #	Line Item Description	Amount
2001	Child Care	\$ 125
2002	Client Housing Support	275
2003	Client Transportation & Support	400
2004	Clothing, Food, & Hygiene	500
2005	Education Support	225
2006	Employment Support	300
2007	Household Items for Clients	375
2008	Medication Supports	200
2009	Program Supplies - Medical	75
2010	Utility Vouchers	275
2011	Other (specify)	250
2012	Other (specify)	-
2013	Other (specify)	-
2014	Other (specify)	-
2015	Other (specify)	-
2016	Other (specify)	-
DIRECT CLIENT CARE TOTAL		\$ 3,000

TOTAL PROGRAM EXPENSES \$ 3,000

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 (CSS-Mental Health Services Act (MHSA))	3,000
8006	Other (Specify)	-
TOTAL PROGRAM REVENUES		\$ 3,000

TOTAL PROGRAM ESTIMATED REVENUES: \$ 3,000

NET PROGRAM COST: \$ -

**Housing Supportive Services-Avalon Commons
 Hope & Healing Family Therapy Center, Inc.
 Fiscal Year 2027-28 Cost Reimbursement Budget Narrative**

PROGRAM EXPENSE			
ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
2000: DIRECT CLIENT SUPPORT		3,000	
2001	Child Care	125	This includes supports for child care costs to enable families to participate in services, attend jobs, education, support child development and other.
2002	Client Housing Support	275	Housing Supports - Support clients with things such as rent, security deposits, board and care, emergency housing such as hotels/motels, groceries, utilities, household supplies, and other.
2003	Client Transportation & Support	400	This includes bus tokens/passes, gas cards, emergency vehicle repair, maintenance and registration fees, moving costs and other related transportation support resources to ensure families have access to get to appointments, school, work, and other.
2004	Clothing, Food, & Hygiene	500	This includes but is not limited to purchasing food, water, blankets, hygiene supplies, health supplies, and clothing to meet families' basic necessities. This also includes food/snacks provided during treatment sessions. Also, includes miscellaneous client support items such as pet food, groceries, DMV identification, birth certificates, and other items needed by clients.
2005	Education Support	225	This includes school supplies, field trips, uniforms, and linkage to other educational resources, educational supports, and other.
2006	Employment Support	300	This includes but is not limited to purchasing clothing or uniforms needed for employment, tools or equipment and other employment resources.
2007	Household Items for Clients	375	This includes but is not limited to items needed for families' homes including cleaning supplies, organizational management (chore charts, schedules, calendars), furniture, pest control, repairs, and safety items (Lock boxes, locks, door and window alarms) and other items needed by clients.
2008	Medication Supports	200	This includes purchasing medications when insurance coverage is unavailable or there are other barriers to receiving medications to avoid lapse in medications, medication organizers, lice treatments, and other.
2009	Program Supplies - Medical	75	This includes medical supplies such as blood pressure machines, diabetes testing supplies, PPE, first aid supplies, thermometers, or scales.
2010	Utility Vouchers	275	This includes but is not limited to emergency assistance for families for gas, water, electricity, garbage/sewer to maintain a safe and livable home, and other.
2011	Other (specify)	250	Other (Client Activities/therapeutic supplies) - Supplies for client activities including groups such as art therapy, exercise groups, cooking classes, or other group activities to build social skills and independent living skills, and any other items not listed.
2012	Other (specify)	-	
2013	Other (specify)	-	
2014	Other (specify)	-	
2015	Other (specify)	-	
2016	Other (specify)	-	

TOTAL PROGRAM EXPENSE FROM BUDGET NARRATIVE: 3,000

**Housing Supportive Services-Avalon Commons
 Hope & Healing Family Therapy Center, Inc.
 Fiscal Year 2028-29 Cost Reimbursement Budget**

PROGRAM EXPENSES

2000: DIRECT CLIENT SUPPORT		
Acct #	Line Item Description	Amount
2001	Child Care	\$ 125
2002	Client Housing Support	275
2003	Client Transportation & Support	400
2004	Clothing, Food, & Hygiene	500
2005	Education Support	225
2006	Employment Support	300
2007	Household Items for Clients	375
2008	Medication Supports	200
2009	Program Supplies - Medical	75
2010	Utility Vouchers	275
2011	Other (specify)	250
2012	Other (specify)	-
2013	Other (specify)	-
2014	Other (specify)	-
2015	Other (specify)	-
2016	Other (specify)	-
DIRECT CLIENT CARE TOTAL		\$ 3,000

TOTAL PROGRAM EXPENSES \$ 3,000

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 (CSS-Mental Health Services Act (MHSA))	3,000
8006	Other (Specify)	-
TOTAL PROGRAM REVENUES		\$ 3,000

TOTAL PROGRAM ESTIMATED REVENUES: \$ 3,000

NET PROGRAM COST: \$ -

**Housing Supportive Services-Avalon Commons
 Hope & Healing Family Therapy Center, Inc.
 Fiscal Year 2028-29 Cost Reimbursement Budget Narrative**

PROGRAM EXPENSE			
ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
2000: DIRECT CLIENT SUPPORT		3,000	
2001	Child Care	125	This includes supports for child care costs to enable families to participate in services, attend jobs, education, support child development and other.
2002	Client Housing Support	275	Housing Supports - Support clients with things such as rent, security deposits, board and care, emergency housing such as hotels/motels, groceries, utilities, household supplies, and other.
2003	Client Transportation & Support	400	This includes bus tokens/passes, gas cards, emergency vehicle repair, maintenance and registration fees, moving costs and other related transportation support resources to ensure families have access to get to appointments, school, work, and other.
2004	Clothing, Food, & Hygiene	500	This includes but is not limited to purchasing food, water, blankets, hygiene supplies, health supplies, and clothing to meet families' basic necessities. This also includes food/snacks provided during treatment sessions. Also, includes miscellaneous client support items such as pet food, groceries, DMV identification, birth certificates, and other items needed by clients.
2005	Education Support	225	This includes school supplies, field trips, uniforms, and linkage to other educational resources, educational supports, and other.
2006	Employment Support	300	This includes but is not limited to purchasing clothing or uniforms needed for employment, tools or equipment and other employment resources.
2007	Household Items for Clients	375	This includes but is not limited to items needed for families' homes including cleaning supplies, organizational management (chore charts, schedules, calendars), furniture, pest control, repairs, and safety items (Lock boxes, locks, door and window alarms) and other items needed by clients.
2008	Medication Supports	200	This includes purchasing medications when insurance coverage is unavailable or there are other barriers to receiving medications to avoid lapse in medications, medication organizers, lice treatments, and other.
2009	Program Supplies - Medical	75	This includes medical supplies such as blood pressure machines, diabetes testing supplies, PPE, first aid supplies, thermometers, or scales.
2010	Utility Vouchers	275	This includes but is not limited to emergency assistance for families for gas, water, electricity, garbage/sewer to maintain a safe and livable home, and other.
2011	Other (specify)	250	Other (Client Activities/therapeutic supplies) - Supplies for client activities including groups such as art therapy, exercise groups, cooking classes, or other group activities to build social skills and independent living skills, and any other items not listed.
2012	Other (specify)	-	
2013	Other (specify)	-	
2014	Other (specify)	-	
2015	Other (specify)	-	
2016	Other (specify)	-	

TOTAL PROGRAM EXPENSE FROM BUDGET NARRATIVE: 3,000

**Housing Supportive Services-Avalon Commons
 Hope & Healing Family Therapy Center, Inc.
 Fiscal Year 2029-30 Cost Reimbursement Budget**

PROGRAM EXPENSES

2000: DIRECT CLIENT SUPPORT		
Acct #	Line Item Description	Amount
2001	Child Care	\$ 125
2002	Client Housing Support	275
2003	Client Transportation & Support	400
2004	Clothing, Food, & Hygiene	500
2005	Education Support	225
2006	Employment Support	300
2007	Household Items for Clients	375
2008	Medication Supports	200
2009	Program Supplies - Medical	75
2010	Utility Vouchers	275
2011	Other (specify)	250
2012	Other (specify)	-
2013	Other (specify)	-
2014	Other (specify)	-
2015	Other (specify)	-
2016	Other (specify)	-
DIRECT CLIENT CARE TOTAL		\$ 3,000

TOTAL PROGRAM EXPENSES \$ 3,000

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 (CSS-Mental Health Services Act (MHSA))	3,000
8006	Other (Specify)	-
TOTAL PROGRAM REVENUES		\$ 3,000

TOTAL PROGRAM ESTIMATED REVENUES: \$ 3,000

NET PROGRAM COST: \$ -

**Housing Supportive Services-Avalon Commons
 Hope & Healing Family Therapy Center, Inc.
 Fiscal Year 2029-30 Cost Reimbursement Budget Narrative**

PROGRAM EXPENSE			
ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
2000: DIRECT CLIENT SUPPORT		3,000	
2001	Child Care	125	This includes supports for child care costs to enable families to participate in services, attend jobs, education, support child development and other.
2002	Client Housing Support	275	Housing Supports - Support clients with things such as rent, security deposits, board and care, emergency housing such as hotels/motels, groceries, utilities, household supplies, and other.
2003	Client Transportation & Support	400	This includes bus tokens/passes, gas cards, emergency vehicle repair, maintenance and registration fees, moving costs and other related transportation support resources to ensure families have access to get to appointments, school, work, and other.
2004	Clothing, Food, & Hygiene	500	This includes but is not limited to purchasing food, water, blankets, hygiene supplies, health supplies, and clothing to meet families' basic necessities. This also includes food/snacks provided during treatment sessions. Also, includes miscellaneous client support items such as pet food, groceries, DMV identification, birth certificates, and other items needed by clients.
2005	Education Support	225	This includes school supplies, field trips, uniforms, and linkage to other educational resources, educational supports, and other.
2006	Employment Support	300	This includes but is not limited to purchasing clothing or uniforms needed for employment, tools or equipment and other employment resources.
2007	Household Items for Clients	375	This includes but is not limited to items needed for families' homes including cleaning supplies, organizational management (chore charts, schedules, calendars), furniture, pest control, repairs, and safety items (Lock boxes, locks, door and window alarms) and other items needed by clients.
2008	Medication Supports	200	This includes purchasing medications when insurance coverage is unavailable or there are other barriers to receiving medications to avoid lapse in medications, medication organizers, lice treatments, and other.
2009	Program Supplies - Medical	75	This includes medical supplies such as blood pressure machines, diabetes testing supplies, PPE, first aid supplies, thermometers, or scales.
2010	Utility Vouchers	275	This includes but is not limited to emergency assistance for families for gas, water, electricity, garbage/sewer to maintain a safe and livable home, and other.
2011	Other (specify)	250	Other (Client Activities/therapeutic supplies) - Supplies for client activities including groups such as art therapy, exercise groups, cooking classes, or other group activities to build social skills and independent living skills, and any other items not listed.
2012	Other (specify)	-	
2013	Other (specify)	-	
2014	Other (specify)	-	
2015	Other (specify)	-	
2016	Other (specify)	-	

TOTAL PROGRAM EXPENSE FROM BUDGET NARRATIVE: 3,000

**Housing Supportive Services-Butterfly Gardens
 Hope & Healing Family Therapy Center, Inc.
 HSS FFS Maximum Compensation**

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		\$	780,000
Maximum Compensation FY 26-27		\$	1,812,250
Maximum Compensation FY 27-28		\$	1,597,107
Maximum Compensation FY 28-29		\$	1,372,663
Maximum Compensation FY 29-30		\$	1,288,512

Program Maximum Compensation	\$	6,850,532
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**Housing Supportive Services-Butterfly Gardens
Hope & Healing Family Therapy Center, Inc.
FY 2025-26 Ramp Up Budget**

PROGRAM EXPENSES

1000: DIRECT SALARIES & BENEFITS					
Direct Employee Salaries					
Acct #	Administrative Position	FTE	Admin	Program	Total
1101	Chief Executive Officer	0.28	\$ 3,053		\$ 3,053
1102	Administrative Manager	0.28	1,401		1,401
1103	Billing Specialist	0.34	1,954		1,954
1104					-
1105					-
1106			-		-
1107			-		-
1108			-		-
1109			-		-
1110			-		-
1111			-		-
1112			-		-
1113			-		-
1114			-		-
1115			-		-
Direct Personnel Admin Salaries Subtotal		0.90	\$ 6,408		\$ 6,408
Acct #	Program Position	FTE	Admin	Program	Total
1116	Associate Director	0.34		\$ 4,396	\$ 4,396
1117	Clinical Supervisor	0.34		4,071	4,071
1118	Program Supervisor	0.34		3,338	3,338
1119	Lead Mental Health Clinician	1.00		9,288	9,288
1120	Mental Health Clinician	1.00		8,390	8,390
1121	Behavioral Coach	1.00		5,804	5,804
1122	Peer Support Specialist	1.00		4,837	4,837
1123	Doctor's Assistant	0.34		1,291	1,291
1124					-
1125					-
1126					-
1127					-
1128					-
1129					-
1130					-
1131					-
1132					-
1133					-
1134					-
Direct Personnel Program Salaries Subtotal		5.36		\$ 41,415	\$ 41,415
Direct Personnel Salaries Subtotal		6.26	\$ 6,408	\$ 41,415	\$ 47,823
Direct Employee Benefits					
Acct #	Description		Admin	Program	Total
1201	Retirement		\$ -	\$ -	\$ -
1202	Worker's Compensation		386	695	1,080
1203	Health Insurance			2,410	2,410
1204	Other (specify)		-	-	-
1205	Other (specify)		-	-	-
1206	Other (specify)		-	-	-
Direct Employee Benefits Subtotal:			\$ 386	\$ 3,105	\$ 3,490
Direct Payroll Taxes & Expenses:					
Acct #	Description		Admin	Program	Total
1301	OASDI		\$ 410	\$ 2,651	\$ 3,061
1302	FICA/MEDICARE		93	601	694
1303	SUI				-
1304	Other (specify)		-	-	-
1305	Other (specify)		-	-	-
1306	Other (specify)		-	-	-
Direct Payroll Taxes & Expenses Subtotal:			\$ 503	\$ 3,252	\$ 3,755
DIRECT EMPLOYEE SALARIES & BENEFITS TOTAL:			Admin	Program	Total
			\$ 7,297	\$ 47,772	\$ 55,068

DIRECT EMPLOYEE SALARIES & BENEFITS PERCENTAGE:	Admin	Program
	13%	87%

2000: DIRECT CLIENT SUPPORT		
Acct #	Line Item Description	Amount
2001		
2002		
2003		
2004		
2005		
2006		
2007		
2008		
2009		
2010		
2011		
2012		
2013		
2014		
2015		
2016		
DIRECT CLIENT CARE TOTAL		\$ -

3000: DIRECT OPERATING EXPENSES		
Acct #	Line Item Description	Amount
3001	Telecommunications	\$ 1,672
3002	Staffonboarding and ongoing background	638
3003	Office, Household & Program Supplies	400
3004	Market/Advertising/Recruiting	
3005	Staff Development & Training	2,538
3006		-
3007		-
3008		-
3009		-
3010		-
3011		-
3012		-
DIRECT OPERATING EXPENSES TOTAL:		\$ 5,248

4000: DIRECT FACILITIES & EQUIPMENT		
Acct #	Line Item Description	Amount
4001	Building Maintenance	
4002	Rent/Lease Building	4,497
4003	Utilities	
4004	Internet	100
4005		-
4006		-
4007		-
4008		-
4009		-
4010		-
DIRECT FACILITIES/EQUIPMENT TOTAL:		\$ 4,597

5000: DIRECT SPECIAL EXPENSES		
Acct #	Line Item Description	Amount
5001	Consultant (Network & Data Management)	
5002		
5003		-
5004		-
5005		-
5006		-
5007		-
5008		-
DIRECT SPECIAL EXPENSES TOTAL:		\$ -

6000: INDIRECT EXPENSES		
Acct #	Line Item Description	Amount
	Administrative Overhead	
6001	Use this line and only this line for approved indirect cost rate	\$ -
	Administrative Overhead	
6002	Insurance:Prof. Liability, Automobile, Cyber, SAM, EPLI, Commercial General Liability, At-Risk Propert	1,569
6003	Payroll Services and Human Resources Services	212
6004		-
6005		-
6006		-
6007		-
6008		-
6009		-
6010		-
6011		-
6012		-
6013		-
INDIRECT EXPENSES TOTAL		\$ 1,781

INDIRECT COST RATE	2.28%
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7000: DIRECT FIXED ASSETS		
Acct #	Line Item Description	Amount
7001	Computer Equipment & Software	\$ 6,000
7002	Cell Phones, Tablets, Devices to Contain HIPAA Data	4,100
7003	Furniture & Fixtures	2,751
7004	Copier/Fax/Scanner	235
7005		-
7006		-
7007		-
7008		-
FIXED ASSETS EXPENSES TOTAL		\$ 13,086

TOTAL PROGRAM EXPENSES	\$ 79,780
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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 (CSS-Mental Health Services Act (MHSA))	79,780
8006	Other (Specify)	-
TOTAL PROGRAM REVENUES		\$ 79,780

TOTAL PROGRAM ESTIMATED REVENUES:	\$ 79,780
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NET PROGRAM COST:	\$ 0
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	25-076/HSS Arthur/DBH/Fresno	0.33
Total		1.00

Position	Contract #/Name/Department/County	FTE %
Program Supervisor	25-076/HSS Butterfly/DBH/Fresno	0.34
	25-076/HSS Avalon/DBH/Fresno	0.33
	25-076/HSS Arthur/DBH/Fresno	0.33
Total		1.00

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

Position	Contract #/Name/Department/County	FTE %
Doctor's Assistant	25-076/HSS Butterfly/DBH/Fresno	0.34
	25-076/HSS Avalon/DBH/Fresno	0.33
	25-076/HSS Arthur/DBH/Fresno	0.33
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 %

**Housing Supportive Services-Butterfly Gardens
 Hope & Healing Family Therapy Center, Inc.
 FY 2025-26 Ramp Up Budget Narrative**

PROGRAM EXPENSE				
ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE	
1000: DIRECT SALARIES & BENEFITS		55,068		
Administrative Positions		6,408		
1101	Chief Executive Officer	3,053	The CEO oversees all organization operations and is the acting Clinical Director. This accounts for 8 weeks of salary and benefits costs to ramp and prepare the program prior to service provision.	
1102	Administrative Manager	1,401	The Administrative Manager oversees the administrative staff and administrative operations. The AM is also the executive assistant to the CEO. This accounts for 8 weeks of salary and benefits costs to ramp and prepare the program prior to service provision.	
1103	Billing Specialist	1,954	The Billing Specialist completes all billing tasks. This accounts for 8 weeks of salary and benefits costs to ramp and prepare the program prior to service provision.	
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		41,415		
1116	Associate Director	4,396	The Associate Director oversees day to day operations of the program. This accounts for 8 weeks of salary and benefits costs to ramp and prepare the program prior to service provision.	
1117	Clinical Supervisor	4,071	The Clinical Supervisor supports with day to day operations and supervise the Clinicians and other support staff. This accounts for 8 weeks of salary and benefits costs to ramp and prepare the program prior to service provision.	
1118	Program Supervisor	3,338	The Program Supervisor provides support with day to day program operations and supervises program staff. This accounts for 8 weeks of salary and benefits costs to ramp and prepare the program prior to service provision.	
1119	Lead Mental Health Clinician	9,288	The Lead Mental Health Clinician supports the team and provides direct care services to individuals and families. This consists of LPHAs including LMFT, LCSW, LPCC and waived associates. This accounts for 8 weeks of salary and benefits costs to onboard and train prior to service provision.	
1120	Mental Health Clinician	8,390	The Mental Health Clinician supports the team and provides direct care services to individuals and families. This consists of LPHAs including LMFT, LCSW, LPCC and waived associates. This accounts for 8 weeks of salary and benefits costs to onboard and train prior to service provision.	
1121	Behavioral Coach	5,804	The Behavioral Coach provides direct services to individuals and families. This accounts for 8 weeks of salary and benefits costs to onboard and train prior to service provision.	
1122	Peer Support Specialist	4,837	The Peer Support Specialist provides direct services to individuals and families. This accounts for 8 weeks of salary and benefits costs to onboard and train prior to service provision.	
1123	Doctor's Assistant	1,291	The Doctor's Assistant provides administrative support to the Psychiatrist, staff and individuals served. This accounts for 8 weeks of salary and benefits costs to onboard and train prior to service provision.	
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		3,490		

PROGRAM EXPENSE			
ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
1201	Retirement	-	Inclusive of Worker's Compensation coverage for all employees in ramp period. Inclusive of Medical, Vision and Dental insurance coverage for employees during ramp period. Calculated at 30% of salaries.
1202	Worker's Compensation	1,080	
1203	Health Insurance	2,410	
1204	Other (specify)	-	
1205	Other (specify)	-	
1206	Other (specify)	-	
Direct Payroll Taxes & Expenses:		3,755	
1301	OASDI	3,061	Calculated at 6.4% of salaries.
1302	FICA/MEDICARE	694	Calculated at 1.45% of salaries
1303	SUI	-	
1304	Other (specify)	-	
1305	Other (specify)	-	
1306	Other (specify)	-	

2000: DIRECT CLIENT SUPPORT		AMT	
2001		-	
2002			
2003			
2004			
2005			
2006			
2007			
2008			
2009			
2010			
2011			
2012			
2013			
2014			
2015			
2016			

3000: DIRECT OPERATING EXPENSES		AMT	
3001	Telecommunications	1,672	Microsoft 365 Business including Teams, Office and Outlook licenses, phone line and phones allowing each employee access to the telecommunications network to communicate internally and with customers for ramp employees.
3002	Staffonboarding and ongoing background	638	Staff onboarding costs for DMV pull, Livescan Background checks, and TB testing for initial employees onboarded during ramp up.
3003	Office, Household & Program Supplies	400	Office supplies (paper, pens, notebooks, paper clips); break room supplies (plates, napkins, cups, utensils, coffee supplies); household supplies (toilet paper, cleaning supplies, paper towels); Medical supplies (blood pressure machine, scale, height measurement rod)
3004	Market/Advertising/Recruiting	-	
3005	Staff Development & Training	2,538	Cost of initial Evidence Based Practice Trainings (CTI, MI, TFCBT), Crisis Training, Cultural Trainings, CPR/First Aid, Relias training system and other staff training costs during the ramp period. Additional trainings will occur after the ramp period.
3006	0	-	
3007	0	-	
3008	0	-	
3009	0	-	
3010	0	-	
3011	0	-	
3012	0	-	

4000: DIRECT FACILITIES & EQUIPMENT		AMT	
4001	Building Maintenance	-	
4002	Rent/Lease Building	4,497	This includes monthly rent and lease costs for office space for the first 2 months to ensure site certification process is completed on time. This includes maintenance and utilities costs.
4003	Utilities	-	
4004	Internet	100	Internet Service for Organization's office for the first two months.
4005	0	-	
4006	0	-	
4007	0	-	

PROGRAM EXPENSE			
ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
4008	0	-	
4009	0	-	
4010	0	-	

5000: DIRECT SPECIAL EXPENSES			
		-	
5001	Consultant (Network & Data Management)	-	
5002	0	-	
5003	0	-	
5004	0	-	
5005	0	-	
5006	0	-	
5007	0	-	
5008	0	-	

6000: INDIRECT EXPENSES		1,781	
6001	Administrative Overhead	-	
6002	Insurance:Prof. Liability, Automobile, Cyber, SAM, EPLI, Commercial General Liability, At-Risk Property	1,569	All insurance costs including: Commercial General Liability, Automobile Liability, All-Risk Property Insurance, EPLI, Professional Liability, Molestation Liability and Cyber Risk Insurance coverages for first two months.
6003	Payroll Services and Human Resources Services	212	Payroll fees for first two months and HR support for onboarding ramp employees.
6004	0	-	
6005	0	-	
6006	0	-	
6007	0	-	
6008	0	-	
6009	0	-	
6010	0	-	
6011	0	-	
6012	0	-	
6013	0	-	

7000: DIRECT FIXED ASSETS		13,086	
7001	Computer Equipment & Software	6,000	Computers, Laptops, monitors, mouses, headphones,USB extenders, external camera and microphone for telemedicine appointments and all other devices and necessary software for staff in ramp up period.
7002	Cell Phones, Tablets, Devices to Contain HIPAA Data	4,100	Cell phones, tablets, charging cords and blocks and other devices as needed for operations and service provision such as external hot spots.
7003	Furniture & Fixtures	2,751	Office Furniture including desks, chairs, tables, filing cabinets, couches, reception and lobby area furniture. Kitchen equipment/supplies such as refrigerator, microwave, table and chairs.
7004	Copier/Fax/Scanner	235	Cost to lease a copier/fax/scanner for first two months of ramp period.
7005	0	-	
7006	0	-	
7007	0	-	
7008	0	-	

TOTAL PROGRAM EXPENSE FROM BUDGET NARRATIVE: 79,780

**Housing Supportive Services-Butterfly Gardens
Hope & Healing Family Therapy Center, Inc.
Fiscal Year 2025-26 Cost Reimbursement Budget**

PROGRAM EXPENSES

2000: DIRECT CLIENT SUPPORT		
Acct #	Line Item Description	Amount
2001	Child Care	\$ 321
2002	Client Housing Support	400
2003	Client Transportation & Support	496
2004	Clothing, Food, & Hygiene	854
2005	Education Support	292
2006	Employment Support	350
2007	Household Items for Clients	583
2008	Medication Supports	254
2009	Program Supplies - Medical	50
2010	Utility Vouchers	475
2011	Other (specify)	300
2012	Other (specify)	-
2013	Other (specify)	-
2014	Other (specify)	-
2015	Other (specify)	-
2016	Other (specify)	-
DIRECT CLIENT CARE TOTAL		\$ 4,375

TOTAL PROGRAM EXPENSES \$ 4,375

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 (CSS-Mental Health Services Act (MHSA))	4,375
8006	Other (Specify)	-
TOTAL PROGRAM REVENUES		\$ 4,375

TOTAL PROGRAM ESTIMATED REVENUES: \$ 4,375

NET PROGRAM COST: \$ (0)

**Housing Supportive Services-Butterfly Gardens
 Hope & Healing Family Therapy Center, Inc.
 Fiscal Year 2025-26 Cost Reimbursement Budget Narrative**

PROGRAM EXPENSE			
ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
2000: DIRECT CLIENT SUPPORT		4,375	
2001	Child Care	321	This includes supports for child care costs to enable families to participate in services, attend jobs, education, support child development and other.
2002	Client Housing Support	400	Housing Supports - Support clients with things such as rent, security deposits, board and care, emergency housing such as hotels/motels, groceries, utilities, household supplies, and other.
2003	Client Transportation & Support	496	This includes bus tokens/passes, gas cards, emergency vehicle repair, maintenance and registration fees, moving costs and other related transportation support resources to ensure families have access to get to appointments, school, work, and other.
2004	Clothing, Food, & Hygiene	854	This includes but is not limited to purchasing food, water, blankets, hygiene supplies, health supplies, and clothing to meet families' basic necessities. This also includes food/snacks provided during treatment sessions. Also, includes miscellaneous client support items such as pet food, groceries, DMV identification, birth certificates, and other items needed by clients.
2005	Education Support	292	This includes school supplies, field trips, uniforms, and linkage to other educational resources, educational supports, and other.
2006	Employment Support	350	This includes but is not limited to purchasing clothing or uniforms needed for employment, tools or equipment and other employment resources.
2007	Household Items for Clients	583	This includes but is not limited to items needed for families' homes including cleaning supplies, organizational management (chore charts, schedules, calendars), furniture, pest control, repairs, and safety items (Lock boxes, locks, door and window alarms) and other items needed by clients.
2008	Medication Supports	254	This includes purchasing medications when insurance coverage is unavailable or there are other barriers to receiving medications to avoid lapse in medications, medication organizers, lice treatments, and other.
2009	Program Supplies - Medical	50	This includes medical supplies such as blood pressure machines, diabetes testing supplies, PPE, first aid supplies, thermometers, or scales.
2010	Utility Vouchers	475	This includes but is not limited to emergency assistance for families for gas, water, electricity, garbage/sewer to maintain a safe and livable home, and other.
2011	Other (specify)	300	Other (Client Activities/therapeutic supplies) - Supplies for client activities including groups such as art therapy, exercise groups, cooking classes, or other group activities to build social skills and independent living skills, and any other items not listed.
2012	Other (specify)	-	
2013	Other (specify)	-	
2014	Other (specify)	-	
2015	Other (specify)	-	
2016	Other (specify)	-	

TOTAL PROGRAM EXPENSE FROM BUDGET NARRATIVE: 4,375

**Housing Supportive Services-Butterfly Gardens
 Hope & Healing Family Therapy Center, Inc.
 Fiscal Year 2026-27 Cost Reimbursement Budget**

PROGRAM EXPENSES

2000: DIRECT CLIENT SUPPORT		
Acct #	Line Item Description	Amount
2001	Child Care	\$ 550
2002	Client Housing Support	700
2003	Client Transportation & Support	850
2004	Clothing, Food, & Hygiene	1,450
2005	Education Support	500
2006	Employment Support	600
2007	Household Items for Clients	1,000
2008	Medication Supports	650
2009	Program Supplies - Medical	100
2010	Utility Vouchers	800
2011	Other (specify)	300
2012	Other (specify)	-
2013	Other (specify)	-
2014	Other (specify)	-
2015	Other (specify)	-
2016	Other (specify)	-
DIRECT CLIENT CARE TOTAL		\$ 7,500

TOTAL PROGRAM EXPENSES \$ 7,500

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 (CSS-Mental Health Services Act (MHSA))	7,500
8006	Other (Specify)	-
TOTAL PROGRAM REVENUES		\$ 7,500

TOTAL PROGRAM ESTIMATED REVENUES: \$ 7,500

NET PROGRAM COST: \$ -

**Housing Supportive Services-Butterfly Gardens
 Hope & Healing Family Therapy Center, Inc.
 Fiscal Year 2026-27 Cost Reimbursement Budget Narrative**

PROGRAM EXPENSE			
ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
2000: DIRECT CLIENT SUPPORT		7,500	
2001	Child Care	550	This includes supports for child care costs to enable families to participate in services, attend jobs, education, support child development and other.
2002	Client Housing Support	700	Housing Supports - Support clients with things such as rent, security deposits, board and care, emergency housing such as hotels/motels, groceries, utilities, household supplies, and other.
2003	Client Transportation & Support	850	This includes bus tokens/passes, gas cards, emergency vehicle repair, maintenance and registration fees, moving costs and other related transportation support resources to ensure families have access to get to appointments, school, work, and other.
2004	Clothing, Food, & Hygiene	1,450	This includes but is not limited to purchasing food, water, blankets, hygiene supplies, health supplies, and clothing to meet families' basic necessities. This also includes food/snacks provided during treatment sessions. Also, includes miscellaneous client support items such as pet food, groceries, DMV identification, birth certificates, and other items needed by clients.
2005	Education Support	500	This includes school supplies, field trips, uniforms, and linkage to other educational resources, educational supports, and other.
2006	Employment Support	600	This includes but is not limited to purchasing clothing or uniforms needed for employment, tools or equipment and other employment resources.
2007	Household Items for Clients	1,000	This includes but is not limited to items needed for families' homes including cleaning supplies, organizational management (chore charts, schedules, calendars), furniture, pest control, repairs, and safety items (Lock boxes, locks, door and window alarms) and other items needed by clients.
2008	Medication Supports	650	This includes purchasing medications when insurance coverage is unavailable or there are other barriers to receiving medications to avoid lapse in medications, medication organizers, lice treatments, and other.
2009	Program Supplies - Medical	100	This includes medical supplies such as blood pressure machines, diabetes testing supplies, PPE, first aid supplies, thermometers, or scales.
2010	Utility Vouchers	800	This includes emergency assistance for families for gas, water, electricity, garbage/sewer to maintain a safe and livable home, and other.
2011	Other (specify)	300	Client Activities/therapeutic supplies - Supplies for client activities including groups such as art therapy, exercise groups, cooking classes, or other group activities to build social skills and independent living skills, and any other items not listed.
2012	Other (specify)	-	
2013	Other (specify)	-	
2014	Other (specify)	-	
2015	Other (specify)	-	
2016	Other (specify)	-	

TOTAL PROGRAM EXPENSE FROM BUDGET NARRATIVE: 7,500

**Housing Supportive Services-Butterfly Gardens
 Hope & Healing Family Therapy Center, Inc.
 Fiscal Year 2027-28 Cost Reimbursement Budget**

PROGRAM EXPENSES

2000: DIRECT CLIENT SUPPORT		
Acct #	Line Item Description	Amount
2001	Child Care	\$ 550
2002	Client Housing Support	700
2003	Client Transportation & Support	850
2004	Clothing, Food, & Hygiene	1,450
2005	Education Support	500
2006	Employment Support	600
2007	Household Items for Clients	1,000
2008	Medication Supports	650
2009	Program Supplies - Medical	100
2010	Utility Vouchers	800
2011	Other (specify)	300
2012	Other (specify)	-
2013	Other (specify)	-
2014	Other (specify)	-
2015	Other (specify)	-
2016	Other (specify)	-
DIRECT CLIENT CARE TOTAL		\$ 7,500

TOTAL PROGRAM EXPENSES \$ 7,500

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 (CSS-Mental Health Services Act (MHSA))	7,500
8006	Other (Specify)	-
TOTAL PROGRAM REVENUES		\$ 7,500

TOTAL PROGRAM ESTIMATED REVENUES: \$ 7,500

NET PROGRAM COST: \$ -

**Housing Supportive Services-Butterfly Gardens
 Hope & Healing Family Therapy Center, Inc.
 Fiscal Year 2027-28 Cost Reimbursement Budget Narrative**

PROGRAM EXPENSE			
ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
2000: DIRECT CLIENT SUPPORT		7,500	
2001	Child Care	550	This includes supports for child care costs to enable families to participate in services, attend jobs, education, support child development and other.
2002	Client Housing Support	700	Housing Supports - Support clients with things such as rent, security deposits, board and care, emergency housing such as hotels/motels, groceries, utilities, household supplies, and other.
2003	Client Transportation & Support	850	This includes bus tokens/passes, gas cards, emergency vehicle repair, maintenance and registration fees, moving costs and other related transportation support resources to ensure families have access to get to appointments, school, work, and other.
2004	Clothing, Food, & Hygiene	1,450	This includes but is not limited to purchasing food, water, blankets, hygiene supplies, health supplies, and clothing to meet families' basic necessities. This also includes food/snacks provided during treatment sessions. Also, includes miscellaneous client support items such as pet food, groceries, DMV identification, birth certificates, and other items needed by clients.
2005	Education Support	500	This includes school supplies, field trips, uniforms, and linkage to other educational resources, educational supports, and other.
2006	Employment Support	600	This includes but is not limited to purchasing clothing or uniforms needed for employment, tools or equipment and other employment resources.
2007	Household Items for Clients	1,000	This includes but is not limited to items needed for families' homes including cleaning supplies, organizational management (chore charts, schedules, calendars), furniture, pest control, repairs, and safety items (Lock boxes, locks, door and window alarms) and other items needed by clients.
2008	Medication Supports	650	This includes purchasing medications when insurance coverage is unavailable or there are other barriers to receiving medications to avoid lapse in medications, medication organizers, lice treatments, and other.
2009	Program Supplies - Medical	100	This includes medical supplies such as blood pressure machines, diabetes testing supplies, PPE, first aid supplies, thermometers, or scales.
2010	Utility Vouchers	800	This includes emergency assistance for families for gas, water, electricity, garbage/sewer to maintain a safe and livable home, and other.
2011	Other (specify)	300	Client Activities/therapeutic supplies - Supplies for client activities including groups such as art therapy, exercise groups, cooking classes, or other group activities to build social skills and independent living skills, and any other items not listed.
2012	Other (specify)	-	
2013	Other (specify)	-	
2014	Other (specify)	-	
2015	Other (specify)	-	
2016	Other (specify)	-	

TOTAL PROGRAM EXPENSE FROM BUDGET NARRATIVE: 7,500

**Housing Supportive Services-Butterfly Gardens
 Hope & Healing Family Therapy Center, Inc.
 Fiscal Year 2028-29 Cost Reimbursement Budget**

PROGRAM EXPENSES

2000: DIRECT CLIENT SUPPORT		
Acct #	Line Item Description	Amount
2001	Child Care	\$ 550
2002	Client Housing Support	700
2003	Client Transportation & Support	850
2004	Clothing, Food, & Hygiene	1,450
2005	Education Support	500
2006	Employment Support	600
2007	Household Items for Clients	1,000
2008	Medication Supports	650
2009	Program Supplies - Medical	100
2010	Utility Vouchers	800
2011	Other (specify)	300
2012	Other (specify)	-
2013	Other (specify)	-
2014	Other (specify)	-
2015	Other (specify)	-
2016	Other (specify)	-
DIRECT CLIENT CARE TOTAL		\$ 7,500

TOTAL PROGRAM EXPENSES \$ 7,500

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 (CSS-Mental Health Services Act (MHSA))	7,500
8006	Other (Specify)	-
TOTAL PROGRAM REVENUES		\$ 7,500

TOTAL PROGRAM ESTIMATED REVENUES: \$ 7,500

NET PROGRAM COST: \$ -

**Housing Supportive Services-Butterfly Gardens
 Hope & Healing Family Therapy Center, Inc.
 Fiscal Year 2028-29 Cost Reimbursement Budget Narrative**

PROGRAM EXPENSE			
ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
2000: DIRECT CLIENT SUPPORT		7,500	
2001	Child Care	550	This includes supports for child care costs to enable families to participate in services, attend jobs, education, support child development and other.
2002	Client Housing Support	700	Housing Supports - Support clients with things such as rent, security deposits, board and care, emergency housing such as hotels/motels, groceries, utilities, household supplies, and other.
2003	Client Transportation & Support	850	This includes bus tokens/passes, gas cards, emergency vehicle repair, maintenance and registration fees, moving costs and other related transportation support resources to ensure families have access to get to appointments, school, work, and other.
2004	Clothing, Food, & Hygiene	1,450	This includes but is not limited to purchasing food, water, blankets, hygiene supplies, health supplies, and clothing to meet families' basic necessities. This also includes food/snacks provided during treatment sessions. Also, includes miscellaneous client support items such as pet food, groceries, DMV identification, birth certificates, and other items needed by clients.
2005	Education Support	500	This includes school supplies, field trips, uniforms, and linkage to other educational resources, educational supports, and other.
2006	Employment Support	600	This includes but is not limited to purchasing clothing or uniforms needed for employment, tools or equipment and other employment resources.
2007	Household Items for Clients	1,000	This includes but is not limited to items needed for families' homes including cleaning supplies, organizational management (chore charts, schedules, calendars), furniture, pest control, repairs, and safety items (Lock boxes, locks, door and window alarms) and other items needed by clients.
2008	Medication Supports	650	This includes purchasing medications when insurance coverage is unavailable or there are other barriers to receiving medications to avoid lapse in medications, medication organizers, lice treatments, and other.
2009	Program Supplies - Medical	100	This includes medical supplies such as blood pressure machines, diabetes testing supplies, PPE, first aid supplies, thermometers, or scales.
2010	Utility Vouchers	800	This includes emergency assistance for families for gas, water, electricity, garbage/sewer to maintain a safe and livable home, and other.
2011	Other (specify)	300	Client Activities/therapeutic supplies - Supplies for client activities including groups such as art therapy, exercise groups, cooking classes, or other group activities to build social skills and independent living skills, and any other items not listed.
2012	Other (specify)	-	
2013	Other (specify)	-	
2014	Other (specify)	-	
2015	Other (specify)	-	
2016	Other (specify)	-	

TOTAL PROGRAM EXPENSE FROM BUDGET NARRATIVE: 7,500

**Housing Supportive Services-Butterfly Gardens
 Hope & Healing Family Therapy Center, Inc.
 Fiscal Year 2029-30 Cost Reimbursement Budget**

PROGRAM EXPENSES

2000: DIRECT CLIENT SUPPORT		
Acct #	Line Item Description	Amount
2001	Child Care	\$ 550
2002	Client Housing Support	700
2003	Client Transportation & Support	850
2004	Clothing, Food, & Hygiene	1,450
2005	Education Support	500
2006	Employment Support	600
2007	Household Items for Clients	1,000
2008	Medication Supports	650
2009	Program Supplies - Medical	100
2010	Utility Vouchers	800
2011	Other (specify)	300
2012	Other (specify)	-
2013	Other (specify)	-
2014	Other (specify)	-
2015	Other (specify)	-
2016	Other (specify)	-
DIRECT CLIENT CARE TOTAL		\$ 7,500

TOTAL PROGRAM EXPENSES \$ 7,500

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 (CSS-Mental Health Services Act (MHSA))	7,500
8006	Other (Specify)	-
TOTAL PROGRAM REVENUES		\$ 7,500

TOTAL PROGRAM ESTIMATED REVENUES: \$ 7,500

NET PROGRAM COST: \$ -

**Housing Supportive Services-Butterfly Gardens
Hope & Healing Family Therapy Center, Inc.
Fiscal Year 2029-30 Cost Reimbursement Budget Narrative**

PROGRAM EXPENSE			
ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
2000: DIRECT CLIENT SUPPORT		7,500	
2001	Child Care	550	This includes supports for child care costs to enable families to participate in services, attend jobs, education, support child development and other.
2002	Client Housing Support	700	Housing Supports - Support clients with things such as rent, security deposits, board and care, emergency housing such as hotels/motels, groceries, utilities, household supplies, and other.
2003	Client Transportation & Support	850	This includes bus tokens/passes, gas cards, emergency vehicle repair, maintenance and registration fees, moving costs and other related transportation support resources to ensure families have access to get to appointments, school, work, and other.
2004	Clothing, Food, & Hygiene	1,450	This includes but is not limited to purchasing food, water, blankets, hygiene supplies, health supplies, and clothing to meet families' basic necessities. This also includes food/snacks provided during treatment sessions. Also, includes miscellaneous client support items such as pet food, groceries, DMV identification, birth certificates, and other items needed by clients.
2005	Education Support	500	This includes school supplies, field trips, uniforms, and linkage to other educational resources, educational supports, and other.
2006	Employment Support	600	This includes but is not limited to purchasing clothing or uniforms needed for employment, tools or equipment and other employment resources.
2007	Household Items for Clients	1,000	This includes but is not limited to items needed for families' homes including cleaning supplies, organizational management (chore charts, schedules, calendars), furniture, pest control, repairs, and safety items (Lock boxes, locks, door and window alarms) and other items needed by clients.
2008	Medication Supports	650	This includes purchasing medications when insurance coverage is unavailable or there are other barriers to receiving medications to avoid lapse in medications, medication organizers, lice treatments, and other.
2009	Program Supplies - Medical	100	This includes medical supplies such as blood pressure machines, diabetes testing supplies, PPE, first aid supplies, thermometers, or scales.
2010	Utility Vouchers	800	This includes emergency assistance for families for gas, water, electricity, garbage/sewer to maintain a safe and livable home, and other.
2011	Other (specify)	300	Client Activities/therapeutic supplies - Supplies for client activities including groups such as art therapy, exercise groups, cooking classes, or other group activities to build social skills and independent living skills, and any other items not listed.
2012	Other (specify)	-	
2013	Other (specify)	-	
2014	Other (specify)	-	
2015	Other (specify)	-	
2016	Other (specify)	-	

TOTAL PROGRAM EXPENSE FROM BUDGET NARRATIVE: 7,500