

1 **AMENDMENT NO.3 TO SERVICE AGREEMENT**

2 This Amendment No. 3 to Service Agreement No. 25-033 ("Amendment No. 3") is dated  
3 \_\_\_\_\_ and is between Contractor(s) listed in Exhibit A "List of  
4 Contractors" ("Contractor(s)"), and the County of Fresno, a political subdivision of the State of  
5 California ("County").

6 **Recitals**

7 A. County, through its Department of Behavioral Health (DBH), is a Behavioral Health Plan  
8 (BHP) as defined in Title 9 of the California Code of Regulations (C.C.R.), Section 1810.226.

9 B. On June 20, 2023 the County and the Contractor entered into County Agreement No.  
10 23-285 ("Agreement"), for qualified agencies to operate Full-Service Partnership (FSP) program  
11 sites that provide comprehensive mental health, housing, employment support and community  
12 supports to adults and older adults with a serious mental illness (SMI).

13 C. On April 9, 2024 the County and the Contractor entered into Agreement No. 24-151  
14 ("Amendment No. 1"), which amended the Agreement to increase the specialty mental health  
15 services maximum compensation budget amount.

16 D. On January 28, 2025 the County and the Contractor entered into Agreement No. 25-033  
17 ("Amendment No. 2"), which amended the Agreement to increase the cost reimbursement  
18 maximum compensation budget amount.

19 E. The County and the Contractor now desire to amend the Agreement to increase the  
20 maximum compensation due to an increase in billable services which will allow the Contractor to  
21 continue to submit claims for services rendered and received through the entire fiscal year and  
22 to extend the current term by three-months with an additional optional three-month extension to  
23 avoid a disruption in services to the culturally specific population which includes those with  
24 severe mental illness.

25 The parties therefore agree as follows:

26 1. **Term.** This Amendment extends the term of the Agreement through September 30,  
27 2025. The term of this Agreement may be extended for no more than one three-month period  
28 only upon written approval of both parties at least thirty (30) days before the first day of the

1 three-month extension period. The County’s DBH Director, or designee, is authorized to sign the  
2 written approval on behalf of the County based on the Contractor’s satisfactory performance.  
3 The extension of this Agreement by the County is not a waiver or compromise of any default or  
4 breach of this Agreement by the Contractor(s) existing at the time of the extension whether or  
5 not known to the County.

6 2. Subsections 4.2 and 4.3 of the Agreement, beginning on Page 8, Line 22 through Page  
7 9, Line 7 are deleted in their entirety and replaced with the following:

8 “4.2 **Specialty Mental Health Services Maximum Compensation.** The  
9 maximum compensation payable to the Contractor(s) under this Agreement for  
10 the period of July 1, 2023, through June 30, 2024, is Three Million, Five Hundred  
11 Thousand and No/100 Dollars (\$3,500,000.00), which is not a guaranteed sum,  
12 but shall be paid only for services rendered and received. The maximum  
13 compensation payable to the Contractor(s) under this Agreement for the period  
14 of July 1, 2024, through June 30, 2025, is Four Million, Five Hundred Thousand  
15 and No/100 Dollars (\$4,500,000.00), which is not a guaranteed sum, but shall be  
16 paid only for services rendered and received. The maximum compensation  
17 payable to the Contractor(s) under this Agreement for the period of July 1, 2025,  
18 through September 30, 2025, for Specialty Mental Health Services is One Million  
19 One Hundred Twenty Five Thousand and No/100 Dollars (\$1,125,000.00), which  
20 is not a guaranteed sum, but shall be paid only for services rendered and  
21 received. The maximum compensation payable to the Contractor(s) under this  
22 Agreement for the period of October 1, 2025 through December 31, 2025, for  
23 Specialty Mental Health Services is One Million One Hundred Twenty Five  
24 Thousand and No/100 Dollars (\$1,125,000.00), which is not a guaranteed sum,  
25 but shall be paid only for services rendered and received.

26 **4.3 Cost Reimbursement Maximum Compensation.** The maximum  
27 compensation payable to the Contractor(s) under this Agreement for the period  
28 of July 1, 2023 through June 30, 2024 is Forty Two Thousand and No/100

1 Dollars (\$42,000.00). The maximum compensation payable to the Contractor(s)  
2 under this Agreement for the period of July 1, 2024 through June 30, 2025 is  
3 Seventy Two Thousand and No/100 Dollars (\$72,000.00). The maximum  
4 compensation payable to the Contractor(s) under this Agreement for the period  
5 of July 1, 2025 through September 30, 2025, is Eighteen Thousand and No/100  
6 Dollars (\$18,000.00). The maximum compensation payable to the Contractor(s)  
7 under this Agreement for the period of October 1, 2025 through December 31,  
8 2025 is Eighteen Thousand and No/100 Dollars (\$18,000.00).”

9 3. A portion of Section 4.5 of the Agreement, beginning on Page 9, Line 17 through Line 21  
10 is deleted and replaced with the following:

11 “4.5 **Total Maximum Compensation.** In no event shall the maximum contract  
12 amount for all the services provided by the Contractor(s) to County under the  
13 terms and conditions of this Agreement be in excess of Ten Million Six Hundred  
14 Fifty Thousand and No/100 Dollars (\$10,650,000.00) during the entire term of  
15 this Agreement.”

16 2. All references in the Agreement to Revised Exhibit H-1 shall be deemed refenced to  
17 “Revised Exhibit H-2,” which is attached and incorporated by this reference.

18 4. When both parties have signed this Amendment No.3, the Agreement, Amendment No.  
19 2, Amendment No. 1 and this Amendment No. 3 together constitute the Agreement.

- 20 5. The Contractor(s) represents and warrants to the County that:
- 21 a. The Contractor(s) is duly authorized and empowered to sign and perform its
  - 22 obligations under this Amendment.
  - 23 b. The individuals signing this Amendment on behalf of the Contractor(s) are duly
  - 24 authorized to do so and his or her signature on this Amendment legally binds the
  - 25 Contractor(s) to the terms of this Amendment.

26 6. The parties agree that this Amendment may be executed by electronic signature as  
27 provide in this section.

- 1 a. An “electronic signature” means any symbol or process intended by an individual  
2 signing this Agreement to represent their signature, including but not limited to  
3 (1) a digital signature; (2) a faxed version of an original handwritten signature; or  
4 (3) an electronically scanned and transmitted (for example by PDF document)  
5 version of an original handwritten signature.
- 6 b. Each electronic signature affixed or attached to this Agreement (1) is deemed  
7 equivalent to a valid original handwritten signature of the person signing this  
8 Agreement for all purposes, including but not limited to evidentiary proof in any  
9 administrative or judicial proceeding, and (2) has the same force and effect as  
10 the valid original handwritten signature of that person.
- 11 c. The provisions of this section satisfy the requirements of Civil Code section  
12 1633.5, subdivision (b), in the Uniform Electronic Transaction Act (Civil Code,  
13 Division 3, Part 2, Title 2.5, beginning with section 1633.1).
- 14 d. Each party using a digital signature represents that it has undertaken and  
15 satisfied the requirements of Government Code section 16.5, subdivision (a),  
16 paragraphs (1) through (5), and agrees that each other party may rely upon that  
17 representation.
- 18 e. This Agreement is not conditioned upon the parties conducting the transactions  
19 under it by electronic means and either party may sign this Agreement with an  
20 original handwritten signature.

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

23 8. The Agreement as amended by this Amendment No. 3 is ratified and continued. All  
24 provisions of the Agreement not amended by this Amendment No. 3 remain in full force and  
25 effect. This Amendment No. 3 is effective upon execution.

26 [SIGNATURE PAGE FOLLOWS]  
27  
28

1 The parties are signing this Amendment on the date stated in the introductory clause.

2 CONTRACTOR(S)

COUNTY OF FRESNO

3 See Exhibit A "List of Contractors"

4 Subsequent signature pages are attached.

5 Ernest Buddy Mendes, Chairman of the Board  
6 of Supervisors of the County of Fresno

7 **Attest:**

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

9 By: \_\_\_\_\_  
10 Deputy

11  
12 For accounting use only:

13 Org No.: 56304524/4540  
14 Account No.: 7295  
Fund No.: 0001  
15 Subclass No.: 10000  
16  
17  
18  
19  
20  
21  
22  
23  
24  
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1 The parties are signing this Amendment on the date stated in the introductory clause.

2 **CONTRACTOR:**

3 THE FRESNO CENTER  
4

5  
6 

7 \_\_\_\_\_  
Pao Yang, President and CEO

8  
9 

10 \_\_\_\_\_  
Jensen Vang, Chief Financial Officer

11  
12  
13  
14 The Fresno Center  
15 4879 E. Cesar Chavez Boulevard  
16 Fresno, CA 93727  
17  
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Living Well Center-FSP-Cultural Specific Services  
 The Fresno Center  
 Fiscal Year (FY) 2025-26 (July 1, 2025 - September 30, 2025)

**PROGRAM EXPENSES**

1000: SALARIES & BENEFITS					
Employee Salaries					
Acct #	Position	FTE	Admin	Direct	Total
1101			\$ -	\$ -	\$ -
1102			-	-	-
1103			-	-	-
1104			-	-	-
1105			-	-	-
1106			-	-	-
1107			-	-	-
1108			-	-	-
1109			-	-	-
1110			-	-	-
1111			-	-	-
1112			-	-	-
1113			-	-	-
1114			-	-	-
1115			-	-	-
1116			-	-	-
1117			-	-	-
1118			-	-	-
1119			-	-	-
1120			-	-	-
1121			-	-	-
1122			-	-	-
1123			-	-	-
1124			-	-	-
1125			-	-	-
1126			-	-	-
1127			-	-	-
1128			-	-	-
1129			-	-	-
1130			-	-	-
1131			-	-	-
1132			-	-	-
1133			-	-	-
1134			-	-	-
1135			-	-	-
<b>Personnel Salaries Subtotal</b>		<b>0.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
Employee Benefits					
Acct #	Description		Admin	Direct	Total
1201	Retirement		\$ -	\$ -	\$ -
1202	Worker's Compensation		-	-	-
1203	Health Insurance		-	-	-
1204	Other (specify)		-	-	-
1205	Other (specify)		-	-	-
1206	Other (specify)		-	-	-

<b>Employee Benefits Subtotal:</b>					\$	-	\$	-	\$	-
<b>Payroll Taxes &amp; Expenses:</b>										
Acct #	Description	Admin	Direct	Total						
1301	OASDI	\$ -	\$ -	\$ -						
1302	FICA/MEDICARE	-	-	-						
1303	SUI	-	-	-						
1304	Other (specify)	-	-	-						
1305	Other (specify)	-	-	-						
1306	Other (specify)	-	-	-						
<b>Payroll Taxes &amp; Expenses Subtotal:</b>		<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>						
<b>EMPLOYEE SALARIES &amp; BENEFITS TOTAL:</b>		<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>						

<b>2000: CLIENT SUPPORT</b>		
Acct #	Line Item Description	Amount
2001	Child Care	\$ -
2002	Client Housing Support	15,000
2003	Client Transportation & Support	-
2004	Clothing, Food, & Hygiene	625
2005	Education Support	-
2006	Employment Support	-
2007	Household Items for Clients	375
2008	Medication Supports	-
2009	Program Supplies - Medical	-
2010	Utility Vouchers	-
2011	Other (specify): Client Flexible Support Expenditure Support	1,000
2012	Other (specify)	-
2013	Other (specify)	-
2014	Other (specify)	-
2015	Other (specify)	-
2016	Other (specify)	-
<b>DIRECT CLIENT CARE TOTAL</b>		<b>\$ 17,000</b>

<b>3000: OPERATING EXPENSES</b>		
Acct #	Line Item Description	Amount
3001	Telecommunications	\$ -
3002	Printing/Postage	-
3003	Office, Household & Program Supplies	-
3004	Advertising	-
3005	Staff Development & Training	-
3006	Staff Mileage	-
3007	Subscriptions & Memberships	-
3008	Vehicle Maintenance	-
3009	Other (specify)	-
3010	Other (specify)	-
3011	Other (specify)	-
3012	Other (specify)	-
<b>OPERATING EXPENSES TOTAL:</b>		<b>\$ -</b>

<b>4000: FACILITIES &amp; EQUIPMENT</b>		
Acct #	Line Item Description	Amount
4001	Building Maintenance	\$ -
4002	Rent/Lease Building	-

4003	Rent/Lease Equipment	-
4004	Rent/Lease Vehicles	-
4005	Security	-
4006	Utilities	-
4007	Other (specify)	-
4008	Other (specify)	-
4009	Other (specify)	-
4010	Other (specify)	-
<b>FACILITIES/EQUIPMENT TOTAL:</b>		<b>\$ -</b>

<b>5000: SPECIAL EXPENSES</b>		
<b>Acct #</b>	<b>Line Item Description</b>	<b>Amount</b>
5001	Consultant (Network & Data Management)	\$ -
5002	HMIS (Health Management Information System)	-
5003	Contractual/Consulting Services (Specify)	-
5004	Translation Services	-
5005	Other (specify): Student Stipends	1,000
5006	Other (specify)	-
5007	Other (specify)	-
5008	Other (specify)	-
<b>SPECIAL EXPENSES TOTAL:</b>		<b>\$ 1,000</b>

<b>6000: ADMINISTRATIVE EXPENSES</b>		
<b>Acct #</b>	<b>Line Item Description</b>	<b>Amount</b>
6001	Administrative Overhead	\$ -
6002	Professional Liability Insurance	-
6003	Accounting/Bookkeeping	-
6004	External Audit	-
6005	Insurance (Specify):	-
6006	Payroll Services	-
6007	Depreciation (Provider-Owned Equipment to be Used for Program Purposes)	-
6008	Other (specify)	-
6009	Other (specify)	-
6010	Other (specify)	-
6011	Other (specify)	-
6012	Other (specify)	-
<b>ADMINISTRATIVE EXPENSES TOTAL</b>		<b>\$ -</b>

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

<b>TOTAL PROGRAM EXPENSES</b>		<b>\$ 18,000</b>
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**PROGRAM FUNDING SOURCES**

<b>8000 - SHORT/DOYLE MEDI-CAL (FEDERAL FINANCIAL PARTICIPATION)</b>				
<b>Acct #</b>	<b>Line Item Description</b>	<b>Service Units</b>	<b>Rate</b>	<b>Amount</b>
8001	Mental Health Services	0	-	\$ -
8002	Case Management	0	-	-
8003	Crisis Services	0	-	-
8004	Medication Support	0	-	-
8005	Collateral	0	-	-
8006	Plan Development	0	-	-
8007	Assessment	0	-	-
8008	Rehabilitation	0	-	-
8009	Other (Specify)	0	-	-
8010	Other (Specify)	0	-	-
<b>Estimated Specialty Mental Health Services Billing Totals:</b>		<b>0</b>		<b>\$ -</b>
Estimated % of Clients who are Medi-Cal Beneficiaries				0%
Estimated Total Cost of Specialty Mental Health Services Provided to Medi-Cal Beneficiaries				-
Federal Financial Participation (FFP) %			0%	-
<b>MEDI-CAL FFP TOTAL</b>				<b>\$ -</b>

<b>8100 - SUBSTANCE USE DISORDER FUNDS</b>		
<b>Acct #</b>	<b>Line Item Description</b>	<b>Amount</b>
8101	Drug Medi-Cal	\$ -
8102	SABG	\$ -
<b>SUBSTANCE USE DISORDER FUNDS TOTAL</b>		<b>\$ -</b>

<b>8200 - REALIGNMENT</b>		
<b>Acct #</b>	<b>Line Item Description</b>	<b>Amount</b>
8201	Realignment	\$ -
<b>REALIGNMENT TOTAL</b>		<b>\$ -</b>

<b>8300 - MENTAL HEALTH SERVICE ACT (MHSA)</b>			
<b>Acct #</b>	<b>MHSA Component</b>	<b>MHSA Program Name</b>	<b>Amount</b>
8301	CSS - Community Services & Supports		\$ 18,000
8302	PEI - Prevention & Early Intervention		-
8303	INN - Innovations		-
8304	WET - Workforce Education & Training		-
8305	CFTN - Capital Facilities & Technology		-
<b>MHSA TOTAL</b>			<b>\$ 18,000</b>

<b>8400 - OTHER REVENUE</b>		
<b>Acct #</b>	<b>Line Item Description</b>	<b>Amount</b>
8401	Client Fees	\$ -
8402	Client Insurance	-
8403	Grants (Specify)	-
8404	Other (Specify)	-
8405	Other (Specify)	-
<b>OTHER REVENUE TOTAL</b>		<b>\$ -</b>

<b>TOTAL PROGRAM FUNDING SOURCES:</b>	<b>\$ 18,000</b>
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<b>NET PROGRAM COST:</b>	<b>\$ -</b>
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Living Well Center-FSP-Cultural Specific Services

The Fresno Center

Fiscal Year (FY) 2025-26 (July 1, 2025 - September 30, 2025) Budget Narrative

PROGRAM EXPENSE				
ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE	
<b>1000: SALARIES &amp; BENEFITS</b>		-		
<b>Employee Salaries</b>		-		
1101	0	-		
1102	0	-		
1103	0	-		
1104	0	-		
1105	0	-		
1106	0	-		
1107	0	-		
1108	0	-		
1109	0	-		
1110	0	-		
1111	0	-		
1112	0	-		
1113	0	-		
1114	0	-		
1115	0	-		
1116	0	-		
1117	0	-		
1118	0	-		
1119	0	-		
1120	0	-		
1121	0	-		
1122	0	-		
1123	0	-		
1124	0	-		
1125	0	-		
1126	0	-		
1127	0	-		
1128	0	-		
1129	0	-		
1130	0	-		
1131	0	-		
1132	0	-		
1133	0	-		
1134	0	-		
1135	0	-		
<b>Employee Benefits</b>		-		
1201	Retirement	-		
1202	Worker's Compensation	-		
1203	Health Insurance	-		
1204	Other (specify)	-		
1205	Other (specify)	-		
1206	Other (specify)	-		
<b>Payroll Taxes &amp; Expenses:</b>		-		
1301	OASDI	-		
1302	FICA/MEDICARE	-		
1303	SUI	-		
1304	Other (specify)	-		
1305	Other (specify)	-		
1306	Other (specify)	-		
<b>2000: CLIENT SUPPORT</b>		<b>17,000</b>		
2001	Child Care	-		
2002	Client Housing Support	15,000	Client Housing Support Expenditures (SFC 70) For cost of providing housing supports. including housing subsidies for permanent, transitional and temporary housing: master leases; motel and other housing vouchers and shelters; rental security deposits: first and last month rental payments; and eviction prevention and other fiscal housing supports. Estimated @ \$15,000 annually.	
2003	Client Transportation & Support	-		
2004	Clothing, Food, & Hygiene	625	Clothing, Food & Hygiene (SFC 72) To provide supports to clients, which may include food vouchers and other items necessary for daily living (such as, clothing, hygiene, etc.). Estimated @ \$625.	

PROGRAM EXPENSE				
ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE	
2005	Education Support	-		
2006	Employment Support	-		
2007	Household Items for Clients	375	Household Items (SFC 72)	To provide supports for clients with household items need. Estimated at \$375
2008	Medication Supports	-		
2009	Program Supplies - Medical	-		
2010	Utility Vouchers	-		
2011	Other (specify): Client Flexible Support Expenditure Support	1,000	Client Flexible Support Expenditures Support (SFC 72)	To provide supports to clients and their caregivers, may include vouchers, goods, services, and other family support services. Also maybe use for personal/community integration to assist clients in achieving their treatment goals and in supporting their integration into the larger community. Items may include, but are not limited to socialization and recreational activities. This funding may also be used for medical, dental and optical care, prescriptions, and laboratory tests when the client does not have insurance to pay for such care. Estimated @ \$1,000 annually.
2012	Other (specify)	-		
2013	Other (specify)	-		
2014	Other (specify)	-		
2015	Other (specify)	-		
2016	Other (specify)	-		

3000: OPERATING EXPENSES				
3001	Telecommunications	-		
3002	Printing/Postage	-		
3003	Office, Household & Program Supplies	-		
3004	Advertising	-		
3005	Staff Development & Training	-		
3006	Staff Mileage	-		
3007	Subscriptions & Memberships	-		
3008	Vehicle Maintenance	-		
3009	Other (specify)	-		
3010	Other (specify)	-		
3011	Other (specify)	-		
3012	Other (specify)	-		

4000: FACILITIES & EQUIPMENT				
4001	Building Maintenance	-		
4002	Rent/Lease Building	-		
4003	Rent/Lease Equipment	-		
4004	Rent/Lease Vehicles	-		
4005	Security	-		
4006	Utilities	-		
4007	Other (specify)	-		
4008	Other (specify)	-		
4009	Other (specify)	-		
4010	Other (specify)	-		

5000: SPECIAL EXPENSES				
5001	Consultant (Network & Data Management)	-		
5002	HMIS (Health Management Information System)	-		
5003	Contractual/Consulting Services (Specify)	-		
5004	Translation Services	-		
5005	Other (specify): Student Stipends	1,000	To train 4 graduate students in mental health work force @ 500 per semester for 2 semesters x 4 students = 1,000	
5006	Other (specify)	-		
5007	Other (specify)	-		
5008	Other (specify)	-		

6000: ADMINISTRATIVE EXPENSES				
6001	Administrative Overhead	-		
6002	Professional Liability Insurance	-		
6003	Accounting/Bookkeeping	-		
6004	External Audit	-		
6005	Insurance (Specify):	-		
6006	Payroll Services	-		
6007	Depreciation (Provider-Owned Equipment to be Used for Program Purposes)	-		

PROGRAM EXPENSE				
	ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
	6008	Other (specify)	-	
	6009	Other (specify)	-	
	6010	Other (specify)	-	
	6011	Other (specify)	-	
	6012	Other (specify)	-	

7000: FIXED ASSETS				
	7001	Computer Equipment & Software	-	
	7002	Copiers, Cell Phones, Tablets, Devices to Contain HIPAA Data	-	
	7003	Furniture & Fixtures	-	
	7004	Leasehold/Tenant/Building Improvements	-	
	7005	Other Assets over \$500 with Lifespan of 2 Years +	-	
	7006	Assets over \$5,000/unit (Specify)	-	
	7007	Other (specify)	-	
	7008	Other (specify)	-	

PROGRAM FUNDING SOURCES				
8000 - SHORT/DOYLE MEDI-CAL (FEDERAL FINANCIAL PARTICIPATION)				
	ACCT #	LINE ITEM	PROVIDE DETAILS OF METHODOLOGY(IES) USED IN DETERMINING MEDI-CAL SERVICE RATES AND/OR SERVICE UNITS, IF APPLICABLE AND/OR AS REQUIRED BY THE RFP	
	8001	Mental Health Services		
	8002	Case Management		
	8003	Crisis Services		
	8004	Medication Support		
	8005	Collateral		
	8006	Plan Development		
	8007	Assessment		
	8008	Rehabilitation		
	8009	Other (Specify)		
	8010	Other (Specify)		

TOTAL PROGRAM EXPENSE FROM BUDGET NARRATIVE: 18,000

TOTAL PROGRAM EXPENSES FROM BUDGET TEMPLATE: 18,000

BUDGET CHECK: -

Living Well Center-FSP-Cultural Specific Services  
 The Fresno Center  
 Fiscal Year (FY) 2025-26 (October 1, 2025 - December 31, 2025)

**PROGRAM EXPENSES**

1000: SALARIES & BENEFITS					
Employee Salaries					
Acct #	Position	FTE	Admin	Direct	Total
1101			\$ -	\$ -	\$ -
1102			-	-	-
1103			-	-	-
1104			-	-	-
1105			-	-	-
1106			-	-	-
1107			-	-	-
1108			-	-	-
1109			-	-	-
1110			-	-	-
1111			-	-	-
1112			-	-	-
1113			-	-	-
1114			-	-	-
1115			-	-	-
1116			-	-	-
1117			-	-	-
1118			-	-	-
1119			-	-	-
1120			-	-	-
1121			-	-	-
1122			-	-	-
1123			-	-	-
1124			-	-	-
1125			-	-	-
1126			-	-	-
1127			-	-	-
1128			-	-	-
1129			-	-	-
1130			-	-	-
1131			-	-	-
1132			-	-	-
1133			-	-	-
1134			-	-	-
1135			-	-	-
<b>Personnel Salaries Subtotal</b>		<b>0.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
Employee Benefits					
Acct #	Description		Admin	Direct	Total
1201	Retirement		\$ -	\$ -	\$ -
1202	Worker's Compensation		-	-	-
1203	Health Insurance		-	-	-
1204	Other (specify)		-	-	-
1205	Other (specify)		-	-	-
1206	Other (specify)		-	-	-

<b>Employee Benefits Subtotal:</b>					\$	-	\$	-	\$	-
<b>Payroll Taxes &amp; Expenses:</b>										
Acct #	Description	Admin	Direct	Total						
1301	OASDI	\$ -	\$ -	\$ -						
1302	FICA/MEDICARE	-	-	-						
1303	SUI	-	-	-						
1304	Other (specify)	-	-	-						
1305	Other (specify)	-	-	-						
1306	Other (specify)	-	-	-						
<b>Payroll Taxes &amp; Expenses Subtotal:</b>		<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>						
<b>EMPLOYEE SALARIES &amp; BENEFITS TOTAL:</b>		<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>						

<b>2000: CLIENT SUPPORT</b>		
Acct #	Line Item Description	Amount
2001	Child Care	\$ -
2002	Client Housing Support	15,000
2003	Client Transportation & Support	-
2004	Clothing, Food, & Hygiene	625
2005	Education Support	-
2006	Employment Support	-
2007	Household Items for Clients	375
2008	Medication Supports	-
2009	Program Supplies - Medical	-
2010	Utility Vouchers	-
2011	Other (specify): Client Flexible Support Expenditure Support	1,000
2012	Other (specify)	-
2013	Other (specify)	-
2014	Other (specify)	-
2015	Other (specify)	-
2016	Other (specify)	-
<b>DIRECT CLIENT CARE TOTAL</b>		<b>\$ 17,000</b>

<b>3000: OPERATING EXPENSES</b>		
Acct #	Line Item Description	Amount
3001	Telecommunications	\$ -
3002	Printing/Postage	-
3003	Office, Household & Program Supplies	-
3004	Advertising	-
3005	Staff Development & Training	-
3006	Staff Mileage	-
3007	Subscriptions & Memberships	-
3008	Vehicle Maintenance	-
3009	Other (specify)	-
3010	Other (specify)	-
3011	Other (specify)	-
3012	Other (specify)	-
<b>OPERATING EXPENSES TOTAL:</b>		<b>\$ -</b>

<b>4000: FACILITIES &amp; EQUIPMENT</b>		
Acct #	Line Item Description	Amount
4001	Building Maintenance	\$ -
4002	Rent/Lease Building	-

4003	Rent/Lease Equipment	-
4004	Rent/Lease Vehicles	-
4005	Security	-
4006	Utilities	-
4007	Other (specify)	-
4008	Other (specify)	-
4009	Other (specify)	-
4010	Other (specify)	-
<b>FACILITIES/EQUIPMENT TOTAL:</b>		<b>\$ -</b>

<b>5000: SPECIAL EXPENSES</b>		
<b>Acct #</b>	<b>Line Item Description</b>	<b>Amount</b>
5001	Consultant (Network & Data Management)	\$ -
5002	HMIS (Health Management Information System)	-
5003	Contractual/Consulting Services (Specify)	-
5004	Translation Services	-
5005	Other (specify): Student Stipends	1,000
5006	Other (specify)	-
5007	Other (specify)	-
5008	Other (specify)	-
<b>SPECIAL EXPENSES TOTAL:</b>		<b>\$ 1,000</b>

<b>6000: ADMINISTRATIVE EXPENSES</b>		
<b>Acct #</b>	<b>Line Item Description</b>	<b>Amount</b>
6001	Administrative Overhead	\$ -
6002	Professional Liability Insurance	-
6003	Accounting/Bookkeeping	-
6004	External Audit	-
6005	Insurance (Specify):	-
6006	Payroll Services	-
6007	Depreciation (Provider-Owned Equipment to be Used for Program Purposes)	-
6008	Other (specify)	-
6009	Other (specify)	-
6010	Other (specify)	-
6011	Other (specify)	-
6012	Other (specify)	-
<b>ADMINISTRATIVE EXPENSES TOTAL</b>		<b>\$ -</b>

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

<b>TOTAL PROGRAM EXPENSES</b>		<b>\$ 18,000</b>
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**PROGRAM FUNDING SOURCES**

<b>8000 - SHORT/DOYLE MEDI-CAL (FEDERAL FINANCIAL PARTICIPATION)</b>				
<b>Acct #</b>	<b>Line Item Description</b>	<b>Service Units</b>	<b>Rate</b>	<b>Amount</b>
8001	Mental Health Services	0	-	\$ -
8002	Case Management	0	-	-
8003	Crisis Services	0	-	-
8004	Medication Support	0	-	-
8005	Collateral	0	-	-
8006	Plan Development	0	-	-
8007	Assessment	0	-	-
8008	Rehabilitation	0	-	-
8009	Other (Specify)	0	-	-
8010	Other (Specify)	0	-	-
<b>Estimated Specialty Mental Health Services Billing Totals:</b>		<b>0</b>		<b>\$ -</b>
Estimated % of Clients who are Medi-Cal Beneficiaries				0%
Estimated Total Cost of Specialty Mental Health Services Provided to Medi-Cal Beneficiaries				-
Federal Financial Participation (FFP) %			0%	-
<b>MEDI-CAL FFP TOTAL</b>				<b>\$ -</b>

<b>8100 - SUBSTANCE USE DISORDER FUNDS</b>		
<b>Acct #</b>	<b>Line Item Description</b>	<b>Amount</b>
8101	Drug Medi-Cal	\$ -
8102	SABG	\$ -
<b>SUBSTANCE USE DISORDER FUNDS TOTAL</b>		<b>\$ -</b>

<b>8200 - REALIGNMENT</b>		
<b>Acct #</b>	<b>Line Item Description</b>	<b>Amount</b>
8201	Realignment	\$ -
<b>REALIGNMENT TOTAL</b>		<b>\$ -</b>

<b>8300 - MENTAL HEALTH SERVICE ACT (MHSA)</b>			
<b>Acct #</b>	<b>MHSA Component</b>	<b>MHSA Program Name</b>	<b>Amount</b>
8301	CSS - Community Services & Supports		\$ 18,000
8302	PEI - Prevention & Early Intervention		-
8303	INN - Innovations		-
8304	WET - Workforce Education & Training		-
8305	CFTN - Capital Facilities & Technology		-
<b>MHSA TOTAL</b>			<b>\$ 18,000</b>

<b>8400 - OTHER REVENUE</b>		
<b>Acct #</b>	<b>Line Item Description</b>	<b>Amount</b>
8401	Client Fees	\$ -
8402	Client Insurance	-
8403	Grants (Specify)	-
8404	Other (Specify)	-
8405	Other (Specify)	-
<b>OTHER REVENUE TOTAL</b>		<b>\$ -</b>

<b>TOTAL PROGRAM FUNDING SOURCES:</b>	<b>\$ 18,000</b>
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<b>NET PROGRAM COST:</b>	<b>\$ -</b>
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Living Well Center-FSP-Cultural Specific Services

The Fresno Center

iscal Year (FY) 2025-26 (October 1, 2025 - December 31, 2025) Budget Narrative

PROGRAM EXPENSE				
ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE	
<b>1000: SALARIES &amp; BENEFITS</b>		-		
<b>Employee Salaries</b>		-		
1101	0	-		
1102	0	-		
1103	0	-		
1104	0	-		
1105	0	-		
1106	0	-		
1107	0	-		
1108	0	-		
1109	0	-		
1110	0	-		
1111	0	-		
1112	0	-		
1113	0	-		
1114	0	-		
1115	0	-		
1116	0	-		
1117	0	-		
1118	0	-		
1119	0	-		
1120	0	-		
1121	0	-		
1122	0	-		
1123	0	-		
1124	0	-		
1125	0	-		
1126	0	-		
1127	0	-		
1128	0	-		
1129	0	-		
1130	0	-		
1131	0	-		
1132	0	-		
1133	0	-		
1134	0	-		
1135	0	-		
<b>Employee Benefits</b>		-		
1201	Retirement	-		
1202	Worker's Compensation	-		
1203	Health Insurance	-		
1204	Other (specify)	-		
1205	Other (specify)	-		
1206	Other (specify)	-		
<b>Payroll Taxes &amp; Expenses:</b>		-		
1301	OASDI	-		
1302	FICA/MEDICARE	-		
1303	SUI	-		
1304	Other (specify)	-		
1305	Other (specify)	-		
1306	Other (specify)	-		
<b>2000: CLIENT SUPPORT</b>		<b>17,000</b>		
2001	Child Care	-		
2002	Client Housing Support	15,000	Client Housing Support Expenditures (SFC 70) For cost of providing housing supports. including housing subsidies for permanent, transitional and temporary housing: master leases; motel and other housing vouchers and shelters; rental security deposits: first and last month rental payments; and eviction prevention and other fiscal housing supports. Estimated @ \$15,000 annually.	
2003	Client Transportation & Support	-		
2004	Clothing, Food, & Hygiene	625	Clothing, Food & Hygiene (SFC 72) To provide supports to clients, which may include food vouchers and other items necessary for daily living (such as, clothing, hygiene, etc.). Estimated @ \$625.	

PROGRAM EXPENSE				
ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE	
2005	Education Support	-		
2006	Employment Support	-		
2007	Household Items for Clients	375	Household Items (SFC 72)	To provide supports for clients with household items need. Estimated at \$375
2008	Medication Supports	-		
2009	Program Supplies - Medical	-		
2010	Utility Vouchers	-		
2011	Other (specify): Client Flexible Support Expenditure Support	1,000	Client Flexible Support Expenditures Support (SFC 72)	To provide supports to clients and their caregivers, may include vouchers, goods, services, and other family support services. Also maybe use for personal/community integration to assist clients in achieving their treatment goals and in supporting their integration into the larger community. Items may include, but are not limited to socialization and recreational activities. This funding may also be used for medical, dental and optical care, prescriptions, and laboratory tests when the client does not have insurance to pay for such care. Estimated @ \$1,000 annually.
2012	Other (specify)	-		
2013	Other (specify)	-		
2014	Other (specify)	-		
2015	Other (specify)	-		
2016	Other (specify)	-		

3000: OPERATING EXPENSES				
3001	Telecommunications	-		
3002	Printing/Postage	-		
3003	Office, Household & Program Supplies	-		
3004	Advertising	-		
3005	Staff Development & Training	-		
3006	Staff Mileage	-		
3007	Subscriptions & Memberships	-		
3008	Vehicle Maintenance	-		
3009	Other (specify)	-		
3010	Other (specify)	-		
3011	Other (specify)	-		
3012	Other (specify)	-		

4000: FACILITIES & EQUIPMENT				
4001	Building Maintenance	-		
4002	Rent/Lease Building	-		
4003	Rent/Lease Equipment	-		
4004	Rent/Lease Vehicles	-		
4005	Security	-		
4006	Utilities	-		
4007	Other (specify)	-		
4008	Other (specify)	-		
4009	Other (specify)	-		
4010	Other (specify)	-		

5000: SPECIAL EXPENSES				
5001	Consultant (Network & Data Management)	-		
5002	HMIS (Health Management Information System)	-		
5003	Contractual/Consulting Services (Specify)	-		
5004	Translation Services	-		
5005	Other (specify): Student Stipends	1,000	To train 4 graduate students in mental health work force @ 500 per semester for 2 semesters x 4 students = 1,000	
5006	Other (specify)	-		
5007	Other (specify)	-		
5008	Other (specify)	-		

6000: ADMINISTRATIVE EXPENSES				
6001	Administrative Overhead	-		
6002	Professional Liability Insurance	-		
6003	Accounting/Bookkeeping	-		
6004	External Audit	-		
6005	Insurance (Specify):	-		
6006	Payroll Services	-		
6007	Depreciation (Provider-Owned Equipment to be Used for Program Purposes)	-		

PROGRAM EXPENSE			
ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
6008	Other (specify)	-	
6009	Other (specify)	-	
6010	Other (specify)	-	
6011	Other (specify)	-	
6012	Other (specify)	-	

7000: FIXED ASSETS			
7001	Computer Equipment & Software	-	
7002	Copiers, Cell Phones, Tablets, Devices to Contain HIPAA Data	-	
7003	Furniture & Fixtures	-	
7004	Leasehold/Tenant/Building Improvements	-	
7005	Other Assets over \$500 with Lifespan of 2 Years +	-	
7006	Assets over \$5,000/unit (Specify)	-	
7007	Other (specify)	-	
7008	Other (specify)	-	

PROGRAM FUNDING SOURCES			
8000 - SHORT/DOYLE MEDI-CAL (FEDERAL FINANCIAL PARTICIPATION)			
ACCT #	LINE ITEM	PROVIDE DETAILS OF METHODOLOGY(IES) USED IN DETERMINING MEDI-CAL SERVICE RATES AND/OR SERVICE UNITS, IF APPLICABLE AND/OR AS REQUIRED BY THE RFP	
8001	Mental Health Services		
8002	Case Management		
8003	Crisis Services		
8004	Medication Support		
8005	Collateral		
8006	Plan Development		
8007	Assessment		
8008	Rehabilitation		
8009	Other (Specify)		
8010	Other (Specify)		

TOTAL PROGRAM EXPENSE FROM BUDGET NARRATIVE: 18,000

TOTAL PROGRAM EXPENSES FROM BUDGET TEMPLATE: 18,000

BUDGET CHECK: -