COUNTY OF FRESNO
DEPARTMENT CONTRIBUTION APPROVAL FORM

Event/Sponsorship/Contribution Date:	Event/Sponsorship/Contribution Name:	Dollar amount proposed to be contributed:
4/8/2026	Child Abuse Prevention Convening	$ $325

Are the funds going to an entity? If so, please list the names of directors and officers of entity:
Fresno Council on Child Abuse Prevention (FCCAP)

Source of funds used and statement that such funds are eligible for such proposed financial expenditure:
Family First Prevention Services Act funds will allow DSS to cover staff attendance fees.

Number of staff attending:	Is there a required fee to attend? ☒ Yes ☐ No If Yes, what does the Department receive for the fee? Training and lunch
5	

Benefit to the Department or County for Participating?
Building partnerships around child abuse prevention and understanding of resources to prevent child abuse.

Is there a public purpose for the proposed financial expenditure?
Aid in educating participants on Departmental Child Welfare services through the FCCAP convening platform.

How is the proposed financial expenditure connected to the County?
DSS is contracted with FCCAP as the Boad appointed Child Abuse Prevention Council, to develop child abuse prevention

Is this a Sponsorship?	Has the Department done this in the past?
☐ Yes ☒ No	☒ Yes ☐ No

List of materials to be passed out?
Informational and educational outreach materials on DSS programs

Is this a required activity? ☐ Yes ☒ No
If so, by which entity? _____

If participation is denied, is funding or program jeopardized? Explain:
Funding or program will not be jeopardized if participation is denied the Department will explore other collaborative opportunities.

Additional justification for this request:

FCCAP is a board appointed partner in child abuse prevention. This convening brings together different fields including medical providers, the DA's office, law enforcement, DSS, and community based organizations to provide updates on each agency and the work they are doing to prevent child abuse.

Department head or designee name: _____

blchavez 2/20/2026 12:36:19 PM [⌫ Sign] Double click!

Department head or designee signature and date

Department contact for questions: _____

County Counsel approval as to legal form:

hkruthers 2/20/2026 1:18:11 PM [⌫ Sign] Double click!

County Counsel signature and date

CAO Review:

afloresbecker 2/27/2026 9:19:15 AM [⌫ Sign] Double click!

CAO signature and date

COUNTY OF FRESNO
DEPARTMENT CONTRIBUTION APPROVAL FORM

Event/Sponsorship/Contribution Date:	Event/Sponsorship/Contribution Name:	Dollar amount proposed to be contributed:
4/11/2026	2nd Annual 5k Run & Walk	$ 3,120

Are the funds going to an entity? If so, please list the names of directors and officers of entity:
Fresno State Title IV-E Child Welfare Program

Source of funds used and statement that such funds are eligible for such proposed financial expenditure:
Family First Prevention Services Act funds allow DSS to sponsor Dept participants; funds support building prevention network.

Number of staff attending:	Is there a required fee to attend? ☒ Yes ☐ No If Yes, what does the Department receive for the fee? Participation in run/walk
100	

Benefit to the Department or County for Participating?
Building partnerships around child abuse prevention and understanding resources to prevent child abuse.

Is there a public purpose for the proposed financial expenditure?
Helps support bringing public awareness the importance of community involvement in a child's welfare,.

How is the proposed financial expenditure connected to the County?
This ties into Fresno County's efforts to prevent child abuse. The Title IV-E program also trains future Social Work Practitioners.

Is this a Sponsorship?	Has the Department done this in the past?
☐ Yes ☒ No	☒ Yes ☐ No

List of materials to be passed out?
Informational and educational outreach materials on DSS programs

Is this a required activity? ☐ Yes ☒ No
If so, by which entity? _____

If participation is denied, is funding or program jeopardized? Explain:
Funding or program will not be jeopardized if participation is denied; Department will look for other outreach opportunities.

Additional justification for this request:

This is an event to bring awareness to child abuse prevention month ; highlights the importance of community involment in prevention efforts, and a great way to learn about resources available in the community.

Department head or designee name: _____

blchavez 2/20/2026 11:42:43 AM [⌫ Sign] Double click!

Department head or designee signature and date

Department contact for questions: _____

County Counsel approval as to legal form:

hkruthers 2/20/2026 1:17:37 PM [⌫ Sign] Double click!

County Counsel signature and date

CAO Review:

afloresbecker 2/27/2026 9:19:54 AM [⌫ Sign] Double click!

CAO signature and date