STATE OF CALIFORNIA STANDARD AGREEMENT AMENDMENT STD 213A (Rev 6/03) Agreement Number Amendment Number Check here if additional pages are added: ___ Page(s) 15-10165 A01 Registration Number: This Agreement is entered into between the State Agency and Contractor named below: State Agency's Name Also known as CDPH or the State California Department of Public Health Contractor's Name (Also referred to as Contractor) Nevada County Public Health Department 2. The term of this July 1, 2015 through June 30, 2019 Agreement is: 3. \$ 3,205,628 The maximum amount of this Agreement after this amendment is: Three million, two hundred five thousand, six hundred and twenty eight dollars. The parties mutually agree to this amendment as follows. All actions noted below are by this reference made a part 4. of the Agreement and incorporated herein:

- I. Purpose of Amendment This amendment will replace Exhibit A in its entirety. Exhibit A is amended to clarify and condense the original scope of work into three main goals in order to ensure compliance with implementation and evaluation requirements of the Maternal, Infant, and Early Childhood Home Visiting Grant. Exhibit B, Budget Year 2 reflects a funding reduction and shifts to accommodate actual implementation of the program that was unknown at time of original contract development.
- II. Certain changes made in this amendment are shown as: Text additions are displayed in **bold and underline**. Text deletions are displayed as strike through text (i.e., Strike).
- III. Exhibit B Budget Detail and Payment Provisions, Item 4 Amounts Payable, is revised as follows:
 - A. The amounts payable under this Contract shall not exceed:
 - 1) \$807,502 for the budget period of 07/01/15 through 06/30/16.
 - \$807,502 \$783,122 for the budget period of 07/01/16 through 06/30/17.
 - 3) \$807,502 for the budget period of 07/01/17 through 06/30/18.
 - 4) \$807,502 for the budget period of 07/01/18 through 06/30/19.

All other terms and conditions shall remain the same.

IN WITNESS WHEREOF, this Agreement has been executed by the parties hereto. CALIFORNIA CONTRACTOR **Department of General Services** Contractor's Name (If other than an individual, state whether a corporation, partnership, etc.) Use Only Nevada County Public Health Department By(Authorized Signature) Date Signed (Do not type) Printed Name and Title of Person Signing Jill Blake, MPA Hank Weston, Chair, Board of Supervisors 500 Crown Point Circle, Suite 110 Grass Valley, CA, 95945 STATE OF CALIFORNIA Agency Name California Department of Public Health By (Authorized Signature) Date Signed (Do not type) Printed Name and Title of Person Signing Exempt per: Jeffrey Mapes, Chief, Contracts Management Unit 1616 Capitol Avenue, Suite 74.317, MS 1802, P.O. Box 997377, Sacramento, CA 95899-7377

Exhibit A Scope of Work

1. Service Overview

Nevada County Public Health Department agrees to provide the following services to the California Department of Public Health (CDPH).

The California Home Visiting Program was created as a result of the Patient Protection and Affordable Care Act of 2010, Social Security Act, Title V, Section 511 (42 U.S.C. §711), CFDA# 93.505. The purpose of this contract is to provide comprehensive, coordinated in-home services to support positive parenting, and to improve outcomes for families residing in identified at-risk communities. Programs are meant to target participant outcomes which include:

- Improved maternal and newborn health;
- Prevention of child injuries, child abuse, neglect and maltreatment, and reduction of emergency department visits;
- · Improvement in school readiness and achievement;
- Reduction in domestic violence:
- Improvements in family economic self-sufficiency; and
- Improvements in the coordination and referrals for other community resources and supports.

2. Service Location

The services shall be performed at Nevada County.

3. Project Representatives

A. The project representatives during the term of this agreement will be:

California Department of Public Health
Contract Manager: Fiona Humphrey
Telephone: 916-650-0326
Fax: 916-650-0309
Email: Fiona.humphrey@cdph.ca.gov

Telephone: 530-265-7269
Fax: 530-271-0894
Email:
Cynthia.wilson@co.nevada.ca.us

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Exhibit A Scope of Work

B. Direct all inquiries to:

California Department of Public Health

Financial Management & Contract Operations

Attention: Fiona Humphrey

1615 Capitol Avenue, Suite 73.560, MS 8305

P.O. Box 997420

Sacramento, CA 95899-7420 Telephone: (916) 650-0326

Fax: (916) 650-0309

Email: Fiona.humphrey@cdph.ca.gov

Nevada County Public Health

Department

Attention: Cynthia Wilson Telephone: 530-265-7269

Fax: 530-271-0894

Email:

Cynthia.wilson@co.nevada.ca.us

C. Either party may make changes to the information above by giving written notice to the other party. Said changes shall not require an amendment to this agreement.

4. Subcontracting Requirements

All subcontracting must comply with the requirements of the State Contracting Manual, Sections 3.03, 3.06, 3.18, and 4.04, as applicable.

5. Services to be performed

The Local Health Jurisdiction (LHJ) agrees to provide the services presented in this Scope of Work (SOW) from the California Department of Public Health, Maternal, Child and Adolescent Health (CDPH/MCAH) Division in collaboration with the California Home Visiting Program Branch for implementation of the California Home Visiting Program (CHVP). The funded LHJ/Agency is referred to as "LHJ site" in this SOW. CHVP shall strive to develop collaborative community systems that protect and improve the health and well-being for California families.

The purpose of the SOW is to provide parameters for implementing or expanding an existing Nurse Family Partnership (NFP) or Healthy Families America (HFA) home visiting program in accordance with Federal Maternal Infant Early Childhood Home Visiting and CHVP requirements to achieve positive outcomes through maternal and child health for each of the following three goals:

- 1. Provide leadership and structure for implementation of the California Home Visiting Program at the LHJ site.
- 2. Embed the LHJ site into a well-integrated local early childhood system of services.
- 3. Monitor federal benchmark measures to show improvement in maternal and early childhood health.

Each LHJ site shall assure program integrity and fidelity to their selected evidenced-based model. These requirements include, but are not limited to: attending required meetings and trainings, performing continuous quality improvement, fulfilling all deliverables associated with Benchmark Constructs, using an approved version of the Efforts to Outcomes data system (referred herein as the "CHVP ETO data system"), enter and submit timely data, and complete other reports as required. The LHJ site must comply with deliverables as outlined in the SOW and may receive technical assistance from CHVP, if needed. CHVP reserves the right to require a Corrective Action Plan from the LHJ site.

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Exhibit A Scope of Work

LHJ sites must contact their CHVP Program Consultant to request assistance from CHVP as soon as concerns regarding the program requirements are identified.

LHJ site agrees to abide by the Maintenance of Effort (MOE) as defined in the Affordable Care Act Section 295:

"Funds provided to an eligible entity receiving a grant shall supplement, and not supplant, funds from other sources for early childhood visitation programs or initiatives. The grantee must agree to maintain non-Federal funding (State General Funds) for grant activities at a level which is not less than expenditures for such activities as of the date of enactment of this legislation, March 23, 2010."

All activities in this SOW shall take place from receipt of funding beginning July 1 through June 30 of each contracted year contingent on availability of funds and spending authority.

The table below summarizes a list of Status Reports due to CHVP throughout the year.

Reporting	From	То	Due Date	
1 st Status Report	July 1	October 31	November 30	
2 nd Status Report	November 1	February 28	March 31	
3 rd Status Report	March 1	June 30	July 31	

Program Letters—Directives or clarification related to the SOW or CHVP Policies and Procedures, such as required trainings or conferences, will be communicated to the LHJ site via email or a CHVP Policy Alert Letter. For a description of required training, current schedules and dates, refer to the CHVP website: http://www.cdph.ca.gov/programs/mcah/Pages/HVP-HomePage.aspx.

Exhibit A Scope of Work

Goal 1: Provide leadership and structure for implementation of the California Home Visiting Program at the LHJ site

#	Short and/or Intermediate	t and/or Intermediate Intervention Activities to Meet Objectives (Describe the		ance Measures termediate Measures
#	Objective(s)	steps of the intervention)	Process Description and Measures	Short and/or Intermediate Outcome Measure(s)
STAF	F REQUIREMENTS			
1.1	The LHJ site Maternal, Child and Adolescent Health (MCAH) Director and/or	(.1) The MCAH Director and/or designee must dedicate no less than .05 Full Time Equivalent (FTE), but no more than .15 FTE on the CHVP budget. Note: The MCAH Director may designate the MCAH Coordinator as the central point of contact for CHVP program-related administration. In this case, the MCAH Director must maintain a minimum of .05 FTE. The total FTE for both the Director and Coordinator must total no more than .15 FTE.	Home Visiting Program staff will submit an organizational chart, staffing report and budget with appropriate FTE in Contract Agreement.	
	designee will provide oversight to the LHJ and/or its subcontractors.	(.2) Provide informative advice, guidance, and assistance to LHJ site managers, supervisors, staff, and various non-profit and private entities on all matters related to the development, implementation, operation, administration, evaluation, and funding for local implementation of CHVP.		Present to CDPH-CHVP staff upon request.
		(.3) MCAH Director to provide leadership and oversight of SOW objective 2.1.		
		(.1) Home Visiting Program staff will participate in trainings or educational opportunities designed to enhance cultural sensitivity by utilizing cultural sensitivity trainings via webinars and/or in person attendance.	Home Visiting Program staff will maintain a training log which includes topic, trainer, and list of attendees.	Present to CDPH-CHVP staff upon request.
1.2	LHJ site will implement home visiting programs using culturally sensitive home visiting practices.	(.2) Staffing should reflect the diverse cultures and languages of the population being served. When possible hire staff that reflect the culture and speak the language of participants.		Maintain status of home visitors' ethnicity and languages spoken in staffing report.
		(.3) Use culturally sensitive materials and translation services when necessary.		Present to CDPH-CHVP staff upon request.
1.3	The LHJ site will hire, train and retain staff in compliance with NFP and HFA model requirements.	(.1) Ensure that home visiting staff receives core training on NFP or HFA models and are trained in CHVP required curricula and screening and assessment tools as specified in the Policies and Procedures. Note: Partners for Healthy Baby is the required curriculum for HFA sites.	Home Visiting Program staff will maintain a training log or file which includes topic, trainer, list of attendees and proof of completion of all required trainings.	Present to CDPH-CHVP staff upon request.

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Exhibit A Scope of Work

#	Short and/or Intermediate	Intervention Activities to Meet Objectives (Describe the	Evaluation/Performance Measures Process, Short and/or Intermediate Measures			
#	Objective(s)	steps of the intervention)	Process Description and Measures	Short and/or Intermediate Outcome Measure(s)		
		(.2) Participate in meetings, workgroups, and trainings as directed by CHVP.				
		(.3) Hire and maintain sufficient staff to serve Home Visiting program participants and adhere to the specific evidence-based model guidelines.		Report staffing changes to CDPH-CHVP staff quarterly using staffing template provided by MCAH-CHVP.		
PRO	GRAM REQUIREMENTS					
	LHJ sites will reach active caseload of 100 participants within 18 months of initial	(.1) Receive referrals from appropriate agencies and triage as appropriate to meet the required number of enrolled participants.	Home Visiting Program staff will maintain an outreach log with program contacted, method, materials used and date of contact.	CDPH – CHVP staff will review outreach log and triage process at site visit. LHJ sites must provide outreach log upon request.		
1.4	program implementation and maintain through the duration of the program.		Home Visiting Program staff will maintain a documented triage process.			
		(.2) Maintain active caseload at capacity. The LHJ site will be placed on Corrective Action if active caseload is not consistently maintained above 85% of capacity.	Home Visiting Program staff will monitor monthly caseload, including new enrollments and dismissals.			
1.5	LHJ site will ensure NFP or HFA program fidelity and quality assurance.	(.1) Abide by NFP and HFA model requirements and must be implemented in accordance with the NFP 18 Model Elements or the HFA 12 Critical Elements and the HFA Best Practice Standards.	Home Visiting Program staff will maintain current affiliation and accreditation with NFP National Service Office (NSO) or HFA Prevent Child Abuse America (PCAA) National Office.	Present to CDPH-CHVP staff upon request.		

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Exhibit A Scope of Work

#	Short and/or Intermediate	Intervention Activities to Meet Objectives (Describe the	Evaluation/Performance Measures Process, Short and/or Intermediate Measures		
*	Objective(s)	steps of the intervention)	Process Description and Measures	Short and/or Intermediate Outcome Measure(s)	
1.6	The LHJ site will implement the home visiting program using current policies and procedures.	(.1) Conduct an annual review of LHJ site policies and procedures and update as needed.(.2) Comply with CHVP Policies and Procedures as found on the CHVP website.		CDPH-CHVP staff will review LHJ site policies and procedures at site visit and upon request.	
1.7	Collect participant data using HFA or NFP and CHVP-required forms and maintain	or NFP and CHVP- ired forms and maintain ent and accurate (.2) Home Visiting Program staff will implement and oversee		CDPH-CHVP staff will review chart documentation and audit process at site visit.	
1.7	current and accurate documentation. 1				
CONT	NUOUS QUALITY IMPROVEMENT (C	/			
1.8	Conduct a CQI process	(.1) Perform CHVP directed CQI activities.	Home Visiting Program staff will report action steps taken to achieve program improvement on selected priority areas.	Home Visiting Program staff will participate in quarterly CQI teleconferences with CHVP Program Consultant.	
1.8	which is aligned with CHVP CQI improvement goals.	which is aligned with CHVP CQI improvement goals.	(.2) Communicate quality improvement activities with the Community Advisory Board (CAB) or other community collaborative designated to address quality improvement.	Home Visiting Program staff will maintain CAB as a resource for program improvement.	CDPH-CHVP staff will observe at CAB meeting annually.

¹ REQUIRED SCREENING AND ASSESSMENT TOOLS http://www.cdph.ca.gov/programs/mcah/Documents/400-10%20Required%20Screening.pdf
DATA COLLECTION AND STANDARDIZATION http://www.cdph.ca.gov/programs/mcah/Documents/600-10%20Data%20Collection%20Standardization.pdf

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Exhibit A Scope of Work

4	Short and/or Intermediate	Intervention Activities to Meet Objectives (Describe the	Evaluation/Performance Measures Process, Short and/or Intermediate Measures			
#	Objective(s)	steps of the intervention)	Process Description and Measures	Short and/or Intermediate Outcome Measure(s)		
1.9	LHJ site will use data to inform and improve program activities.	(.1) Home Visiting Program staff will use model issued reports and CHVP-created reports as available in the CHVP ETO for the purposes of data cleaning, CQI, and program management.	Home Visiting Program staff will demonstrate understanding of the program quality measures.	CDPH-CHVP staff will observe at site visit and on CQI calls.		

Goal 2: Embed the LHJ site into a well-integrated local early childhood system of services

#	Short and/or Intermediate	and/or Intermediate Intervention Activities to Meet Objectives (Describe		nance Measures ntermediate Measures
H.	Objective(s)	the steps of the intervention)	Process Description and Measures	Short and/or Intermediate Outcome Measure(s)
2.1	LHJ site will participate in the improvement of the local early childhood system of services.	(.1) MCAH Director will ensure LHJ participation in activities to improve the local early childhood system of services with specific emphases on enhancing crossagency coordination, collaboration and communication; preventing duplication of services; and addressing gaps in local services and support.		Home visiting Program staff will complete all required CHVP interviews and surveys regarding the local early childhood system of services.
2.2	LHJ site will maintain a Community Advisory Board (CAB)	(.1) Maintain CAB activities according to the model and CHVP Policy and Procedure requirements. CAB will assist with efforts to improve systems integration, interagency coordination, information sharing, and referral systems.	Home Visiting Program staff will maintain a list of current CAB members and the organizations or agencies they represent.	Home visiting Program staff will submit updated CAB information in Status Report #1.
	LHJ site will increase the	(.1) Develop and maintain collaborative relationships with local service agencies and hospitals.		
2.3	number of collaborating community agencies with whom they have a clear point of contact.	whom they have a clear point (person/s) with collaborating community agencies for		Home visiting Program staff will complete annual CHVP Service Provider Survey. Input information in Status Report # 3

Exhibit A Scope of Work

#	Short and/or Intermediate	Intervention Activities to Meet Objectives (Describe	Evaluation/Performance Measures Process, Short and/or Intermediate Measures		
#	Objective(s)	the steps of the intervention)	Process Description and Measures	Short and/or Intermediate Outcome Measure(s)	
2.4	LHJ site will increase the number of formal agreements, informal written agreements, and/or Memorandums of Understanding (MOUs) with other local service agencies in the community.	(.1) Develop community partnerships and facilitate coordination and integration of services among MCAH and other community programs/services. (.2) Develop and/or maintain formal agreements, informal written agreements (e.g., letters of support) and/or MOUs with community agencies and other service providers.		Home visiting Program staff will complete annual CHVP Service Provider Survey. Input information in Status Report # 3	

Goal 3: Monitor federal benchmark measures to show improvement in maternal and early childhood health

#	Short and/or Intermediate			nance Measures termediate Measures
#	Objective(s)	(Describe the steps of the intervention)	Process Description and Measures	Short and/or Intermediate Outcome Measure(s)
	LHJ sites will collect all information that contributes to the performance measures for the Constructs that	(.1) Use model issued forms, assessment tools, and processes as defined in the model issued data collection manual. Further, the site will use CHVP required data forms and processes as defined in the CHVP Data Collection Manuals.		At site visit, CDPH-CHVP staff will review process for data collection, entry, secure data storage and data cleaning annually.
	comprise the six federally-mandated Benchmark domains.	Note: All forms must be used as written, no individual site modifications are allowed without prior written consent from CHVP.		
3.1	Constructs are located at: http://www.cdph.ca.gov/programs/mcah/Documents/All%20Benchmarks%20	(.2) Home Visiting Program staff will collect and enter the data defined in the NFP or HFA ETO User Manual into the secure ETO data system within seven working days of data collection and as required by NFP or HFA.	Home Visiting Program staff will comply with the monthly and quarterly data cleaning schedule provided by CHVP.	
	Combined%20Final.pdf	(.3) Home Visiting Program staff will verify the accuracy and completeness of data input into the CHVP and NFP ETO data systems adhering to the CHVP data cleaning schedule.	Home Visiting Program staff and supervisors will demonstrate reporting proficiency.	

Personnel Position Title/Classification Senior Public Health Nurse Accountant Director of Public Health Nursing Administrative Services Officer	Original Annual Salary \$ 82,489 \$ 57,602 \$106,314 \$ 85,390	\$ 0 \$ 114,891		Amendment FTE % <u>0%</u> <u>0%</u> <u>15%</u>	Original Annual Cost \$ 20,622 \$ 1,152 \$ 10,631 \$ 1,708	\$ 0 \$ 17,234
Exingo Donofito (61 220/ 61 149/)			Subtota	al Personnel	\$ 34,113	\$ 17,234
Fringe Benefits (61.22% 61.14%) (FICA 7.65 7.64%, Retirement 26.515 26.5%, Dental Insurance 18.355 18.3%)		Health and	and Frir	nge Benefits	\$-20,884 \$-54,997	\$ 10,537 \$ 27,771
Operating Expenses Training (Registration fees for CHVP requ trainings and CEUs as needed.)	uired and oth	er professiona	l develop	ment	\$ 1,049	\$ 2,400
General Office Duplication/Printing/Postage Internet Service Connection Charges					\$ 107 \$ 100	
		Total	Operatii	ng Expenses	\$ 1,256	
Travel (Staff travel to statewide CHVP conferences, America trainings (1.3 in SOW) and home vis			4, 5 in SC		\$ 1,500 \$ 1,500	\$ 2,500 \$ 2,500
Subcontracts Child Avocates of Nevada County Cognitive Behavioral Therapist					\$ 702,000 \$ 34,000	\$ 691,000 \$ 0
Nevada County Behavioral Health		(SOW Goals 1, 2	<u>: & 3.)</u>			\$ 12,444
MBD Therapist - Sabrina Speroni MBD Therapist - Toni McCormick MBD Therapist - Kirsten Brutzman-Liva Every Child Succeeds	a <u>k</u>	(SOW Goals 1, 2 (SOW Goals 1, 2 (SOW Goals 1, 2	<u>8 3.)</u>	ractor Costs	\$-736,000	\$ 5,750 \$ 7,500 \$ 7,500 \$ 17,599 \$ 741,793
Indirect Costs (25% of Total Pers	onnel Costs)			Total Budget	\$ 13,749	

Exhibit B, Attachment II, Schedule 1 Subcontractor Budget Child Advocates of Nevada County Year 2

Personnel	Original Annual	Annua		, ,	Ámendment	-		nendment
Position Title/Classification	Salary	Salary		FTE %		Annual Cost		nual Cost
Executive Director Operations Manager	\$ 67,704 \$ 29,952		7,704 9,952	48.74% 60.92%	<u>12.32%</u>	•		8,341 18,729
Bookkeeper	\$ 33,280		3,280	60.92%		\$ 18,246 \$ 20,274	-	20,810
Healthy Families America HFA Program	,						_	
Manager	\$ 59,405	\$ 5	9,405	82.14%	<u>82.1425%</u>	\$ 48,797	<u> </u>	48,797
Healthy Family America HFA Supervisor	\$ 42,008	\$ 4	2,008	82.14%	<u>82.1425%</u>	\$ 34,506	<u>\$</u>	34,506
Healthy Family America HFA Supervisor	\$ 42,008	\$ 4	2,008	82.14%	<u>82.1425%</u>	-\$34,506	<u>\$</u>	34,506
Healthy Family Amerisa HFA Family Assessment Worker	\$ 36,200	<u>\$ 4</u>	1,371	82.14%	<u>82.1425%</u>	\$ <u>29,736</u>	<u>\$</u>	33,983
Healthy Family Amer®HFA Family Assessment Worker	\$ 28,960	. \$ 3	1,435	82.14%	<u>75.6736%</u>	\$ 23,788	\$	23,788
Family Support Worker	\$ 20,686	<u>\$ 3</u>	0,233	82.14%	<u>82.1425%</u>	\$ 16,991	<u>\$</u>	24,834
Family Support Worker	\$ 41.371	\$ 4	0,310	82.14%	<u>82.1425%</u>	\$ 33,983	. \$	33,112
Family Support Worker	\$ 41,371	- 11	0,310	82.14%	82.1425%			33,112
Family Support Worker	\$ 41,371		0,310	82.14%	82.1425%	•		33,112
Family Support Worker	\$ 41,371		0,310	82.14%	82.1425% 82.1425%	, ,		33,112
Family Support Worker	\$ 31,028		0,233	82.14%	<u>82.1425%</u>			24,834
Family Support Worker	\$ 20,686		0,233	82.14%	<u>82.1425%</u>			24,834
Family Support Worker	\$ 12,411		1,435	82.15%	<u>24.3264%</u>			7,647
Family Support Worker	\$ 20,686		0,233	82.14%	<u>82.1425%</u>			24,834
Family Support Worker	\$ 31,028		0	82.14%		\$ 25,487	-	0
Quality Assurance Tech	\$_34,320	. <u>\$ 3</u>	8,480	82.14%	82.1425%			31,608
				Subtot	ai Personnei	\$ 519,117	<u> </u>	494,499
Fringe Benefits (9.6% of Personnel)						\$ 49.835	. \$	47,472
Tringe Deficites (5.0% of Personner)	Τ.	-4-I D-			D64-	•	_	
	10	otai Pei	rsonnei	and Frin	ige Benefits	\$ 568,952	<u> </u>	541,971
Operating Expenses								
Training (Registration fees for CHVP require	d and other p	orofessi	ional			\$ 4,107	\$	5,750
development trainings and CEUs as needed.)					-\$ 4,107	Ψ_	0,100
Rent (14.85 FTE*\$2*200sqft*12 months=\$71 FTE*\$2*121.552sqft*12months=\$38,070)	,280 - <u>13.05</u>					\$ 42,587	\$	38,070
Technical Support (IT and other media support	ort)					\$ 6,080	<u>\$</u>	0
Mileage (home visits (Goals 1.1.4, 1.4, 1.5, 2	, 3, 4, 5 in SC	OW)				\$ 18,729	<u>\$</u>	15,153
Vehicle fuel and maintenance						\$ 4,832	\$	5,504
Recruitment Costs						\$ 789	<u>\$</u>	3,664
Insurance (General Liability, Improper Sexua etc.)	I Misconduct,	Profes	sional L	iability,		\$ 4,605	<u>\$</u>	4,924
Outreach						\$ 3,163	\$	2,341
General Office Supplies						\$ 9,087	-	1,339
Printing, Copying, Duplication						\$ 5,580		2,875
Or IV Or Processes						5,000	<u> </u>	

Communication (Stoff	ideal, phonos, fay lines, and call phono charges)	•	40.450	\$	10,804
Communication (Stan	desk phones, fax lines, and cell phone charges)	- -	13,456 -	Ψ_	10,004
Audit		-\$	7,919	<u>\$</u>	0
Dues, Program Fees,	Subscriptions	-\$	1,066	\$	0
Healthy Families Ame	rica Membership Dues	-\$	2,546	\$	2,875
<u>Utilites</u>			·	\$	3,152
	Total Operating Expens	e -\$	124,546	\$	96,451
	statewide CHVP conferences, Nurse Family Partnership or merica trainings (1.3 in SOW))				
		-\$	4,107	\$	5,750
	Total Trave	el -\$	4,107	\$	5,750
Other Costs					
Stipends		-\$	1,109-	\$	452
Curriculum		-\$	3,286-	\$	2,300
	Total Other Cost	s -\$	4,395	<u>\$</u>	2,752
Indirect Costs	8.1325% of Total Wages and Fringe Benefits			\$	44,076
	Total Budge	et	702,000	\$	691,000
Healthy Family America.					
One employee filling two	positions part time.				
County location pay vari	ance (Truckee).				
County location pay vari	ance (Nevada City).				

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Exhibit B, Attachment II, Schedule 1 Subcontractor Budget Every Child Succeeds

<u>Year 2</u> (7/01/16 through 06/30/17)

Training (Moving Beyond Depression Training in Cincinnati.)		\$	2,652
Licensing Fees		\$	6,625
<u>Materials</u>		\$	224
	Total Operating	<u>\$</u>	9,501
Other Costs			
Consultation		\$	8,098
	Total Other Costs	<u>\$</u>	8,098
	Total Budget	\$	17,599

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