SUBRECIPIENT AGREEMENT AGREEMENT NUMBER 9903-5320-71209-17-18

AMENDMENT NUMBER 02

The 2017-2018 Subrecipient Agreement for the services provided under the Title X Program between Essential Access Health ("Essential Access") and Nevada County Health Department ("Subrecipient") is hereby amended as follows:

- 1. The total amount payable by Essential Access is increased by \$50,000 for a designated extension of the program and agreement to August 31, 2018.
- 2. The following shall replace Article III: FINANCIAL PROVISIONS, Subsection A. Amount of Award, in its entirety:

A. Amount of Award.

In consideration of the services to be delivered by as described in Article II herein, Essential Access shall pay Subrecipient a total amount not to exceed \$170,000 for the period April 1, 2017 to August 31, 2018 (the "Title X Awards") during the term of this Agreement that includes the five (5) month extension, provided that funds are available for this purpose under the Grant. Subrecipient is only entitled to receive reimbursement for its actual, allowable costs and is not entitled to any payments over and above its actual, allowable cost of operating the Title X program provided for herein.

- 3. The following shall replace Article V. TERM, in its entirety:
 - This Agreement shall be in effect from April 1, 2017 through August 31, 2018, or unless the Agreement is terminated or suspended at an earlier date in accordance with Article X of this Agreement.
- 4. The following exhibits are added to the Master Contract which by this reference are made a part of this agreement:
 - A. Attachment A-2: Scope of Work for the Extension Period
 - B. Attachment B-2: Approved Budget and Cost Allocation Methodology for the Extension Period
 - C. Attachment C-2: Reporting Requirements for the Extension Period
- 5. All other terms and provisions of the agreement shall remain in full force and effect. The effective date of this amendment is April 1, 2018.

IN WITNESS WHEREOF, the Parties have executed this Amendment:

Nevada County Health Department
By: gel Blake
Print: Jill Blake
Title: Interim Director of Public Health
to the first and the state of
Date:

		S	cope of Work (SOV	V)			
) - 2000 200 0 5 - 194		Admir	istrative Goal and Ob	jectives			
Administrative Goal: Implement or maintain a review process of all agency functions, in order to ensure high quality Famil Planning services and compliance with all Title X Guidelines by August 31, 2018, as evidenced by completion of activities 1.A through 1.I.							
Objective	1		tain a review process of all agency functions, in order to ensure high quality Family and compliance with all Title X Guidelines by August 31, 2018, as evidenced by				
Number		Activity	Job Title	Evaluation			
1.1. A	procedures are	ninistrative policies and in place to facilitate ficient management and	Director of Nursing	Policies and procedures maintained and reviewed at program evaluations. Desk audits determined by Essential Access Health staff.			
1.1. В	policies and probasis. Policies a include training and other design reporting of chitrafficking as portion of trafficking as portion of trafficking as portion of training services will proplanning service. Essential Access	Planning Program ocedures on an annual and procedures must for clinical, program, nated staff on mandatory ld abuse and human or OPA Program Providers of abortion ovide Title X family es in accordance with the s Health Separation of g and Abortion Services	Director of Nursing	Meeting minutes maintained and reviewed at program evaluations and desk audits.			
1.1. C		ystematic client ph client satisfaction ye of all sites.	Director of Nursing	Client satisfaction surveys conducted, summarized and acted upon. Reviewed at program evaluations and desk audits.			
1.1. D	assessment incl Planning Progra least once every	pdate a community needs usive of the Family am on a periodic basis (at y 5 years) to define the community.		Community needs assessment inclusive of the Family Planning Program maintained. CNA is reviewed at program evaluations.			
1.1. E	The Title X Far implemented w individuals repr	nily Planning Program is ith input from resentative of served knowledgeable of	Director of Nursing	Community participation meeting minutes reflect community representation and is reviewed at program evaluations and desk audits.			
1.1. F	but are not limi health care and care, disability, emergency care	pdate current clinical and a protocols which include ted to: reproductive appropriate primary domestic violence, e, pregnancy counseling th control methods, u vaccinations.		Protocols maintained and staff updates are reviewed at program evaluations and desk audits.			
1.1. G	with the follow pressure, HIV	eedures for the nd referral of patients ring problems: high blood positive, domestic ubstance using/abusing.	Director of Nursing	Protocols and referral policies maintained. Reviewed during program evaluations.			

1.1. H	Improvement (CQI) System that will, through medical records review at each site and inclusive of all providers, determine if all essential elements of reproductive health care, medical and appropriate education and counseling services are being provided at all Title X sites. Essential Access Health Performance Measure. Provide family planning data through		f Nursing rative Assistant	Minutes of the Continuous Quality Improvement (CQI) medical team maintained. CQI is reviewed at program evaluations and desk audits. Centralized Data System (CDS) data
	the Centralized Data System (CDS) for the purpose of contract reporting and performance measurement.	Bibliogets von apoliny (*)	No Alexander Telephonologic and a control of the co	submitted per the contract and/or agency action plan.
	Cli	nical G	oal and Objectives	
Clinical G	plan and space their	pregnanc	ies.	es to Title X clients of reproductive age to
Objective			on and medical services to eliging evidenced by completion of	ble individuals per the Federal Poverty activities 1.A through 1.H.
Number	Activity	# of Clients	Job Title	Evaluation
1. A	Document and report the poverty status of family planning clients.	354	Administrative Assistant	As documented in the Semi-Annual Progress Report (SPR) with sample data verified via chart audits at program evaluations.
1. B	Provide family planning education, medical services and FDA approved contraceptive methods, either on site or by referral for female clients. Essential Access Health Performance Measure.	329	Nurse Practitioner	As documented in the Semi-Annual Progress Report (SPR) with sample data verified via chart audits at program evaluations.
1. C	Provide family planning education, medical services and FDA approved contraceptive methods, either on site or by referral for male clients. Essential Access Health Performance Measure.	25	Nurse Practitioner	As documented in the Semi-Annual Progress Report (SPR) with sample data verified via chart audits at program evaluations.
1. D	Provide a Chlamydia test to at least 80% of women less than or equal to 25 years of age within a 12 month period. Essential Access Health Performance Measure.	0	Nurse Practitioner	As documented in the Semi-Annual Progress Report (SPR) with sample data verified via chart audits at program evaluations.
1. E	All female clients with an abnormal finding on their clinical breast exam should be followed for further evaluation.	0	Nurse Practitioner	As documented in the Semi-Annual Progress Report (SPR) with sample data verified via chart audits at program evaluations.
1.F	The agency must attempt to notify all clients with positive STD/HIV tests within 72 hours of receiving lab results. Upon notification, counsel client regarding follow up and treatment.	0	Nurse Practitioner	As documented in the Semi-Annual Progress Report (SPR) with sample data verified via chart audits and lab logs reviewed during program evaluations.
1.G	All clients with an abnormal finding on their Pap smear should be followed for further evaluation. Essential Access Health Performance Measure.	0	Nurse Practitioner	As documented in the Semi-Annual Progress Report (SPR) with sample data verified via chart audits and lab logs reviewed during program evaluations.

1.H	high risk clients in 2010 CDC HIV g	ne opt-out HIV clients and testing for n accordance with uidelines. Essential erformance Measure.	. 0	Nurse Practitioner	As documented in the Semi-Annual Progress Report (SPR) with sample data verified via chart audits at program evaluations.
Objective 2		Provide family plannin 2018, as evidenced by			risk, hard-to-reach populations by August 31,
Number		ctivity	# of Clients	Job Title	Evaluation
2. A	medical services t number of individ hard-to-reach pop		0	Health Education Coordinator/Nurse Practition	As documented in Semi-Annual Progress ner Report (SPR) and reviewed at program evaluations.
,	Homeless Individ	uals	0		
	Substance-Using/	Abusing Individuals	44	$\mathbf{x} = \mathbf{x}$, which is a second constant of the second constant o	
-	Individuals with I	Disabilities	0	and the second s	
	Individuals with I Proficiency (LEP)		90		
	Migrant Workers	(4.1.1.4.1)	0		
• •	'Males		25	en e	
-	Adolescents (17 &	& under)	42		
	TOTAL Clients	Served	200		
	Approximation of the second se			e and a control of the control of th	
Note for Object		(4) identified categories			
	may be entered into mul				
	vill be prepopulated from				· · · · · · · · · · · · · · · · · · ·
e e		r all selected special population	ons		and the second s
Adolescent	Services Goal:	that the property seed in a 40 to 1970	aradi, e i den a prej e	ices Goal and Object	ives ts seeking Family Planning services by August
				letion of activities 1.A through	n 1.D. Its seeking Family Planning services by August
Objective 3	and the second control of the second control			letion of activities 1.A through	
Number		ctivity		Job Title	Evaluation
3.1. A	Provide adolescer support and couns initiation of sexua appropriate.	seling to delay the	Health Edu	ucation Coordinator	Documentation of counseling maintained in charts. Reviewed at program evaluations.
3.1. B	Provide counselin	ng to minors on how to empts to engage in	Health Edi	acation Coordinator	Protocols maintained and staff updates reviewed. Chart audits performed at program evaluations.
3.1. C	family involveme less than or equal seeking reproduct whose family is n	ng/education regarding ent to all adolescents to 17 years of age tive health services ot already aware that reproductive services.	Health Edu	ucation Coordinator	Protocols maintained and reviewed. Chart audits performed at program evaluations.

3.1. D	Report child as required by sta	nd sexual abuse as te law.	Health Education Coordinator	Protocols maintained and staff updates reviewed annually. Chart audits performed at program evaluations.
		Communi	y Education Goal and Object	ives
Community Goal:	Education	Increase the commu	nity's knowledge and access to family pl	anning services offered by the Agency.
Objective 1	•		mmunity outreach and education to potential completion of activities 1.A through 1.E.	1 Title X eligible clients by August 31,
Number		Activity	# of Job Title Clients	Evaluation
1. 1. A	Education and increases communicative has reproductive has revices to the include: general	mplement a Community Outreach Plan that munity knowledge of ealth and family planning community. Activities al outreach, partnership mass marketing (Exhibit	2208 Health Education Coordinator	Community Education and Outreach Plan maintained, updated, and reviewed at program evaluations and desk audits.
1. 1. B	Provide general as stated in the	al outreach to individuals c Community Education Plan (Exhibit B, Section	900 Health Education Coordinator	As documented in the Semi-Annual Progress Report (SPR) and verified at program evaluations.
1. 1. C	Provide educatindividuals at stated in the Cand Outreach lautomatically	tion and outreach to partnership agencies as ommunity and Education Plan (Data will be populated from tered in Exhibit B,	58 Health Education Coordinator	As documented in the Semi-Annual Progress Report (SPR) and verified at program evaluations.
1. 1. D	stated in the C	marketing activities as ommunity Education and (Exhibit B, Section III).	1250 Health Education Coordinator	As documented in the Semi-Annual Progress Report (SPR) and verified at program evaluations.
1. 1. E	members repre- populations to approve new e	Committee of 5-9 esentative of the be served will review and ducational materials made available by the annual basis.	0 Health Education Coordinator	Advisory Committee meeting minutes and materials review maintained and reviewed at program evaluation.
		Financial l	Management Goal and Object	tives
Financial M	Ianagement G		n a Family Planning Program that is in financle X Guidelines, as evidenced by completio	
Objective 4			n a Family Planning Program that is in financle X Guidelines, as evidenced by completion	
Number		Activity	Job Title	Evaluation
4.1. A	the period of A	item budget by site for April 1, 2018 to August submit modifications as ng designated periods.	Administrative Services Officer	Line item budget by site and necessary modifications submitted.

4.1. B	Develop and maintain financial management systems that are in compliance with the Code of Federal Regulations (CFR) and include the following: budgetary control procedures, accounting systems and reports, purchasing, inventory control, property management, charges, billing and collection procedures.	Administrative Services Officer	Financial management systems maintained in compliance and reviewed a program evaluations.		
4.1. C	Develop and properly implement a sliding fee scale on an annual basis to reflect the current federal poverty guidelines.	Administrative Services Officer	Sliding fee scale developed, implemented and reviewed at program evaluations.		
4.1. D	Complete all financial reporting requirements as detailed by the contract	Accountant	All financial reports submitted on time as required.		
4.1. E	Develop a general ledger report (GLR).	Accountant	All financial reports submitted on time as required and reviewed quarterly.		
	Reproduc	ctive Life Plan Goal and O	and the state of t		
Reprodu			tive life planning/family planning services to Title as evidenced by completion of activity 1.A.		
Objective			tive life planning/family planning services to Title as evidenced by completion of activity 1.A.		
Number	Activity	Job Title	Evaluation		
5.1. A	Obtain reproductive life plans on patients presenting for family planning services and provide pre-conception counseling to women planning pregnancy, open to pregnancy or using less effective contraceptive methods; in particular for women with chronic medical conditions that may affect pregnancy outcomes such as obesity, diabetes, hypertension and seizure disorders, and encourage use of folic acid.	Nurse Practitioner	Document reproductive life plan counseling in client charts through 8/31/2018.		

900

Agency Name: Nevada County Health Department 9903

Agency Number:

9903

Agency Name:

Nevada County Health Department

Community Education and Outreach Partnering Plan for Family Planning

Total number of general outreach activities(Section I):

Total Number of partnering activities (Section II): 58

Total number of mass marketing activities (Section III): 1,250

Total Number of individuals reached in Community and Education Outreach Partnering Plan: 2,208

Section 1: General Outreach

of individuals reached 900

Ту	pe of Agency/Outreach Venue		Population Reached	7	Type of Educ./Presetation		Method of Evaluating Success
	Community Group	X	Homeless individuals		Abstinence	X	Sign-in sheets maintained and compared to projected numbers
	Middle or High School						
!	Community College or University		Substance using individuals		STDs/HIV	X	Pre and post tests to assess changes in knowledge
X	Faith-based organization						
	Social Service Agency	X	Individuals with disabilities		Family planning and contraceptive methods	X	Post Presentation participant evaluations
	WIC Center						
X	Migrant Camp or Services Organization		Individuals with limited English proficiency	X	Life Skills		Assessment of number of people who visit clinic as a result of outreach
X	Detention/Incarceration Center						
X	Job Training Center/Program			X	Services provided/making appointments		Regular meetings with outreach venue organization to discuss progress and challenges
	Parenting Program	X	migrant workers				
l	Business or Workplace				Flu Vaccination	X	Other(specify)
X	Homeless Shelter						
	Substance Abuse Treatment /Recovery Center		males	X	Reproductive Life Plan (RLP)		
X	Women's Shelters						
X	Other (Specify)		adolescents	X	Other (Specify)		

1	tion 2: Partnering Plan Name:		•				
# of	individuals reached 8						
Ty	pe of Agency/Outreach Venue	•	Population Reached	1	Type of Educ./Presetation		Method of Evaluating Success
	Community Group	X	Homeless individuals		Abstinence	X	Sign-in sheets maintained and compared to projected numbers
X	Middle or High School Community College or University		Substance using individuals		STDs/HIV	X	Pre and post tests to assess changes in knowledge
X	Faith-based organization Social Service Agency	X	Individuals with disabilities		Family planning and contraceptive methods	x	Post Presentation participant evaluations
X	WIC Center						
X	Migrant Camp or Services Organization Detention/Incarceration Center		Individuals with limited English proficiency		Life Skills		Assessment of number of people who visit clinic as a result of outreach
X	Job Training Center/Program			X	Services provided/making appointments		Regular meetings with outreach venue organization to discuss progress and challenges
	Parenting Program	X	migrant workers				Č
	Business or Workplace			X	Flu Vaccination	X	Other(specify)
X	Homeless Shelter						
X	Substance Abuse Treatment /Recovery Center		males	X	Reproductive Life Plan (RLP)		
v	Women's Shelters						
X							
X	Other (Specify)	Sie	adolescents	X	Other (Specify)		
X Sec # of	Other (Specify) tion 2: Partnering Plan Name: individuals reached 50	··• :-	rra High School			er er er.	Method of Evaluating Success
X Sec # of	Other (Specify) tion 2: Partnering Plan Name:	••• • <u>•</u> •			Other (Specify) Type of Educ./Presetation Abstinence	X	Method of Evaluating Success Sign-in sheets maintained and compared to
X Sec # of	Other (Specify) tion 2: Partnering Plan Name: individuals reached 50 be of Agency/Outreach Venue Community Group	••• • <u>•</u> •	rra High School Population Reached		'ype of Educ./Presetation	X	
X Sec # of Tyj	Other (Specify) tion 2: Partnering Plan Name: individuals reached 50 oe of Agency/Outreach Venue	••• • <u>•</u> •	rra High School Population Reached		'ype of Educ./Presetation		Sign-in sheets maintained and compared to
X Sec # of Tyj	Other (Specify) tion 2: Partnering Plan Name: individuals reached 50 oe of Agency/Outreach Venue Community Group Middle or High School	••• • <u>•</u> •	Population Reached Homeless individuals Substance using individuals		ype of Educ./Presetation Abstinence		Sign-in sheets maintained and compared to projected numbers Pre and post tests to assess changes in
X Sec # of Tyl	Other (Specify) tion 2: Partnering Plan Name: individuals reached 50 be of Agency/Outreach Venue Community Group Middle or High School Community College or University Faith-based organization Social Service Agency	••• • <u>•</u> •	Population Reached Homeless individuals Substance using individuals		STDs/HIV	x	Sign-in sheets maintained and compared to projected numbers Pre and post tests to assess changes in
X Sec # of Tyl	Other (Specify) tion 2: Partnering Plan Name: individuals reached 50 to of Agency/Outreach Venue Community Group Middle or High School Community College or University Faith-based organization Social Service Agency WIC Center	X	Population Reached Homeless individuals Substance using individuals Individuals with disabilities		Type of Educ./Presetation Abstinence STDs/HIV Family planning and contraceptive methods	x	Sign-in sheets maintained and compared to projected numbers Pre and post tests to assess changes in knowledge Post Presentation participant evaluations
X Sec # of Tyj	Other (Specify) tion 2: Partnering Plan Name: individuals reached 50 be of Agency/Outreach Venue Community Group Middle or High School Community College or University Faith-based organization Social Service Agency WIC Center Migrant Camp or Services Organization	X	Population Reached Homeless individuals Substance using individuals		Type of Educ./Presetation Abstinence STDs/HIV Family planning and contraceptive	x	Sign-in sheets maintained and compared to projected numbers Pre and post tests to assess changes in knowledge
X Sec # of Tyl	other (Specify) tion 2: Partnering Plan Name: individuals reached 50 oe of Agency/Outreach Venue Community Group Middle or High School Community College or University Faith-based organization Social Service Agency WIC Center Migrant Camp or Services Organization Detention/Incarceration Center	X	Population Reached Homeless individuals Substance using individuals Individuals with disabilities Individuals with limited		Type of Educ./Presetation Abstinence STDs/HIV Family planning and contraceptive methods Life Skills	x	Sign-in sheets maintained and compared to projected numbers Pre and post tests to assess changes in knowledge Post Presentation participant evaluations Assessment of number of people who visit clinic as a result of outreach
X Sec # of Tyl	Other (Specify) tion 2: Partnering Plan Name: individuals reached 50 be of Agency/Outreach Venue Community Group Middle or High School Community College or University Faith-based organization Social Service Agency WIC Center Migrant Camp or Services Organization	X	Population Reached Homeless individuals Substance using individuals Individuals with disabilities Individuals with limited		Type of Educ./Presetation Abstinence STDs/HIV Family planning and contraceptive methods	x	Sign-in sheets maintained and compared to projected numbers Pre and post tests to assess changes in knowledge Post Presentation participant evaluations Assessment of number of people who visit
X Sec # of Tyl	other (Specify) tion 2: Partnering Plan Name: individuals reached 50 oe of Agency/Outreach Venue Community Group Middle or High School Community College or University Faith-based organization Social Service Agency WIC Center Migrant Camp or Services Organization Detention/Incarceration Center	X	Population Reached Homeless individuals Substance using individuals Individuals with disabilities Individuals with limited		Type of Educ./Presetation Abstinence STDs/HIV Family planning and contraceptive methods Life Skills Services provided/making	x	Sign-in sheets maintained and compared to projected numbers Pre and post tests to assess changes in knowledge Post Presentation participant evaluations Assessment of number of people who visit clinic as a result of outreach Regular meetings with outreach venue organization to discuss progress and
X Sec # of Tyl	tion 2: Partnering Plan Name: individuals reached 50 be of Agency/Outreach Venue Community Group Middle or High School Community College or University Faith-based organization Social Service Agency WIC Center Migrant Camp or Services Organization Detention/Incarceration Center Job Training Center/Program	X	Population Reached Homeless individuals Substance using individuals Individuals with disabilities Individuals with limited English proficiency	X	Type of Educ./Presetation Abstinence STDs/HIV Family planning and contraceptive methods Life Skills Services provided/making	x	Sign-in sheets maintained and compared to projected numbers Pre and post tests to assess changes in knowledge Post Presentation participant evaluations Assessment of number of people who visit clinic as a result of outreach Regular meetings with outreach venue organization to discuss progress and
X Sec # of Tyj X X X X X X X	other (Specify) tion 2: Partnering Plan Name: individuals reached 50 oe of Agency/Outreach Venue Community Group Middle or High School Community College or University Faith-based organization Social Service Agency WIC Center Migrant Camp or Services Organization Detention/Incarceration Center Job Training Center/Program Parenting Program	X	Population Reached Homeless individuals Substance using individuals Individuals with disabilities Individuals with limited English proficiency	X	Type of Educ./Presetation Abstinence STDs/HIV Family planning and contraceptive methods Life Skills Services provided/making appointments	x	Sign-in sheets maintained and compared to projected numbers Pre and post tests to assess changes in knowledge Post Presentation participant evaluations Assessment of number of people who visit clinic as a result of outreach Regular meetings with outreach venue organization to discuss progress and challenges
X Sec # of Tyl	tion 2: Partnering Plan Name: individuals reached 50 be of Agency/Outreach Venue Community Group Middle or High School Community College or University Faith-based organization Social Service Agency WIC Center Migrant Camp or Services Organization Detention/Incarceration Center Job Training Center/Program Parenting Program Business or Workplace Homeless Shelter Substance Abuse Treatment /Recovery Center	X	Population Reached Homeless individuals Substance using individuals Individuals with disabilities Individuals with limited English proficiency	x	Type of Educ./Presetation Abstinence STDs/HIV Family planning and contraceptive methods Life Skills Services provided/making appointments	x	Sign-in sheets maintained and compared to projected numbers Pre and post tests to assess changes in knowledge Post Presentation participant evaluations Assessment of number of people who visit clinic as a result of outreach Regular meetings with outreach venue organization to discuss progress and challenges
X Sec # of Tyl	tion 2: Partnering Plan Name: individuals reached 50 be of Agency/Outreach Venue Community Group Middle or High School Community College or University Faith-based organization Social Service Agency WIC Center Migrant Camp or Services Organization Detention/Incarceration Center Job Training Center/Program Parenting Program Business or Workplace Homeless Shelter Substance Abuse Treatment /Recovery	X	Population Reached Homeless individuals Substance using individuals Individuals with disabilities Individuals with limited English proficiency	x	Type of Educ./Presetation Abstinence STDs/HIV Family planning and contraceptive methods Life Skills Services provided/making appointments Flu Vaccination	x	Sign-in sheets maintained and compared to projected numbers Pre and post tests to assess changes in knowledge Post Presentation participant evaluations Assessment of number of people who visit clinic as a result of outreach Regular meetings with outreach venue organization to discuss progress and challenges

Agency Name: Nevada County Health Department 9903

s Marketing	# of Individual Reached	Method of Evaluating Sucess
Print Media		Distribution of Educational Materials
Internet Websites	x	Sign in Sheets
TwitterCommunity Events	1250	Estimated Audiences
X Twitter		
X Facebook		
	Print Media Internet Websites TwitterCommunity Events X Twitter	Print Media Internet Websites X TwitterCommunity 1250 Events X Twitter

List all	approved	Title X-funded fami	ly planning program s	ervice sites.	•
Site Number: 9022		****			
Site Name & Address:	Nevada County I	Health Department 500 Crown P	oint Circle Suite 110, Grass Valley C	A 95945 Nevada	
Zip Codes of Area Served	Type of Area Served	Services Offered	Family Planning Clinic Hours Days Office Hours	Projected Users Q1 2018	NPI Number
95602,95712,95949,9 5960,95975,95986,95 924,95945,95959,959 46,95977	X Rual Urban Suburban	Medical Community Education Health Education (in House) X Admin office Only Warehouse Only	Mon: 8:00am - 5:00pm Tue: 8:00am - 5:00pm Wed: 8:00am - 5:00pm Thu: 8:00am - 5:00pm Fri: 8:00am - 5:00pm Sat: Close Sun: Close	0	1700959863
Site Number: 9023					
Site Name & Address:	Nevada County I	Health Department 10075 Levon	Avenue Suite 207, Truckee CA 961	61 Nevada	
Zip Codes of Area Served	Type of Area Served	Services Offered	Family Planning Clinic Hours Days Office Hours	Projected Users Q1 2018	NPI Number
95728,96161,96160,9 6111,96162	X Rual Urban Suburban	X Medical X Community Education X Health Education (in House) Admin office Only Warehouse Only	Mon::9:00am - 2:00pm Tue::Close Wed::8:00am - 5:00pm Thu::8:00am - 5:00pm Fri::Close Sat::Close Sun::Close	354	1700959863

BUDGET

Attachment B-2

Project Title:

Family Planning Services 2017-2018 Extension

Contract Period:

April 1, 2018 - August 31, 2018

Delegate Agency Name:

Nevada County Public Health

EXPENSE

BUDGET CATEGORY	Total Budget	Applicant and Other	TITLE X
	(a+b)	(a)	(b)
<u>Personnel Services</u>			
Physicians	-	-	-
Mid-Level Practitioners	23,220	3,870	19,350
Other Health Personnel	23,396	11,030	12,366
Ancillary Personnel	- '	-	-
Administrative Personnel	10,298	10,298	. -
Total Salaries & Wages	56,914	25,198	31,716
Fringe Benefits	32,811	14,527	18,284
TOTAL PERSONNEL COST	89,725	39,725	50,000
Patient Care			
Clinical Services	•		
Laboratory	550	550	
TOTAL PATIENT CARE	550	550	•
Other Costs			
Consultants	•		
Medical Supplies	1,500	1,500	
Office/Computer Supplies	750	750	
Duplication & Printing	650	650	
Health Education and Outreach Supplies	250	250	
Utilities & Communication (Telephone/Postage)	110	110	
Travel, Conference/Training	1,600	1,600	
Lease/Rental	- ,		
Approved Indirect Cost (if applicable)	52,004	52,004	
Other Expenses (Specify below):			
Agency direct clinic support	9,000	9,000	
Rural Health Subsudy billed by HR	3,000	3,000	
TOTAL OTHER COSTS	68,864	68,864	•
TOTAL EXPENSES	159,139	109,139	50,000
IOIAL EXPLINALS	107,107	107,107	30,000

R	E	٧	E	N	U	E
Titl	le	ΧI	Re	ve	n	Jе

Applicant and Other Revenue: (Specify Below)

Applicant Funds
Family PACT
Medi-CAL
Other Federal: (specify or attach a separate list)
State & Local Government
Private Grants
Patient Fees
Private Insurance

TOTAL REVENUE	AL REVENUE
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Other 3rd Party Payers: (specify or attach a separate list)

Total Budget	Applicant and Other	TITLE X	
50,000		50,000	
36,375	36,375		
62,920	62,920		
210	210		
- ,			
•			
•			
204	204		
9,430	9,430		

109,139

50,000

159,139

Title X Family Planning Services Cost Allocation Methodology Policy Statement

Nevada County Health Department Funding period: April 1, 2018 - August 31, 2018

1) In the text box below please enter the following for your Cost Allocation:

Current Calculation figures on how each line item budget was determined (Methodology provided will be tested against your application budget) and;

Current Indirect Cost calculation and rate (copy of approved indirect cost rate agreement must be submitted if available)

The common methods used include:

- a) The % of clients served based on client encounters (visits). This is not to be used for FTE allocation.
- b) Full Time Equivalent (FTE) is based on a 40 hour work week.
- c) Space allocation is based on square footage.
- 1. Please enter the following for your Cost Allocation (enter text for 1i & 1ii in box below):
- 1. Current calculation figures on how each line item budget was determined (methodology provided will be tested against your application budget).
- 2. Current indirect cost calculation and rate; copy of approved indirect cost rate agreement must be submitted if available.
- 1i Personnel costs are budgeted based upon County FY 17/18 and 18/19 budgets. Staff working in the program will use program personnel codes to identify their actual time to be applied to the Title X program. Only time on approved time sheets with the correct program personnel codes will be charged to Title X.

Operating costs are budgeted for the program based upon projected costs for the contract extension. Only charges actually incurred will be charged to the program. Budgeted medical supplies are only those not reimbursed by Family Pact or Medi-Cal. These include, but are not limited to, drapes, sheets, gloves, table paper, swabs, syringes, alcohol, band-aids, specimen cups, blood pressure cuffs, and stethoscopes. All appropriate operating purchases will be charged to Title X and Applicant funding sources will be used.

1ii The California Department of Public Health approves the Nevada County Public Health indirect rate annually at a maximum of 25% of Personnel costs. The most recent approval letter for FY 18/19 is attached. Applicant funding sources will be used for indirect costs.

		•		
2) Will there b	e any out-of-sta	te travel charged to t	his budget? Ye	s □ No ⊠
If yes, describ	e and justify the	cost.		
3) Does your a	agency provide a	bortion services at a	ny sites?	
TAB Yes 🗆	No ⊠	MAB Yes 🗆	No 🗵	
If yes, provide	a brief descripti	ion of how your agen	cy maintains seg	regation of complete
• • •	_	ces and family planni	ng services.	
		Nevada Caunty F	ublic Health	

MAY 17 2018

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Exhibit C-2

Reporting requirements for Title X Family Planning Services 2017-2018 Extension

FAMILY PLANNING SERVICES REPORTING REQUIREMENTS:

The Contractor shall submit the following required reports in compliance with the dates and conditions specified below. Essential Access will provide instruction when procedures for the proper completion if these reports change.

		
REPORT TITLE	FREQUENCY OF SUBMISSION	<u>DUE DATE</u>
Family Planning Services Semi-Annual	Based on	25 th of the month following the period reported
Progress Report	Federal	for the data that is not submitted monthly.
	Requirments	For January –June, 2018
Submitted electronically at	due Semi-	DUE: July 25, 2018
https://extranetportal.essentialaccess.org/	Annualy on a	
	Calendar Year	For July-August 2018
	basis	Data for this period will be combined with future
		contractual reporting requirements. Notification
		will be sent as applicable.
Statement of Revenue and Expenditure	One Report	25th of the month following the period reported
Report	Quarterly and	For April, May and June 2018
(includes submission of General Ledger	One Report	DUE: July 25, 2018
backup of Title X expenditures only)	Bi-monthly	
		For July and August 2018
Submitted electronically at		DUE: September 25, 2018
https://extranetportal.essentialaccess.org/		
Centralized Data System (CDS)	Monthly	25 th of the month following the period reported
submission		
Submitted electronically at		
https://extranetportal.essentialaccess.org/		
0 :15	G:G-1D-4-	Superifical Date
Special Reports, surveys and	Specified Date	Specified Date
questionnaires as may be requested by		
Essential Access Health or its funding		
source		