## **ATTACHMENT A**

## SCOPE OF WORK

<u>Number for Referrals</u> for the term of the contract: <u>35</u> for the first year of the contract. Thereafter, the target is the number of recruitments that yields enrollment and maintenance of <u>26</u> families in CHVP for the term of the contract, such that the number of recruitments is 133% of the number of enrollments necessary to maintain the total of **26** families enrolled in CHVP.

<u>Number for Enrollments</u> for the term of the contract: <u>26</u> for the first year of the contract. Thereafter, the target is the number of enrollments that maintains <u>26</u> families enrolled in CHVP for the term of the contract.

Objective 1: Through October 31, 2026, Child Care Resource Center (CCRC) will commence affiliation, accreditation, and/or certification process for the Healthy Families America (HFA) model to provide home visiting services on a continuous basis, if not previously affiliated, accredited, or certified,

#	Activity Description	Evaluation/Deliverable/Performance Measure
1.0	Apply to become affiliated, accredited, and/or certified by completing an application for the home visitation model(s) selected for CHVP. If currently affiliated, accredited, and/or certified for the selected model(s), maintain status throughout the term of the contract.	Affiliation, accreditation, or certification application.
1.1	HFA Home Visitor Workers will receive required HFA training as applicable within six (6) months of employment and attain HFA certification. Trainings are in-person/virtual sessions as administered by HFA certified trainers.  Trainings include:  Orientation Foundations for Family Support (required for Family Support Specialists who conduct home visits) Family Resilience and Opportunities for Growth (FROG) Training	Monthly deliverable progress report to include:     a. Name of HFA Home Visitor Workers that received HFA training and certification.     b. Listing of all HFA Home Visitor Workers and training/certification status to date.
1.2	All HFA Supervisors will receive required training within six  (6) months after being hired. Required trainings include:  • Foundations for Family Support  • Family Resilience and Opportunities for Growth (FROG) Training  • One additional day of core training referred to as "fifth day" focused on administrative, clinical and reflective supervision.	Monthly deliverable progress report to include:    a. Name of HFA Supervisors that received HFA training and certification.
1.3	All HFA Program Managers will receive required training within the first eighteen (18) months of employment.  Required trainings include:  Foundations for Family Support  Family Resilience and Opportunities for Growth (FROG) Training  One additional day of core training referred to as "fifth day" focused on administrative, clinical and reflective supervision.  Implementation Training	Monthly deliverable progress report to include:     a. Name of HFA Program Managers that receive HFA training and certification
1.4	Ensure core training will be completed per HFA requirements for all staff who start throughout the period of the contract within six (6) months of employment	Monthly deliverable progress report to include:     a. Name of HFA staff that receive HFA training and certification.
1.5	Maintain HFA accreditation and fidelity to the selected home visiting model guidelines. Failure to do so may lead to termination of contract to provide California Home Visiting Program (CHVP) home visiting services  Adhere to CHVP policies and procedures related to implementation of the selected home visitation model, including the use of the Partners for Healthy	Monthly deliverable progress report to include:

Baby curriculum. and partners. Documentation related to the site visits Recruit, hire, train, and retain staff to implement includes, but is not limited to: and support operation of the home visitation model (per activities 1.1, 1.2, 1.3 and 3.0). a. Outreach log b. Referral triage plan Identify and collaborate with early childhood system c. Training log partners to improve the continuum of services to families and children. d. Training plan e. Participant funding source triage plan Participate in site visits as required by the State of f. Policies and procedures California Maternal, Child and Adolescent Health g. Participant consent form (MCAH) Division and/or San Bernardino County Department of Public Health (SBCDPH) and make available all records related to operation of CHVP

Objective 2: Through October 31, 2026, CCRC will commence home visiting services on a continuous basis.

services and the selected home visitation model.

#	Activity Description	Evaluation/Deliverable/Performance Measure
2.0	<ul> <li>Develop a recruitment, enrollment, and retention plan for home visiting for review and approval by SBCDPH to include:</li> <li>Component for canvasing target geographic area.</li> <li>Method of selection of referral agencies.</li> <li>Number of potentially CHVP-eligible women each referral agency serves. See the San Bernardino County California Home Visiting Program (CHVP) Eligibility Criteria, Screening, and Assessment document in this Contract.</li> <li>Sample agreement between Contractor and referral agency.</li> <li>Enrollment outreach and retention efforts.</li> <li>HFA must maintain a minimum of 85% of caseload capacity. Failure to meet this minimum requirement will result in technical assistance and possible performance improvement plan (see Definitions section below). A six (6) month time frame is provided for building of caseload to reach the minimum of 85% capacity.</li> </ul>	<ol> <li>Home Visiting Recruitment, Enrollment, and Retention Plan.</li> <li>Monthly deliverable progress report to include:         <ul> <li>Number of contacts (see Definitions section).</li> <li>Number of referrals (see Definitions section).</li> <li>Number of enrollments (see Definitions section).</li> </ul> </li> <li>Monthly deliverable progress report to include:         <ul> <li>Number of contacts per referral agency.</li> <li>Number of referrals per referral agency.</li> <li>Number of enrollments per referral agency.</li> </ul> </li> </ol>
2.1	Conduct HFA screening and enrollment for potentially eligible CHVP women within the community, as long as CHVP enrollment is lower than the target number of enrollments proposed.	Monthly deliverable progress report to include:     a. Number of participants contacted.     b. Number of participants referred.     c. Number of participants enrolled.me     d. If performing at a level less than 85% of stated goals for contacts, referrals, and/or enrollments, prepare a summary of steps that will be taken to attain stated goals of CHVP Home Visiting Recruitment, Enrollment, and Retention Plan.

Objective 3: Through October 31, 2026, CCRC will commence ongoing assessments of enrolled participants to develop and implement a comprehensive birth plan for all women, in accordance with the timeframe requirements set forth by HFA for each participant.

#	Activity Description	Evaluation/Deliverable/Performance Measure
3.0	HFA periodicity will be based upon participant needs and strengths: visits will start prenatally and up to three (3) months postpartum. HFA must follow the creative outreach to enroll participants (see Definitions section below) procedure for participants who are enrolled, but have not maintained services.	Monthly deliverable progress report to include:     a. Number of participants enrolled in     HFA services.     b. Number of completed home visits     per HFA participant.     c. Number of attempted home visits     per HFA participant.
	Contracted agency will be required to follow all standards set in place by HFA regarding retention.	

HFA Home Visitor Workers will implement the HFA model Monthly deliverable progress report to include: components, including addressing the following: Medical conditions. Delivery conditions. Link participants to early/regular prenatal care and provide additional home visits for high risk Number of participants that achieve American Academy of Pediatrics (AAP) factors such as history of pre-term delivery and/or low birth weight, pre-eclampsia and Brights Futures guidelines utilization to diabetes. support/ensure infant receives well-child visit (first week three to five days, one-Assist participant in preparations for each prenatal visit and develop approaches to month visit, two-month visit, and ninemonth visit). communicate needs/concerns with medical Number of participants who have d. completed infant immunizations Inform the participant and the participant's partner about the effects of smoking, appointments at two, four, six, and 12 months. alcohol/illicit drugs on fetal growth and assisting Number of participants who have participants to identify goals and plans for attended six-week postpartum medical cessation and/or reducing cigarette smoking. appointment. Inform the participant about nutrition and exercise recommendations during pregnancy. Inform participant about basic newborn care including immunizations. Review intra-contraception plan for implementation following delivery of infant, Monitor adequate use of office-based prenatal Coach/mentor on using community resources (e.g. mental health, and oral health care). Help mothers establish a consistent prenatal care provider and encourage compliance with prenatal appointments/medical advice. Facilitate access to other needed services such as WIC/CalFresh. Promote proper nutrition and other healthy habits. Discourage risky behaviors, such as use of tobacco, alcohol, and illicit drugs. · Provide fetal development education. · Provide strategies to reduce stress. HFA will enter data and home visiting information into case 1. Monthly deliverable progress report to include: management database in accordance with the current HFA a. Number of screenings/assessments completed, ETO User Manual, and the HFA Data Collection Manual for: and number of screening/assessments entered · Screenings and assessments to determine into data systems in accordance with the families at risk for child maltreatment or other current HFA ETO User Manual, and the HFA adverse childhood experiences. Data Collection Manual. Number of home visits completed, and number Home visiting services of home visits entered into data systems in Routine screening and assessment of parentaccordance with the current HFA ETO User child interactions, child development, and Manual, and the HFA Data Collection Manual maternal depression. The HFA National Office recommends that affiliated sites use an appropriately designed data system to manage and report the participant services they provide; site, community, and staff characteristics; funding sources; agency collaborations; and preliminary outcomes information. The HFA National Office requires sites to report aggregate information on family characteristics, services, and outcomes in the web-based HFA site tracker system, which is free to affiliated sites. 3.3 Contractor will attend all state and local meetings and 1. Monthly deliverable progress report to include: trainings. A 100% attendance rate is mandated Names of HFA Home Visitor Works, HFA Supervisors and HFA Program Managers that attended meeting/training and name of meeting/training. Install, utilize and attend training for automated systems used Monthly deliverable progress report. with CHVP, as required by the State of California Maternal, Child and Adolescent Health (MCAH) Division. Example: Efforts to Outcomes (ETO). · Engage in on-going coordination with the MCAH

	Division Data Team and/or data collection system owners.     Comply with all CHVP data policies and procedures including data collection, entry, security, management, and reporting.	
3.5	Utilize evidence-informed materials to share information with families related to health, safety, child development and parenting. HFA will complete the following assessments/tools with participating families:  • Family Resilience and Opportunities for Growth (FROG) Scale.  • ASQ  • ASQ-SE  • CHEERS Check-In Tool, and  • Family Goal Plans	a. Initial report to include the
3.6	Utilize a Contractor-designed tracking tool to capture the number of prenatal care visits per participant.	Monthly deliverable progress report to include:     a. Number of prenatal care visits reported by participants.

Objective 4: Through October 31, 2026, CCRC will ensure all mothers of newborns and infants will receive a postpartum and newborn assessment within one (1) week of hospital discharge to cultivate and strengthen nurturing parent-child relationships.

#	Activity Description	Evaluation/Deliverable/Performance Measure
4.0	HFA Home Visitor Workers will attempt weekly home visits for six (6) months postpartum using the Partners for a Healthy Baby Curriculum. After six (6) months, visits will be as needed based upon need and standards of the model. Home Visitor Workers services will include:  • Update and recalibrate family goals, needs and strengths.  • Screen for depression, domestic violence and substance abuse. Facilitate access to new or continued mental/behavioral health services.  • Provide and facilitate appropriate community referrals. Assist with navigating successful access to and utilization of services.  • Provide ongoing health promotion and prevention to address healthy lifestyle behaviors.  • Support school, job housing and childcare needs. Provide/monitor referrals and interface with agencies to ensure needs are met.  • Provide contraceptive care information and support participants' inter-conceptual plan.  • Mentor/coach on critical thinking, problem solving skills and stress management.  • Assess, address and promote positive parent-child interactions.  • Educate parents about infant physical, social and emotional development, including infant cues, attachment, and empathy.  • Educate parents on safety, nutrition, child care options, and daily routines.  • Teach activities to promote child development.  • Educate parents regarding prevention of child injuries, including the topics of safe sleeping, shaken baby syndrome or traumatic brain injury, child passenger safety, poisoning, fire safety, water safety, and playground safety.  • Conduct developmental and social-emotional	<ol> <li>Monthly deliverable progress report to include:</li> <li>Medical conditions.</li> <li>Delivery outcomes.</li> <li>Number of postnatal care visits reported by HFA participants.</li> </ol>

screenings. Connect infants to medical home. Monitor/promote child immunizations. HFA must follow the creative outreach to enrolled participants procedure for participants who are enrolled, but have not maintained services. Utilize HFA tracking tool to include number of HFA postnatal visits per participant. HFA will collaborate with and attend Inland Empire Monthly deliverable progress report to include: 4.1 Fatherhood Involvement Coalition (IEFIC) meetings. a. Name of employee who attended IEFIC Contact information for IEFIC is Juan Solis, Father meeting and date of meeting. Engagement Coordinator for Children's Network. Phone Number: 909 383-9662 Email address: Juan.Solis@hss.sbcounty.gov Maintain a Community Advisory Board (CAB) that will Monthly deliverable progress report to include, as serve in a consultative manner in the planning and applicable: implementation of program-related and systema. CAB meeting minutes and a current integration activities. CAB guidance must include the membership attendance roster. following activities: b. As applicable, describe challenges associated The CAB will hold meetings once per quarter at with recruitment and/or retention of CAB minimum, during each three (3) month period, as membership and strategies that will be follows: July through September, October through employed to successfully add or retain December, January through March, and April members. through June. Maintain meeting minutes and a current membership attendance roster, which should include agency/provider representation. Composition must include County Public Health staff, County Transitional Assistance Department staff, parents, medical providers, community-based organizations, faith-based organizations, and community members. 3. Assist in informing program operation and implementation, quality assurance and improvement, child and family advocacy, and public awareness regarding home visiting. 4. Assist in strategies to improve systems integration, interagency coordination, information sharing and referrals within the local early childhood system of services. 5. Promote program quality and sustainability.

## **Definitions**

Contacts – Individual or community-based agency which HFA was discussed with by mail, email, telephone or another form of communication.

Referral – An individual who has been screened for HFA services, determined eligible for services, and recommended for services.

**Enrollments** – A participant is considered enrolled once the participant:

- Participates in a face-to-face visit with the home visitor at the participant's home, the place where the participant
  is residing or in a private setting outside the participant's home.
- Signs required HFA model consent forms.

**Technical Assistance** – When agencies are not meeting minimum expectations as defined in the scope of work, San Bernardino County Department of Public Health (SBCDPH) will provide monthly technical assistance calls to the agency to include:

- Discussion of possible reasons minimum expectation was not met.
- Advice on how to remove barriers to meeting minimum expectation.
- Assistance that can be offered by SBCDPH.
- Potential training needed to meet minimum expectation.

**Performance Improvement Plan** – Agencies are required to meet minimum expectations as defined in the scope of work to demonstrate a stable home visiting program and maximize funding levels. When an agency falls below minimum expectations as defined in a specific scope of work activity description for three (3) consecutive months, SBCDPH will initiate a Performance Improvement Plan (PIP). The procedure for a PIP is outlined below:

- On a monthly basis, SBCDPH will review caseload reports for each agency. Agencies who have fallen below minimum expectations for three (3) consecutive months will work jointly with SBCDPH to create a PIP.
- The PIP contains a SMART Expectation and monthly tracking goals towards improving caseload capacity. On a monthly basis, the agency and SBCDPH will discuss progress on the PIP until the minimum expectation has been met for a minimum of one (1) month. Reaching the minimum expectation concludes the PIP process.

**Creative Outreach to Enrolled Participants** – Agencies must use positive and persistent creative outreach efforts to reengage participants who are enrolled in the home visiting program but have not maintained services. The procedure for placing a participant on creative outreach is defined below:

- After one (1) month of unsuccessful attempts to schedule a home visit, creative outreach must be instituted.
   Creative outreach will include contact:
  - Every week for the first month.
  - Twice a month for the second month.
  - Once in the third month.
- If a participant is unavailable for home visits for at least thirty (30) days (i.e., they will be out of the area for a month), placement on creative outreach must be immediate.
- Participants must not be placed on creative outreach due to program issues (e.g., staff turnover, training).
- Efforts to contact participants to re-engage them in services (e.g., attempted phone calls, texts, home visits) must be documented in supervision notes and in the Efforts to Outcome (ETO) database. In addition, HFA must document creative outreach in the family file.
- Creative outreach efforts must continue for three (3) consecutive months (Ninety (90) days) unless the participant re-engages, declines services, or move from the service area.
- If participant does not re-engage with site at the end of the three (3) consecutive months (Ninety (90) days) from the time they were placed on creative outreach, dismissal is required immediately.

ORIGINAL Public Health of P. H. Maternal, Child and Adolescent Health Ovision **BUDGET SUMMARY** FISCAL YEAR BUDGET **BUDGET STATUS** BUDGET BALANCE SUBCONTRACT 2025-26 **ORIGINAL ACTIVE** 0.00 Version 7 D - 150 Quarterly 4 1.25
Program: Cal California Home Visiting Program (EBHV) NON-ENHANCED ENHANCED **UNMATCHED FUNDING** MATCHING (50/50) MATCHING (75/25) Agency: **CHVP 25-36 SAN BERNARDINO** SubK: Child Care Resource Center (CCRC) CHVP - EBHV AGENCY FUNDS CHVP-SGF-NE CHVP-SGE-E CHVPCnty NE CHVP-Cnty E (2) (7) (6) (B) (10) (12) (13) Combined Combined **TOTAL FUNDING** % CHVP - EBHV % Agency Funds\* % Fed/State Fed/State Fed!Agency! ALLOCATION(S) 211,656.00 **EXPENSE CATEGORY** (I) PERSONNEL 151,326.00 151,326.00 0.00 0.00 0.00 0.00 0.00 (II) OPERATING EXPENSES 45,197.40 45,197.40 0.00 0.00 0.00 0.00 0.00 (III) CAPITAL EXPENDITURES 0.00 0.00 0.00 0.00 0.00 0.00 0.00 (IV) OTHER COSTS 0.00 0.00 0.00 0.00 0.00 0.00 0.00 (V) INDIRECT COSTS 15,132.60 0.00 0.00 0.00 0.00 0.00 **BUDGET TOTALS\*** 211,656.00 211,656.00 100.00% 0.00% 0.00 0.00% 0.00 0.00% 0.00 0.00 0.00 BALANCE(S) 0.00 **TOTAL CHVP - EBHV** 211,656,00 211,656,00 0.00 0.00 **TOTAL TITLE XIX** 0.00 0.00 0.00 0.00 0.00 **TOTAL AGENCY FUNDS** 0.00 0.00 0.00 0.00 211,656.00 \$ Maximum Amount Payable from State and Federal resources WE CERTIFY THAT THIS BUDGET HAS BEEN CONSTRUCTED IN COMPLIANCE WITH ALL MCAH ADMINISTRATIVE AND PROGRAM POLICIES, MCAH/PROJECT DIRECTOR'S SIGNATURE DATE AGENCY FISCAL AGENT'S SIGNATURE DATE \* These amounts contain local revenue submitted for information and matching purposes. MCAH does not reimburse Agency contributions.

STATE USE ONLY - TOTAL STATE AND FEDERAL REIMBURSEMENT AGENCY CHVP - EBHV CHVP-SGF-NE CHVP-Cnty NE CHVP-SGF-E CHVP-Cnty E **FUNDS** PCA Codes 51022 53164 51023 51021 53165 PERSONNEL 151,326.00 0.00 0.00 0.00 0.00 OPERATING EXPENSES 45,197.40 0.00 0.00 0.00 0.00 CAPITAL EXPENSES 0.00 0.00 0.00 0.00 0.00 0.00

OTHER COSTS 0.00 0.00 0.00 0.00 INDIRECT COSTS 15,132.60 0.00 0.00 0.00 211,656.00 211,656.00 0.00 **Totals for PCA Codes** 0.00 0.00

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ram: California Home Visiting Program (EBHV)  CHVP 25-36 SAN BERNARDINO			UNMATCHED FUNDING				NON-ENH MATCHIN			ENHANCED MATCHING (75/25)				
Child Care Resource Center (CCRC)		CH	CHVP - EBHV		ENCYFUNDS	CH	VP-SGF-NE	CH	IVP-Cnty NE	CH	VP-SGF-E	c	HVP-Cnty E	
	(1)	(2)	(3)	(6)	(7)	(6)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	
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TRAVEL			0.00		0.00		0.00		0.00		0.00		0.00	
TRAINING	18,485.00	100.00%	18,485.00		0.00	0.00%	0.00		0.00		0.00		0.00	0.0
General Supplies	6,046.00	100.00%	6,046.00		0.00	0.00%	0.00		0.00					0.0
Partners for a Healthy Baby Curriculum	2,250.00	100.00%	2,250.00		0.00	0.00%	0.00		0.00					0.0
Start Early Home Visit Subscription	3,533.00	100.00%	3,533.00		0.00	0.00%	0.00		0.00					0.0
Security Service	799.00	100.00%	799.00		0.00	0.00%	0.00		0.00					0.0
Insurance	744.00	100.00%	744.00		0.00	0.00%	0.00		0.00					0,0
Telephone	1,541.00	100.00%	1,541.00		0.00	0.00%	0.00		0.00					0.0
Rent	7,469.00	100.00%	7,469.00		0.00	0.00%	0.00		0.00					0.0
Mileage	4,330.40	100.00%	4,330.40		0.00	0.00%	0.00		0.00					0.0
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CAPITAL EXPENDITURE DETAIL  TOTAL CAPITAL EXPENDITURES  OTHER COSTS DETAIL  TOTAL OTHER COSTS SUBCONTRACTS		Seneral Fund	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	ency (Col.	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0		0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0		0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0		0.00 0.00 0.00 0.00 0.00 0.00		0.00 0.00 0.00 0.00 0.00 0.00	0.0
CAPITAL EXPENDITURE DETAIL  TOTAL CAPITAL EXPENDITURES  OTHER COSTS DETAIL  TOTAL OTHER COSTS SUBCONTRACTS		Seneral Fund	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	ency (Col.	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0		0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0		0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0		0.00 0.00 0.00 0.00 0.00 0.00		0.00 0.00 0.00 0.00 0.00 0.00	0.0
CAPITAL EXPENDITURE DETAIL  TOTAL CAPITAL EXPENDITURES  OTHER COSTS DETAIL  TOTAL OTHER COSTS  SUBCONTRACTS		Seneral Fund	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	ency (Col.	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0		0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0		0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0		0.00 0.00 0.00 0.00 0.00 0.00		0.00 0.00 0.00 0.00 0.00 0.00	0.0
CAPITAL EXPENDITURE DETAIL  TOTAL CAPITAL EXPENDITURES  OTHER COSTS DETAIL  TOTAL OTHER COSTS  SUBCONTRACTS		Seneral Fund	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	ency (Col.	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0		0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0		0.00   0.		0.00 0.00 0.00 0.00 0.00 0.00		0.00 0.00 0.00 0.00 0.00 0.00	
CAPITAL EXPENDITURE DETAIL  TOTAL CAPITAL EXPENDITURES  OTHER COSTS DETAIL  TOTAL OTHER COSTS SUBCONTRACTS		Seneral Fund	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	ency (Col.	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0		0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0		0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0		0.00 0.00 0.00 0.00 0.00 0.00		0.00 0.00 0.00 0.00 0.00 0.00	0.0
CAPITAL EXPENDITURE DETAIL  TOTAL CAPITAL EXPENDITURES  OTHER COSTS DETAIL  TOTAL OTHER COSTS		Seneral Fund	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	ency (Col.	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0		0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0		0.00   0.		0.00 0.00 0.00 0.00 0.00 0.00		0.00 0.00 0.00 0.00 0.00 0.00	0.0
CAPITAL EXPENDITURE DETAIL  TOTAL CAPITAL EXPENDITURES  OTHER COSTS DETAIL  TOTAL OTHER COSTS  SUBCONTRACTS		Seneral Fund	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	ency (Col.	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0		0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0		0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00		0.00 0.00 0.00 0.00 0.00 0.00		0.00 0.00 0.00 0.00 0.00 0.00	0.0
CAPITAL EXPENDITURE DETAIL  TOTAL CAPITAL EXPENDITURES  OTHER COSTS DETAIL  TOTAL OTHER COSTS SUBCONTRACTS		Seneral Fund	0.00   0.	ency (Col.	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0		0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0		0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0		0.00 0.00 0.00 0.00 0.00 0.00		0.00 0.00 0.00 0.00 0.00 0.00	0.1
CAPITAL EXPENDITURE DETAIL  TOTAL CAPITAL EXPENDITURES  OTHER COSTS DETAIL  TOTAL OTHER COSTS  SUBCONTRACTS  OTHER CHARGES		Seneral Fund	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	ency (Col.	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0		0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0		0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0		0.00 0.00 0.00 0.00 0.00 0.00		0.00 0.00 0.00 0.00 0.00 0.00	0.1
CAPITAL EXPENDITURE DETAIL  TOTAL CAPITAL EXPENDITURES  OTHER COSTS DETAIL  TOTAL OTHER COSTS  SUBCONTRACTS		Seneral Fund	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	ency (Col.	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0		0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0		0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0		0.00 0.00 0.00 0.00 0.00 0.00		0.00 0.00 0.00 0.00 0.00 0.00	0.0

y: CHVP 25-36 SAI	alifornia Home Visiting Program (EBHV) HVP 25-36 SAN BERNARDINO						UNMATCHED FUNDING						ENHANCED MATCHING (75/25)					
Child Care Reso	ild Care Resource Center (CCRC)				СН	IVP - EBHV	AGI	ENCY FUNDS		VP-SGF-NE	СН	HVP-Cnty NE	СН	VP-SGF-E	CI	HVP-Cnty E		
				(1) TOTAL FUNDING	(2)	(3) CHVP - EBHV	(6) %	(7) Agency Funds*	(8)	(9) Combined	(10)	(11) Combined	(12)	(13) Combined	(14)	(15) Combined		
ERSONNEL DETAIL								1	~	Fed/State		FadiAgency*		Fed/State		Fad/Agenev*		
ENGONNEE DE PAIE		TOTAL PERSO	NNEL COSTS	151,326.00		151,326.00		0.00		0.00		0.00		0.00		0.00		
	FRINGE BENEFIT R		.39% TOTAL WAGES	37,019.00		37,019.00		0.00		0.00		0.00		0.00		0.00		-
FULL NAME (First Name Last Name)	TITLE OR CLASSIFICATION (No Acronyms)	% FTE	ANNUAL SALARY	114,307.00 TOTAL WAGES		114,307.00		0.00		0.00		0.00		0.00		0,00	J-Pers MCF Per Staff	
aRiesha Floyd	Program Manager	35.00%	72,783.00	25,474.00	100.00%	25,474.00		0.00		0.00		0.00		0.00			0.00%	
Claudia Aguilar Sara Buendia	Supervisor	100.00%	45,500.00 43,333.00	45,500.00 43,333.00	100.00%	45,500.00 43,333.00		0.00		0.00		0.00		0.00		0.00	0.00%	_
ala Duelidia	Family Support Specialist	100.00%	45,555.00	0.00	100,00%	0.00		0.00		0.00		0.00		0.00		0.00	0.00%	_
				0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	_
				0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	_
		_		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
				0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	_
				0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
				0.00		0.00		0.00		0.00		0.00		0.00	\	0.00	0.00%	6
				0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	_
				0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
				0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	_
				0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
				0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	_
				0.00		0.00 0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
		_		0.00	_	0.00		0.00		0.00		0.00	_	0.00		0.00	0.00%	
		_		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
				0.00		0.00	Ú	0.00		0.00		0.00		0.00		0.00	0.00%	6
				0.00		0.00		0.00		0.00		0,00		0.00		0.00	0.00%	_
				0.00		0.00 0.00		0.00		0.00		0.00		0.00		0.00	0.00%	_
				0.00		0.00		0.00		0.00	-	0.00		0.00	l.	0.00	0.00%	_
				0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	_
				0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	6
				0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
		-		0.00		0.00		0.00		0.00	-	0.00		0.00	2	0.00	0.00%	
		-1		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
				0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	_
				0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	_
				0.00		0.00		0.00		0.00		0.00	-	0.00		0.00	0.00%	_
				0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	_
				0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
				0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
				0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
				0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	_
				0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
				0.00		0.00		0.00		0.00		0.00		0.00	-	0.00	0.00%	
				0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
				0.00		0.00		0,00		0.00		0.00		0.00		0.00	0.00%	
				0.00		0.00	-	0.00	-	0.00		0.00		0.00		0.00	0.00%	_
				0.00		0.00	-	0.00		0.00		0.00	-	0.00		0.00	0.00%	
				0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
				0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	%
				0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
				0.00		0.00		0.00	1	0.00		0.00		0.00		0.00		