

THE INFORMATION IN THIS BOX IS NOT A PART OF THE CONTRACT AND IS FOR COUNTY USE ONLY



Contract Number
24-1146 A-1

SAP Number

Department of Public Health

Department Contract Representative	<u>Stephanie Ramos</u>
Telephone Number	<u>840-587-6596</u>
Contractor	<u>Child Care Resource Center, Inc.</u>
Contractor Representative	<u>Kelly Morehouse-Smith</u>
Telephone Number	<u>818-717-1000</u>
Contract Term	<u>November 19, 2024 through October 31, 2026</u>
Original Contract Amount	<u>\$211,656</u>
Amendment Amount	<u>\$211,656</u>
Total Contract Amount	<u>\$423,312</u>
Cost Center	<u>9300321000</u>
Grant Number (if applicable)	<u></u>

IT IS HEREBY AGREED AS FOLLOWS:

AMMENDMENT NO. 1:

It is hereby agreed to amend Contract No. 24-1146, effective upon execution as follows:

SECTION D. TERM OF CONTRACT

Section D is amended to read as follows:

This Contract is effective as of November 19, 2024 and expires October 31, 2026 but may be terminated earlier in accordance with provisions of this Contract. The Contract term may be extended for three (3) additional one year periods by mutual agreement of the parties, and subject to County's receipt of funding or remaining funding for Contractor.

SECTION F. FISCAL PROVISIONS

Paragraph 1 is amended to read as follows:

1. The maximum amount of reimbursement under this Contract shall not exceed \$423,312 and shall be subject to availability of other funds to the County. The consideration to be paid to Contractor, as provided herein, shall be in full payment for all Contractor's services and expenses incurred in the

performance hereof, including travel and per diem. With the following amounts allocated per fiscal year:

- a. Fiscal Year 2024-2025, maximum reimbursement of \$141,104
- b. Fiscal Year 2025-2026, maximum reimbursement of \$211,656
- c. Fiscal year 2026-2027, maximum reimbursement of \$70,552

Paragraph 3 is amended to read as follows:

3. County shall make payment to Contractor with a net sixty (60) day payment term after receipt of invoice or the resolution of any billing dispute. Invoices shall include the corresponding Purchase Order number assigned by County. Contractor is requested to complete the following steps to submit an invoice:
 - I. Send an email with the complete invoice (no supporting documentation) to San Bernardino County ATC at apinvoices@sbcountyatc.gov and cc celeste.quiruz@dph.sbcounty.gov and patricia.molina@dph.sbcounty.gov.
 - II. Send an email with supporting documentation to celeste.quiruz@dph.sbcounty.gov or you may submit hard copies of supporting documentation via mail to:

Department of Public Health
Attn: Celeste Quiroz
451 E. Vanderbilt Way, Third Floor, Ste. 350
San Bernardino, CA 92408

ATTACHMENTS

ATTACHMENT A – Replace Scope of Work

ATTACHMENT E1 – Add Budget for Fiscal Year 2025-2026

All other terms and conditions of Contract No. 24-1146 remain in full force and effect.

This Agreement may be executed in any number of counterparts, each of which so executed shall be deemed to be an original, and such counterparts shall together constitute one and the same Agreement. The parties shall be entitled to sign and transmit an electronic signature of this Agreement (whether by facsimile, PDF or other mail transmission), which signature shall be binding on the party whose name is contained therein. Each party providing an electronic signature agrees to promptly execute and deliver to the other party an original signed Agreement upon request.

IN WITNESS WHEREOF, the San Bernardino County and the Contractor have each caused this Contract to be subscribed by its respective duly authorized officers, on its behalf.

SAN BERNARDINO COUNTY

▶ *Dawn Rowe*
 Dawn Rowe, Chair, Board of Supervisors

Dated: OCT 2 1 2025
 SIGNED AND CERTIFIED THAT A COPY OF THIS DOCUMENT HAS BEEN DELIVERED TO THE CHAIRMAN OF THE BOARD

By *Lynna Menell*
 Lynna Menell
 Clerk of the Board of Supervisors
 of the San Bernardino County
 Deputy



Child Care Resource Center, Inc.
 (Print or type name of corporation, company, contractor, etc.)

By ▶ *Michael Olenick*
 Michael Olenick, PhD (Oct 2, 2025 16:46:18 PDT)
 (Authorized signature - sign in blue ink)

Name Michael Olenick, Ph.D.
 (Print or type name of person signing contract)

Title Chief Executive Officer
 (Print or Type)

Dated: 10/02/2025

Address 2001 Prairie St.
Chatsworth, CA 91311

FOR COUNTY USE ONLY

Approved as to Legal Form
 ▶ *Daniel Pasek*
 Daniel Pasek (Oct 2, 2025 16:31:26 PDT)
 Daniel Pasek, Deputy County Counsel
 Date 10/02/2025

Reviewed for Contract Compliance
 ▶ _____
 Date _____

Reviewed/Approved by Department
 ▶ *Joshua Dugas*
 Joshua Dugas (Oct 6, 2025 08:12:54 PDT)
 Joshua Dugas, Director
 Date 10/06/2025

ATTACHMENT A

SCOPE OF WORK

Number for Referrals for the term of the contract: **35** for the first year of the contract. Thereafter, the target is the number of recruitments that yields enrollment and maintenance of **26** 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.

Number for Enrollments for the term of the contract: **26** for the first year of the contract. Thereafter, the target is the number of enrollments that maintains **26** 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.	1. 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: <ul style="list-style-type: none"> • Orientation • Foundations for Family Support (required for Family Support Specialists who conduct home visits) • Family Resilience and Opportunities for Growth (FROG) Training 	1. Monthly deliverable progress report to include: <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> • 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. 	1. Monthly deliverable progress report to include: <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> • 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 	1. Monthly deliverable progress report to include: <ul style="list-style-type: none"> 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	1. Monthly deliverable progress report to include: <ul style="list-style-type: none"> 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 <ul style="list-style-type: none"> • Adhere to CHVP policies and procedures related to implementation of the selected home visitation model, including the use of the Partners for Healthy 	1. Monthly deliverable progress report to include: <ul style="list-style-type: none"> a. Status of HFA accreditation b. Staffing Status report c. Staff training log d. MOUs/Agreements with community/faith-based organizations

	<p>Baby curriculum.</p> <ul style="list-style-type: none"> Recruit, hire, train, and retain staff to implement and support operation of the home visitation model (per activities 1.1, 1.2, 1.3 and 3.0). Identify and collaborate with early childhood system partners to improve the continuum of services to families and children. Participate in site visits as required by the State of California Maternal, Child and Adolescent Health (MCAH) Division and/or San Bernardino County Department of Public Health (SBCDPH) and make available all records related to operation of CHVP services and the selected home visitation model. 	<p>and partners.</p> <p>2. Documentation related to the site visits includes, but is not limited to:</p> <ol style="list-style-type: none"> Outreach log Referral triage plan Training log Training plan Participant funding source triage plan Policies and procedures Participant consent form
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Objective 2: Through October 31, 2026, CCRC will commence home visiting services on a continuous basis.

#	Activity Description	Evaluation/Deliverable/Performance Measure
2.0	<p>Develop a recruitment, enrollment, and retention plan for home visiting for review and approval by SBCDPH to include:</p> <ul style="list-style-type: none"> Component for canvassing target geographic area. Method of selection of referral agencies. 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. Sample agreement between Contractor and referral agency. Enrollment outreach and retention efforts. <p>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.</p>	<ol style="list-style-type: none"> Home Visiting Recruitment, Enrollment, and Retention Plan. Monthly deliverable progress report to include: <ul style="list-style-type: none"> Number of contacts (see Definitions section). Number of referrals (see Definitions section). Number of enrollments (see Definitions section). Monthly deliverable progress report to include: <ul style="list-style-type: none"> Number of contacts per referral agency. Number of referrals per referral agency. Number of enrollments per referral agency.
2.1	<p>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.</p>	<ol style="list-style-type: none"> Monthly deliverable progress report to include: <ol style="list-style-type: none"> Number of participants contacted. Number of participants referred. Number of participants enrolled. 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	<p>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.</p> <p>Contracted agency will be required to follow all standards set in place by HFA regarding retention.</p>	<ol style="list-style-type: none"> Monthly deliverable progress report to include: <ol style="list-style-type: none"> Number of participants enrolled in HFA services. Number of completed home visits per HFA participant. Number of attempted home visits per HFA participant.

3.1	<p>HFA Home Visitor Workers will implement the HFA model components, including addressing the following:</p> <ul style="list-style-type: none"> • Link participants to early/regular prenatal care and provide additional home visits for high risk factors such as history of pre-term delivery and/or low birth weight, pre-eclampsia and diabetes. • Assist participant in preparations for each prenatal visit and develop approaches to communicate needs/concerns with medical personnel. • Inform the participant and the participant's partner about the effects of smoking, alcohol/illicit drugs on fetal growth and assisting participants to identify goals and plans for cessation and/or reducing cigarette smoking. • 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 care. • 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. 	<p>1. Monthly deliverable progress report to include:</p> <ol style="list-style-type: none"> a. Medical conditions. b. Delivery conditions. c. Number of participants that achieve American Academy of Pediatrics (AAP) Brights Futures guidelines utilization to support/ensure infant receives well-child visit (first week three to five days, one-month visit, two-month visit, and nine-month visit). d. Number of participants who have completed infant immunizations appointments at two, four, six, and 12 months. e. Number of participants who have attended six-week postpartum medical appointment.
3.2	<p>HFA will enter data and home visiting information into case management database in accordance with the current HFA ETO User Manual, and the HFA Data Collection Manual for:</p> <ul style="list-style-type: none"> • Screenings and assessments to determine families at risk for child maltreatment or other adverse childhood experiences. • Home visiting services • Routine screening and assessment of parent-child interactions, child development, and maternal depression. <p>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.</p>	<p>1. Monthly deliverable progress report to include:</p> <ol style="list-style-type: none"> a. Number of screenings/assessments completed, and number of screening/assessments entered into data systems in accordance with the current HFA ETO User Manual, and the HFA Data Collection Manual. b. Number of home visits completed, and number of home visits entered into data systems in accordance with the current HFA ETO User Manual, and the HFA Data Collection Manual
3.3	<p>Contractor will attend all state and local meetings and trainings. A 100% attendance rate is mandated</p>	<p>1. Monthly deliverable progress report to include:</p> <ol style="list-style-type: none"> a. Names of HFA Home Visitor Works, HFA Supervisors and HFA Program Managers that attended meeting/training and name of meeting/training.
3.4	<p>Install, utilize and attend training for automated systems used with CHVP, as required by the State of California Maternal, Child and Adolescent Health (MCAH) Division. Example: Efforts to Outcomes (ETO).</p> <ul style="list-style-type: none"> • Engage in on-going coordination with the MCAH 	<p>1. Monthly deliverable progress report.</p>

	<p>Division Data Team and/or data collection system owners.</p> <ul style="list-style-type: none"> Comply with all CHVP data policies and procedures including data collection, entry, security, management, and reporting. 	
3.5	<p>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:</p> <ul style="list-style-type: none"> Family Resilience and Opportunities for Growth (FROG) Scale. ASQ ASQ-SE CHEERS Check-In Tool, and Family Goal Plans 	<p>1. Monthly deliverable progress report to include:</p> <ol style="list-style-type: none"> Initial report to include the assessment/tools used Number of participants for each tool: <ul style="list-style-type: none"> Family Resilience and Opportunities for Growth (FROG) Scale ASQ ASQ-SE CHEERS Check-In Tool Family Goal Plans Types of Goals included on Family Plan Number of participants that reached goals
3.6	<p>Utilize a Contractor-designed tracking tool to capture the number of prenatal care visits per participant.</p>	<p>1. Monthly deliverable progress report to include:</p> <ol style="list-style-type: none"> 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	<p>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:</p> <ul style="list-style-type: none"> 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 	<p>1. Monthly deliverable progress report to include:</p> <ol style="list-style-type: none"> Medical conditions. Delivery outcomes. Number of postnatal care visits reported by HFA participants.

	<p>screenings.</p> <ul style="list-style-type: none"> • 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. 	
4.1	<p>HFA will collaborate with and attend Inland Empire Fatherhood Involvement Coalition (IEFIC) meetings. Contact information for IEFIC is Juan Solis, Father Engagement Coordinator for Children’s Network. Phone Number: 909 383-9662 Email address: Juan.Solis@hss.sbcounty.gov</p>	<p>1. Monthly deliverable progress report to include:</p> <ol style="list-style-type: none"> a. Name of employee who attended IEFIC meeting and date of meeting.
4.2	<p>Maintain a Community Advisory Board (CAB) that will serve in a consultative manner in the planning and implementation of program-related and system-integration activities. CAB guidance must include the following activities:</p> <ol style="list-style-type: none"> 1. The CAB will hold meetings once per quarter at minimum, during each three (3) month period, as follows: July through September, October through December, January through March, and April through June. 2. 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. 	<p>1. Monthly deliverable progress report to include, as applicable:</p> <ol style="list-style-type: none"> a. CAB meeting minutes and a current membership attendance roster. b. As applicable, describe challenges associated with recruitment and/or retention of CAB membership and strategies that will be employed to successfully add or retain members.

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, SBCEPH will initiate a Performance Improvement Plan (PIP). The procedure for a PIP is outlined below:

- On a monthly basis, SBCEPH will review caseload reports for each agency. Agencies who have fallen below minimum expectations for three (3) consecutive months will work jointly with SBCEPH 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 SBCEPH 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 re-engage 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

BUDGET SUMMARY

FISCAL YEAR
2025-26

BUDGET
ORIGINAL

BUDGET STATUS
ACTIVE

BUDGET BALANCE
0.00

SUBCONTRACT

Vendor ID: 150, Quarter: 4, 1, 25
 Program: California Home Visiting Program (EBHV)
 Agency: CHVP 25-36 SAN BERNARDINO
 SubK: Child Care Resource Center (CCRC)

(1)	(2)	(3)	UNMATCHED FUNDING			NON-ENHANCED MATCHING (50/50)			ENHANCED MATCHING (75/25)					
			CHVP - EBHV	AGENCY FUNDS	CHVP-SGF-NE	CHVP-CRNY NE	CHVP-SGF-E	CHVP-CRNY E	CHVP-SGF-E	CHVP-CRNY E				
TOTAL FUNDING %	%	Agency Funds* %	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
211,656.00	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
-ALLOCATION(S) → 211,656.00														

EXPENSE CATEGORY	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
(I) PERSONNEL	151,326.00	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
(II) OPERATING EXPENSES	45,197.40		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	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	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	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	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
BUDGET TOTALS*	211,656.00	100.00%	0.00												

TOTAL CHVP - EBHV 211,656.00

TOTAL TITLE XIX 0.00

TOTAL AGENCY FUNDS 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 MCAM ADMINISTRATIVE AND PROGRAM POLICIES.

MCAM/PROJECT DIRECTOR'S SIGNATURE _____ DATE _____

AGENCY FISCAL AGENT'S SIGNATURE _____ DATE _____

STATE USE ONLY - TOTAL STATE AND FEDERAL REIMBURSEMENT	PCA Codes	CHVP - EBHV	AGENCY FUNDS	CHVP-SGF-NE	CHVP-CRNY NE	CHVP-SGF-E	CHVP-CRNY E
(I) PERSONNEL	51023	151,326.00		0.00	0.00	0.00	0.00
(II) OPERATING EXPENSES		45,197.40		0.00	0.00	0.00	0.00
(III) CAPITAL EXPENSES		0.00		0.00	0.00	0.00	0.00
(IV) OTHER COSTS		0.00		0.00	0.00	0.00	0.00
(V) INDIRECT COSTS		15,132.60		0.00	0.00	0.00	0.00
Totals for PCA Codes		211,656.00		0.00	0.00	0.00	0.00

Program:	California Home Visiting Program (EBHV)	NON-ENHANCED MATCHING (50/50)	ENHANCED MATCHING (7.5/2.5)
Agency:	CHVP 25-36 SAN BERNARDINO	CHVP-SGF-NE	CHVP-SGF-E
SubK:	Child Care Resource Center (CCRC)	CHVP-City NE	CHVP-City E
		Agency Funds	Agency Funds
		(3) CHVP - EBHV	(3) CHVP - EBHV
		(4) %	(4) %
		(5) %	(5) %
		(6) %	(6) %
		(7) %	(7) %
		(8) %	(8) %
		(9) %	(9) %
		(10) %	(10) %
		(11) %	(11) %
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		(53) %	(53) %
		(54) %	(54) %

ID	FULL NAME (First Name Last Name)	TITLE OR CLASSIFICATION (No Acronyms)	% FTE	ANNUAL SALARY	TOTAL PERSONNEL COSTS	TOTAL WAGES		TOTAL PERSONNEL COSTS		FRINGE BENEFIT RATE		UNMATCHED FUNDING		NON-ENHANCED MATCHING (50/50)		ENHANCED MATCHING (7.5/2.5)		Per State	Start Traveling
						ANNUAL SALARY	TOTAL WAGES	FRINGE BENEFIT RATE	TOTAL PERSONNEL COSTS	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)		
1	LaRiesha Floyd	Program Manager	35.00%	72,783.00	151,226.00	25,474.00	151,226.00	37,019.00	114,307.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00%	
2	Claudia Aguilar	Supervisor	100.00%	45,500.00	37,019.00	45,500.00	37,019.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00%	
3	Sara Buendia	Family Support Specialist	100.00%	43,333.00	114,307.00	43,333.00	114,307.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00%	
4				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00%	
5				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%	
7				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00%	
8				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00%	
9				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00%	
10				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00%	
11				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00%	
12				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00%	
13				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00%	
14				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00%	
15				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00%	
16				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00%	
17				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00%	
18				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00%	
19				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00%	
20				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00%	
21				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00%	
22				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00%	
23				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00%	
24				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00%	
25				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00%	
26				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00%	
27				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00%	
28				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00%	
29				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00%	
30				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00%	
31				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00%	
32				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00%	
33				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00%	
34				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00%	
35				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00%	
36				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00%	
37				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00%	
38				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00%	
39				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00%	
40				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00%	
41				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00%	
42				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00%	
43				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00%	
44				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00%	
45				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00%	
46				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00%	
47				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00%	
48				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00%	
49				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00%	
50				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00%	
51				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00%	
52				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00%	
53				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00%	
54				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00%	