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State of California—Health and Human Services Agency
California Department of Public Health



GAVIN NEWSOM
Governor

December 16, 2022

TO: MATERNAL, CHILD AND ADOLESCENT HEALTH (MCAH)
DIRECTORS/ CALIFORNIA HOME VISITING PROGRAM (CHVP)
DIRECTORS, COORDINATORS, OR DESIGNEE

SUBJECT: FISCAL YEAR (FY) 2022-2023: Year 1 CHVP STATE GENERAL FUND
(SGF) AGREEMENT FUNDING APPLICATION (AFA) ANNOUNCEMENT

This letter announces the FY 2022-2023 AFA Process that provides allocation and contract funding updates for Year 1 of the of California Home Visiting Program State General Fund Expansion (CHVP SGF EXP).

FY 2022-23 State General Funding is as Follows:

CHVP SGF EXP funding allocations are for State General Funds only and cannot be combined with other funding including Maternal, Infant, and Early Childhood Home Visiting (MIECHV) dollars but may be braided. Please reach out to your Contract Manager (CM) if you have questions. Please note that CHVP Allocations funded with MIECHV, are implemented through a separate allocation agreement.

AFA Timeline/ Important Dates:

Friday, December 16 th	Release of FY 22-23 AFA Notification for Year 1 CHVP SGF EXP. AFA forms will be sent via email attachment. NOTE: New LHJs must complete all AFA forms. LHJs that participated in the previous CHVP 2019 SGF EXP AFA cycle will not need to complete all AFA forms, and their assigned CM will provide a checklist of AFA forms that may need to be updated.
Friday, December 30 th	AFA Packages and Updated Forms Due back to MCAH. If needed, please contact your CM for any extensions.
Monday, January 30 th	MCAH CM/ PC AFA Package Review and Approval. <u>Your CM and Program Consultant (PC)</u> will review your AFA package. LHJs will be notified if revisions are needed before approval.



MCAH Directors, CHVP Project Coordinators, or Designee
December 16, 2022

AFA Submission:

Packages are due via email to MCAHFINACT@cdph.ca.gov by Friday, December 30th. If you have any questions about the AFA process or require an extension due to the extenuating circumstances of COVID-19, please contact your CM as soon as possible.

There may have been changes since the last AFA submission. We recommend that all LHJs review the [Fiscal Administration Policy and Procedure Manual](#) prior to building and submitting their FY 22-23 AFAs. Please note that CHVP SGF EXP Year 1 has a unique naming convention (Reference the example under the Invoice Submission section of this letter, or on the AFA checklist).

LHJs will be notified via email when their AFA package is approved and they and they are permitted to invoice for services retroactively to **July 1, 2022**.

Invoice Submission:

As communicated in CDPH/ MCAH alert letter 20160710 on October 7, 2016, all invoices and supporting documentation must be submitted via email to: the MCAH invoice box: MCAHInvoices@cdph.ca.gov. To ensure appropriate processing, please use the following invoice naming convention for the signed invoice PDF and Excel files as well as the subject line of the email:

Agreement Number (space) LHJ Name (space) Fiscal Year (space) Invoice
Quarter Number

Example: CHVP SGF EXP 22b-01 Alameda FY22-23 Q1

Invoice submission must include:

- Signed cover letter on LHJ letterhead
- Signed invoice (Please note: electronic signatures are accepted)
- Updated invoice information in the approved Excel Budget-Invoice Template

MCAH Directors, CHVP Project Coordinators, or Designee
December 16, 2022

Invoice Submission Timeline:

Pay Period	Duration	Due Date
Quarter 1	July – September	November 15 th
Quarter 2	October – December	February 15 th
Quarter 3	January – March	May 15 th
Quarter 4	April – June	August 15 th

Thank you for your assistance and timely submission of your AFA package. If you have any questions or concerns, please contact your CM.

Sincerely,



Angelica Jimenez-Bean
Section Chief, Contract Management and Allocations Process
Maternal, Child and Adolescent Health Division
Center for Family Health
California Department of Public Health

California Home Visiting Program

2022 Expansion Plan Update and Allocations

The California Department of Public Health (CDPH) received \$37.5 million in State General Funds (SGF) to expand the California Home Visiting Program (CHVP) for 2022-23 and ongoing, which includes \$33.7 million for Local Assistance. The long-term goal of this funding is to increase the number of families participating in the three evidence-based home visiting (EBHV) models supported by CDPH/CHVP: Healthy Families America (HFA), Nurse Family Partnership (NFP) and Parents as Teachers (PAT). Local Health Jurisdictions (LHJs) may use Year 1 funding for expansion, planning and/or special support activities. This document includes the plan for the CHVP SGF evidence-based home visiting expansion funds for current state fiscal year (Year 1) and the following five years (Years 2-6).

New: This document provides updates including recent revisions to the information regarding the special support activities. The use of SGF funding for special support activities is intended to provide short-term relief to help stabilize home visiting programs with the longer-term goal of increasing the number of families served in home visiting.

Year 1 CHVP SGF Expansion Plan Updates

- The plan presented to LHJs during the *Draft CHVP and BIH Augmentation Allocation Plan* meeting on September 1, 2022, included three different allocation “pots” for Year 1 for Planning, Expansion, and Special Allocations.
- Based on local stakeholder questions and feedback, CDPH/CHVP adjusted the plan to maintain the same allowable activities (see Table 1) but provide a single allocation to each LHJ with the opportunity to select Year 1 activities based on the needs of their program and communities.
- Year 1 funding for each LHJ is based on the data-driven funding formula presented on September 1 (Table 2).
 - Each LHJ may accept or decline funds for Year 1.
 - LHJs are no longer able to accept a partial award for Year 1. Each LHJ will be able to invoice up to their full allocated amount, but it is not a requirement that each LHJ spend all of the Year 1 allocation amount.
 - CDPH/CHVP does not have authority to grant roll over spending from one fiscal year to the next.
 - Once an executed agreement is in place, LHJs will be able to invoice back to July 1, 2022.
 - CDPH/CHVP will not redistribute declined/unspent funds for Year 1.
- LHJs that decline Year 1 funding are eligible to opt-in for Years 2-6 funding. LHJs that decline Year 2, may not be re-eligible until the end of the five-year agreement cycle.

Year 1 CHVP SGF Expansion Plan Details

Year 1 Allocation: Starting July 1, 2022, or upon agreement execution, through June 30, 2023, all 61 LHJs are eligible to receive an allocation amount from the 2022 SGF Expansion (\$33.7 million). Each LHJ that accepts their allocation, will receive \$400,000 base funding plus an additional amount that is proportional to the LHJs three-year aggregated Medi-Cal birth data. (Table 2)

- As part of the Agreement Funding Application (AFA) process LHJs will determine Year 1 activities. (See Table 1 and Scope of Work)
- In addition to hiring home visiting staff to increase caseload/provide home visiting services to families, LHJs will be allowed to provide cost of living/salary increases for existing staff following local agency protocols and state contracting rules.
- LHJs must select planning, expansion, and/or special support activities that will best meet the home visiting needs of their jurisdiction for Year 1.
- LHJs have the option to establish regional or multi-LHJ consortia to implement home visiting programs.
- Current SGF (2019 SGF Expansion of \$16 million for EBHV and \$5 million for Innovation) will remain as allocated for current SFY (2022-23).
- *New: In Year 1, there are no restrictions on the amount of funding that can be used in any of the three activity categories (expansion, planning, and special support). LHJs will decide how to utilize the SGF funding based on the needs of their program and in accordance with the SOW. In Years 2-6, there will be restrictions on planning and special support activities.*

Table 1. Year 1 Options for Activities.

Type	Purpose	Eligibility/Parameters	Example Activities
Expansion	Expand participation, beyond current caseload capacity, in an NFP, HFA or PAT program.	<ul style="list-style-type: none"> • Any LHJ that is implementing an NFP, HFA or PAT program and is ready to expand, regardless of funding source (e.g., if an LHJ is implementing one or more of these models with local funds or CalWORKs funds they may choose to expand with CHVP funds). • For Year 1, LHJs choosing to opt into 2022 SGF funding to expand an existing NFP, HFA, or PAT program will be expected to increase their caseload capacity by a negotiated number decided 	<ul style="list-style-type: none"> • Recruit and hire home visiting staff • Train home visiting staff to perform job duties • Engage in technical assistance (TA) with CDPH/CHVP and EBHV model to ensure smooth onboarding of new staff. • Engage in TA and training with CDPH/CHVP to ensure correct use of required forms, data systems, and processes (e.g., SharePoint, model specific data systems, CHVP Policies and Procedures (P&P)). • Develop an Implementation

Type	Purpose	Eligibility/Parameters	Example Activities
		between CDPH/CHVP and the LHJ. This number will balance the funding amount, LHJ capacity, timeframe for spending, and other activities selected during Year 1.	Plan outlining planned activities and a timeline for meeting milestones. <ul style="list-style-type: none"> Enroll and serve families

Planning	Plan for implementation or expansion of NFP, HFA or PAT.	<ul style="list-style-type: none"> LHJs that are not implementing NFP, HFA or PAT that would like to plan for start-up. LHJs that are implementing NFP, HFA or PAT that would like to work towards expansion or work towards adding another of the three models. This refers to LHJs that are not ready for immediate expansion and would like to focus on planning. 	<ul style="list-style-type: none"> Hire core staff for planning and program management Conduct a Needs Assessment to assess gaps in services and local need for home visiting services Assess organizational capacity to start-up and implement a home visiting program Engage local stakeholders in planning Explore available EBHV options (NFP, HFA, PAT) and select model Connect with and receive TA and initial support from EBHV model National Offices Develop an Implementation Plan outlining planned activities and a timeline for meeting milestones Develop home visiting program P&P Apply for affiliation, if needed, with EBHV model National Office Establish processes and infrastructure (e.g., data system, community referral network)
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			<ul style="list-style-type: none"> • Develop agency-wide referral triage process • Connect with or establish a Community Advisory Board (CAB) • Develop Duty Statements and hire home visiting staff • Explore EBHV model approved adaptations to meet gaps in services identified in the Needs Assessment
Special Support	Provide relief and support with rebuilding and stabilizing the staff and families served by Local MCAH home visiting programs including CHVP Innovation Projects through enhanced training, technology, hazard pay and other staff costs, and emergency supplies.	<ul style="list-style-type: none"> • All LHJs/Local MCAH home visiting programs, including CHVP Innovation projects and subcontracted agencies, regardless of current funding source and model. 	<ul style="list-style-type: none"> • Fund hazard pay or other staff costs associated with providing home visits or administration of programs, including incentive bonuses, overtime pay, and technology that supports individual home visiting employees. • Provide enhanced training opportunities for staff. • Acquire the necessary technological means for families enrolled in the program, to support virtual home visiting and address digital access and equity concerns. • Provide emergency supplies (such as diapers and diapering supplies, formula, food, water, hand soap and hand sanitizer) to enrolled participant families. Includes gift cards and prepaid grocery cards for the purpose of meeting the emergency needs of families.

Years 2-6 CHVP SGF Expansion Plan Details

Key Points of CHVP Expansion Plan for Years 2-6 (July 1, 2023- June 30, 2028)

- CDPH/CHVP extended this plan to 5 years instead of 3 years. CDPH/CHVP will maintain an annual agreement process and will re-assess annual allocation amounts, if needed.
- All 61 LHJs are eligible for CHVP SGF Allocation funds from July 1, 2023-June 30, 2028. Each LHJ that accepts funds will receive an annual allocation with a base amount of approximately \$400,000 plus an additional amount related to each LHJ's proportional three-year aggregated Medi-Cal birth data. (Table 3)
- Table 3 below provides an example of the annual CHVP SGF allocation for Years 2-6 based on the approved funding formula and consolidated SGF "pot" for a total of \$49.7 million to be distributed each year (2019 SGF EBHV expansion funds, \$16 million, and current 2022 SGF expansion funds, \$33.7 million).
 - The Years 2-6 example allocation table shows a minimum annual allocation for each of the years and may be higher depending on how many LHJs opt-in/out.
 - CDPH/CHVP will redistribute declined funds.
- LHJs are expected to increase expansion/implementation activities and decrease planning and special support activities over the course of the five-year agreement cycle to work towards full program implementation. Additional guidance on planning and implementation activities will be provided at a later time.
- The special support category provides short-term relief opportunities and CDPH/CHVP will provide more guidance about parameters and duration of these allowable activities in Years 2-6.
- CDPH/CHVP will continue to address the need for flexibility in EBHV through program and budget guidance; by working with LHJs and model developers to assess needs and opportunities for adaptations, enhancements and/or modifications; and by establishing learning communities to support LHJs with meeting the needs of families and improving administrative processes.
- Starting July 1, 2023, new annual agreements will be established with all LHJs that opt-in for CHVP SGF allocations.
- CDPH/CHVP will continue investment in the nine current CDPH/CHVP Innovation Projects through the 2019 expansion funds, which is not included in the allocation tables below.

Next Steps

- *Completed:* Tuesday, October 25, 2022, 2:30-4:00pm CHVP SGF Expansion Plan Update Meeting
- *Completed:* Friday, November 4, 2022, CHVP emailed the CHVP SGF Expansion Survey for LHJs to express intent to accept/decline Year 1 funds. The survey was non-binding.
- *Completed:* Friday, November 18, 2022, CHVP SGF Expansion Survey for LHJs was due.
- *Completed:* Friday, December 16, 2022, Agreement Funding Application (AFA) packages were released to new CHVP LHJs.
 - AFA packages for existing CHVP LHJs are being released on a rolling basis.
- Friday, December 30, 2022, AFA Packages and updated forms due back to MCAH. (If needed, please contact your Contract Manager for any extensions.)

Table 2. Intent to Award Year 1 Allocation for all LHJs.

The table below shows the intended distribution of the \$33.7 million in new SGF funding for CHVP expansion activities from July 1, 2022-June 30, 2023. The November CHVP survey will provide an opportunity for LHJs to express intent to accept or decline funds, which will be followed by an Agreement Funding Application (AFA) process.

Local Health Jurisdiction	# Medi-Cal Births 2018-2020	Proportion of 2018-2020 Medi-Cal Births	Base Funding Amount	Medi-Cal Births Funding Amount	Total Funding Amount
Los Angeles (excludes Long Beach and Pasadena)	126,643	23.7%	\$400,000	\$2,201,445	\$2,601,445
San Bernardino	39,754	7.4%	\$400,000	\$691,047	\$1,091,047
Riverside	39,397	7.4%	\$400,000	\$684,841	\$1,084,841
San Diego	37,754	7.1%	\$400,000	\$656,281	\$1,056,281
Fresno	28,051	5.2%	\$400,000	\$487,613	\$887,613
Orange	27,753	5.2%	\$400,000	\$482,433	\$882,433
Sacramento	25,408	4.7%	\$400,000	\$441,669	\$841,669
Kern	23,096	4.3%	\$400,000	\$401,480	\$801,480
San Joaquin	15,078	2.8%	\$400,000	\$262,102	\$662,102
Santa Clara	13,170	2.5%	\$400,000	\$228,935	\$628,935
Tulare	13,010	2.4%	\$400,000	\$226,154	\$626,154
Stanislaus	11,266	2.1%	\$400,000	\$195,838	\$595,838
Alameda (excludes Berkeley)	10,963	2.0%	\$400,000	\$190,571	\$590,571
Ventura	10,782	2.0%	\$400,000	\$187,424	\$587,424
Santa Barbara	9,245	1.7%	\$400,000	\$160,707	\$560,707

Local Health Jurisdiction	# Medi-Cal Births 2018-2020	Proportion of 2018-2020 Medi-Cal Births	Base Funding Amount	Medi-Cal Births Funding Amount	Total Funding Amount
Monterey	8,592	1.6%	\$400,000	\$149,355	\$549,355
Merced	7,648	1.4%	\$400,000	\$132,946	\$532,946
City of Long Beach	7,394	1.4%	\$400,000	\$128,530	\$528,530
Contra Costa	6,514	1.2%	\$400,000	\$113,233	\$513,233
San Francisco	5,377	1.0%	\$400,000	\$93,469	\$493,469
Solano	5,360	1.0%	\$400,000	\$93,173	\$493,173
San Mateo	5,232	1.0%	\$400,000	\$90,948	\$490,948
Imperial	4,938	0.9%	\$400,000	\$85,838	\$485,838
Sonoma	4,804	0.9%	\$400,000	\$83,508	\$483,508
Madera	4,336	0.8%	\$400,000	\$75,373	\$475,373
Kings	3,673	0.7%	\$400,000	\$63,848	\$463,848
Butte	3,436	0.6%	\$400,000	\$59,728	\$459,728
Santa Cruz	3,166	0.6%	\$400,000	\$55,035	\$455,035
Shasta	3,073	0.6%	\$400,000	\$53,418	\$453,418
San Luis Obispo	2,709	0.5%	\$400,000	\$47,091	\$447,091
Yolo	2,393	0.4%	\$400,000	\$41,598	\$441,598
Sutter	2,125	0.4%	\$400,000	\$36,939	\$436,939
Placer	2,034	0.4%	\$400,000	\$35,357	\$435,357
Marin	1,776	0.3%	\$400,000	\$30,872	\$430,872
Yuba	1,725	0.3%	\$400,000	\$29,986	\$429,986

Local Health Jurisdiction	# Medi-Cal Births 2018-2020	Proportion of 2018-2020 Medi-Cal Births	Base Funding Amount	Medi-Cal Births Funding Amount	Total Funding Amount
Humboldt	1,580	0.3%	\$400,000	\$27,465	\$427,465
Mendocino	1,577	0.3%	\$400,000	\$27,413	\$427,413
Lake	1,489	0.3%	\$400,000	\$25,883	\$425,883
El Dorado	1,476	0.3%	\$400,000	\$25,657	\$425,657
Napa	1,356	0.3%	\$400,000	\$23,571	\$423,571
Tehama	1,299	0.2%	\$400,000	\$22,581	\$422,581
City of Pasadena	1,213	0.2%	\$400,000	\$21,086	\$421,086
San Benito	903	0.2%	\$400,000	\$15,697	\$415,697
Nevada	869	0.2%	\$400,000	\$15,106	\$415,106
Glenn	650	0.1%	\$400,000	\$11,299	\$411,299
Siskiyou	628	0.1%	\$400,000	\$10,917	\$410,917
Tuolumne	570	0.1%	\$400,000	\$9,908	\$409,908
Calaveras	566	0.1%	\$400,000	\$9,839	\$409,839
Colusa	496	0.1%	\$400,000	\$8,622	\$408,622
Del Norte	445	0.1%	\$400,000	\$7,735	\$407,735
Lassen	389	0.1%	\$400,000	\$6,762	\$406,762
Amador	385	0.1%	\$400,000	\$6,692	\$406,692
City of Berkeley	290	0.1%	\$400,000	\$5,041	\$405,041
Inyo	255	0.0%	\$400,000	\$4,433	\$404,433
Plumas	226	0.0%	\$400,000	\$3,929	\$403,929

Local Health Jurisdiction	# Medi-Cal Births 2018-2020	Proportion of 2018-2020 Medi-Cal Births	Base Funding Amount	Medi-Cal Births Funding Amount	Total Funding Amount
Mariposa	219	0.0%	\$400,000	\$3,807	\$403,807
Trinity	183	0.0%	\$400,000	\$3,181	\$403,181
Mono	171	0.0%	\$400,000	\$2,973	\$402,973
Modoc	46	0.0%	\$400,000	\$800	\$400,800
Sierra	26	0.0%	\$400,000	\$452	\$400,452
Alpine	21	0.0%	\$400,000	\$365	\$400,365
California Total	535,003		\$24,400,000	\$9,300,000	\$33,700,000

Table 3. Minimum Projected CHVP SGF Annual Allocation for 61 LHJs for Years 2-6.

The table below shows the minimum projected distribution of the total \$49.7 million CHVP SGF available annually, starting July 1, 2023, for evidence-based home visiting implementation (2019 EBHV expansion funds, \$16 million, and current 2022 expansion funds, \$33.7 million). If LHJs opt-out, there will be a process for re-distributing declined funds.

Local Health Jurisdiction	# Medi-Cal Births 2018-2020	Proportion of 2018-2020 Medi-Cal Births	Base Funding Amount	Medi-Cal Births Funding Amount	Minimum Total Funding Amount Years 2-6
Los Angeles (excludes Long Beach and Pasadena)	126,643	23.7%	\$400,000	\$5,988,878	\$6,388,878
San Bernardino	39,754	7.4%	\$400,000	\$1,879,945	\$2,279,945
Riverside	39,397	7.4%	\$400,000	\$1,863,063	\$2,263,063

Local Health Jurisdiction	# Medi-Cal Births 2018-2020	Proportion of 2018-2020 Medi- Cal Births	Base Funding Amount	Medi-Cal Births Funding Amount	Minimum Total Funding Amount Years 2-6
San Diego	37,754	7.1%	\$400,000	\$1,785,366	\$2,185,366
Fresno	28,051	5.2%	\$400,000	\$1,326,516	\$1,726,516
Orange	27,753	5.2%	\$400,000	\$1,312,424	\$1,712,424
Sacramento	25,408	4.7%	\$400,000	\$1,201,530	\$1,601,530
Kern	23,096	4.3%	\$400,000	\$1,092,197	\$1,492,197
San Joaquin	15,078	2.8%	\$400,000	\$713,030	\$1,113,030
Santa Clara	13,170	2.5%	\$400,000	\$622,802	\$1,022,802
Tulare	13,010	2.4%	\$400,000	\$615,236	\$1,015,236
Stanislaus	11,266	2.1%	\$400,000	\$532,763	\$932,763
Alameda (excludes Berkeley)	10,963	2.0%	\$400,000	\$518,434	\$918,434
Ventura	10,782	2.0%	\$400,000	\$509,875	\$909,875
Santa Barbara	9,245	1.7%	\$400,000	\$437,191	\$837,191
Monterey	8,592	1.6%	\$400,000	\$406,311	\$806,311
Merced	7,648	1.4%	\$400,000	\$361,670	\$761,670
City of Long Beach	7,394	1.4%	\$400,000	\$349,658	\$749,658
Contra Costa	6,514	1.2%	\$400,000	\$308,044	\$708,044
San Francisco	5,377	1.0%	\$400,000	\$254,275	\$654,275
Solano	5,360	1.0%	\$400,000	\$253,471	\$653,471
San Mateo	5,232	1.0%	\$400,000	\$247,418	\$647,418
Imperial	4,938	0.9%	\$400,000	\$233,515	\$633,515

Local Health Jurisdiction	# Medi-Cal Births 2018-2020	Proportion of 2018-2020 Medi- Cal Births	Base Funding Amount	Medi-Cal Births Funding Amount	Minimum Total Funding Amount Years 2-6
Sonoma	4,804	0.9%	\$400,000	\$227,179	\$627,179
Madera	4,336	0.8%	\$400,000	\$205,047	\$605,047
Kings	3,673	0.7%	\$400,000	\$173,694	\$573,694
Butte	3,436	0.6%	\$400,000	\$162,487	\$562,487
Santa Cruz	3,166	0.6%	\$400,000	\$149,718	\$549,718
Shasta	3,073	0.6%	\$400,000	\$145,320	\$545,320
San Luis Obispo	2,709	0.5%	\$400,000	\$128,107	\$528,107
Yolo	2,393	0.4%	\$400,000	\$113,164	\$513,164
Sutter	2,125	0.4%	\$400,000	\$100,490	\$500,490
Placer	2,034	0.4%	\$400,000	\$96,187	\$496,187
Marin	1,776	0.3%	\$400,000	\$83,986	\$483,986
Yuba	1,725	0.3%	\$400,000	\$81,574	\$481,574
Humboldt	1,580	0.3%	\$400,000	\$74,717	\$474,717
Mendocino	1,577	0.3%	\$400,000	\$74,575	\$474,575
Lake	1,489	0.3%	\$400,000	\$70,414	\$470,414
El Dorado	1,476	0.3%	\$400,000	\$69,799	\$469,799
Napa	1,356	0.3%	\$400,000	\$64,125	\$464,125
Tehama	1,299	0.2%	\$400,000	\$61,429	\$461,429
City of Pasadena	1,213	0.2%	\$400,000	\$57,362	\$457,362
San Benito	903	0.2%	\$400,000	\$42,702	\$442,702
Nevada	869	0.2%	\$400,000	\$41,095	\$441,095

Local Health Jurisdiction	# Medi-Cal Births 2018-2020	Proportion of 2018-2020 Medi- Cal Births	Base Funding Amount	Medi-Cal Births Funding Amount	Minimum Total Funding Amount Years 2-6
Glenn	650	0.1%	\$400,000	\$30,738	\$430,738
Siskiyou	628	0.1%	\$400,000	\$29,698	\$429,698
Tuolumne	570	0.1%	\$400,000	\$26,955	\$426,955
Calaveras	566	0.1%	\$400,000	\$26,766	\$426,766
Colusa	496	0.1%	\$400,000	\$23,456	\$423,456
Del Norte	445	0.1%	\$400,000	\$21,044	\$421,044
Lassen	389	0.1%	\$400,000	\$18,396	\$418,396
Amador	385	0.1%	\$400,000	\$18,206	\$418,206
City of Berkeley	290	0.1%	\$400,000	\$13,714	\$413,714
Inyo	255	0.0%	\$400,000	\$12,059	\$412,059
Plumas	226	0.0%	\$400,000	\$10,687	\$410,687
Mariposa	219	0.0%	\$400,000	\$10,356	\$410,356
Trinity	183	0.0%	\$400,000	\$8,654	\$408,654
Mono	171	0.0%	\$400,000	\$8,086	\$408,086
Modoc	46	0.0%	\$400,000	\$2,175	\$402,175
Sierra	26	0.0%	\$400,000	\$1,230	\$401,230
Alpine	21	0.0%	\$400,000	\$993	\$400,993
California Total	535,003		\$24,400,000	\$25,300,000	\$49,700,000

California Home Visiting Program (CHVP) State General Fund (SGF) Evidence-Based Home Visiting Expansion Scope of Work (SOW)

This Scope of Work (SOW) identifies the goals, objectives and deliverables pertaining to Year 1 (July 1, 2022- June 30, 2023) of the 2022 State General Fund (SGF) expansion. The 2022 SGF expansion provides additional funding to the California Home Visiting Program (CHVP) with the long-term goal of increasing the number of families participating in the three evidenced-based home visiting (EBHV) models supported by CHVP: Healthy Families America (HFA), Nurse Family Partnership (NFP), and Parents as Teachers (PAT). Local Health Jurisdictions (LHJs) may use Year 1 funding for expansion, planning, and/or special support activities related to pandemic recovery. LHJs must select one or more of the following Year 1 activity(ies). Only the goals, objectives and deliverables pertaining to the selected Year 1 activity(ies) apply to this agreement.

<input checked="" type="checkbox"/>	Planning Activities
<input checked="" type="checkbox"/>	Expansion Activities
<input checked="" type="checkbox"/>	Special Support Activities

Please check one or more of the following boxes to indicate planned use of funding:

Planning Activities – Goal: Plan for implementation or expansion of HFA, NFP or PAT.

Objective	Activities	Deliverables
1. Plan for HFA/NFP/PAT home visiting model implementation and/or expansion.	1.1 Develop a CHVP Implementation Plan using the CHVP template, which may include and is not limited to the following:	<ul style="list-style-type: none"> Submission of CHVP Implementation Plan within 60 days of agreement execution.

Objective	Activities	Deliverables
	<ul style="list-style-type: none"> • Conduct a Community Needs Assessment to assess gaps in services and local needs and priorities for home visiting. • Select the evidence-based home visiting model(s) that will best meet the needs of the service population and be sustainable for the LHJs. • Apply for model affiliation as applicable. • Plan the infrastructure needed to perform all activities according to, and in fidelity of, the specific model guidelines and CHVP requirements. • Adhere to all CHVP Policies and Procedures relating to implementation of HFA/NFP/PAT at the LHJ. • Establish a plan and timeline for the recruitment, hiring, and training of staff to support implementation of HFA/NFP/PAT. • Develop a plan to regularly collaborate with local family and early childhood system partners to provide a continuum of services and build a strong referral network into the program. • Develop a plan to recruit and enroll participants. • Establish a plan for the purchase of needed equipment, and other programmatic supplies for successful implementation of selected home visiting model. 	<ul style="list-style-type: none"> • Submission of semi-annual status reports. • Submission of quarterly staffing reports. • Participate in regular technical assistance calls with CHVP staff.

Expansion Activities - Goal: Expand participation, beyond current caseload capacity, in an existing HFA, NFP or PAT program.

Objective	Activities	Deliverables
1. Provide leadership, guidance, and oversight for CHVP HFA/NFP/PAT model implementation.	<p>1.1 Develop CHVP Implementation Plan, using the CHVP provided template, including but not limited to the following:</p> <ul style="list-style-type: none"> Recruitment, hiring, and training of staff to support implementation of HFA/NFP/PAT. Staff should reflect the families being served. Collaboration with local family and early childhood systems partners to provide a continuum of services for CHVP participants and maintain a strong referral system into the program. Purchase of needed equipment and other programmatic supplies for successful implementation of selected home visiting model. <p>1.2 Execute all implementation and service delivery activities according to model guidelines and CHVP requirements.</p> <p>1.3 Adhere to all CHVP Policies and Procedures relating to implementation and expansion of HFA/NFP/PAT.</p>	<ul style="list-style-type: none"> Submission of CHVP Implementation Plan within 60 days of contract execution. Submission of semi-annual status report. Submission of quarterly staffing reports. Participate in regular technical assistance calls with CHVP staff.
2. Enroll participants to increase caseload.	<p>2.1 Increase caseload capacity by a negotiated number decided between CHVP and the LHJ.</p> <p>2.2 Adhere to all CHVP Policies and Procedures and model guidance relating to caseload capacity.</p>	<ul style="list-style-type: none"> Submission of CHVP Implementation Plan within 60 days of contract execution.

Objective	Activities	Deliverables
3. Maintain clean and compliant data for all home visiting activities and participants per model and CHVP guidance.	3.1 All CHVP State General Fund (SGF) funded home visiting participants are required to sign the CHVP consent form.	<ul style="list-style-type: none"> Evidence of signed participant consent forms. Submission of timely and accurate data on participant demographics, service utilization, and performance measures, according to, and with fidelity to, the selected home visiting model guidelines and CHVP requirements.
	3.2.a. NFP LHJs will coordinate data system requirements with the NFP National Service Office and the CHVP Data Team.	
	3.2.b. HFA LHJs will coordinate with the CHVP Data Team to establish buildout/modification in Efforts to Outcomes (ETO) data system.	<ul style="list-style-type: none"> Evidence of data submission within seven working days of data collection.
	3.2.c. PAT LHJs will coordinate data system requirements with the PAT National Office and the CHVP Data Team for use of the Penelope data system.	<ul style="list-style-type: none"> Monthly enrollment and other reports as needed.
	3.3 LHJ will enter the participant data into a secure and designated data system within seven working days of data collection.	<ul style="list-style-type: none"> Participate in regular technical assistance calls and site visits with CHVP staff. LHJ authorization for transmission of participant-level data from model specific data collection systems to CHVP.
	3.4 LHJ will adhere to all CHVP Policies and Procedures relating to compliant data.	
	3.5 LHJ will coordinate with data collection system owners (see 3.2 above) to provide CHVP with participant-level data and other data as needed.	

Special Support – Goal: Provide relief and support with rebuilding and stabilizing the staff and families served by Local MCAH home visiting programs including CHVP Innovation Projects through enhanced training, technology, hazard pay and other staff costs, and emergency supplies.

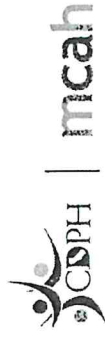
Categories	Activities	Deliverables
1. Hazard pay or other staff costs	1.1 Fund staff costs associated with providing home visits or administration for programs, including incentive bonuses, overtime pay, and technology that supports individual employees.	Using CHVP-provided template, report semi-annually on: <ul style="list-style-type: none"> • Number of staff (Not FTE) receiving hazard pay/other staff costs. • Description of activities being performed for hazard pay/other staff costs. • Number of staff receiving technology.
2. Training	2.1 Develop a process for identifying and prioritizing target audiences, training needs, and relevant topics for training of home visiting staff. 2.2 Develop, conduct, and assess training of staff. 2.3 Provide training opportunities that address the needs of families, including but not limited to health equity, reproductive justice, social determinants of health, etc.	Using CHVP-provided template, report semi-annually on: <ul style="list-style-type: none"> • Name of training. • Purpose/description of training. • Date of training • Number of staff participating in training. • All other activities related to staff training.
3. Technology	3.1 Develop and implement a process to assess how technology needs are identified, prioritized, and addressed for participant families.	Using CHVP-provided template, report semi-annually on:

Categories	Activities	Deliverables
	3.2 Acquire and provide the necessary technological means for participant families to conduct and support virtual home visiting.	<ul style="list-style-type: none"> Hardware or software acquired. Process used to identify and prioritize families. Number of families receiving technology.
4. Emergency supplies	4.1 Develop and implement a process for identifying need for supplies and distributing emergency supplies, including gift cards and prepaid grocery cards to participant families.	<p>Using CHVP-provided template, report semi-annually on:</p> <ul style="list-style-type: none"> Process used to identify and prioritize families.
	4.2 Provide emergency supplies, including diapers, diapering supplies, gift cards, and prepaid grocery cards to participant families for the purpose of meeting the emergency needs of the family.	<ul style="list-style-type: none"> Type and number of emergency supply items, including gift cards and prepaid grocery cards purchased and distributed, Number of families receiving emergency supplies.

Data Collection (For Special Support)

Objectives	Activities	Deliverables
1. Maintain clean and compliant data for special support activities per CHVP guidance.	1.1 Collect pertinent data and information regarding use of funds using CHVP-approved forms, guidance and mechanisms and report to CHVP regularly and upon request.	<ul style="list-style-type: none"> Submission of data using CHVP templates and guidance. Submission of records and documentation to support the

Agreement #/LHJ Name: CHVP SGF EXP 22b-36 / County of San Bernardino



Objectives	Activities	Deliverables
	1.2 Maintain appropriate records and documentation to support expenditures.	charges using CHVP templates and guidance.

NOTE: If compliance standards are not met in a timely manner, CHVP may temporarily withhold cash payment pending correction of the deficiency; disallowing all or part of the cost of the activity or action out of compliance; wholly or partly suspending or terminating the award; or withholding further awards.

MCAH Director Signature (or designee):


Stewart Hunter

Date: 1-13-23

**CALIFORNIA DEPARTMENT OF PUBLIC HEALTH
MATERNAL, CHILD AND ADOLESCENT HEALTH (MCAH) DIVISION**

**FUNDING AGREEMENT PERIOD
FY 2022-2023**

AGENCY INFORMATION FORM

Agencies are required to submit an electronic and signed copy (original signatures only) of this form along with their Annual AFA Package.

Agencies are **required to submit information when updates occur** during the fiscal year. Updated submissions do not require certification signatures.

AGENCY IDENTIFICATION INFORMATION

Any program related information being sent from the CDPH MCAH Division will be directed to all Program Directors.

Please enter the agreement or contract number for each applicable program

CHVP SGF EXP 22b-36

Update Effective Date: _____ (only required when submitting updates)

Federal Employer ID#: 95-6002748

FISCAL ID#:

Complete Official Agency Name: County of San Bernardino

Business Address: 351 N. Mt. View Avenue, 3rd Floor, San Bernardino, CA 92415-0010

Agency Phone: 909-387-9146

Agency Fax: 909-387-6228

Agency Website: <https://dph.sbcounty.gov>

AGREEMENT FUNDING APPLICATION
POLICY COMPLIANCE AND CERTIFICATION

Please enter the agreement or contract number for each of the applicable programs

CHVP SGF EXP 22b-36

Update Effective Date: _____ (only required when submitting updates)

The undersigned hereby affirms that the statements contained in the Agreement Funding Application (AFA) are true and complete to the best of the applicant's knowledge.

I certify that this Maternal, Child and Adolescent Health (MCAH) program will comply with all applicable provisions of Article 1, Chapter 1, Part 2, Division 106 of the Health and Safety code (commencing with section 123225), Chapters 7 and 8 of the Welfare and Institutions Code (commencing with Sections 14000 and 142), and any applicable rules or regulations promulgated by CDPH pursuant to this article and these Chapters. I further certify that all MCAH related programs will comply with the most current MCAH Policies and Procedures Manual, including but not limited to, Administration. I further agree that the MCAH related programs may be subject to all sanctions, or other remedies applicable, if the MCAH related program violates any of the above laws, regulations and policies with which it has certified it will comply.

Original signature of official authorized to commit the Agency to a CHVP Agreement

Signature line: *Dawn Rowe*

Name (Print): Dawn Rowe

Title: Chair, Board of Supervisors

Date JAN 24 2023

Original Signature of MCAH Director

Signature line: *Stewart L. Hunter*

Name (Print): Stewart Hunter

Title: Program Manager

Date 1-13-23

SIGNED AND CERTIFIED THAT A COPY OF
THIS DOCUMENT HAS BEEN DELIVERED
TO THE CHAIRMAN OF THE BOARD
OF SUPERVISORS
LYNNA MONEL BERNARDINO
Clerk of the Board of Supervisors
of the County of San Bernardino

By *[Signature]* Deputy

CONTACT			LAST NAME		TITLE		BUDGETS		INVOICES		AUTHORIZED TO SIGN?		PHONE		EMAIL ADDRESS		PROGRAM
											IF YES SELECTED, SIGN						
AGENCY EXECUTIVE DIRECTOR	Joshua	Dugas	Director of Public Health				Yes	Yes					909-387-6222		Joshua.Dugas@dph.sbcounty.gov		CHVP
MCAH DIRECTOR	Monique	Amis	Chief, Community and Family Health Division				No	No					909-387-6218		Monique.Amis@dph.sbcounty.gov		CHVP
PROJECT COORDINATOR	Patricia	Molina	Supervising Public Health Nurse				No	No					909-383-3027		Patricia.Molina@dph.sbcounty.gov		CHVP
FISCAL OFFICER	Paul	Chapman	Chief Financial Officer				Yes	Yes					909-387-6222		Paul.Chapman@dph.sbcounty.gov		CHVP
FISCAL CONTACT	Stewart	Hunter	Program Manager				No	No					909-383-3044		SHunter@dph.sbcounty.gov		CHVP
CLERK OF THE BOARD or																	CHVP
CHAIR BOARD OF SUPERVISORS	Dawn	Rowe	Chair				No	No					909-387-4855		Dawn.Rowe@bos.sbcounty.gov		CHVP
OFFICIAL AUTHORIZED TO COMMIT AGENCY	Dawn	Rowe	Chair				No	No					909-387-4855		Dawn.Rowe@bos.sbcounty.gov		CHVP

All payments from CDPH to the Contractor shall be sent to the following address:

REMITTANCE ADDRESS
Federal ID #: 95-6002748
FISCAL ID #:
Contractor: County of San Bernardino
Attention: "Cashier" : Eric Patrick, Administrative Manager
Address: 351 N. Mt. View Avenue, 3rd Floor, San Bernardino, CA 92415-0010
Contract Number: CHVP SGF EXP 22b-36
Email: Eric.Patrick@dph.sbcounty.gov

Either party may make changes to the information above by giving written notice to the other party.

Said changes shall not require an amendment to this agreement, but will require a new STD204 payee Data Record or CDPH9083 Government Agency Taxpayer Form.

Exhibit K

Attestation of Compliance with the Sexual Health Education Accountability Act of 2007

Agency Name: County of San Bernardino Department of Public Health

Agreement/Grant Number: 22b-36

Compliance Attestation for Fiscal Year: 2022-2023

The Sexual Health Education Accountability Act of 2007 (Health and Safety Code, Sections 151000 – 151003) requires sexual health education programs (programs) that are funded or administered, directly or indirectly, by the State, to be comprehensive and not abstinence-only. Specifically, these statutes require programs to provide information that is medically accurate, current, and objective, in a manner that is age, culturally, and linguistically appropriate for targeted audiences. Programs cannot promote or teach religious doctrine, nor promote or reflect bias (as defined in Section 422.56 of the Penal Code), and may be required to explain the effectiveness of one or more drugs and/or devices approved by the federal Food and Drug Administration for preventing pregnancy and sexually transmitted diseases. Programs directed at minors are additionally required to specify that abstinence is the only certain way to prevent pregnancy and sexually transmitted diseases.

In order to comply with the mandate of Health & Safety Code, Section 151002 (d), the California Department of Public Health (CDPH) Maternal, Child and Adolescent Health (MCAH) Program requires each applicable Agency or Community Based Organization (CBO) contracting with MCAH to submit a signed attestation as a condition of funding. The Attestation of Compliance must be submitted to CDPH/MCAH annually as a required component of the Agreement Funding Application (AFA) Package. By signing this letter, the MCAH Director or Adolescent Family Life Program (AFLP) Director (CBOs only) is attesting or “is a witness to the fact that the programs comply with the requirements of the statute”. The signatory is responsible for ensuring compliance with the statute. Please note that based on program policies that define them, the Sexual Health Education Act inherently applies to the Black Infant Health Program, AFLP, and the California Home Visiting Program, and may apply to Local MCAH based on local activities.

The undersigned hereby attests that all local MCAH agencies and AFLP CBOs will comply with all applicable provisions of Health and Safety Code, Sections 151000 – 151003 (HS 151000–151003). The undersigned further acknowledges that this Agency is subject to monitoring of compliance with the provisions of HS 151000–151003 and may be subject to contract termination or other appropriate action if it violates any condition of funding, including those enumerated in HS 151000–151003.

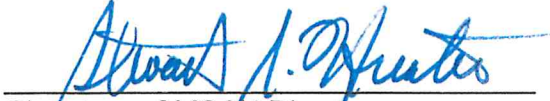
Exhibit K

Attestation of Compliance with the
Sexual Health Education Accountability Act of 2007

Signed

County of San Bernardino

Agency Name



Signature of MCAH Director

Signature of AFLP Director (CBOs only)

22b-36

Agreement/Grant Number

1-13-23

Date

Stewart Hunter

Printed Name of MCAH Director

Printed Name of AFLP Director (CBOs
only)

Exhibit K

Attestation of Compliance with the Sexual Health Education Accountability Act of 2007

CALIFORNIA CODES
HEALTH AND SAFETY CODE
SECTION 151000-151003

151000. This division shall be known, and may be cited, as the Sexual Health Education Accountability Act.

151001. For purposes of this division, the following definitions shall apply:

(a) "Age appropriate" means topics, messages, and teaching methods suitable to particular ages or age groups of children and adolescents, based on developing cognitive, emotional, and behavioral capacity typical for the age or age group.

(b) A "sexual health education program" means a program that provides instruction or information to prevent adolescent pregnancy, unintended pregnancy, or sexually transmitted diseases, including HIV, that is conducted, operated, or administered by any state agency, is funded directly or indirectly by the state, or receives any financial assistance from state funds or funds administered by a state agency, but does not include any program offered by a school district, a county superintendent of schools, or a community college district.

(c) "Medically accurate" means verified or supported by research conducted in compliance with scientific methods and published in peer review journals, where appropriate, and recognized as accurate and objective by professional organizations and agencies with expertise in the relevant field, including, but not limited to, the federal Centers for Disease Control and Prevention, the American Public Health Association, the Society for Adolescent Medicine, the American Academy of Pediatrics, and the American College of Obstetricians and Gynecologists.

151002. (a) Every sexual health education program shall satisfy all of the following requirements:

(1) All information shall be medically accurate, current, and objective.

(2) Individuals providing instruction or information shall know and use the most current scientific data on human sexuality, human development, pregnancy, and sexually transmitted diseases.

(3) The program content shall be age appropriate for its targeted population.

(4) The program shall be culturally and linguistically appropriate for its targeted populations.

(5) The program shall not teach or promote religious doctrine.

(6) The program shall not reflect or promote bias against any person on the basis of disability, gender, nationality, race or ethnicity, religion, or sexual orientation, as defined in Section 422.56 of the Penal Code.

Exhibit K

Attestation of Compliance with the Sexual Health Education Accountability Act of 2007

(7) The program shall provide information about the effectiveness and safety of at least one or more drugs and/or devices approved by the federal Food and Drug Administration for preventing pregnancy and for reducing the risk of contracting sexually transmitted diseases.

(b) A sexual health education program that is directed at minors shall comply with all of the criteria in subdivision (a) and shall also comply with both the following requirements:

(1) It shall include information that the only certain way to prevent pregnancy is to abstain from sexual intercourse, and that the only certain way to prevent sexually transmitted diseases is to abstain from activities that have been proven to transmit sexually transmitted diseases.

(2) If the program is directed toward minors under the age of 12 years, it may, but is not required to, include information otherwise required pursuant to paragraph (7) of subdivision (a).

(c) A sexual health education program conducted by an outside agency at a publicly funded school shall comply with the requirements of Section 51934 of the Education Code if the program addresses HIV/AIDS and shall comply with Section 51933 of the Education Code if the program addresses pregnancy prevention and sexually transmitted diseases other than HIV/AIDS.

(d) An applicant for funds to administer a sexual health education program shall attest in writing that its program complies with all conditions of funding, including those enumerated in this section. A publicly funded school receiving only general funds to provide comprehensive sexual health instruction or HIV/AIDS prevention instruction shall not be deemed an applicant for the purposes of this subdivision.

(e) If the program is conducted by an outside agency at a publicly funded school, the applicant shall indicate in writing how the program fits in with the school's plan to comply fully with the requirements of the California Comprehensive Sexual Health and HIV/AIDS Prevention Education Act, Chapter 5.6 (commencing with Section 51930) of the Education Code. Notwithstanding Section 47610 of the Education Code, "publicly funded school" includes a charter school for the purposes of this subdivision.

(f) Monitoring of compliance with this division shall be integrated into the grant monitoring and compliance procedures. If the agency knows that a grantee is not in compliance with this section, the agency shall terminate the contract or take other appropriate action.

(g) This section shall not be construed to limit the requirements of the California Comprehensive Sexual Health and HIV/AIDS Prevention Education Act (Chapter 5.6 (commencing with Section 51930) of Part 28 of the Education Code).

(h) This section shall not apply to one-on-one interactions between a health practitioner and his or her patient in a clinical setting.

151003. This division shall apply only to grants that are funded pursuant to contracts entered into or amended on or after January 1, 2008.

CERTIFICATION OF INDIRECT COST RATE METHODOLOGY

Please list the Indirect Cost Rate (ICR) Percentage and supporting methodology for the contract or allocation with the California Department of Public Health, Maternal Child and Adolescent Health Division (CDPH/MCAH Division).

Date: _____

Agency Name: County of San Bernardino Department of Public Health

Contract/Agreement Number: 22b-36

Contract Term/Allocation Fiscal Year: July 1, 2022 through June 30, 2023

1. NON-PROFIT AGENCIES/ COMMUNITY BASED ORGANIZATIONS (CBO)

Non-profit agencies or CBOs that have an approved ICR from their Federal cognizant agency are allowed to charge their approved ICR or may elect to charge less than the agency's approved ICR percentage rate.

Private non-profits local agencies that do not have an approved ICR from their Federal cognizant agency are allowed a maximum ICR percentage of 15.0 percent of the Total Personnel Costs.

The ICR percentage rate listed below must match the percentage listed on the Contract/Allocation Budget

 % Fixed Percent of:

☐ Total Personnel Costs

2. LOCAL HEALTH JURISDICTIONS (LHJ)

LHJs are allowed up to the maximum ICR percentage rate that was approved by the CDPH Financial Management Branch ICR or may elect to charge less than the agency's approved ICR percentage rate. The ICR rate may not exceed 25.0 percent of Total Personnel Costs or 15.0 percent of Total Direct Costs. The ICR application (i.e. Total Personnel Costs or Total Allowable Direct Costs) may not differ from the approved ICR percentage rate.

The ICR percentage rate listed below must match the percentage listed on the Allocation/Contracted Budget.

16.90 % Fixed Percent of:

☒ Total Personnel Costs

☐ Total Allowable Direct Costs

CERTIFICATION OF INDIRECT COST RATE METHODOLOGY

3. OTHER GOVERNMENTAL AGENCIES AND PUBLIC UNIVERSITIES

University Agencies are allowed up to the maximum ICR percentage approved by the agency's Federal cognizant agency ICR or may elect to charge less than the agency's approved ICR percentage rate. Total Personnel Costs or Total Direct Costs cannot change.

_____ % Fixed Percent of:

- ☐ Total Personnel Costs (Includes Fringe Benefits)
- ☐ Total Personnel Costs (Excludes Fringe Benefits)
- ☐ Total Allowable Direct Costs

Please provide you agency's detailed methodology that includes all indirect costs, fees and percentages in the box below.

CERTIFICATION OF INDIRECT COST RATE METHODOLOGY

ICR percentage rate was certified as to form and methodology by San Bernardino County, Auditor Controller. The costs and cost categories contained in the Indirect Cost Rate of 16.90% of Total Personnel Costs are accurate and consistent with generally accepted accounting principles and prepared in conformance with Office of Management and Budget 2 CFR Part 200 Uniform Administrative Requirements, Cost Principles and Audit Requirements Federal Awards Final Guidance (78 FR 78589). No costs other than those incurred by the Grantee/Contractor, or allocated to the Grantee/Contractor via an approved central service cost plan, were included in indirect cost pool as finally accepted, and that such incurred costs are legal obligations of the Grantee/Contractor and allowable under the governing principles. The same costs that have been treated as indirect costs have not been claimed as direct costs and similar types of costs have been accorded consistent accounting treatment.

Please submit this form via email to your assigned Contract Manager.

The undersigned certifies that the costs used to calculate the ICR are based on the most recent, available and independently audited actual financials and are the same costs approved by the CDPH to determine the Department approved ICR.

Printed First & Last Name: Eric Patrick

Title/Position: Administrative Manager

Signature: 

Date: 1/13/2023

Submit**GOVERNMENT AGENCY TAXPAYER ID FORM**

The principal purpose of the information provided is to establish the unique identification of the government entity.

Instructions: You may submit one form for the principal government agency and all subsidiaries sharing the same TIN. Subsidiaries with a different TIN must submit a separate form. Fields bordered in red are required. Please print the form to sign prior to submittal. You may email the form to: GovSuppliers@cdph.ca.gov or fax it to (916) 650-0100, or mail it to the address above.

Principal
Government
Agency Name

County of San Bernardino

Remit-To
Address (Street
or PO Box)

351 North Mountain View Avenue

City:

San Bernardino

State: CA

Zip Code+4: 92415-001

Government
Type:☐ City☒ County☐ Special District☐ Federal☐ Other (Specify)Federal
Employer
Identification
Number
(FEIN)

95-6002748

List other subsidiary Departments, Divisions or Units under your principal agency's jurisdiction who share the same FEIN and receives payment from the State of California.

FI\$Cal ID#
(if known)Dept/Division/Unit
Name

Public Health

Complete
Address351 N. Mountain View Ave.,
San Bernardino, CA 92415-0003FI\$Cal ID#
(if known)Dept/Division/Unit
NameComplete
AddressFI\$Cal ID#
(if known)Dept/Division/Unit
NameComplete
AddressFI\$Cal ID#
(if known)Dept/Division/Unit
NameComplete
Address

Contact Person

Eric Patrick

Title

Administrative Manager

Phone number

909-387-6630

E-mail address

Eric.Patrick@dph.sbcounty.gov

Signature




Date

1/13/2023

BUDGET SUMMARY				
FISCAL YEAR	INVOICE TYPE	BUDGET	BUDGET STATUS	BALANCE
2022-2023	QUARTERLY	ORIGINAL	ACTIVE	
Rev. 7/22/20				
PURPOSE:	CHVP SGF Expansion		FUNDING SOURCE, PCA	
CONTRACTOR:	San Bernardino		CHVP - SGF, 51023	
AGREEMENT #:	CHVP SGF EXP 22b-36	(1)	(2)	(3)
SUBK:		TOTAL FUNDING	%	\$
		1,091,047		1,091,047
EXPENSE CATEGORY				
PERSONNEL		\$92,317	100.00%	\$92,317
FRINGE BENEFITS		\$51,919	100.00%	\$51,919
OPERATING				
EQUIPMENT				
TRAVEL				
SUBCONTRACTS		\$922,435	100.00%	\$922,435
OTHER COSTS				
INDIRECT COST		\$24,376	100.00%	\$24,376
BUDGET TOTALS		\$1,091,047	100.00%	\$1,091,047
BALANCES		=====>		

Maximum Amount Payable:	\$1,091,047
-------------------------	-------------

I CERTIFY THAT THIS BUDGET HAS BEEN CONSTRUCTED IN COMPLIANCE WITH ALL MCAH ADMINISTRATIVE AND PROGRAM POLICIES.

Signature over  DATE 1/13/2023

Printed Name Eric Patric
Fiscal Officer

State Use Only		FUNDING SOURCE		CHVP - SGF	
		PCA CODE		51023	
PERSONNEL				92,317	
FRINGE BENEFITS				51,919	
OPERATING					
EQUIPMENT					
TRAVEL					
SUBCONTRACTS				922,435	
OTHER COSTS					
INDIRECT COST				24,376	
Totals for PCA Codes			1,091,047	1,091,047	

PERSONNEL						Remaining Funds	
						100.00%	92,317
TOTAL PERSONNEL COSTS						92,317	92,317
TOTAL WAGES						92,317	92,317
	INITIALS	TITLE OR CLASS.	FTE %	ANNUAL SALARY	TOTAL WAGES		
1	Vacant	Public Health Program Coordinator	100%	92,317	92,317	100.00%	92,317
2							
3							
4							
5							
6							
7							
8							
9							
10							

FRINGE BENEFITS		Remaining Funds	
		100.00%	51,919
TOTAL FRINGE BENEFITS	51,919		51,919

PURPOSE:	CHVP SGF Expansion		FUNDING SOURCE, PCA	
CONTRACTOR:	San Bernardino		CHVP - SGF, 51023	
AGREEMENT #:	CHVP SGF EXP 22b-36	(1)	(2)	(3)
SUBK:		TOTAL FUNDING	%	\$
FUNDING TOTALS		1,091,047		1,091,047

EXPENSE CATEGORY		Remaining Funds	
OPERATING			
TOTAL OPERATING EXPENSES			
1			
2			
3			
4			
5			

EQUIPMENT		Remaining Funds	
TOTAL EQUIPMENT EXPENSES			
1			
2			
3			
4			
5			

TRAVEL		Remaining Funds	
TOTAL TRAVEL EXPENSES			
1			
2			
3			
4			
5			

SUBCONTRACTS		Remaining Funds	
TOTAL SUBCONTRACT EXPENSES		922,435	922,435
1	Contract (amendment) with El Sol Neighborhood Educational Center	232,000	232,000
2	Contract with Community-based Organization(s) (TBD)	590,435	590,435
3	Contract to Conduct Environmental Scan	100,000	100,000
4			
5			

OTHER COSTS		Remaining Funds	
TOTAL OTHER COSTS			
1			
2			
3			
4			
5			

INDIRECT COST		Remaining Funds	
TOTAL INDIRECT COSTS		24,376	24,376
16.50% of Total Personnel and Benefits		24,376	24,376