

**STANDARD AGREEMENT AMENDMENT**

STD 213A (Rev 6/03)

 Check here if additional pages are added: 1 Page(s)

Agreement Number <b>15-10170</b>	Amendment Number <b>A02</b>
Registration Number:	

## 1. This Agreement is entered into between the State Agency and Contractor named below:

State Agency's Name

Also known as CDPH or the State

**California Department of Public Health**

Contractor's Name

(Also referred to as Contractor)

**County of San Mateo**2. The term of this Agreement is: **July 1, 2015 through June 30, 2019**3. The maximum amount of this Agreement after this amendment is: **\$ 4,381,150**

Four Million, Three Hundred Eighty One Thousand, One Hundred Fifty Dollars

## 4. The parties mutually agree to this amendment as follows. All actions noted below are by this reference made a part of the Agreement and incorporated herein:

- I. **Purpose of amendment:** This amendment is due to Health Resources and Services Administration (HRSA) funding reductions that became effective for Fiscal Year (FY) 2017/2018 and FY 2018/2019. FY 2017/2018 and FY 2018/2019 are being reduced by \$127,729 each. The total amount of this Agreement shall not exceed \$4,381,150. This amendment revises the Contractor's name from San Mateo County Health System, Family Health Services to County of San Mateo. Additionally, This amendment adds mandatory programmatic requirements for implementing the California Home Visiting Program (CHVP) as identified by HRSA during a program site visit in June 2017 as well as the removal of some unnecessary language for program clarification purposes.
- II. Certain changes made in this amendment are shown as: Text additions are displayed in **bold and underline**. Text deletions are displayed as strike through text (i.e., ~~Strike~~).

(Continued on next page)

All other terms and conditions shall remain the same.

**IN WITNESS WHEREOF, this Agreement has been executed by the parties hereto.**

<b>CONTRACTOR</b>		<b>CALIFORNIA Department of General Services Use Only</b>
Contractor's Name (If other than an individual, state whether a corporation, partnership, etc.) <b>County of San Mateo</b>		
By (Authorized Signature) 	Date Signed (Do not type)	
Printed Name and Title of Person Signing <b>Donna Spillane, Interim Director, Family Health Services</b>		
Address <b>2000 Alameda De Las Pulgas, Suite 230 San Mateo, CA 94403</b>		
<b>STATE OF CALIFORNIA</b>		
Agency Name <b>California Department of Public Health</b>		<input type="checkbox"/> Exempt per:
By (Authorized Signature) 	Date Signed (Do not type)	
Printed Name and Title of Person Signing <b>Jeffrey Mapes, Chief, Contracts Management Unit</b>		
Address <b>1616 Capitol Avenue, Suite 74.262, MS 1802, P.O. Box 997377, Sacramento, CA 95899-7377</b>		

III. Exhibit A, Scope Of Work, is hereby replaced in its entirety.

IV. Exhibit B – Budget Detail and Payment Provisions, Item #4, Amounts Payable is revised as follows:

4. Amounts Payable

A. The amounts payable under this contract shall not exceed:

- 1) \$1,256,652 for the budget period of 07/01/15 through 06/30/16
- 2) \$1,126,652 for the budget period of 07/01/16 through 06/30/17
- 3) ~~\$1,126,652~~ **998,923** for the budget period of 07/01/17 through 06/30/18
- 4) ~~\$1,126,652~~ **998,923** for the budget period of 07/01/18 through 06/30/19

B. Payment allocations shall be made for allowable expenses up to the amount annually encumbered commensurate with the state fiscal year in which services are fulfilled and/or goods are received.

V. Exhibit B, Attachment III and IV are hereby replaced in their entirety.

Exhibit A  
Scope of Work

**1. Service Overview**

**County of San Mateo** ~~San Mateo County~~, agrees to provide the following services to the California Department of Public Health (CDPH).

The California Home Visiting Program was created as a result of the Patient Protection and Affordable Care Act of 2010, Social Security Act, Title V, Section 511 (42 U.S.C. §711), CFDA# 93.505 **and CFDA# 93.870**. The purpose of this contract is to provide comprehensive, coordinated in-home services to support positive parenting, and to improve outcomes for families residing in identified at-risk communities. Programs are meant to target participant outcomes, which include:

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

**2. Service Location**

The services shall be performed at San Mateo County. The County of San Mateo serves 21 jurisdictions and cover 531 square miles. NFP will serve teens and young women countywide and will focus on culturally diverse young mothers in at-risk urban areas: North County (communities of South San Francisco and Daly City), Central City (City of San Mateo) and South County (East Palo Alto and North Fair Oaks).

**3. Project Representatives**

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

<b>California Department of Public Health</b> Contract Manager: <del>Antwan Hornes</del> <b><u>Candice Shimanek</u></b> Telephone: (916) 650-0397 <b><u>(916) 650-0339</u></b> Fax: (916)-650-0309 <b><u>0307</u></b> Email: <del>Antwan.Hornes@cdph.ca.gov</del> <b><u>candice.shimanek@cdph.ca.gov</u></b>	<b><u>County of San Mateo County</u></b> Attention: Anand Chabra, <b><u>MCAH Director</u></b> Telephone: (650)-573-3469 Fax: (650) 573-2042 <b><u>578-8939</u></b> Email: achabra@smcgov.org
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Exhibit A  
Scope of Work

B. Direct all inquiries to:

<b>California Department of Public Health</b> Financial Management & Contract Operations Attention: <del>Antwan Hornes</del> <b><u>Candice Shimanek</u></b> 1615 Capitol Avenue, Suite 73.560, MS 8305 P.O. Box 997420 Sacramento, CA 95899-7420 Telephone: (916) <del>650-0397</del> <b><u>650-0399</u></b> Fax: (916) <del>650-0309</del> <b><u>0307</u></b> Email: <del>Antwan.Hornes@cdph.ca.gov</del> <b><u>candice.shimanek@cdph.ca.gov</u></b>	<b><u>County of San Mateo County</u></b> Attention: Anand Chabra, <b><u>MCAH Director</u></b> <b><u>Address: 2000 Alameda delas Pulgas, Suite 200 San Mateo, CA 94403</u></b> Telephone: (650)-573-3469 Fax: (650) <del>573-2042</del> <b><u>578-8939</u></b> Email: achabra@smcgov.org
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C. **All payments from CDPH to the Contractor; shall be sent to the following address:**

<b><u>Remittance Address</u></b>
<b><u>Contractor: County of San Mateo</u></b> <b><u>Attention: Anand Chabra</u></b> <b><u>Address: 2000 Alameda delas Pulgas, Suite 200</u></b> <b><u>City, Zip: San Mateo, CA 94403</u></b> <b><u>Phone: (650)-573-3469</u></b> <b><u>Fax: (650) 578-8939</u></b> <b><u>E-mail: achabra@smcgov.org</u></b>

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

**4. Subcontracting Requirements**

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

**5. Services to be performed**

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

The purpose of the SOW is to provide parameters for implementing or expanding an existing Nurse Family Partnership (NFP) or Healthy Families America (HFA) home visiting program in accordance

Exhibit A  
Scope of Work

with Federal Maternal Infant Early Childhood Home Visiting and CHVP requirements to achieve positive outcomes through maternal and child health for each of the following three goals:

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

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

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

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

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

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

Reporting	From	To	Due Date
1 <sup>st</sup> Status Report	July 1	October 31	November 30
2 <sup>nd</sup> Status Report	November 1	February 28	March 31
3 <sup>rd</sup> Status Report	March 1	June 30	July 31

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

Exhibit A  
Scope of Work

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

#	Short and/or Intermediate Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Evaluation/Performance Measures Process, Short and/or Intermediate Measures	
			Process Description and Measures	Short and/or Intermediate Outcome Measure(s)
<b>STAFF REQUIREMENTS</b>				
1.1	The LHJ site Maternal, Child and Adolescent Health (MCAH) Director and/or designee will provide oversight to the LHJ and/or its subcontractors.	(.1) The MCAH Director and/or designee must dedicate no less than .05 Full Time Equivalent (FTE), but no more than .15 FTE on the CHVP budget. <i>Note: The MCAH Director may designate the MCAH Coordinator as the central point of contact for CHVP program-related administration. In this case, the MCAH Director must maintain a minimum of .05 FTE. The total FTE for both the Director and Coordinator must total no more than .15 FTE.</i>	Home Visiting Program staff will submit an organizational chart, staffing report and budget with appropriate FTE in Contract Agreement.	
		(.2) Provide informative advice, guidance, and assistance to LHJ site managers, supervisors, staff, and various non-profit and private entities on all matters related to the development, implementation, operation, administration, evaluation, and funding for local implementation of CHVP.		Present to CDPH-CHVP staff upon request.
		(.3) MCAH Director to provide leadership and oversight of SOW objective 2.1.		
1.2	LHJ site will implement home visiting programs using culturally sensitive home visiting practices.	(.1) Home Visiting Program staff will participate in trainings or educational opportunities designed to enhance cultural sensitivity by utilizing cultural sensitivity trainings via webinars and/or in person attendance.	Home Visiting Program staff will maintain a training log which includes topic, trainer, and list of attendees.	Present to CDPH-CHVP staff upon request.
		(.2) Staffing should reflect the diverse cultures and languages of the population being served. When possible hire staff that reflect the culture and speak the language of participants.		Maintain status of home visitors' ethnicity and languages spoken in staffing report.
		(.3) Use culturally sensitive materials and translation services when necessary.		Present to CDPH-CHVP staff upon request.
1.3	The LHJ site will hire, train and retain staff in	(.1) Ensure that home visiting staff receives core training on NFP or HFA models and are trained in CHVP required	Home Visiting Program staff will maintain a training log or file which includes topic, trainer, list of attendees and	Present to CDPH-CHVP staff upon request.

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#	Short and/or Intermediate Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Evaluation/Performance Measures Process, Short and/or Intermediate Measures	
			Process Description and Measures	Short and/or Intermediate Outcome Measure(s)
	compliance with NFP and HFA model requirements.	curricula and screening and assessment tools as specified in the Policies and Procedures. <i>Note: Partners for Healthy Baby is the required curriculum for HFA sites.</i> (.2) Participate in meetings, workgroups, and trainings as directed by CHVP.  (.3) Hire and maintain sufficient staff to serve Home Visiting program participants and adhere to the specific evidence-based model guidelines.	proof of completion of all required trainings.	
				Report staffing changes to CDPH-CHVP staff quarterly using staffing template provided by MCAH-CHVP.
<b>PROGRAM REQUIREMENTS</b>				
1.4	<del>LHJ sites will reach active caseload of 100 participants within 18 months of initial program implementation and maintain through the duration of the program.</del> <b><u>LHJ site will reach and maintain Maximum Caseload Capacity (MCC) of 130</u></b>	(.1) Receive referrals from appropriate agencies and triage as appropriate to meet the required number of enrolled participants.	Home Visiting Program staff will maintain an outreach log with program contacted, method, materials used and date of contact.  Home Visiting Program staff will maintain a documented triage process.	CDPH – CHVP staff will review outreach log and triage process at site visit.  LHJ sites must provide outreach log upon request.

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#	Short and/or Intermediate Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Evaluation/Performance Measures Process, Short and/or Intermediate Measures	
			Process Description and Measures	Short and/or Intermediate Outcome Measure(s)
	<b><u>participants within 18 months of initiation.</u></b>	<p><del>(.2) Maintain active caseload at capacity. The LHJ site will be placed on Corrective Action if active caseload is not consistently maintained above 85% of capacity. <b>Following Policies and Procedures (P&amp;P), determine the LHJ site's MCC with CHVP State staff and submit the MCC each year with CHVP Agreement Funding Application (AFA) Packet.</b></del></p> <p><b><u>(.3) Maintain a minimum caseload of 85%; the LHJ site will be placed on a Performance Improvement Plan (PIP) if caseload drops under 85% as specified in CHVP P&amp;P.</u></b></p> <p><b><u>(.4) For home visitors funded at or above 25% through MIECHV, provide data for their entire caseload to CHVP. Consent forms must be completed at intake for all participants on the home visitor's caseload. NFP ONLY: The priority population form must be completed at intake and annually for all participants.</u></b></p>	Home Visiting Program staff will monitor monthly caseload, including new enrollments and dismissals.	<p><b><u>Present signed consent form to CDPH-CHVP staff upon request.</u></b></p> <p><b><u>CHVP-NFP sites must submit priority population count to CHVP quarterly.</u></b></p>
1.5	LHJ site will ensure NFP or HFA program fidelity and quality assurance.	(.1) Abide by NFP and HFA model requirements and must be implemented in accordance with the NFP 18 Model Elements or the HFA 12 Critical Elements and the HFA Best Practice Standards.	Home Visiting Program staff will maintain current affiliation and accreditation with NFP National Service Office (NSO) or HFA Prevent Child Abuse America (PCAA) National Office.	Present to CDPH-CHVP staff upon request.
1.6	The LHJ site will implement the home visiting program using current policies and procedures.	<p>(.1) Conduct an annual review of LHJ site policies and procedures and update as needed.</p> <p>(.2) Comply with CHVP Policies and Procedures as found on the CHVP website.</p>		CDPH-CHVP staff will review LHJ site policies and procedures at site visit and upon request.

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#	Short and/or Intermediate Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Evaluation/Performance Measures Process, Short and/or Intermediate Measures	
			Process Description and Measures	Short and/or Intermediate Outcome Measure(s)
1.7	Collect participant data using HFA or NFP and CHVP-required forms and maintain current and accurate documentation. <sup>4</sup>	(.1) Develop chart documentation processes and procedures.	Home Visiting Program staff will maintain up-to-date chart documentation procedures.	CDPH-CHVP staff will review chart documentation and audit process at site visit.
		(.2) Home Visiting Program staff will implement and oversee chart audit process including review of current charts at a minimum of 3 times per year.	Home Visiting Program staff will maintain chart documentation and audit process.	
<b>CONTINUOUS QUALITY IMPROVEMENT (CQI) REQUIREMENTS</b>				
1.8	Conduct a CQI process which is aligned with CHVP CQI improvement goals.	(.1) Perform CHVP directed CQI activities.	Home Visiting Program staff will report action steps taken to achieve program improvement on selected priority areas.	Home Visiting Program staff will participate in quarterly CQI teleconferences with CHVP Program Consultant.
		(.2) Communicate quality improvement activities with the Community Advisory Board (CAB) or other community collaborative designated to address quality improvement.	Home Visiting Program staff will maintain CAB as a resource for program improvement.	CDPH-CHVP staff will observe at CAB meeting annually.
1.9	LHJ site will use data to inform and improve program activities.	(.1) Home Visiting Program staff will use model issued reports and CHVP-created reports as available in the CHVP <del>ETO</del> <b>data system</b> for the purposes of data cleaning, CQI, and program management.	Home Visiting Program staff will demonstrate understanding of the program quality measures.	CDPH-CHVP staff will observe at site visit and on CQI calls.

<sup>4</sup>-REQUIRED SCREENING AND ASSESSMENT TOOLS <http://www.cdph.ca.gov/programs/mcah/Documents/400-10%20Required%20Screening.pdf>

DATA COLLECTION AND STANDARDIZATION <http://www.cdph.ca.gov/programs/mcah/Documents/600-10%20Data%20Collection%20Standardization.pdf>

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Scope of Work

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

#	Short and/or Intermediate Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Evaluation/Performance Measures Process, Short and/or Intermediate Measures	
			Process Description and Measures	Short and/or Intermediate Outcome Measure(s)
2.1	LHJ site will participate in the improvement of the local early childhood system of services.	(.1) MCAH Director will ensure LHJ participation in activities to improve the local early childhood system of services with specific emphases on enhancing cross-agency coordination, collaboration and communication; preventing duplication of services; and addressing gaps in local services and support.		Home visiting Program staff will complete all required CHVP interviews and surveys regarding the local early childhood system of services.
2.2	LHJ site will maintain a Community Advisory Board (CAB)	(.1) Maintain CAB activities according to the model and CHVP Policy and Procedure requirements. CAB will assist with efforts to improve systems integration, interagency coordination, information sharing, and referral systems.	Home Visiting Program staff will maintain a list of current CAB members and the organizations or agencies they represent.	Home visiting Program staff will submit updated CAB information in Status Report #1.
2.3	LHJ site will increase the number of collaborating community agencies with whom they have a clear point of contact.	(.1) Develop and maintain collaborative relationships with local service agencies and hospitals.		
		(.2) LHJ site will develop a clear point of contact (person/s) with collaborating community agencies for purposes of making warm referrals by phone or in-person on a participant's behalf.		Home visiting Program staff will complete annual CHVP Service Provider Survey. Input information in Status Report # 3
2.4	LHJ site will increase the number of formal agreements, informal written agreements, and/or Memorandums of Understanding (MOUs) with other local service agencies in the community.	(.1) Develop community partnerships and facilitate coordination and integration of services among MCAH and other community programs/services.  (.2) Develop and/or maintain formal agreements, informal written agreements (e.g., letters of support) and/or MOUs with community agencies and other service providers.		Home visiting Program staff will complete annual CHVP Service Provider Survey. Input information in Status Report # 3

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

#	Short and/or Intermediate Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Evaluation/Performance Measures Process, Short and/or Intermediate Measures	
			Process Description and Measures	Short and/or Intermediate Outcome Measure(s)
3.1	LHJ sites will collect all information that contributes to the performance measures for the Constructs that comprise the six federally-mandated Benchmark domains.  Constructs are located at: <a href="http://mchb.hrsa.gov/sites/default/files/mchb/MaternalChildHealthInitiatives/HomeVisiting/performanceresources/form2benchmark.pdf">http://mchb.hrsa.gov/sites/default/files/mchb/MaternalChildHealthInitiatives/HomeVisiting/performanceresources/form2benchmark.pdf</a>	(.1) Use model issued forms, assessment tools, and processes as defined in the model issued data collection manual. Further, the site will use CHVP required data forms and processes as defined in the <i>CHVP Data Collection Manuals</i> . <i>Note: All forms must be used as written, no individual site modifications are allowed without prior written consent from CHVP.</i>		At site visit, CDPH-CHVP staff will review process for data collection, entry, secure data storage and data cleaning annually.
		(.2) Home Visiting Program staff will collect and enter the data defined in the NFP or HFA <del>ETO</del> <i>User Manual</i> into the secure <del>ETO</del> data system <i>within seven working days</i> of data collection and as required by NFP or HFA.	Home Visiting Program staff will comply with the monthly and quarterly data cleaning schedule provided by CHVP.	
		(.3) Home Visiting Program staff will verify the accuracy and completeness of data input into the CHVP and NFP <del>ETO</del> data systems adhering to the CHVP data cleaning schedule.	Home Visiting Program staff and supervisors will demonstrate reporting proficiency.	



**Exhibit B, Attachment IV  
Budget (Year 4)  
(07/01/18 through 06/30/19)**

<b>Personnel</b>	Original	Amendment	Original	Amendment	Original	Amendment
Position Title <b>and Name of each</b>	Annual Salary	Annual Salary	FTE %	FTE %	Annual Cost	Annual Cost
Staff Physician (MCAH Dr.)	<del>\$ 181,500</del>	<b>\$ 185,100</b>	10%	<b>10%</b>	<del>\$</del>	<b>\$ 18,510</b>
Senior Public Health Nurse	<del>\$ 137,472</del>	<b>\$ 0</b>	40%	<b>0%</b>	<del>\$</del>	<b>\$ 0</b>
Senior Public Health Nurse <b>Nurse</b>	<del>\$ 137,472</del>	<b>\$ 139,146</b>	50%	<b>25.0004%</b>	<del>\$ 68,736</del>	<b>\$ 34,787</b>
Public Health Nurse (NHV) <b>(50% In-Kind)</b>	<del>\$ 129,948</del>	<b>\$ 131,544</b>	86%	<b>50%</b>	<del>\$ 111,755</del>	<b>\$ 65,772</b>
Public Health Nurse (NHV) <b>(51.501% In-Kind)</b>	<del>\$ 129,948</del>	<b>\$ 131,544</b>	400%	<b>48.499%</b>	<del>\$ 129,948</del>	<b>\$ 63,798</b>
Public Health Nurse (NHV) <b>(50% In-Kind)</b>	<del>\$ 129,948</del>	<b>\$ 131,544</b>	100%	<b>50%</b>	<del>\$ 129,948</del>	<b>\$ 65,772</b>
Public Health Nurse (NHV) <b>(50% In-Kind)</b>	<del>\$ 129,948</del>	<b>\$ 131,544</b>	100%	<b>50%</b>	<del>\$ 129,948</del>	<b>\$ 65,772</b>
Medical Office Assistant II	<del>\$ 53,772</del>	<b>\$ 0</b>	50%	<b>0%</b>	<del>\$</del>	<b>\$ 0</b>
<b>NFP Public Health Nurse Home Visitor (50% In-Kind)</b>	<del>\$ 0</del>	<b>\$ 131,544</b>	0%	<b>50%</b>	<del>\$ 0</del>	<b>\$ 65,772</b>
<b>NFP Public Health Nurse Home Visitor (50% In-Kind)</b>	<del>\$ 0</del>	<b>\$ 131,544</b>	0%	<b>50%</b>	<del>\$ 0</del>	<b>\$ 65,772</b>
<b>NFP Public Health Nurse Home Visitor (50% In-Kind)</b>	<del>\$ 0</del>	<b>\$ 131,544</b>	0%	<b>50%</b>	<del>\$ 0</del>	<b>\$ 65,772</b>
<b>Subtotal Personnel Total Salaries</b>					<del>\$ 570,335</del>	<b>\$ 511,727</b>
<b>Fringe Benefits (54.45% of Salaries)</b>					<del>\$ 290,871</del>	<b>\$ 230,277</b>
(Health Insurance 34.31%, OASDI 4.8%, Unemployment, Worker's Compensation, Medicare 7.8%) <b>Total Personnel Salaries and Fringe Benefits</b>					<del>\$ 861,206</del>	<b>\$ 742,004</b>
<b>Operating Expenses</b>						
TRAINING <b>Training</b> (Registration fees for CHVP required and other professional development trainings <b>trainings</b> & CEUs as needed. <b>(Goal 1.2, 1.3 in SOW)</b> )	<del>\$ 5,000</del>	<b>\$ 3,200</b>				
General Office Supplies	<del>\$ 2,500</del>	<b>\$ 4,039</b>				
Computer/Software/Maintenance <b>(\$4,682 X 3.8 FTE = \$17,792. This high computer maintenance cost is triggered by IT upgrade.) (1.9, 3.1 in SOW)</b>	<del>\$ 1,300</del>	<b>\$ 17,792</b>				
Communications (General telephone pager, fax services, including cellular phones/adaptors/chargers and usage fees for NFP staff.)	<del>\$ 2,197</del>	<b>\$ 2,953</b>				
Medical and Program Supplies (Medical and program supplies for staff to carry out NFP activities. (Goal <b>1.3, 1.5, 3</b> in SOW))	<del>\$ 1,500</del>	<b>\$ 2,000</b>				
Nurse Family Partnership Fee (Fees associated with NFP services in support of program implementation. Includes Start-Up Services Fees, Initial Education Services Fees; Implementation Support Services Fees and Consultation Fees. (Goal 1.5 in SOW))	<del>\$ 36,000</del>	<b>\$ 24,000</b>				
<b>Copying/Printing</b>						<b>\$ 1,006</b>
<b>Curriculum Materials (Curriculum materials to implement NFP activities. (Goal 1.3 in SOW))</b>						<b>\$ 1,500</b>
<b>Space Rental (3.83 FTE x \$2 x 316.23 Sq.Ft. x 12 Months = \$29,068)</b>						<b>\$ 29,068</b>
<b>Total Operating Expenses</b>					<del>\$ 48,497</del>	<b>\$ 85,558</b>
<b>Travel</b>						
<b>Travel (Includes mileage, air fare, lodging, per diem, parking, bridge tolls, taxi fare and car rental) Staff travel to statewide CHVP conference, Zero to Three training, NFP trainings (1.3 in SOW) as well as home visits (Goals 1.3, 1.5, 2, 3 in SOW)</b>	<del>\$ 0</del>	<b>\$ 10,400</b>				
<b>Total Travel</b>					<del>\$ 0</del>	<b>\$ 10,400</b>
<b>Other Costs</b>						
Client Support Materials (Support materials for families in NFP <b>to promote growth and development of child</b> ). (Goals <b>1.4, 2, 3, 4, 5</b> in SOW)	<del>\$ 2,000</del>	<b>\$ 10,000</b>				
<b>Total Other Costs</b>					<del>\$ 2,000</del>	<b>\$ 10,000</b>
<b>Indirect Costs (49.88 20.345% of Total Personnel Costs Salaries and Fringe Benefits)</b>					<del>\$ 214,949</del>	<b>\$ 150,961</b>
<b>Total Budget</b>					<del>\$ 1,126,652</del>	<b>\$ 998,923</b>