

**AGREEMENT BETWEEN COMMUNITY GATEPATH AND SAN MATEO MEDICAL
CENTER/FAIR OAKS HEALTH CENTER FOR THE WATCH ME GROW FIRST 5 SAN
MATEO SPECIAL NEEDS INITIATIVE (WMG).**

I. PURPOSE OF AGREEMENT

THIS AGREEMENT (the "Agreement") is made on behalf of the Watch Me Grow project and entered into by and between Community Gatepath ("CG") and **San Mateo Medical Center/Fair Oaks Health Center** ("Delegate Agency") (collectively, the "Parties") for the purpose of funding activities in support of WMG in San Mateo County.

CG is the lead agency and fiscal agent for WMG in San Mateo County. CG has received a three (3) year grant of three million four hundred thirty-eight thousand dollars and no cents (\$3,438,000) from First 5 San Mateo County ("First 5") for the purpose of implementing the WMG scope of work.

Delegate Agency has been selected by CG to receive funds in order to provide the services detailed in the Scope of Work (Attachment A), and further detailed in the Master Agreement between the CG and the First 5 San Mateo County, Scope of Work. Funding for this Agreement is contingent upon completion of all required responsibilities (see Sections 3 and 4 below) in a manner that is both timely and in compliance with the terms of the grant.

II. TERM OF AGREEMENT

The term of this Agreement shall be for the period from July 1, 2015 through June 30, 2018, subject to the termination provisions noted (see Section 4 below.)

III. CG'S RESPONSIBILITIES

1. CG shall issue payment to Delegate Agency in an amount not to exceed \$55,925, upon receipt of the required documentation and invoices and in accordance with the approved 2015-2016, 2016-2017 and 2017-2018 Budget and Budget Narratives (Attachment B).
2. Payments will take place within 15 days after receipt of payment from First 5 for CGs invoice for the WMG project for the quarter. The type and amount of costs allowable and covered in this Agreement are detailed in the Scope of Work (Attachment A) and the approved Budget and Budget Narrative (Attachment B).
3. CG may withhold payment if the quality or quantity of work performed as described in the Scope of Work is determined to be unacceptable.
4. CG may at any time from execution of this Agreement, terminate this Agreement, with or without cause, upon 30 days written notice specifying the effective date of such termination. In the event of termination, Delegate Agency shall immediately cease and desist all work being performed by Delegate Agency pursuant to this Agreement. In the event of termination, all finished or unfinished documents, databases, templates, tables, studies, maps, photographs, reports and materials prepared by Delegate Agency under this Agreement shall immediately become the property of CG and shall immediately be delivered to CG. In the event of

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termination, Delegate Agency shall be paid for all work satisfactorily performed until the date of termination. In the event that CG makes any advance payments, Delegate Agency agrees to immediately refund CG any amounts in excess of the full payment. The full payment due to Delegate Agency is determined by comparing work and/or services completed to CG's satisfaction to the work/services required by the Agreement. In the event of disagreement between CG and Delegate Agency as to full payment for services performed, the Parties shall work diligently and cooperatively in reaching a resolution to the disagreement. Payment by CG for all services provided pursuant to this Agreement is contingent upon availability and receipt of funds from First 5. CG may terminate the Agreement for unavailability of said funds. In this event, CG shall inform Delegate Agency of such unavailability as soon as it becomes known, and to the extent legally possible, pay all outstanding amounts due for work satisfactorily completed to date.

5. CG shall indemnify and save harmless Delegate Agency, its officers, agents, employees and servants from any and all claims, suits or actions of every name, kind or description, in any way occasioned by or arising out of the performance of this Agreement, but only to the extent that any and all such claims, suits or actions of every name, kind or description solely result from the negligence or willful misconduct of CG, its officers, agents and/or employees.

In the event of concurrent negligence of CG, its officers, agents, employees and servants and Delegate Agency, its officers, agents, employees and servants, then the liability for any and all claims for injuries or damages to persons and/or property which arise out of the terms and conditions of this Agreement shall be apportioned under the California theory of comparative negligence as established presently, or as may be hereafter modified.

The duty to indemnify and save harmless, as set forth herein, shall include the duty to defend as set forth in Section 2778 of the California Civil Code; provided, however, that nothing herein shall be construed to require either Party hereto to indemnify the other Party hereto, their officers, agents, employees and servants against any responsibility or liability in contravention of Section 2782 of the Civil Code.

IV. DELEGATE AGENCY RESPONSIBILITIES

1. Delegate Agency shall return two executed original Agreements to the office of CG no later than September 30, 2015.
2. Delegate Agency shall complete all tasks detailed in the Scope of Work (Attachment A) that are attributed to Delegate Agency during the term of this Agreement. Delegate Agency shall also make available for review and provide copies of documentation/process measures referenced in the Scope of Work.
3. Delegate Agency agrees to provide quarterly itemized invoices for actual expenditures incurred in the completion of the approved Scope of Work (Attachment A) and Budget and Budget Narrative (Attachment B) at the following intervals:

Activity Period	Reimbursement	Invoice Due Date
7/1/15 - 9/30/15	Actual Expenditures	10/10/15
10/1/15 - 12/31/15	Actual Expenditures	1/10/16
1/1/16 - 3/31/16	Actual Expenditures	4/10/16
4/1/16 - 6/30/16	Actual Expenditures	7/10/16

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In the event that CG makes any advance payments, Delegate Agency agrees to immediately refund CG any amounts in excess of the full payment. The full payment due to Delegate Agency is determined by comparing work and/or services completed to CG's satisfaction to the work/services required by the Agreement. In the event of disagreement between CG and Delegate Agency as to full payment for services performed, the Parties shall work diligently and cooperatively in reaching a resolution to the disagreement.

4. Delegate Agency shall provide progress reports (activities and expenditures), including all required First 5 client level data, to CG for each of the specified Objectives in the Scope of Work (Attachment A). The progress reports and data shall be submitted as outlined in the First 5 San Mateo County Grantee Handbook dated December 2012 and all current handbook updates. Delegate Agency shall participate in scheduled WMG Partner meetings and annual review with First 5 staff and the lead agency.
5. Delegate Agency shall participate in ongoing evaluation of WMG by collection and entry of data into a shared online data system (COCOA). Delegate Agency shall also participate in focus groups or other methods determined by the First 5 and WMG evaluation plan.
6. Funds pursuant to this Agreement are provided pursuant to Proposition 10 and are intended to supplement, expand upon, and enhance activities funded from existing sources when applicable. Delegate Agency shall not use funds given pursuant to this Agreement to supplant existing resources or services.
7. Delegate Agency agrees to provide to CG, any Federal or State department having monitoring or reviewing authority, CG's authorized representatives and/or their appropriate audit agencies upon reasonable notice, access to and the right to examine and audit all records and documents necessary to determine compliance with relevant Federal, State, and local statutes, rules and regulations, and this Agreement, and to evaluate the quality, appropriateness and timeliness of services performed.
8. Delegate Agency reserves the right to terminate this Agreement for any material breach of this Agreement by CG by using the following procedure. If Delegate Agency believes CG has materially breached this Agreement, it shall provide written notice to CG specifically indicating the basis for the material breach. CG shall have 30 days from receipt from the written notice to cure such breach, or until June 30, 2018, whichever comes first. In no event shall the term of this Agreement be extended beyond June 30, 2018 to cure a breach under this paragraph except upon written authorization from CG. If after 30 days, or by June 30, 2018, whichever comes first, Delegate Agency fails to cure the breach, the contract shall terminate automatically except upon CG's written notice to Delegate Agency that the contract has not terminated.
9. Delegate Agency shall not commence work or be required to commence work under this Agreement until all insurance required under the Insurance clause of Master Agreement between CG and the First 5 San Mateo County (Attachment C) has been obtained. Proof of insurance shall be provided to CG with updates provided annually.
10. Delegate Agency shall indemnify and save harmless CG, its officers, agents, employees and servants from any and all claims, suits or actions of every name, kind or description, in any way occasioned by or arising out of the performance of this Agreement, but only in proportion to, and to the extent, that any and all such claims, suits or actions of every name, kind or description solely result from the negligence or willful misconduct of the Delegate Agency, its officers, agents and/or employees.

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In the event of concurrent negligence of Delegate Agency, its officers, agents, employees and servants and CG, its officers, agents, employees and servants, then the liability for any and all claims for injuries or damages to persons and/or property which arise out of the terms and conditions of this Agreement shall be apportioned under the California theory of comparative negligence as established presently, or as may be hereafter modified.

The duty to indemnify and save harmless, as set forth herein, shall include the duty to defend as set forth in Section 2778 of the California Civil Code; provided, however, that nothing herein shall be construed to require either Party hereto to indemnify the other Party hereto, their officers, agents, employees and servants against any responsibility or liability in contravention of Section 2782 of the Civil Code.

11. Delegate Agency agrees to and shall abide by all applicable terms and conditions contained in Master Agreement between CG and the First 5 San Mateo County. Delegated Agency is required to have Comprehensive General Liability and Motor Vehicle Liability Insurance for \$1M.

V. OTHER TERMS OF AGREEMENT

This Agreement is of no force or effect unless, or until, the authorized signatures from CG and Delegate Agency appear on this document.

VI. ADDRESSES

All correspondence, notices, claims, etc. will be sent to the following persons and addresses:

FOR THE
CG

Tracey Fecher
VP of Programs
Community Gatepath
350Twin Dolphin Drive, Suite 123
Redwood City, CA 94065-1064
650 259-8548
tfecher@gatepath.com

FOR the
Delegate Agency

Linda Franco
San Mateo Medical Center/Fair Oaks Health Center
2710 Middlefield Rd
Redwood City, CA 94063
lfranco@smcgov.org

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IN WITNESS WHEREOF, the Parties hereto, by their duly authorized representative, have affixed their hands on the day and year first written.

IN WITNESS WHEREOF, the parties hereto, by their duly authorized representatives, have affixed their hands.

COUNTY OF SAN MATEO

By: _____
President, Board of Supervisors, San Mateo County

Date: _____

ATTEST:

By: _____
Clerk of Said Board

Community Gatepath



Contractor's Signature

Date: 4/29/16

Attachment A
First 5 San Mateo County

Scope of Work Dates July 1, 2015 - June 30, 2016

Agency Name: San Mateo Medical Center/Fair Oaks Health Center				
	Goal 1: Coordinate grant activities for all F5SMC Special Needs Watch Me Grow (WMG) activities. Manage F5 Special Need Initiative Grant			
	Measurable Objective: Fiscal and programmatic management and oversight of grant			
	Total Unduplicated Clients Served Under This Objective:			
	Children 0-5: 0	Families of 0-5s: 0	Providers of 0-5s: 10	Other: 10 partners
	Major activities and timelines (Timeline ongoing unless otherwise indicated)	Staff or agency responsible	Documentation instrument:	Target service # for activity (may be duplicated):
1	Oversight of program and budget	Linda Franco, MSW (Clinic Manager)	Contract	1 contract
2	Attend meetings, as required	Linda Franco, MSW (Clinic Manager) or delegate	Meeting Sign In	6 to 12 per year
3	Develop and execute MOUs with strategic partners	Linda Franco, MSW (Clinic Manager) or delegate	MOU	Up to 10 MOUs

Scope of Work Dates July 1, 2015 - June 30, 2016				
Agency Name: San Mateo Medical Center/Fair Oaks Health Center				
	Goal 2: Children 0-5 years are screened for developmental and social-emotional risk factors and concerns			
	Measurable Objective: Number of children screened			
Total Unduplicated Clients Served Under This Objective				
	Children 0-5: 1000	Families of 0-5s: 1000	Providers of 0-5s: 0	Other: 0
	Major activities and timelines (Timeline ongoing unless otherwise indicated)	Staff or agency responsible	Documentation instrument:	Target service # for activity (may be duplicated):
1	Perform primary autism screen MCHAT on all children 18/24 month visits and perform secondary screen with ASQ on	FOHC: PCP	MCHAT	700 children screened per year
2	Provide universal access to ASQ/ASQ-SE developmental and social-emotional screenings for patients 0-5	FOHC: Community Worker	ASQ/ASQ-SE	100 children screened
3	Perform primary developmental screening on all children at 9/18/24 month visits and perform secondary screen with ASQ on children with concerns	FOHC PCP	PEDS	1000 children screened
4	Offer ASQ screening to all preschool and school age 0-5 patients to be sent with school physical form	FOHC: Community Worker	ASQ/ASQ-SE	50 children
5	Offer open access to developmental and autism screening	FOHC Community Worker	ASQ/ASQ-SE/PEDS/MCHAT	30 children per year
6	Provide screening for established CCS patients when indicated and appropriate	FOHC Community Worker	ASQ/ASQ-SE/PEDS/MCHAT	10 children per year

First 5 San Mateo County				
Scope of Work Dates July 1, 2015 - June 30, 2016				
Agency Name: San Mateo Medical Center/Fair Oaks Health Center				
	Goal 3: Children 0-5 years identified with developmental concerns through screening and surveillance receive a developmental assessment or evaluation to identify their needs			
	Measurable Objective: Number of Rapid Development Evaluations completed			
Total Unduplicated Clients Served Under This Objective				
Children 0-5: 25		Families of 0-5s: 25	Providers of 0-5s: 0	Other: 0
Major activities and timelines (Timeline ongoing unless otherwise indicated)		Staff or agency responsible	Documentation instrument:	Target service # for activity (may be duplicated):
1	Embed Rapid Response Tertiary Developmental Pediatrician Assessment for High Risk Patients (Patients with concerns on ASQ screening)	FOHC/Stanford Children's Health DB Peds	Intake forms	25 per year

Attachment A

First 5 San Mateo County				
Scope of Work Dates July 1, 2015 - June 30, 2016				
Agency Name: San Mateo Medical Center/Fair Oaks Health Center				
	Goal 4: Children 0-5 years and their families identified through screening and assessment are linked to appropriate and coordinated services.			
	Measurable Objective: Number of children and families provided with care coordination services.			
Total Unduplicated Clients Served Under This Objective				
	Children 0-5: 150	Families of 0-5s: 150	Providers of 0-5s: 10	Other: 0
Major activities and timelines (Timeline ongoing unless otherwise indicated)		Staff or agency responsible	Documentation instrument:	Target service # for activity (may be duplicated):
1	Embed care coordination in clinic to screen and assist families of patients who are at higher risk for developmental disabilities	FOHC/Community Gatepath	Electronic medical records	150 families
2	Establish contacts, develop relationships with other organizations serving children with special needs, and facilitate and track referrals to appropriate and coordinated services	FOHC: Community Worker	Electronic medical records	10 organizations
3	Establish a case load and provide appropriate follow-up to referral	FOHC: Community Worker	Electronic medical records	150 children
4	Enhance communication back to PCP as to result of referral	FOHC: Community Worker	Electronic medical records	150 communications to pediatricians per year
5	Facilitate/Track Referral to GGRC for formal assessment	FOHC: Community Worker	Intake forms	50 children referred per year
6	Facilitate/Track Referral to Stanford Children's Health LPCH DBP for assessment	FOHC	Intake forms	15 children referred per year
7	Facilitate/Track Referral to School District for formal assessment, assist with IEP, as needed	FOHC	Intake forms	50 children referred per year

Attachment A

Agency Name: San Mateo Medical Center/Fair Oaks Health Center				
	Goal 5: Children and families are supported through care coordination to receive timely access to assessment and and services			
	Measurable Objective: Number of children and familes provided with care coordination services.			
Total Unduplicated Clients Served Under This Objective				
	Children 0-5: 150	Families of 0-5s: 105	Providers of 0-5s: 15	Other: 0
	Major activities and timelines (Timeline ongoing unless otherwise indicated)	Staff or agency responsible	Documentation instrument:	Target service # for activity (may be
1	Embed Rapid Response Tertiary Developmental Pediatrician Assessment for High Risk Patients (Patients with concern on ASQ screening) *repeat from Assessment strategy	FOHC/ Stanford Children's Health DBP	Intake forms	25 children/families
2	Embed care coordination at a clinic to futher screen and assist families, patients who are at higher risk *repeat from Care Coordination strategy	FOHC/Community Gatepath	Intake forms	20 families
3	Assist and track referrals-for more timely access (e.g. help family to complete intake questionnaire for LPCH DBP *repeat from Care Coordination strategy	FOHC: Community Worker	Electronic Medical Record	15 familes per year
4	Increase primary pediatrician participation in Watch Me Grow Case Conferences or Child Study Team for high risk patients e.g.through telemedicine or enhanced coordination.	FOHC/Stanford Children's Health DBP	Sign in sheet	10 pediatricians per year
5	Partner to provide legal services to support families challenged to receiving services (IEP, etc) co-located-for more timely services (leverage Legal Aid)	FOHC; Legal Aid Society: Staff Attorney	Intake and follow up forms	50 families

Attachment A

Scope of Work Dates July 1, 2015 - June 30, 2016			
Agency Name: San Mateo Medical Center/Fair Oaks Health Center			
Goal 6: Families and providers demonstrate increased understanding of developmental milestones, developmental screening and assessment and the system of care for children with special needs			
Measurable Objective: Number of providers trained.			
Total Unduplicated Clients Served Under This Objective			
Children 0-5: 0	Families of 0-5s:	Providers of 0-5s: 25	Other:
Major activities and timelines (Timeline ongoing unless otherwise indicated)	Staff or agency responsible	Documentation instrument:	Target service # for activity (may be duplicated):
1 Participate in training of medical providers on screening tools and need for referrals (leverage Stanford Children's Health Pediatrics or DBP)	FOHC PCPs	F5 Evaluation Form	15 per year
2 Participate in higher level training development nurse and community worker (leverage Stanford Children's Health Pediatrics or DBP)	FOHC PCPs	F5 Evaluation Form	2 per year
3 Utilize and make more useful the Medical Home Binder for primary providers (leverage CCS)	FOHC Developmental Nurse; CCS	Meeting Sign In	1 per year
4 Participate in training for all staff on developmental screening (leverage Stanford Children's Health Pediatrics or DBP)	Stanford Pediatrics/Stanford DBP/FHS	Meeting Sign In	1 trainings per year

Attachment A

Goal 7: Strategic partnerships identify local systems gaps and barriers and advocate for systemic change to create lasting, beneficial systems improvements for children with special needs and their families.			
Measurable Objective: Number of partners participating in systems change activities.			
Total Unduplicated Clients Served Under This Objective			
Children 0-5: 130	Families of 0-5s: 130	Providers of 0-5s: 30	Other: 0
Major activities and timelines (Timeline ongoing unless otherwise indicated)	Staff or agency responsible	Documentation instrument:	Target service # for activity (may be duplicated):
1 Primary pediatrician participation in Watch Me Grow Collaborative Roundtable Case Conferences for high risk patients (perhaps through telemedicine or enhanced coordination)	FOHC/Stanford Children's Health DBP	Sign in sheets	10 per year
2 Primary pediatrician participation in GGRC IFSP Case Conferences for high risk patients (perhaps through telemedicine or enhanced coordination)	FOHC/ GGRC	Sign in sheets	10 per year
3 Embed Legal Services to address legal barriers and challenges to achieving services for children with special needs and their families *repeat from Services strategy	FOHC/Legal Aid	Intake forms	50 families per year
4 Embed parent support groups for parents of children with special needs	FOHC/Community Gatepath Family Resource Center	Sign in sheets	30 families per year
5 Embed parenting support groups/education for parents with special needs	FOHC/Family Health Services/Star Vista	Sign in sheets	30 families per year

Attachment A

First 5 San Mateo County			
Scope of Work Dates July 1, 2015 - June 30, 2016			
Agency Name: San Mateo Medical Center/Fair Oaks Health Center			
Goal 8: Provide culturally, linguistically, and developmentally appropriate services to children and families.			
Measurable Objective: Services to children and families are culturally, linguistically and developmentally appropriate			
Total Unduplicated Clients Served Under This Objective			
Children 0-5:	Families of 0-5s:	Providers of 0-5s:	Other:
1000	1000	15	0
Major activities and timelines (Timeline ongoing unless otherwise indicated)		Staff or agency responsible	Documentation instrument:
Target service # for activity (may be duplicated):			
1	All services will be provided in the language of preference for the family. Providers/staff are Spanish speaking and other languages will be offered via phone interpretation services that already exist.	SMMC/FOHC	Demographics and/or service documentation
			100 Year 1

Attachment A

First 5 San Mateo County				
Scope of Work Dates July 1, 2015 - June 30, 2016				
Agency Name: Community Gatepath				
	Goal 9: Maximize collaborations with other systems, agencies, and/or efforts within San Mateo County.			
	Measurable Objective: Collaborate with other F5SMC partners and stakeholders as well as with current and potential community partners.			
Total Unduplicated Clients Served Under This Objective				
Children 0-5: 0		Families of 0-5s: 0	Providers of 0-5s: 0	Other: 14 F5SMC partners
Major activities and timelines (Timeline ongoing unless otherwise indicated)		Staff or agency responsible	Documentation instrument:	Target service # for activity (may be duplicated):
1	Continue to collaborate with other systems, agencies, and/or efforts within San Mateo County. (current)	Community Gatepath	Meeting sign-in sheets and technical assistance phone log	Work with F5SMC Watch Me Grow partners

Attachment A

First 5 San Mateo County				
Scope of Work Dates July 1, 2015 - June 30, 2016				
Agency Name: San Mateo Medical Center/Fair Oaks Health Center				
	Goal 10: Implementation of sustainable practices and identification of additional resources to ensure the continuation of service provision.			
	Measurable Objective: Documentation of practices and additional resources needed.			
Total Unduplicated Clients Served Under This Objective				
Children 0-5: 1000		Families of 0-5s: 1000	Providers of 0-5s: 50	Other: 0
Major activities and timelines (Timeline ongoing unless otherwise indicated)		Staff or agency responsible	Documentation instrument:	Target service # for activity (may be duplicated):
1	By end of first year identify one other pediatric clinic within system to spread program	FOHC	Annual Report	1 clinic: Year 1
2	By end of first year begin to train internal staff of the same classification to learn role of development/school readiness coordinator	FOHC	Training Log	4 staff: Year 1
3	By end of first year involve nurse leadership/nursing staff to develop skills so that coordination can be "owned" by the pediatric nurse unit	FOHC	Training Log	10 staff: Year 1
4	By end of first year begin to plan on making developmental and social-emotional screening part of long term strategic planning for pediatric clinics	FOHC	Annual Report	1 plan: Year 1

Attachment A

Agency Name: San Mateo Medical Center/Fair Oaks Health Center				
Goal 11: Advance F5SMC's Communications and Systems Change efforts to promote optimal early childhood development for children 0-5 in San Mateo County.				
Measurable Objective: Communicate the importance of the first 5 years of life and collaborate to improve systems integration, decrease duplicative services, and create lasting, beneficial systems improvements.				
Total Unduplicated Clients Served Under This Objective				
Children 0-5: 1000		Families of 0-5s: 1000	Providers of 0-5s: 15	Other: 0
Major activities and timelines (Timeline ongoing unless otherwise indicated)		Staff or agency responsible	Documentation instrument:	Target service # for activity (may be duplicated):
1	Participate in F5SMC's Learning Circles and other collaborative efforts	FOHC Clinic manager or staff	Sign in sheet	2
2	Document measures to increase efficiencies and reduce duplication within service delivery	FOHC Clinic manager or staff	Mid-year and annual F5SMC Progress Report Narrative	2 per year
3	Participate in Child Care Partnership Council by sending at least one staff member	FOHC Clinic manager or staff	Sign in sheet	6 per year
4	Liason with San Mateo County Board of Supervisors for advocacy	FOHC and partners	Annual Report	1 per year
5	Liason with state and federal leaders who are sympathetic to children with special needs	FOHC and partners, especially Stanford Pediatric Advocacy	Annual Report	1 per year
6	Advocate within the San Mateo County Health System to improve policies and services for children with special needs	FOHC and partners	Annual Report	1 per year
7	Work with partners to ease information exchange and registry for patient information	FOHC and partners	Annual Report	1 per year
8	Medical Director/Physician Champion along with LPCH residents, medical students, Community Health Worker and Development Nurse to participate in efforts from FOHC	FOHC and partners	Annual Report	3 meetings per year with LPCH

Attachment A

First 5 San Mateo County			
Scope of Work Dates July 1, 2015 - June 30, 2016			
Agency Name: San Mateo Medical Center/Fair Oaks Health Center			
Goal 12: Demonstrate the effectiveness of the project strategies through participation in an independently administered process and outcome evaluation.			
Measurable Objective: Participate in the design of the evaluation and in the implementation of data collection activities as required by the evaluation design.			
Total Unduplicated Clients Served Under This Objective:			
Children 0-5:	100	Families of 0-5s:	100
Providers of 0-5s:	0	Other:	0
Major activities and timelines (Timeline ongoing unless otherwise indicated)	Staff or agency responsible	Documentation instrument:	Target service # for activity (may be duplicated):
1 Collect and enter individual-level client data and individual-level service data on all project activities	FOHC: Community Worker	Per F5SMC Evaluation Plan	100 Year 1
2 Administer all Comprehensive Evaluation tools on clients served as required by the F5SMC evaluation design.	FOHC Community Worker	Per F5SMC Evaluation Plan	100 Year 1
3 Administer all Systems-Change Evaluation tools as required by the First 5 evaluation design.	FOHC Clinic Manager	Per F5SMC Evaluation Plan	100 Year 1

Attachment A

First 5 San Mateo County				
Scope of Work Dates July 1, 2015 - June 30, 2016				
Agency Name: San Mateo Medical Center/Fair Oaks Health Center				
	Goal 13: Ensure the general public is aware of the benefit of Proposition 10 (Prop. 10) tax dollars in the community			
	Measurable Objective : Keep the public informed of how and where Prop 10 funds are invested in San Mateo County			
Total Unduplicated Clients Served Under This Objective				
Children 0-5: 1000		Families of 0-5s: 1000	Providers of 0-5s: 40	Other: 0
Major activities and timelines (Timeline ongoing unless otherwise indicated)		Staff or agency responsible	Documentation instrument:	Target service # for activity (may be duplicated):
1	Place a placard announcing project funding by F5SMC in a prominent area where services take place. Timeline = Ongoing.	FOHC Clinic Manager	Placard placement	1 placard
2	Recognize F5SMC by placing the F5SMC logo and/or the phrase "Funding provided by First 5 San Mateo County" in annual report, public education materials, outreach materials, and media communications. Timeline = Ongoing.	FOHC Clinic Manager	Copies of materials and press releases	As required
3	Place F5SMC tobacco-free premises placard in a prominent area where funded services take place	FOHC Clinic Manager	Placard placement	1 placard
4	Make tobacco education and cessation resources provided by F5SMC readily available to those served by the agency and to staff of the agency	FOHC Clinic Manager	Copies of materials provided by F5SMC	As required

Attachment A

First 5 San Mateo County			
Scope of Work Dates July 1, 2015 - June 30, 2018			
Agency Name:			
	Goal:		
	Measurable Objective:		
Total Unduplicated Clients Served Under This Objective			
Children 0-5:		Families of 0-5s:	Providers of 0-5s:
Other:			
	Major activities and timelines (Timeline ongoing unless otherwise indicated)	Staff or agency responsible	Documentation instrument:
	Target service # for activity (may be duplicated):		
1			
2			
3			



First 5 San Mateo County BUDGET REQUEST FORM

Complete this form to show the budget for the **entire** project for the fiscal year. If there are subcontractors or collaborative agency budgets involved, please complete an additional budget request form for each and identify the subcontractor.

Agency Name:	San Mateo Medical Center/Fair Oaks Health Center
Program/Project Name:	Special Needs ITN
Amount of Request:	\$27,963.00
Budget Period:	7/1/2015 - 6/30/2016
Submission Date:	2/18/2015

** List Leveraged Amount Available-Non F5SMC funds available to support the project, excluding the amount being requested from the Commission. At the bottom of the form under section VII, please list the funding source for all funds included in this column and any amounts from this column that are not yet secured.

I. PERSONNEL			A. Amount Requested	B. Leveraged Amount Available**	C. Total Program Budget (A+B)
Position Title	Salary Range	# FTEs			
Community Worker II	\$ 55,473.60	0.50	\$ 27,963.00	\$ -	\$ 27,963.00
Developmental Nurse	\$ 109,728.00	0.05	\$ -	\$ 4,992.00	\$ 4,992.00
Developmental Pediatrician	\$ 150,000.00	0.03	\$ -	\$ 4,500.00	\$ 4,500.00
	\$ -	0.00	\$ -	\$ -	\$ -
Benefits @ 0 %				\$ -	\$ -
Subtotal - Personnel		0.58	\$ 27,963.00	\$ 9,492.00	\$ 37,455.00

II. OPERATING EXPENSES		A. Amount Requested	B. Leveraged Amount Available **	C. Total Program Budget (A+B)
A. Rent and Utilities		\$ -	\$ 6,000.00	\$ 6,000.00
B. Office Supplies and Materials		\$ -	\$ 500.00	\$ 500.00
C. Telephone/Communications		\$ -	\$ 500.00	\$ 500.00
D. Postage/Mailing		\$ -	\$ 500.00	\$ 500.00
E. Printing/Copying		\$ -	\$ 500.00	\$ 500.00
F. Equipment Lease		\$ -	\$ -	\$ -
G. Travel Using Personal Vehicle		\$ -	\$ -	\$ -
H. Travel Using Company Vehicle		\$ -	\$ -	\$ -
I. Consultants (itemize):		\$ -	\$ -	\$ -
J. Subcontractors (itemize):		\$ -	\$ -	\$ -
K. Other (itemize): Incentives			\$ -	\$ -
K1. Development Toys (200 x \$5)			\$ -	\$ -
K2. Development Bags (200 x \$5)			\$ -	\$ -
		\$ -	\$ -	\$ -
Subtotal - Operating Expenses			\$ 8,000.00	\$ 8,000.00

III. CAPITAL EXPENDITURES		A. Amount Requested	B. Leveraged Amount Available **	C. Total Program Budget (A+B)
Itemize and describe items requested. Competitive bids may be requested by the Commission prior to contract. This section can be left blank if no capital requests are being made.				
A.		\$ -		\$ -
B.		\$ -		\$ -
C.		\$ -		\$ -
D.		\$ -		\$ -

E.	\$	-		\$	-	
	\$	-		\$	-	
Subtotal - Capital Expenditures	\$	-	\$	-	\$	-

IV. INDIRECT COSTS	A. Amount Requested	B. Leveraged Amount Available **	C. Total Program Budget (A+B)
Training/Administrative Support 5%		\$ -	\$ -
Clinic Manager/Medical Director		\$ 3,317.53	\$ 3,317.53
Charge RN		\$ 2,880.00	\$ 2,880.00
LPCH training		\$ 500.00	\$ 500.00
Gatepath Care Coordinator training/transition		\$ 960.00	\$ 960.00
		\$ 7,657.53	\$ 7,657.53
V. TOTAL PROGRAM COSTS	A. Amount Requested	B. Leveraged Amount Available **	C. Total Program Budget (A+B)
Total of sections I - IV	\$ 27,963.00	\$ 25,149.53	\$ 53,112.53

VI. IN KIND SUPPORT: Please identify any in-kind support that is available to this project (example: volunteer hours, donated office space or equipment). If volunteer hours are listed, please indicate the role(s) of volunteers in the project.

Volunteers support screening program
 LPCH Residents support, develop, help implement screening

VII. LEVERAGED FUNDS ARE FROM: Please list the funding sources and their amounts for funds identified in Column B. Also indicate which leveraged funds are not yet secured.

Developmental Nurse	\$	4,992.00	*SMMC
Developmental Pediatrician	\$	4,500.00	*Stanford
Clinic Manager	\$	3,317.53	*SMMC
Charge RN	\$	2,880.00	*SMMC
LPCH training	\$	500.00	*SMMC
Gatepath Care Coordinator training/transition	\$	960.00	*Community Gatepath
Rent and Utilities	\$	6,000.00	*SMMC
Office Supplies and Materials	\$	500.00	*SMMC
Telephone/Communications	\$	500.00	*SMMC
Postage/Mailing	\$	500.00	*SMMC
Printing/Copying	\$	500.00	*SMMC

\$ 25,149.53

*secure funds

Date Prepared:	2/18/2015	*Prepared By:	Linda Franco, Clinic Manager
		Signature:	
* Must be signed by an Authorized signor of the agency			



First 5 San Mateo County
BUDGET NARRATIVE FORM

Agency Name:	San Mateo Medical Center/Fair Oaks Health Center
Program/Project Name:	Special Needs ITN
Amount of Request:	\$27,963.00
Budget period:	7/1/2015 - 6/30/2016
Submission Date:	2/15/2015

I. PERSONNEL	A. Amount Requested	Description / Explanation
<u>Position Title</u>		
Community Worker II	\$ 27,963.00	Funds will support a 0.5 FTE time (20 hours) Extra Help Community Worker II position that will function as a screener and care coordinator.
Developmental Nurse	\$ -	
Developmental Pediatrician	\$ -	
	\$ -	
Benefits @ 0 %		
Subtotal - Personnel	\$ 27,963.00	

II. OPERATING EXPENSES	A. Amount Requested	Description / Explanation
A. Rent and Utilities	\$ -	
B. Office Supplies and Materials	\$ -	
C. Telephone/Communications	\$ -	
D. Postage/Mailing	\$ -	
E. Printing/Copying	\$ -	
F. Equipment Lease	\$ -	
G. Travel Using Personal Vehicle	\$ -	
H. Travel Using Company Vehicle	\$ -	
I. Consultants (itemize):	\$ -	
	\$ -	
	\$ -	
J. Subcontractors (itemize):	\$ -	
K. Other (itemize): Incentives	\$ -	
	\$ -	
	\$ -	
	\$ -	
Subtotal - Operating Expenses	\$ -	

III. CAPITAL EXPENDITURES	A. Amount Requested	Description / Explanation
---------------------------	---------------------	---------------------------

A.	\$	-
B.	\$	-
C.	\$	-
D.	\$	-
E.	\$	-
	\$	-
Subtotal - Capital Expenditures	\$	-

IV. INDIRECT COSTS	A. Amount Requested	Allocation Method / Formula Used
<u>Training/Administrative Support 5%</u>		
Subtotal - Indirect Costs		

V. TOTAL PROGRAM COSTS	A. Amount Requested
Total of sections I - IV	\$ 27,963.00

*F5 funds are not supplanting state or federal funds

VI. IN KIND SUPPORT: Please identify any in-kind support that is available to this project (example: volunteer hours, donated office space or equipment). If volunteer hours are listed, please indicate the role(s) of volunteers in the project.

Volunteers

support

LPCH Residents

support, develop, help implement screening

Mail signed First 5 San Mateo County Budget Request and Budget Narrative Forms to :

First 5 San Mateo County

Attn: F5SMC Program Specialist

1700 S. El Camino Real, Suite 405

San Mateo, CA 94402 – 3050

Electronic copy must also be submitted to:

F5SMC Program Specialist

Attachment B FY 2016-17



**First 5 San Mateo County
BUDGET REQUEST FORM**

Complete this form to show the budget for the **entire** project for the fiscal year. If there are subcontractors or collaborative agency budgets involved, please complete an additional budget request form for each and identify the subcontractor.

Agency Name:	San Mateo Medical Center/Fair Oaks Health Center
Program/Project Name:	Special Needs ITN
Amount of Request:	\$13,981
Budget Period:	7/1/2016 - 6/30/2017
Submission Date:	2/18/2015

** List Leveraged Amount Available-Non F5SMC funds available to support the project, excluding the amount being requested from the Commission. At the bottom of the form under section VII, please list the funding source for all funds included in this column and any amounts from this column that are not yet secured.

I. PERSONNEL			A. Amount Requested	B. Leveraged Amount Available**	C. Total Program Budget (A+B)
Position Title	Salary Range	# FTEs			
Community Worker II	\$57,137.80	0.25	\$ 13,981.00	\$ 13,982.00	\$ 27,963.00
Developmental Nurse	\$ 113,019.84	0.05	\$ -	\$ 5,141.76	\$ 5,141.76
Developmental Pediatrician	\$ 150,000.00	0.03	\$ -	\$ 4,500.00	\$ 4,500.00
Clinic Manager	\$ -	0.00	\$ -	\$ 3,317.53	\$ 3,317.53
Charge RN	\$ -	0.00		\$ 2,966.40	\$ 2,966.40
Benefits @ 0 %					\$ -
Subtotal - Personnel		0.33	\$ 13,981.00	\$ 29,907.69	\$ 43,888.69

II. OPERATING EXPENSES	A. Amount Requested	B. Leveraged Amount Available **	C. Total Program Budget (A+B)
A. Rent and Utilities	\$ -	\$ 6,000.00	\$ 6,000.00
B. Office Supplies and Materials	\$ -	\$ 500.00	\$ 500.00
C. Telephone/Communications	\$ -	\$ 500.00	\$ 500.00
D. Postage/Mailing	\$ -	\$ 500.00	\$ 500.00
E. Printing/Copying	\$ -	\$ 500.00	\$ 500.00
F. Equipment Lease	\$ -	\$ -	\$ -
G. Travel Using Personal Vehicle	\$ -	\$ -	\$ -
H. Travel Using Company Vehicle	\$ -	\$ -	\$ -
I. Consultants (itemize):	\$ -	\$ -	\$ -

J. Subcontractors (itemize):	\$ -	\$ -	\$ -
K. Other (itemize): Incentives		\$ -	\$ -
K1. Development Toys (400 x \$5)		\$ -	\$ -
K2. Development Bags (400 x \$5)		\$ -	\$ -
	\$ -	\$ -	\$ -
Subtotal - Operating Expenses	\$ -	\$ 8,000.00	

III. CAPITAL EXPENDITURES	A. Amount Requested	B. Leveraged Amount Available **	C. Total Program Budget (A+B)
Itemize and describe items requested. Competitive bids may be requested by the Commission prior to contract. This section can be left blank if no capital requests are being made.			
A.	\$ -		\$ -
B.	\$ -		\$ -
	\$ -		\$ -
Subtotal - Capital Expenditures	\$ -	\$ -	\$ -

IV. INDIRECT COSTS	A. Amount Requested	B. Leveraged Amount Available **	C. Total Program Budget (A+B)
<u>Training/Administrative Support 0%</u>		\$ -	\$ -

V. TOTAL PROGRAM COSTS	A. Amount Requested	Amount Available **	(A+B)
Total of sections I - IV	\$ 13,981.00	\$ 37,907.69	\$ 51,888.69

*F5 funds are not supplanting state or federal funds

VI. IN KIND SUPPORT: Please identify any in-kind support that is available to this project (example: volunteer hours, donated office space or equipment). If volunteer hours
Volunteers support screening program

LPCH Residents support, develop, help implement screening

VII. LEVERAGED FUNDS ARE FROM: Please list the funding sources and their amounts for funds identified in Column B. Also indicate which leveraged funds are not vet

Community Worker II		\$ 14,284.45	**SMMC
Developmental Pediatrician		\$ 4,500.00	*Stanford
Developmental Nurse		\$ 4,992.00	*SMMC
Clinic Manager		\$ 3,317.53	*SMMC
Charge RN		\$ 2,880.00	*SMMC
LPCH training		\$ 500.00	*SMMC
Rent and Utilities		\$ 6,000.00	*SMMC
Office Supplies and Materials		\$ 500.00	*SMMC
Telephone/Communications		\$ 500.00	*SMMC
Postage/Mailing		\$ 500.00	*SMMC
Printing/Copying		\$ 500.00	*SMMC

\$ 38,473.98

*secure funds

**unsecure funds

Date Prepared:	2/18/2015	*Prepared By:	Linda Franco, Clinic Manager
		Signature:	
* Must be signed by an Authorized signor of the agency			



**First 5 San Mateo County
BUDGET NARRATIVE FORM**

Agency Name:	San Mateo Medical Center/Fair Oaks Health Center
Program/Project Name:	Special Needs ITN
Amount of Request:	\$13,981
Budget period:	7/1/2016 - 6/30/2017
Submission Date:	2/15/2015

I. PERSONNEL	A. Amount Requested	Description / Explanation
<u>Position Title</u>		
Community Worker II	\$ 13,981.00	Funds will support a 0.50 FTE time (24 hours) Community Worker II position that will function as a screener and care coordinator. Second year represents contribution by F5SMC for 0.25 FTE and leveraged funds from SMMC for 0.25 FTE.
Developmental Nurse	\$ -	
	0 \$ -	
	0 \$ -	
Subtotal - Personnel	\$ 13,981.00	

II. OPERATING EXPENSES	A. Amount Requested	Description / Explanation
A. Rent and Utilities	\$ -	
B. Office Supplies and Materials	\$ -	
C. Telephone/Communications	\$ -	
D. Postage/Mailing	\$ -	
E. Printing/Copying	\$ -	
F. Equipment Lease	\$ -	
G. Travel Using Personal Vehicle	\$ -	
H. Travel Using Company Vehicle	\$ -	
I. Consultants (itemize):	\$ -	
	\$ -	
	\$ -	
J. Subcontractors (itemize):	\$ -	
K. Other (itemize): Incentives	\$ -	
	\$ -	
Subtotal - Operating Expenses	\$ -	

III. CAPITAL EXPENDITURES	A. Amount Requested	Description / Explanation
A.	\$ -	
B.	\$ -	
C.	\$ -	
D.	\$ -	
E.	\$ -	
	\$ -	
Subtotal - Capital Expenditures	\$ -	

IV. INDIRECT COSTS	A. Amount Requested	Allocation Method / Formula Used
<u>Training/Administrative Support 5%</u>		
Subtotal - Indirect Costs		

V. TOTAL PROGRAM COSTS	A. Amount Requested
Total of sections I - IV	\$ 13,981.00

VI. IN KIND SUPPORT: Please identify any in-kind support that is available to this project (example: volunteer hours, donated office space or equipment). If volunteer hours are listed, please indicate the role(s) of volunteers in the project.

Volunteers support
 LPCH Residents support, develop, help implement screening

Mail signed First 5 San Mateo County Budget Request and Budget Narrative Forms to :

First 5 San Mateo County
Attn: F5SMC Program Specialist
1700 S. El Camino Real, Suite 405
San Mateo, CA 94402 – 3050

Electronic copy must also be submitted to:

F5SMC Program Specialist

Attachment B FY 2017-18



**First 5 San Mateo County
BUDGET REQUEST FORM**

Complete this form to show the budget for the **entire** project for the fiscal year. If there are subcontractors or collaborative agency budgets involved, please complete an additional budget request form for each and identify the subcontractor.

Agency Name:	San Mateo Medical Center/Fair Oaks Health Center
Program/Project Name:	Special Needs ITN
Amount of Request:	\$13,981
Budget Period:	7/1/2017 - 6/30/2018
Submission Date:	2/18/2015

** List Leveraged Amount Available-Non F5SMC funds available to support the project, excluding the amount being requested from the Commission. At the bottom of the form under section VII, please list the funding source for all funds included in this column and any amounts from this column that are not yet secured.

I. PERSONNEL			A. Amount Requested	B. Leveraged Amount Available**	C. Total Program Budget (A+B)
Position Title	Salary Range	# FTEs			
Community Worker II	\$57,137.80	0.25	\$ 13,981.00	\$ 13,982.00	\$ 27,963.00
Developmental Nurse	\$ 113,019.84	0.05	\$ -	\$ 5,141.76	\$ 5,141.76
Developmental Pediatrician	\$ 150,000.00	0.03	\$ -	\$ 4,500.00	\$ 4,500.00
Clinic Manager	\$ -	0.00	\$ -	\$ 3,317.53	\$ 3,317.53
Charge RN	\$ -	0.00		\$ 2,966.40	\$ 2,966.40
Benefits @ 0 %					\$ -
Subtotal - Personnel		0.33	\$ 13,981.00	\$ 29,907.69	\$ 43,888.69

II. OPERATING EXPENSES	A. Amount Requested	B. Leveraged Amount Available **	C. Total Program Budget (A+B)
A. Rent and Utilities	\$ -	\$ 6,000.00	\$ 6,000.00
B. Office Supplies and Materials	\$ -	\$ 500.00	\$ 500.00
C. Telephone/Communications	\$ -	\$ 500.00	\$ 500.00
D. Postage/Mailing	\$ -	\$ 500.00	\$ 500.00
E. Printing/Copying	\$ -	\$ 500.00	\$ 500.00
F. Equipment Lease	\$ -	\$ -	\$ -
G. Travel Using Personal Vehicle	\$ -	\$ -	\$ -
H. Travel Using Company Vehicle	\$ -	\$ -	\$ -
I. Consultants (itemize):	\$ -	\$ -	\$ -
J. Subcontractors (itemize):	\$ -	\$ -	\$ -
K. Other (itemize): Incentives		\$ -	\$ -
K1. Development Toys (400 x \$5)		\$ -	\$ -
K2. Development Bags (400 x \$5)		\$ -	\$ -
	\$ -	\$ -	\$ -
Subtotal - Operating Expenses	\$ -	\$ 8,000.00	

III. CAPITAL EXPENDITURES	A. Amount Requested	B. Leveraged Amount Available **	C. Total Program Budget (A+B)
Itemize and describe items requested. Competitive bids may be requested by the Commission prior to contract. This section can be left blank if no capital requests are being made.			
A.	\$ -		\$ -
B.	\$ -		\$ -
	\$ -		\$ -
Subtotal - Capital Expenditures	\$ -	\$ -	\$ -

IV. INDIRECT COSTS	A. Amount Requested	B. Leveraged Amount Available **	C. Total Program Budget (A+B)
<u>Training/Administrative Support 0%</u>		\$ -	\$ -

V. TOTAL PROGRAM COSTS	A. Amount Requested	Amount Available **	(A+B)
Total of sections I - IV	\$ 13,981.00	\$ 37,907.69	\$ 51,888.69

*F5 funds are not supplanting state or federal funds

VI. IN KIND SUPPORT: Please identify any in-kind support that is available to this project (example: volunteer hours, donated office space or equipment). If volunteer hours
Volunteers LPCH Residents: support screening program. Support, develop, help implement screening

VII. LEVERAGED FUNDS ARE FROM: Please list the funding sources and their amounts for funds identified in Column B. Also indicate which leveraged funds are not yet

Community Worker II		\$ 14,284.45	**SMMC
Developmental Pediatrician		\$ 4,500.00	*Stanford
Developmental Nurse		\$ 4,992.00	*SMMC
Clinic Manager		\$ 3,317.53	*SMMC
Charge RN		\$ 2,880.00	*SMMC
LPCH training		\$ 500.00	*SMMC
Rent and Utilities		\$ 6,000.00	*SMMC
Office Supplies and Materials		\$ 500.00	*SMMC
Telephone/Communications		\$ 500.00	*SMMC
Postage/Mailing		\$ 500.00	*SMMC
Printing/Copying		\$ 500.00	*SMMC
*secure funds **unsecure funds		\$ 38,473.98	

Date Prepared:	2/18/2015	*Prepared By:	Linda Franco, Clinic Manager
		Signature:	
* Must be signed by an Authorized signor of the agency			



**First 5 San Mateo County
BUDGET NARRATIVE FORM**

Agency Name:	San Mateo Medical Center/Fair Oaks Health Center
Program/Project Name:	Special Needs ITN
Amount of Request:	\$13,981
Budget period:	7/1/2017 - 6/30/2018
Submission Date:	2/15/2015

I. PERSONNEL	A. Amount Requested	Description / Explanation
<u>Position Title</u>		
Community Worker II	\$ 13,981.00	Funds will support a 0.50 FTE time (24 hours) Community Worker II position that will function as a screener and care coordinator. Second year represents contribution by F5SMC for 0.25 FTE and leveraged funds from SMMC for 0.25 FTE.
Developmental Nurse	\$ -	
	0 \$ -	
	0 \$ -	
Subtotal - Personnel	\$ 13,981.00	

II. OPERATING EXPENSES	A. Amount Requested	Description / Explanation
A. Rent and Utilities	\$ -	
B. Office Supplies and Materials	\$ -	
C. Telephone/Communications	\$ -	
D. Postage/Mailing	\$ -	
E. Printing/Copying	\$ -	
F. Equipment Lease	\$ -	
G. Travel Using Personal Vehicle	\$ -	
H. Travel Using Company Vehicle	\$ -	
I. Consultants (itemize):	\$ -	
	\$ -	
	\$ -	
J. Subcontractors (itemize):	\$ -	
K. Other (itemize): Incentives	\$ -	
	\$ -	
Subtotal - Operating Expenses	\$ -	

III. CAPITAL EXPENDITURES	A. Amount Requested	Description / Explanation
A.	\$ -	
B.	\$ -	
C.	\$ -	
D.	\$ -	
E.	\$ -	
	\$ -	
Subtotal - Capital Expenditures	\$ -	

IV. INDIRECT COSTS	A. Amount Requested	Allocation Method / Formula Used
<u>Training/Administrative Support 5%</u>		
Subtotal - Indirect Costs		

V. TOTAL PROGRAM COSTS	A. Amount Requested
Total of sections I - IV	\$ 13,981.00

VI. IN KIND SUPPORT: Please identify any in-kind support that is available to this project (example: volunteer hours, donated office space or equipment). If volunteer hours are listed, please indicate the role(s) of volunteers in the project.

Volunteers

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First 5 San Mateo County

Attn: F5SMC Program Specialist

1700 S. El Camino Real, Suite 405

San Mateo, CA 94402 – 3050

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F5SMC Program Specialist