

**Exhibit A**  
Scope of Work

**1. Service Overview**

This is a contract providing direct services to the public and is mostly funded through state local assistance dollars. Through this contract, the Contractor will conduct tailored breast and cervical cancer public health education to priority populations of eligible women, and maintain a diverse primary care provider network for *Every Woman Counts (EWC)* programs. Responsibilities include specific activities to implement Tailored Health Education (THE), ensure Quality Clinical Services are provided, and optimize Professional Education. The contract goals and activities promote awareness and increase the number of women who are screened and re-screened for breast and cervical cancer and that high quality screening services are provided. Ultimately, the services provided through this agreement will help reduce mortality through breast and cervical cancer screening, stimulate change in health care and mobilize communities to enable all California women to receive timely, high quality screening services.

**A. Program Components**

This contract will focus on the delivery of services in two core program areas: Quality Clinical Services and Tailored Health Education.

**1) Quality Clinical Services (see Exhibit P for Operational Requirements)**

**a. Provider Network**

Provider network duties will be implemented by licensed clinical staff. Clinical staff are responsible for promoting and administering the *EWC* program to providers. Required activities include monitoring the size of the regional network, assuring that there are appropriate Primary Care Providers (PCPs) to serve the priority women, and recruiting, enrolling and disenrolling providers as per Cancer Detection Section (CDS) guidelines. Other activities include orienting new providers to CDS policies and procedures and providing ongoing technical assistance and/or training for existing providers as needed.

**b. Provider Site Reviews and Continuous Quality Improvement (CQI)**

Clinical staff will conduct provider site reviews utilizing the CDS standardized electronic site review tool. Site reviews will focus on reviewing PCP performance, adherence to CDS clinical standards, assuring that PCPs have the latest CDS information and tools, identifying areas that require technical assistance/training, and communicating the site visit findings to the appropriate site staff. Having a presence in the provider office allows clinical staff to establish a rapport with providers that will enhance the opportunity to identify and discuss the challenges providers face in providing quality screening and follow-up services.

**Exhibit A**  
Scope of Work

The Provider Site Reviews assess the nine (9) clinical Core Program Performance Indicators and how well the provider meets the standards set by the Centers for Disease Control and Prevention (see Exhibit O).

c. Professional Education

Clinical staff will be responsible for the delivery of training to PCPs on the appropriate methods of reporting clinical service data and outcomes. CDS will provide a standardized curriculum in a variety of training formats for this purpose. Clinical staff will also recruit and enroll PCPs to attend CDS sponsored trainings.

All professional education activities will support the improvement of the nine (9) clinical Core Program Performance Indicators (see Exhibit O).

2) Tailored Health Education (see Exhibit Q for Operational Requirements)

Health Educators will be responsible for implementing breast and cervical cancer screening education to women age 50 and older in the CDS identified priority populations. Additionally, emphasis will be on reaching hard to reach women who have not accessed screening services. Tailored Health Education (THE) may be facilitated in small group educational sessions or individual encounters and must be culturally appropriate to the audience. CDS will provide a standardized breast and cervical cancer curriculum.

Implementation of Tailored Health Education activities supports the two (2) screening Core Program Performance Indicators (see Exhibit O).

**2. Service Location**

The services shall be performed throughout the Counties of Santa Barbara, Ventura, and San Luis Obispo.

**3. Service Hours**

The services shall be provided during a 40 hour work week, excluding state and federal holidays.

**4. Project Representatives**

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

<b>California Department of Public Health</b> Stephanie Roberson Telephone: (916) 449-5334 Fax: (916) 449-5310 E-mail: <a href="mailto:Stephanie.Roberson@cdph.ca.gov">Stephanie.Roberson@cdph.ca.gov</a>	<b>Santa Barbara County Public Health Department</b> Scott Mc Cann, PdD., LCSW Telephone: (805) 681-5270 Fax: (805) 681-5200 E-mail: <a href="mailto:Scott.mccann@sbcphd.com">Scott.mccann@sbcphd.com</a>
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**Exhibit A**  
Scope of Work

B. Direct all inquiries to:

<b>California Department of Public Health</b> Cancer Detection Section c/o Jorge Santiago 1616 Capitol Ave., Suite 74.421 P.O. Box 997377, M.S. 7203 Sacramento, CA, 95899-7377  Telephone: (916) 449-5329 Fax: (916) 449-5310 E-mail: <a href="mailto:Jorge.Santiago@cdph.ca.gov">Jorge.Santiago@cdph.ca.gov</a>	<b>Santa Barbara County Public Health Department</b>  c/o June English 345 Camino Del Remedio, Room 339 Santa Barbara, CA 93110  Telephone: (805) 681-4783 Fax: (805) 681-5159 E-mail: <a href="mailto:Jennglis@sbcphd.com">Jennglis@sbcphd.com</a>
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C. 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.

**5. Subcontract Requirements**

- A. Subcontracts that are used in performance of the scope of work shall comply with the requirements specified in Provision 5 of Special Terms and Conditions Exhibit D(F).
- B. Superseding Provision 5, "Subcontract Requirements", of Exhibit D(F), "Special Terms and Conditions", prior written authorization will be required before a Contractor enters into or is reimbursed for a subcontract or consultant agreement of any funding amount.
- C. Subcontract and consultant agreements to complete SOW activities may only be allowed on a case-by-case basis, and must be fully justified in writing and approved in advance by The State.
- D. Promotoras/Community Health Workers, Interpreters, etc. are allowed and permitted to assist in SOW activities. These individuals would be hired through a subcontract or consultant agreement. Total expenditures for all subcontract and consultant agreements shall not exceed a maximum of \$10,000 per year.
- E. The State reserves the right to reject reimbursement for subcontract and consultant agreements if the agreement did not receive prior the State approval.

**6. Staffing**

- A. At a minimum, each contract must include the full time equivalent (FTE) of one (.80) Health Educator and one (1) Clinical Coordinator. Successful programs typically hire one full-time employee to staff each position.
- B. There must be a designated Project Coordinator with overall responsibility for contract deliverables and contract administration. Position cannot exceed .10 FTE.

**Exhibit A**  
**Scope of Work**

The Project Coordinator position may be combined with either a Clinical Coordinator or Health Educator as long as all Core Competencies are met.

- C. The Contractor must adhere to the Core Competency Requirements for Project Coordinator, Clinical Coordinator, and Health Educator (see Exhibits S, T, and U), as well as meet the staffing requirements below in Item 6, A and B of this Exhibit. Contractor should demonstrate sufficient staffing to meet the SOW objectives and activities. The State reserves the right to approve or disapprove changes in key personnel.
- D. In order to ensure adequate funding of all contract deliverables, the State reserves the right to require the Contractor to reduce or eliminate any staffing position(s) in excess of the minimum required staffing pattern.
- E. Contractor shall submit Exhibit L, "Staffing Report", to the State by January 31, 2012 and upon any change in personnel or change in percent of time, to the address specified in this Exhibit, Section 4, Paragraph B. Prior approval is required for changes in staffing patterns that deviate from the original contract agreement.
- F. The following is the recommended staffing pattern and duties. Alternative patterns are acceptable; however, the State strongly recommends the minimum staffing described above.

1) Project Coordinator

- a. Typically this position will have at least five (5) years of experience working in a public health or community related setting in the clinical field, three (3) years of which were supervising health professionals and managing programs.
- b. Will have the ultimate responsibility of meeting the regional Core Program Performance Indicators and conducting administrative functions. Due to the clinical nature of the Core Program Performance Indicators, the State strongly recommends that the Project Coordinator has the ability to perform clinical activities for the contract.
- c. May also serve as a part-time Clinical Coordinator if individual meets both Project Coordinator Core Competency Requirements and Clinical Core Competency Requirements (see Exhibits S and T).
- d. Will serve as the liaison with the State.

2) Clinical Coordinator

- a. Typically this nurse will have at least five (5) years experience working in a public health or community setting.
- b. Will have the responsibility of performing tasks to achieve Program Component II, Quality Clinical Services.

**Exhibit A**  
**Scope of Work**

3) Health Educator

- a. Will have the responsibility of performing tasks to achieve Program Component I, Tailored Health Education.

**7. Meetings, Trainings, and Site Visits.**

- A. Contractors are required to attend and participate in meetings and trainings scheduled by the State. The State will not reimburse Contractors' travel expenses for partial attendance unless the State grants prior written approval to attend less than the full meeting.
- B. The State will perform at their discretion formal and/or informal site visits. Contractors will receive advance notice, not less than 48 hours prior to the site visit.
- C. When traveling out of Region for education or administrative purpose, contractors are required to submit a request to the State following formal procedures.
- D. The State will not reimburse expenses related to contractor time and travel if activities performed are not related to the Scope of Work.

**8. Progress Reports**

- A. Contractor shall submit Progress Reports postmarked no later than the due dates specified in subparagraph E below. Progress Reports are to be prepared in accordance with the information and a format provided by the State. Faxed Progress Reports are not acceptable.
- B. Failure to submit timely and acceptable Progress Reports is cause for invoice payments to Contractor to be reduced, delayed or disallowed.
- C. Contractor is required to follow all the State procedures for reporting information submitted in each Progress Report.
- D. Contractor's last monthly and/or final invoice will not be processed until an acceptable Final Progress Report has been received and approved by the State.
- E. Contractor shall submit one (1) original Progress Report, which describes accomplishments during the report period to the State at the address specified in this Exhibit, Section 4, paragraph B, in accordance with the following schedule:

		From	To	Due Date
1)	First Report	01/01/12	06/30/12	07/31/12
2)	Second Report	07/01/12	12/31/12	01/31/13

**Exhibit A**  
Scope of Work

3)	Third Report	01/01/13	06/30/13	07/31/13
4)	Fourth Report	07/01/13	12/31/13	01/31/14
5)	Fifth Report	01/01/14	06/30/14	07/31/14
6)	Sixth/Final Report	07/01/14	12/31/14	12/31/14

- F. Contractor shall complete the State evaluation and needs assessment instruments and other evaluation requirements as directed by the State in accordance with a form and format prescribed by the State.
  - G. Contractor shall coordinate and collaborate with the State or its designee to maximize statewide media/communication efforts, as directed and approved by the State.
  - H. Contractors will be required to respond as necessary to any ad-hoc and/or final reports as designated by the State.
9. See the following pages for a detailed description of the services to be performed.

**Exhibit A**  
Scope of Work  
Year 1  
(1/1/12-6/30/12)

<b>PROGRAM COMPONENT I: TAILORED HEALTH EDUCATION</b>			
<p><b>Component Goal:</b> Improve adherence to regular breast and cervical cancer screening and follow-up, especially within the priority populations of California women.</p>			
<p><b>OBJECTIVE 1:</b> By June 30, 2012, the Regional Contractor will deliver THE to the assigned priority populations, as indicated in an annual Program Letter.</p>			
<b>Required Activities</b>	<b>Responsible Staff</b>	<b>Time Line</b>	<b>Deliverables (Due semi-annually, unless otherwise stated)</b>
<p><b>A.</b> Provide THE to priority population women via a small group or one-on-one session using CDS-approved curricula. CDS will assign the total number of women in each priority population in an annual Program Letter.</p> <ul style="list-style-type: none"> <li>• 100 percent of the total number of women must be reached by June 30, 2012</li> <li>• 100 percent of each priority population must be reached by June 30, 2012</li> <li>• 75 percent of the total must be reached via small group sessions (2 or more ) by June 30, 2012</li> </ul>	Health Educator	January 1, 2012 through June 30, 2012	<p>Completed forms in RCMIS:</p> <ul style="list-style-type: none"> <li>• THE Session Form</li> <li>• THE Participant Form</li> <li>• Sign-in Form</li> </ul>
<p><b>B.</b> Establish collaborative relationships with community organizations that represent appropriate priority populations, as specified in an annual Program Letter.</p>	Health Educator	January 1, 2012 through June 30, 2012	RCMIS Report of Community Collaboration Form

**Exhibit A**  
Scope of Work  
Year 1  
(1/1/12-6/30/12)

<b>PROGRAM COMPONENT I: TAILORED HEALTH EDUCATION</b>				
<b>Component Goal:</b> Improve adherence to regular breast and cervical cancer screening and follow-up, especially within the priority populations of California women.				
<b>OBJECTIVE 1:</b> By June 30, 2012, the Regional Contractor will deliver THE to the assigned priority populations, as indicated in an annual Program Letter.				
<b>Required Activities</b>	<b>Responsible Staff</b>	<b>Time Line</b>	<b>Deliverables (Due semi-annually, unless otherwise stated)</b>	
C. Recruit and/or orient age and priority population-appropriate Community Health Workers (CHW) as specified in an annual Program Letter, to assist with SOW activities.	Health Educator	January 1, 2012 through June 30, 2012	<ul style="list-style-type: none"> <li>• CHW Roster</li> <li>• CHW Orientation Checklist</li> </ul>	
D. Participate in CDS' THE CDI evaluation. <ul style="list-style-type: none"> <li>• Attend THE CDI training</li> <li>• Enter THE CDI codes into web database</li> <li>• Distribute THE CDI codes at THE sessions</li> </ul>	Health Educator	January 1, 2012 through June 30, 2012	Evaluation Training Log	



**Exhibit A**  
Scope of Work  
Year 1  
(1/1/12-6/30/12)

<b>PROGRAM COMPONENT I: TAILORED HEALTH EDUCATION</b>				
<b>OBJECTIVE 2: By June 30, 2012, program will develop a staffing plan for patient navigation services for women 50 years of age and over.</b>				
<b>Required Activities</b>	<b>Responsible Staff</b>	<b>Time Line</b>	<b>Deliverables (Due semi-annually, unless otherwise stated)</b>	
A. Determine feasibility of CHW interest with patient navigation services from the existing pool of CHWs.	Health Educator	January 1, 2012 through June 30, 2012	Feasibility Report for existing CHWs	
B. Approach new CHWs, if applicable, and assess interest in patient navigation services.	Health Educator	January 1, 2012 through June 30, 2012	Feasibility Report for new CHWs	
C. Provide EWC with CHW Roster via transmittal.	Health Educator	January 1, 2012 through June 30, 2012	Completed Transmittal Form	

**Exhibit A**  
Scope of Work  
Year 1  
(1/1/12-6/30/12)

<b>PROGRAM COMPONENT I: QUALITY CLINICAL SERVICES</b>			
Component Goal: Identify and maintain a network of Primary Care Providers (PCPs) that will implement, document, and report quality clinical services throughout California.			
OBJECTIVE 1: By June 30, 2012, the Contractor will improve or maintain provider performance on the 9 (nine) clinical related Core Program Performance Indicators (CPPIs). See Exhibit O.			
Required Activities	Responsible Staff	Time Line	Deliverables (Due semi-annually, unless otherwise stated)
<p>A. Support a network of active enrolled PCP sites.</p> <ul style="list-style-type: none"> <li>• Manage a network of enrolled providers providing quality clinical services as directed by CDS (i.e., increase or decrease provider network and disenrollment based on program compliance)</li> <li>• Maintain or improve provider data reporting levels at or above 50 percent</li> <li>• Monitor performances of providers and participate in CDS directed action plans to improve provider performance</li> <li>• Provide ongoing EWC program orientation, training, and technical assistance (TA) to enrolled providers and their staff</li> </ul>	Clinical Coordinator (CC)	January 1, 2012 through June 30, 2012	<ul style="list-style-type: none"> <li>• Enrolled Provider File including physical addresses and contacts, updated monthly in RCMIS</li> <li>• Report of PCP New Staff Orientation</li> <li>• Report of PCP TA</li> <li>• Report of outcome of corrective action plan implemented to improve provider performance, including percent of data submission</li> <li>• Report of Patient Complaints and Resolution</li> </ul>

**Exhibit A**  
Scope of Work  
Year 1  
(1/1/12-6/30/12)

<b>PROGRAM COMPONENT II: QUALITY CLINICAL SERVICES</b>			
Component Goal: Identify and maintain a network of Primary Care Providers (PCPs) that will implement, document, and report quality clinical services throughout California.			
OBJECTIVE 1: By June 30, 2012, the Contractor will improve or maintain provider performance on the 9 (nine) clinical related Core Program Performance Indicators (CPIs). See Exhibit O.			
Required Activities	Responsible Staff	Time Line	Deliverables (Due semi-annually, unless otherwise stated)
<ul style="list-style-type: none"> <li>Coordinate recording and resolution of patient complaints referred by 1-800 consumer number and by direct contact. CCs determine if HE's involvement in complaint resolution is needed</li> <li>Review within 10 days of receipt</li> <li>Maintain a log of all completed activities</li> <li>Record complaints resolved and make available in confidential format to CDS within two weeks upon request</li> </ul>			
<p>B. Conduct a Site Review at PCP physical sites, using CDS tools and protocols. The number of Site Reviews will be determined by the number of Clinical Coordinator positions allocated per region and assigned annually in a Program Letter.</p>	CC	January 1, 2012 through June 30, 2012	Completed Site Review tool(s)

**Exhibit A**  
Scope of Work  
Year 1  
(1/1/12-6/30/12)

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<b>Required Activities</b>	<b>Responsible Staff</b>	<b>Time Line</b>	<b>Deliverables (Due semi-annually, unless otherwise stated)</b>
C. Participate in Continuous Quality Improvement (CQI) projects as determined by CDS.	CC	January 1, 2012 through June 30, 2012	<ul style="list-style-type: none"> <li>• Report of CQI activities</li> <li>• Submission of completed CQI activities by CDS determined deadline</li> </ul>
D. Deliver ongoing CPPI technical assistance/training as needed. Provide Mandatory CPPI training to 100 percent of providers identified by CDS as having a significant data reporting problem. Provide corrective action plan if region does not meet 9 CPPI indicators.	CC	January 1, 2012 through June 30, 2012	<ul style="list-style-type: none"> <li>• Report of ongoing CPPI TA</li> <li>• Report of ongoing CPPI training</li> <li>• Report of mandatory CPPI training</li> <li>• Provide analysis of CPPI outcome, develop corrective action plan including ongoing improvement efforts.</li> </ul>

**Exhibit A**  
Scope of Work  
Year 1  
(1/1/12-6/30/12)

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OBJECTIVE 1: By June 30, 2012, the Contractor will improve or maintain provider performance on the 9 (nine) clinical related Core Program Performance Indicators (CPPIs). See Exhibit O.			
Required Activities	Responsible Staff	Time Line	Deliverables (Due semi-annually, unless otherwise stated)
E. Recruit clinicians to attend cervical training as scheduled. Recruitment of clinicians including the number of trainings/participants will be determined annually in a Program Letter.  Track enrolled providers on the designated website.	CC	January 1, 2012 through June 30, 2012	<ul style="list-style-type: none"> <li>• Report of clinicians trained &amp; untrained</li> <li>• Copies of recruitment materials on file</li> </ul>

**Exhibit A**  
Scope of Work  
Year 2  
(07/01/12 – 6/30/13)

<b>PROGRAM COMPONENT I: TAILORED HEALTH EDUCATION</b>			
Component Goal: Improve adherence to regular breast and cervical cancer screening and follow-up, especially within the priority populations of California women.			
OBJECTIVE 1: By June 30, 2013, the Regional Contractor will deliver THE to the assigned priority populations, as indicated in an annual Program Letter.			
<b>Required Activities</b>	<b>Responsible Staff</b>	<b>Time Line</b>	<b>Deliverables (Due semi-annually, unless otherwise stated)</b>
<p>A. Provide THE to priority population women via a small group or one-on-one session using CDS-approved curricula. CDS will assign the total number of women in each priority population in an annual Program Letter.</p> <ul style="list-style-type: none"> <li>• 100 percent of the total number of women must be reached by June 30, 2013</li> <li>• 100 percent of each priority population must be reached by June 30, 2013</li> <li>• 75 percent of the total must be reached via small group session (2 or more) by June 30, 2013</li> </ul>	Health Educator	July 1 2012 through June 30, 2013	<p>Completed forms in RCMIS:</p> <ul style="list-style-type: none"> <li>• THE Session Form</li> <li>• THE Participant Form</li> <li>• Sign-in Form</li> </ul>

**Exhibit A**  
Scope of Work  
Year 2  
(07/01/12 – 6/30/13)

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OBJECTIVE 1: By June 30, 2013, the Regional Contractor will deliver THE to the assigned priority populations, as indicated in an annual Program Letter.			
<b>Required Activities</b>	<b>Responsible Staff</b>	<b>Time Line</b>	<b>Deliverables (Due semi-annually, unless otherwise stated)</b>
B. Establish collaborative relationships with community organizations that represent appropriate priority populations, as specified in an annual Program Letter.	Health Educator	July 1, 2012 through June 30, 2013	RCMIS Report of Community Collaboration Form
C. Recruit and/or orient age and priority population- appropriate CHWs, as specified in an annual Program Letter, to assist with SOW activities.	Health Educator	July 1, 2012 through June 30, 2013	<ul style="list-style-type: none"> <li>• CHW Roster</li> <li>• CHW Orientation Checklist</li> </ul>

**Exhibit A**  
Scope of Work  
Year 2  
(07/01/12 – 6/30/13)

<b>PROGRAM COMPONENT I: TAILORED HEALTH EDUCATION</b>			
Component Goal: Improve the likelihood that women reached through THE will schedule appointments with and receive breast and cervical cancer screening services from EWC providers.			
OBJECTIVE 2: By June 30, 2013, program will develop a staffing plan for patient navigation services for women 50 years of age and over.			
Required Activities	Responsible Staff	Time Line	Deliverables (Due semi-annually, unless otherwise stated)
A. Determine patients for navigation services.	CHW	July 1, 2012 through June 30, 2013	Patient Log
B. Follow up with selected participants with phone calls after the THE session.	CHW	July 1, 2012 through June 30, 2013	Phone Log
C. Accompany participants to appointments.	CHW	July 1, 2012 through June 30, 2013	Travel Log



**Exhibit A**  
Scope of Work  
Year 2  
(07/01/12 – 6/30/13)

<b>PROGRAM COMPONENT I: QUALITY CLINICAL SERVICES</b>			
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<p><b>OBJECTIVE 1:</b> By June 30, 2013, the Contractor will improve or maintain provider performance on the 9 (nine) clinical related Core Program Performance Indicators (CPIs). See Exhibit O.</p>			
<b>Required Activities</b>	<b>Responsible Staff</b>	<b>Time Line</b>	<b>Deliverables (Due semi-annually, unless otherwise stated)</b>
<p>A. Support a network of active enrolled PCP sites.</p> <ul style="list-style-type: none"> <li>Manage a network of enrolled providers providing quality clinical services as directed by CDS (i.e., increase or decrease provider network and disenrollment based on program compliance)</li> <li>Maintain or improve provider data reporting levels at or above 50 percent</li> <li>Monitor performances of providers and participate in CDS directed action plans to improve provider performance</li> <li>Provide ongoing CDP: EWC program orientation, training, and technical assistance (TA) to enrolled providers and their staff</li> </ul>	CC	July 1, 2012 through June 30, 2013	<ul style="list-style-type: none"> <li>Enrolled Provider File including physical addresses and contacts, updated monthly in RCMIS</li> <li>Report of PCP New Staff Orientation</li> <li>Report of PCP TA</li> <li>Report of outcome of corrective action plan implemented to improve provider performance, including percent of data submission</li> <li>Report of Patient Complaints and Resolution</li> </ul>

**Exhibit A**  
Scope of Work  
Year 2  
(07/01/12 – 6/30/13)

<b>PROGRAM COMPONENT I: QUALITY CLINICAL SERVICES</b>			
<b>Component Goal:</b> Identify and maintain a network of Primary Care Providers (PCPs) that will implement, document, and report quality clinical services throughout California.			
<b>OBJECTIVE 1:</b> By June 30, 2013, the Contractor will improve or maintain provider performance on the 9 (nine) clinical related Core Program Performance Indicators (CPIs). See Exhibit O.			
<b>Required Activities</b>	<b>Responsible Staff</b>	<b>Time Line</b>	<b>Deliverables (Due semi-annually, unless otherwise stated)</b>
<ul style="list-style-type: none"> <li>Coordinate recording and resolution of patient complaints referred by 1-800 number and by direct contact. CCs determine if HE's involvement in complaint resolution is needed</li> </ul>			
<p>B. Conduct a Site Review at PCP physical sites, using CDS tools and protocols. The number of Site Reviews will be determined by the number of Clinical Coordinator positions allocated per region and assigned annually in a Program Letter.</p> <p>50 percent complete by June 30, 2013</p>	CC	<p>July 1, 2012 through June 30, 2013</p> <p>June 30, 2013</p>	Completed Site Review tool(s).

**Exhibit A**  
Scope of Work  
Year 2  
(07/01/14 – 6/30/13)

<b>PROGRAM COMPONENT II: QUALITY CLINICAL SERVICES</b>			
Component Goal: Identify and maintain a network of Primary Care Providers (PCPs) that will implement, document, and report quality clinical services throughout California.			
OBJECTIVE 1: By June 30, 2013, the Contractor will improve or maintain provider performance on the 9 (nine) clinical related Core Program Performance Indicators (CPPIs). See Exhibit O.			
Required Activities	Responsible Staff	Time Line	Deliverables (Due semi-annually, unless otherwise stated)
C. Participate in Continuous Quality Improvement (CQI) projects as determined by CDS.	CC	July 1, 2012 through June 30, 2013	<ul style="list-style-type: none"> <li>Report of CQI activities</li> <li>Submission of completed CQI activities by CDS determined deadline</li> </ul>
D. Deliver ongoing CPPI technical assistance/training as needed. Provide Mandatory CPPI training to 100 percent of providers identified by CDS as having a significant data reporting problem. Provide corrective action plan if region does not meet 9 CPPI indicators.	CC	July 1, 2012 through June 30, 2013	<ul style="list-style-type: none"> <li>Report of ongoing CPPI TA</li> <li>Report of ongoing CPPI training</li> <li>Report of mandatory CPPI training</li> <li>Provide analysis of CPPI outcome, develop corrective action plan including ongoing improvement efforts.</li> </ul>

**Exhibit A**  
Scope of Work  
Year 2  
(07/01/14 – 6/30/13)

**PROGRAM COMPONENT II: QUALITY CLINICAL SERVICES**

**Component Goal:** Identify and maintain a network of Primary Care Providers (PCPs) that will implement, document, and report quality clinical services throughout California.

**OBJECTIVE 1:** By June 30, 2013, the Contractor will improve or maintain provider performance on the 9 (nine) clinical related Core Program Performance Indicators (CPIs). See Exhibit O.

Required Activities	Responsible Staff	Time Line	Deliverables (Due semi-annually, unless otherwise stated)
<p>E. Recruit clinicians to attend cervical training as scheduled. Recruitment of clinicians including the number of trainings/participants will be determined annually in a Program Letter. Track enrolled providers on the designated website</p>	<p>CC</p>	<p>July 1, 2012 through June 30, 2013</p>	<ul style="list-style-type: none"> <li>• Report of clinicians trained &amp; untrained</li> <li>• Copies of recruitment materials on file</li> </ul>

**Exhibit A**  
Scope of Work  
Year 3  
(07/01/13 – 6/30/14)

<b>PROGRAM COMPONENT I: TAILORED HEALTH EDUCATION</b>			
<b>Component Goal:</b> Improve adherence to regular breast and cervical cancer screening and follow-up, especially within the priority populations of California women.			
<b>OBJECTIVE 1:</b> By June 30, 2014, the Regional Contractor will deliver THE to the assigned priority populations, as indicated in an annual Program Letter.			
<b>Required Activities</b>	<b>Responsible Staff</b>	<b>Time Line</b>	<b>Deliverables (Due semi-annually, unless otherwise stated)</b>
<p>A. Provide THE to priority population women via a small group or one-on-one session using CDS-approved curricula. CDS will assign the total number of women in each priority population in an annual Program Letter.</p> <ul style="list-style-type: none"> <li>• 100 percent of the total number of women must be reached by June 30, 2014</li> <li>• 100 percent of each priority population must be reached by June 30, 2014</li> <li>• 75 percent of the total must be reached via small group session (2 or more ) by June 30, 2014</li> </ul>	Health Educator	July 1, 2013 through June 30, 2014	<p>Completed forms in RCMIS:</p> <ul style="list-style-type: none"> <li>• THE Session Form</li> <li>• THE Participant Form</li> <li>• Sign-in Form</li> </ul>

**Exhibit A**  
Scope of Work  
Year 3  
(07/01/13 – 6/30/14)

<b>PROGRAM COMPONENT I: TAILORED HEALTH EDUCATION</b>			
Component Goal: Improve adherence to regular breast and cervical cancer screening and follow-up, especially within the priority populations of California women.			
OBJECTIVE 1: By June 30, 2014, the Regional Contractor will deliver THE to the assigned priority populations, as indicated in an annual Program Letter.			
Required Activities	Responsible Staff	Time Line	Deliverables (Due semi-annually, unless otherwise stated)
B. Establish collaborative relationships with community organizations that represent appropriate priority populations, as specified in an annual Program Letter.	Health Educator	July 1, 2013 through June 30, 2014	RCMIS Report of Community Collaboration Form
C. Recruit and/or orient age and priority population- appropriate CHWs, as specified in an annual Program Letter, to assist with SOW activities.	Health Educator	July 1, 2013 through June 30, 2014	<ul style="list-style-type: none"> <li>• CHW Roster</li> <li>• CHW Orientation Checklist</li> </ul>

**Exhibit A**  
Scope of Work  
Year 3  
(07/01/13 – 6/30/14)

<b>PROGRAM COMPONENT II: QUALITY CLINICAL SERVICES</b>			
Component Goal: Identify and maintain a network of Primary Care Providers (PCPs) that will implement, document, and report quality clinical services throughout California.			
OBJECTIVE 1: By June 30, 2014, the Contractor will improve or maintain provider performance on the 9 (nine) clinical related Core Program Performance Indicators (CPPIs). See Exhibit O.			
<b>Required Activities</b>	<b>Responsible Staff</b>	<b>Time Line</b>	<b>Deliverables (Due semi-annually, unless otherwise stated)</b>
<p>A. Support a network of active enrolled PCP sites.</p> <ul style="list-style-type: none"> <li>Manage a network of enrolled providers providing quality clinical services as directed by CDS (i.e., increase or decrease provider network and disenrollment based on program compliance)</li> <li>Maintain or improve provider data reporting levels at or above 50 percent</li> <li>Monitor performances of providers and participate in CDS directed action plans to improve provider performance</li> <li>Provide ongoing EWC program orientation, training, and technical assistance (TA) to enrolled providers and</li> </ul>	CC	July 1, 2013 through June 30, 2014	<ul style="list-style-type: none"> <li>Enrolled Provider File including physical addresses and contacts, updated monthly in RCMIS</li> <li>Report of PCP New Staff Orientation</li> <li>Report of PCP TA</li> <li>Report of outcome of corrective action plan implemented to improve provider performance, including percent of data submission</li> <li>Report of Patient Complaints and Resolution</li> </ul>

**Exhibit A**  
Scope of Work  
Year 3  
(07/01/13 – 6/30/14)

<b>PROGRAM COMPONENT II: QUALITY CLINICAL SERVICES</b>			
<p><b>Component Goal:</b> Identify and maintain a network of Primary Care Providers (PCPs) that will implement, document, and report quality clinical services throughout California.</p>			
<p><b>OBJECTIVE 1:</b> By June 30, 2014, the Contractor will improve or maintain provider performance on the 9 (nine) clinical related Core Program Performance Indicators (CPPIs). See Exhibit O.</p>			
<b>Required Activities</b>	<b>Responsible Staff</b>	<b>Time Line</b>	<b>Deliverables (Due semi-annually, unless otherwise stated)</b>
<p>their staff</p> <ul style="list-style-type: none"> <li>• Coordinate recording and resolution of patient complaints referred by 1-800 consumer number and by direct contact. CCs determine if HE's involvement in complaint resolution is needed</li> <li>• Review within 10 days of receipt</li> <li>• Maintain a log of all completed activities</li> <li>• Record complaints resolved and make available in confidential format to CDS within two weeks upon request</li> </ul>			



**Exhibit A**  
Scope of Work  
Year 3  
(07/01/13 – 6/30/14)

<b>PROGRAM COMPONENT II: QUALITY CLINICAL SERVICES</b>			
Component Goal: Identify and maintain a network of Primary Care Providers (PCPs) that will implement, document, and report quality clinical services throughout California.			
OBJECTIVE 1: By June 30, 2014, the Contractor will improve or maintain provider performance on the 9 (nine) clinical related Core Program Performance Indicators (CPPIs). See Exhibit O.			
<b>Required Activities</b>	<b>Responsible Staff</b>	<b>Time Line</b>	<b>Deliverables (Due semi-annually, unless otherwise stated)</b>
B. Conduct a Site Review at PCP physical sites, using CDS tools and protocols. The number of Site Reviews will be determined by the number of Clinical Coordinator positions allocated per region and assigned annually in a Program Letter.  50 percent completed by June 30, 2014	CC	July 1, 2013 through June 30, 2014  June 30, 2014	Completed Site Review tool(s)
C. Participate in Continuous Quality Improvement (CQI) projects as determined by CDS.	CC	July 1, 2013 through June 30, 2014	<ul style="list-style-type: none"> <li>• Report of CQI activities</li> <li>• Submission of completed CQI activities by CDS determined deadline</li> </ul>
D. Deliver ongoing CPPI technical assistance/training as needed.	CC	July 1, 2013 through June 30, 2014	<ul style="list-style-type: none"> <li>• Report of ongoing CPPI TA</li> <li>• Report of ongoing CPPI training</li> </ul>

**Exhibit A**  
Scope of Work  
Year 3  
(07/01/13 – 6/30/14)

<b>PROGRAM COMPONENT II: QUALITY CLINICAL SERVICES</b>			
Component Goal: Identify and maintain a network of Primary Care Providers (PCPs) that will implement, document, and report quality clinical services throughout California.			
OBJECTIVE 1: By June 30, 2014, the Contractor will improve or maintain provider performance on the 9 (nine) clinical related Core Program Performance Indicators (CPPIs). See Exhibit O.			
<b>Required Activities</b>	<b>Responsible Staff</b>	<b>Time Line</b>	<b>Deliverables (Due semi-annually, unless otherwise stated)</b>
<p>Provide Mandatory CPPI training to 100 percent of providers identified by CDS as having a significant data reporting problem.</p> <p>Provide corrective action plan if region does not meet 9 CPPI indicators.</p>			<ul style="list-style-type: none"> <li>• Report of mandatory CPPI training</li> <li>• Provide analysis of CPPI outcome, develop corrective action plan including ongoing improvement efforts.</li> </ul>
<p>E. Recruit clinicians to attend cervical training as scheduled. Recruitment of clinicians including the number of trainings/participants will be determined annually in a Program Letter.</p> <p>Track enrolled providers on the designated website.</p>	CC	July 1, 2013 through June 30, 2014	<ul style="list-style-type: none"> <li>• Report of clinicians trained &amp; untrained</li> <li>• Copies of recruitment materials on file</li> </ul>

**Exhibit A**  
Scope of Work  
Year 4  
(07/01/14 -- 12/31/14)

<b>PROGRAM COMPONENT I: TAILORED HEALTH EDUCATION</b>			
Component Goal: Improve adherence to regular breast and cervical cancer screening and follow-up, especially within the priority populations of California women.			
OBJECTIVE 1: By December 31, 2014, the Regional Contractor will deliver THE to the assigned priority populations, as indicated in an annual Program Letter.			
<b>Required Activities</b>	<b>Responsible Staff</b>	<b>Time Line</b>	<b>Deliverables (Due semi-annually, unless otherwise stated)</b>
<p>A. Provide THE to priority population women via a small group or one-on-one session using CDS-approved curricula. CDS will assign the total number of women in each priority population in an annual Program Letter.</p> <ul style="list-style-type: none"> <li>• 100 percent of the total number of women must be reached by December 31, 2014</li> <li>• 100 percent of each priority population must be reached by December 31, 2014</li> <li>• 75 percent of the total must be reached via small group session (2 or more ) by December 31, 2014</li> </ul>	Health Educator	July 1, 2014 through Dec 31, 2014	<p>Completed forms in RCMIS:</p> <ul style="list-style-type: none"> <li>• THE Session Form</li> <li>• THE Participant Form</li> <li>• Sign-in Form</li> </ul>
<p>B. Establish collaborative relationships with community organizations that represent appropriate priority populations, as specified in an annual Program Letter</p>	Health Educator	July 1, 2014 through Dec 31, 2014	RCMIS Report of Community Collaboration Form

**Exhibit A**  
Scope of Work  
Year 4  
(07/01/14 – 12/31/14)

<b>PROGRAM COMPONENT I: TAILORED HEALTH EDUCATION</b>			
Component Goal: Improve adherence to regular breast and cervical cancer screening and follow-up, especially within the priority populations of California women.			
OBJECTIVE 1: By December 31, 2014, the Regional Contractor will deliver THE to the assigned priority populations, as indicated in an annual Program Letter.			
Required Activities	Responsible Staff	Time Line	Deliverables (Due semi-annually, unless otherwise stated)
C. Recruit and/or orient age and priority population- appropriate CHWs, as specified in an annual Program Letter, to assist with SOW activities.	Health Educator	July 1, 2014 through Dec 31, 2014	<ul style="list-style-type: none"> <li>• CHW Roster</li> <li>• CHW Orientation Checklist</li> </ul>

**Exhibit A**  
Scope of Work  
Year 4  
(07/01/14 – 12/31/14)

<b>PROGRAM COMPONENT II: QUALITY CLINICAL SERVICES</b>			
<b>Component Goal:</b> Identify and maintain a network of Primary Care Providers (PCPs) that will implement, document, and report quality clinical services throughout California.			
<b>OBJECTIVE 1:</b> By June 30, 2014, the Contractor will improve or maintain provider performance on the 9 (nine) clinical related Core Program Performance Indicators (CPIs). See Exhibit O.			
<b>Required Activities</b>	<b>Responsible Staff</b>	<b>Time Line</b>	<b>Deliverables (Due semi-annually, unless otherwise stated)</b>
<p>A. Support a network of active enrolled PCP sites.</p> <ul style="list-style-type: none"> <li>Manage a network of enrolled providers providing quality clinical services as directed by CDS (i.e., increase or decrease provider network and disenrollment based on program compliance)</li> <li>Maintain or improve provider data reporting levels at or above 50 percent</li> <li>Monitor performances of providers and participate in CDS directed action plans to improve provider performance</li> <li>Provide ongoing EWC program orientation, training, and technical assistance (TA) to enrolled providers and</li> </ul>	CC	July 1, 2014 through Dec 31, 2014	<ul style="list-style-type: none"> <li>Enrolled Provider File including physical addresses and contacts, updated monthly in RCMIS</li> <li>Report of PCP New Staff Orientation</li> <li>Report of PCP TA</li> <li>Report of outcome of corrective action plan implemented to improve provider performance, including percent of data submission</li> <li>Report of Patient Complaints and Resolution</li> </ul>

**Exhibit B**  
Budget Detail and Payment Provisions

**1. Invoicing and Payment**

- A. For services satisfactorily rendered, and upon receipt and approval of the invoices, the State agrees to compensate the Contractor for actual expenditures incurred in accordance with the budget(s) attached hereto.
- B. Invoices shall include the agreement number and shall be submitted in arrears not more frequently than 30 days (i.e. monthly). Each ~~monthly~~ quarterly invoice shall be submitted for payment no more than sixty (60) calendar days following the close of each ~~month~~ quarter, unless an alternate deadline is agreed to in writing by the program contract manager.

Jorge Santiago  
California Department of Public Health  
Cancer Detection Section  
MS 7203  
P.O. Box 997377  
Sacramento, CA 95899-7377

- C. Invoices shall:
  - 1) Be prepared on Contractor letterhead. If invoices are not on produced letterhead invoices must be signed by an authorized official, employee or agent certifying that the expenditures claimed represent actual expenses for the service performed under this contract.
  - 2) Bear the Contractor's name as shown on the agreement.
  - 3) Identify the billing and/or performance period covered by the invoice.
  - 4) Itemize costs for the billing period in the same or greater level of detail as indicated in this agreement. Subject to the terms of this agreement, reimbursement may only be sought for those costs and/or cost categories expressly identified as allowable in this agreement and approved by CDPH.
- D. Contractor will submit each invoice and all backup documentation, to the Cancer Detection Section (CDS), no later than sixty (60) calendar days after the end of the invoice period. CDS, at its discretion, may disallow up to 10% of the invoice amount if the invoice and/or backup documentation has not been received by ninety (90) calendar days after the end of an invoice period.
- E. Contractor will use the attached invoicing Exhibits I, J and K. Invoices will consist of an Invoice Cover Letter (Exhibit I), an 8 Line-Item Invoice (Exhibit J), and an Additional Budget Detail Invoice (Exhibit K).
- F. CDS, at its own option, may return disputed invoices for correction and resubmission prior to authorizing payment or reduce expenses claimed which are not in accordance with Exhibits I, J and K.
- G. Indirect expenses shall not exceed 12% of total direct costs minus subcontract amounts exceeding \$25,000 per individual subcontract over the full contract term.
- H. Fringe Benefits shall not exceed ~~33%~~ 51% of the total Personnel costs.

**Exhibit B**  
Budget Detail and Payment Provisions

- I. Overtime is not reimbursable under this contract. Overtime is defined as any time worked in excess of full-time equivalency reimbursed with CDS funds.

**2. Budget Contingency Clause**

- A. It is mutually agreed that if the Budget Act of the current year and/or any subsequent years covered under this Agreement does not appropriate sufficient funds for the program, this Agreement shall be of no further force and effect. In this event, the State shall have no liability to pay any funds whatsoever to Contractor or to furnish any other considerations under this Agreement and Contractor shall not be obligated to perform any further provisions of this Agreement.
- B. If funding for any fiscal year is reduced or deleted by the Budget Act for purposes of this program, the State shall have the option to either cancel this Agreement with no liability occurring to the State, or offer an agreement amendment to Contractor to reflect the reduced amount.

**3. Prompt Payment Clause**

Payment will be made in accordance with, and within the time specified in, Government Code Chapter 4.5, commencing with Section 927.

**4. Amounts Payable**

- A. The amounts payable under this agreement shall not exceed:
  - 1) \$153,740 for the budget period of 01/01/12 through 06/30/12.
  - 2) \$307,480 for the budget period of 07/01/12 through 06/30/13.
  - 3) \$307,480 for the budget period of 07/01/13 through 06/30/14.
  - 4) \$153,740 for the budget period of 07/01/14 through 12/31/14.
- B. Reimbursement shall be made for allowable expenses up to the amount annually encumbered commensurate with the state fiscal year in which services are performed and/or goods are received.
- C. Funded agencies are cautioned that CDS may withhold payment(s) up to 25% of the total annual budget for lack of documented progress toward the agreed upon SOW, as well as any apparent non-compliance with executed agreement requirements.
- D. Reductions made by CDS in accordance with Exhibit B, Item 4.C, shall be documented in writing, as stated in Exhibit E, Paragraph 2, "Contract Amendment" for the desired change or amendment to the terms of the contract.

**5. Timely Submission of Final Invoice**

- A. A final undisputed invoice shall be submitted for payment no more than ninety (90) calendar days following the expiration or termination date of this agreement, unless a later or alternate deadline is agreed to in writing by the program contract manager. Said invoice

**Exhibit B**  
Budget Detail and Payment Provisions

should be clearly marked "Final Invoice", thus indicating that all payment obligations of the State under this agreement have ceased and that no further payments are due or outstanding.

- B. The State may, at its discretion, choose not to honor any delinquent final invoice if the Contractor fails to obtain prior written State approval of an alternate final invoice submission deadline. Written State approval shall be sought from the program contract manager prior to the expiration or termination date of this agreement.
- C. The Contractor is hereby advised of its obligation to submit, with the final invoice, a "**Contractor's Release (Exhibit F)**" acknowledging submission of the final invoice to the State and certifying the approximate percentage amount, if any, of recycled products used in performance of this agreement.

**6. Additional Budget Detail**

- A. Contractor will submit Additional Budget Detail, in a format approved by CDS, which will provide a detailed breakdown of each main line item in Exhibit B, Attachments I-IV.
- B. Contractor will follow CDS requirements regarding approval, justification and timely submission of the Additional Budget Detail for each fiscal year and changes thereto.
- C. Prior written CDS approval is required to make changes to the Additional Budget Detail. The format will consist of 3 columns: Original Approved Amount, Adjustment Effective (date), and New Amount.
- D. Contractors must receive written authorization for any requested changes to the Additional Budget Detail before expenditures are made. Unauthorized expenditures may be denied by CDS.
- E. Contractor requested changes to the Additional Budget Detail that alter performance of the Scope of Work or increase/decrease any line item in the fiscal year 8-Line Item Budget, will require a formal contract amendment before such changes can be made.

**7. Budget Justification Narrative**

Contractor must submit a Budget Justification Narrative whenever changes are proposed to the Additional Budget Detail. The Budget Justification Narrative is a detailed narrative justification that provides an explanation of the purpose or need for each line on the Additional Budget Detail. Contractor will submit a Budget Justification Narrative, in a format approved by CDS, along with each Additional Budget Detail. The Budget Justification Narrative will consist of showing any changes in bold italics.

**8. Expense Allowability / Fiscal Documentation**

- A. Invoices, received from a Contractor and accepted and/or submitted for payment by the State, shall not be deemed evidence of allowable agreement costs.



**Exhibit B**  
**Budget Detail and Payment Provisions**

- B. If the allowability or appropriateness of an expense cannot be determined by the State because invoice detail, fiscal records, or backup documentation is nonexistent or inadequate according to generally accepted accounting principles or practices, all questionable costs may be disallowed and payment may be withheld by the State. Upon receipt of adequate documentation supporting a disallowed or questionable expense, reimbursement may resume for the amount substantiated and deemed allowable.
- C. Expenses will only be reimbursable under this contract to perform activities that implement the contract or SOW deliverables. Activities such as, but not limited to, grant writing, grant implementation, fund solicitation, and volunteering for boards or committees of other programs or organizations, are not permitted during CDS-funded work hours.
- D. Contractors will not be reimbursed for time or travel outside of their designated region, without prior written approval from CDS. Travel must be directly related to achieving SOW objectives.
- E. Travel receipts must be included as part of the invoice backup documentation to support approved travel expenses. For more information on allowable travel and per diem expenses and required documentation, see Exhibit G entitled, "Travel Reimbursement Information".
- F. Costs and/or expenses deemed unallowable are subject to recovery by CDPH. See provision 9 in this exhibit entitled, "Recovery of Overpayments" for more information.

**9. Recovery of Overpayments**

- A. Contractor agrees that claims based upon a contractual agreement or an audit finding and/or an audit finding that is appealed and upheld, will be recovered by the State and/or Federal Government by one of the following options:
  - 1) Contractor's remittance to the State of the full amount of the audit exception within 30 days following the State's request for repayment;
  - 2) A repayment schedule which is agreeable to both the State and the Contractor.
- B. The State reserves the right to select which option will be employed and the Contractor will be notified by the State in writing of the claim procedure to be utilized.
- C. Interest on the unpaid balance of the audit finding or debt will accrue at a rate equal to the monthly average of the rate received on investments in the Pooled Money Investment Fund commencing on the date that an audit or examination finding is mailed to the Contractor, beginning 30 days after Contractor's receipt of the State's demand for repayment.
- D. If the Contractor has filed a valid appeal regarding the report of audit findings, recovery of the overpayments will be deferred until a final administrative decision on the appeal has been reached. If the Contractor loses the final administrative appeal, Contractor shall repay, to the State, the over-claimed or disallowed expenses, plus accrued interest. Interest accrues from the Contractor's first receipt of State's notice requesting reimbursement of questioned audit costs or disallowed expenses.

**Exhibit B**  
Budget Detail and Payment Provisions

**10. Invoice Cover Letter**

The Invoice Cover Letter shall be submitted under the letterhead of the Contractor in the format of Exhibit I. Address the Invoice Cover Letter to your assigned CDS Contract Manager. Provide the contract number, term of the contract, invoice number, invoice period, a contact name, telephone number and fax number of a person who can answer billing questions or resolve billing disputes. The Invoice Cover Letter must have an original signature, in blue ink, by an authorized representative from the agency.

**11. 8-Line Item Invoice**

The Contractor must submit an original 8-Line Item Invoice, in the format of Exhibit J, along with the Invoice Cover Letter. Address the invoice to your CDS Contract Manager. Also, provide the contract number, term of the contract, invoice number, and invoice period. Provide the name of the appropriate authorized representative, agency name, and complete address. The 8-Line Item Invoice must have an original signature, in blue ink, by an authorized representative from the agency. The 8-Line Item Invoice must correspond to the Additional Budget Detail Invoice. The sum of the expenditure breakdown on the Additional Budget Detail Invoice for each of the eight line items will be used to calculate the total expenditures per line item on each invoice. Note: Display breakdown of expenses on each 8-Line Item Invoice only as they pertain to any breakdowns shown on the contract's approved 8-Line Item Budget.

**12. Additional Budget Detail Invoice**

The Contractor must submit an original Additional Budget Detail Invoice, in the format of Exhibit K, along with the Invoice Cover Letter and the 8-Line Item Invoice. The Additional Budget Detail Invoice must have an original signature, in blue ink, by an authorized representative from the agency. The amounts used on the Additional Budget Detail Invoice must match exactly with the Additional Budget Detail. The Additional Budget Detail Invoice requested amounts must correspond to the 8-Line Item Invoice requested amounts. The expenditure breakdown shown on the Additional Budget Detail Invoice will be used to calculate the totals to be shown on the 8-Line Item Invoice.

**A. Top Section**

- 1) Address the Additional Budget Detail Invoice to your assigned CDS Contract Manager.
- 2) Provide the contract number, term of the contract, invoice number, and period of invoice.
- 3) Indicate the date the invoice was prepared.
- 4) Provide the Project Coordinator or appropriate authorized representative name, agency name, and complete address.

**B. Column 1 - Budget Categories**

- 1) Category A - Personnel: This column must include the employee position title, last name, percent time, and monthly salary range. If a position is unfilled, enter the position title and indicate that the position is vacant.

**Exhibit B**

**Budget Detail and Payment Provisions**

- 2) Category B - Fringe Benefits: Provide the actual fringe benefits percentage rate billed for the invoice period. Note: fringe benefits may not exceed 33% of total Personnel Costs.
  - 3) Category C - Operating Expenses: Include a breakdown of all line items as shown in the Additional Budget Detail.
  - 4) Category D - Equipment: Include a breakdown of all line items as shown in the Additional Budget Detail.
  - 5) Category E - Travel: Include a breakdown of all line items as shown in the Additional Budget Detail.
  - 6) Category F - Subcontracts: Include a breakdown of all line items as shown in the Additional Budget Detail.
  - 7) Category G - Other Costs: Include a breakdown of all line items as shown in the Additional Budget Detail.
  - 8) Category H - Indirect Costs: Provide the actual indirect cost percentage rate billed for the invoice period. Indirect Costs may not exceed the amounts specified in Provision 1.G.
  - 9) Total Amount
- C. Column 2 - Approved Budget: Insert the approved contract budget amount for each line item. Amounts entered in this column should be identical to the Additional Budget Detail for the appropriate fiscal year.
  - D. Column 3 - Actual Expenses This Period: Record the actual expenses for each line item during the invoice period. Expenses for each line must be shown. For budgeted lines without expenditures during the invoice period, signify with "\$0".
  - E. Column 4 - Cumulative Expenses to Date: Record the cumulative total of all expenses for each line item paid through and including the current invoice period.
  - F. Column 5 - Unexpended Balance: Record the difference between Column 2 (Approved Budget) and Column 4 (Cumulative Expenses to Date), Column 2 minus Column 4 equals Column 5.

**13. Advance Payments**

No advance payment is allowed under this agreement.

**Santa Barbara County Public Health Department  
11-10686**

**Exhibit B Attachment I  
Budget  
Year 1  
January 1, 2012 through June 30, 2012**

	<b>Budget Amount</b>
<b>A. PERSONNEL</b>	83,447
<b>B. FRINGE BENEFITS</b> (Not to Exceed 51% of Total Salaries)	42,558
<b>C. OPERATING EXPENSES</b>	7,401
<b>D. EQUIPMENT</b>	-
<b>E. TRAVEL AND PER DIEM (@ State DPA Rates)</b>	3,112
<b>F. SUBCONTRACTS/CONSULTANTS</b>	750
<b>G. OTHER COSTS</b>	-
<b>H. INDIRECT COSTS (Not to Exceed 12% of Total Direct Costs)</b>	16,472
<b>TOTAL</b>	<b>153,740</b>

Santa Barbara County Public Health Department  
11-10686

**Exhibit B Attachment I**  
**Budget**  
**Year 1**  
**January 1, 2012 through June 30, 2012**

	<b>Budget Amount</b>
<b>A. PERSONNEL</b>	
B = Bi-weekly M = Monthly	
1. Health Educator/Project Coordinator      B 70/10 % \$3,487 - \$3,861	38,050
2. Clinical Coordinator                              B 100% \$3,329 - \$3,684	45,397
 Total Salaries	 83,447
<b>B. FRINGE BENEFITS</b>	
(Not to exceed 45%-51% of Total Salaries)	42,558
 TOTAL PERSONNEL EXPENSES	 126,005
 <b>C. OPERATING EXPENSES</b>	
1. General Expenses	7,401
 <b>D. EQUIPMENT</b>	 -
 <b>E. TRAVEL AND PER DIEM</b>	
(@ State DPA Rates)	3,112
 <b>F. SUBCONTRACT/CONSULTANTS</b>	
1. Community Health Workers (hourly - Pierce, Pena, Ledesma, others))	750
 <b>G. OTHER COSTS</b>	 0
<b>Total Direct Costs</b>	137,268
<b>H. INDIRECT COSTS</b>	
(Not to exceed 12% of Total Direct Costs)	16,472
 <b>TOTAL BUDGET</b>	 <b>153,740</b>

**Santa Barbara County Public Health Department  
11-10686**

**Exhibit B Attachment II  
Budget  
Year 2  
July 1, 2012 through June 30, 2013**

	<b>Budget Amount</b>
<b>A. PERSONNEL</b>	174,978
<b>B. FRINGE BENEFITS</b> (Not to Exceed 51% of Total Salaries)	83,144
<b>C. OPERATING EXPENSES</b>	8,689
<b>D. EQUIPMENT</b>	-
<b>E. TRAVEL AND PER DIEM (@ State DPA Rates)</b>	6,225
<b>F. SUBCONTRACTS/CONSULTANTS</b>	1,500
<b>G. OTHER COSTS</b>	-
<b>H. INDIRECT COSTS (Not to Exceed 12% of Total Direct Costs)</b>	32,944
<b>TOTAL</b>	<b>307,480</b>

Exhibit B Attachment II  
Budget  
Year 2  
July 1, 2012 through June 30, 2013

	<b>Budget Amount</b>
<b>A. PERSONNEL</b>	
B = Bi-weekly M = Monthly	
1. Health Educator/Project Coordinator	B 70/10 % \$3,487 - \$3,861 73,742
2. Clinical Coordinator	B 100% \$3,329 - \$3,684 87,982
3. Health Educator	B 21% \$2,026 - \$2,473 13,254
Total Salaries	174,978
<b>B. FRINGE BENEFITS</b> (Not to exceed 45%-51% of Total Salaries)	83,144
<b>TOTAL PERSONNEL EXPENSES</b>	258,122
<b>C. OPERATING EXPENSES</b>	
1. General Expenses	8,689
<b>D. EQUIPMENT</b>	-
<b>E. TRAVEL AND PER DIEM</b> (@ State DPA Rates)	6,225
<b>F. SUBCONTRACT/CONSULTANTS</b>	
1. Community Health Workers (hourly - Pierce, Pena, Ledesma, others)	1,500
<b>G. OTHER COSTS</b>	0
<b>Total Direct Costs</b>	274,536
<b>H. INDIRECT COSTS</b> (Not to exceed 12% of Total Direct Costs)	32,944
<b>TOTAL BUDGET</b>	<b>307,480</b>

**Santa Barbara County Public Health Department  
11-10686**

**Exhibit B Attachment III  
Budget  
Year 3  
July 1, 2013 through June 30, 2014**

	<b>Budget Amount</b>
<b>A. PERSONNEL</b>	170,536
<b>B. FRINGE BENEFITS</b> (Not to Exceed 51% of Total Salaries)	86,973
<b>C. OPERATING EXPENSES</b>	9,302
<b>D. EQUIPMENT</b>	-
<b>E. TRAVEL AND PER DIEM (@ State DPA Rates)</b>	6,225
<b>F. SUBCONTRACTS/CONSULTANTS</b>	1,500
<b>G. OTHER COSTS</b>	-
<b>H. INDIRECT COSTS (Not to Exceed 12% of Total Direct Costs)</b>	32,944
<b>TOTAL</b>	<b>307,480</b>



**Exhibit B Attachment III  
Budget  
Year 3  
July 1, 2013 through June 30, 2014**

	<b>Budget Amount</b>
<b>A. PERSONNEL</b>	
B = Bi-weekly M = Monthly	
1. Health Educator/Project Coordinator	B 70/10 % \$3,487 - \$3,861 77,749
2. Clinical Coordinator	B 100% \$3,329 - \$3,684 92,787
 Total Salaries	 170,536
<b>B. FRINGE BENEFITS</b>	
(Not to exceed 45%-51% of Total Salaries)	86,973
 TOTAL PERSONNEL EXPENSES	 257,509
<b>C. OPERATING EXPENSES</b>	
1. General Expenses	9,302
<b>D. EQUIPMENT</b>	
	-
<b>E. TRAVEL AND PER DIEM</b>	
(@ State DPA Rates)	6,225
<b>F. SUBCONTRACT/CONSULTANTS</b>	
1. Community Health Workers (hourly - Pierce, Pena, Ledesma, others)	1,500
<b>G. OTHER COSTS</b>	
	0
<b>Total Direct Costs</b>	<b>274,536</b>
<b>H. INDIRECT COSTS</b>	
(Not to exceed 12% of Total Direct Costs)	32,944
 <b>TOTAL BUDGET</b>	 <b>307,480</b>

**Santa Barbara County Public Health Department  
11-10686**

**Exhibit B Attachment IV  
Budget  
Year 4  
July 1, 2014 through December 31, 2014**

	<b>Budget Amount</b>
<b>A. PERSONNEL</b>	85,268
<b>B. FRINGE BENEFITS</b> (Not to Exceed 51% of Total Salaries)	43,487
<b>C. OPERATING EXPENSES</b>	5,292
<b>D. EQUIPMENT</b>	-
<b>E. TRAVEL AND PER DIEM (@ State DPA Rates)</b>	2,471
<b>F. SUBCONTRACTS/CONSULTANTS</b>	750
<b>G. OTHER COSTS</b>	-
<b>H. INDIRECT COSTS (Not to Exceed 12% of Total Direct Costs)</b>	16,472
<b>TOTAL</b>	<b>153,740</b>

Exhibit B Attachment IV  
Budget  
Year 4  
July 1, 2014 through December 31, 2014

	<b>Budget Amount</b>
<b>A. PERSONNEL</b>	
B = Bi-weekly M = Monthly	
1. Health Educator/Project Coordinator	B 70/10 % \$3,487 - \$3,861 38,875
2. Clinical Coordinator	B 100% \$3,329 - \$3,684 46,393
 Total Salaries	 85,268
<b>B. FRINGE BENEFITS</b>	
(Not to exceed 45%-51% of Total Salaries)	43,487
<b>TOTAL PERSONNEL EXPENSES</b>	<b>128,755</b>
 <b>C. OPERATING EXPENSES</b>	
1. General Expenses	5,292
<b>D. EQUIPMENT</b>	-
<b>E. TRAVEL AND PER DIEM</b>	
(@ State DPA Rates)	2,471
<b>F. SUBCONTRACT/CONSULTANTS</b>	
1. Community Health Workers (hourly - Pierce, Pena, Ledesma, others)	750
<b>G. OTHER COSTS</b>	0
<b>Total Direct Costs</b>	<b>137,268</b>
<b>H. INDIRECT COSTS</b>	
(Not to exceed 12% of Total Direct Costs)	16,472
<b>TOTAL BUDGET</b>	<b>153,740</b>

**Budget Justification**  
**Year 1**  
**1/1/12 to 6/30/12**

**A. Personnel Expenses Amount Requested**

1. Project Coordinator/Health Educator J. English, M.P.H. \$38,050  
Range \$3,487- \$3,861 biweekly x 12 months at 0.8 FTE

This position will serve as the combined Project Coordinator/Health Educator for the Partnership/overall manager for the contract and the Health Educator to cover this large three county region, CDS contact person, and the overall project evaluator. This position will be filled by the current partnership's director, who meets the Core Competencies for both the Project Coordinator and the Health Educator with an M.P.H. from an accredited university school of public health, with 14 years experience on CDP program partnership and expertise in health education. Responsibilities include oversight of program implementation, supervision of Clinical Coordinator and Community Health Workers; coordination of staff and volunteers; program development and implementation; submission of progress reports; contractual and fiscal management including working with accounting to prepare budgets, budget justifications, revisions, and monthly invoices; and general coordination of the program. This position will also coordinate with the Clinical Coordinator on provider network development and maintenance, provider training, and technical assistance with other duties as specified in the Year 1 scope of work for the health educator. Health Education duties include: to plan, coordinate, and implement tailored education/outreach activities using the CDS approved curriculum, implement the CDS incentive program, oversee CHW activity with targeted, focused outreach and recruitment of underserved CDP eligible priority population women throughout the region; evaluate tailored health education classes, approaches, and cultural appropriateness; complete the appropriate online CDS progress report; and uphold HIPAA regulations and policies as they apply to the SOW. Project coordination duties will not exceed .10 FTE. The current amount shown falls within the CDS approved salary range for the prior contract.

2. Lead Clinical Services Coordinator: M. Ratcliff, B.S.N. \$45,397  
Range \$3,329 – \$3,684 biweekly x 12 months at 1.0 FTE

This position will maintain the regional provider network; assist providers in developing follow up and tracking systems; assess providers needs, barriers, and

resources; conduct provider site visits, chart reviews, and monitoring; coordinate and/or conduct primary care provider trainings; assure that client information is handled according to HIPAA guidelines; and assure that providers conduct client follow up and access to treatment. This position will also serve as the Privacy Officer and provide confidentiality/privacy training. This position will be filled by current clinical coordinator with B.S.N. from an accredited university school of nursing with 20+ years of experience. The current amount shown falls within the CDS approved salary range for the prior contract.

**Total Salaries:** \$83,447

**B. Fringe Benefits:** (between 45-51% of Total Salaries) \$42,558

Fringe Benefits include, depending on personnel classification: FICA, State Unemployment, State Disability Insurance, Worker's Compensation, Health Insurance, Dental Insurance, Vision, and Retirement. Percentage approved by CDS for prior contract to reflect county-union mandated agreement.

**Total Personnel Expenses** \$126,005

**C. Operating Expenses**

1. General Expenses \$7,401

Includes anticipated postage and copying costs, office supplies such as pens, pencils, paper, toner, etc. This also includes quarterly data processing and software maintenance costs. and monthly costs related to telephones and fax machine. Includes the purchase of one portable media projector (\$840) for program staff use at provider site trainings and at tailored health education classes. There is no cost for office space in this county-owned facility.

**D. Equipment** \$ 0

**E. Travel** \$3,112

1. Required State Travel

Includes travel and per diem of 2 staff persons to travel to 1 or more CDS State Sponsored mandatory trainings or meetings in Sacramento or other mandatory State Sponsored meetings at currently approved State reimbursement rates for mileage (rate of \$.551 / mile). Subtotal \$1,600

2. Agency Local Travel.

Local travel and per diem expenses in accordance with currently approved State reimbursement and per diem rates. Travel reimbursed at \$.551 per mile. Region encompasses large geographic area. Includes travel expenses for staff to set up

and conduct for 40+ tailored educational events for target population women and/or conduct provider site visits, trainings, etc. Includes county motor pool charges for travel and private car mileage. Subtotal \$1,512

**F. Subcontracts** **\$750**

Provides hourly stipend at rate of pay within the CDS designated range rate of \$15 to \$25 per hour to non-contracted mature CDS approved Community Health Care Workers (CHW) from the designated state priority populations. CHWs have been previously trained by the Project Coordinator-Health Educator in the CDS approved curriculum for CHWs, to assist the combined Project Coordinator/Health Educator at small group tailored health education sessions (THE) to teach CDS approved curriculum to CDP eligible, CDP priority population women.

**G. Other Costs** **0**

**H. Indirect Expenses** **\$16,472**

Not to exceed 12% of Direct Expenses. Indirect costs are limited to the first \$25,000 of each subcontract or consultant.

**Total Budget Amount** **\$153,740**

**Budget Justification**  
**Year 2**  
**7/1/12 to 6/30/13**

<b>A.</b>	<b><u>Personnel Expenses</u></b>	<b><u>Amount Requested</u></b>
	1. Project Coordinator/Health Educator J. English, M.P.H. Range \$3,487- \$3,861 biweekly x 12 months at 0.8 FTE	\$73,742

This position will serve as the combined Project Coordinator/Health Educator for the Partnership/overall manager for the contract and the Health Educator to cover this large three county region, CDS contact person, and the overall project evaluator. This position will be filled by the current partnership's director, who meets the Core Competencies for both the Project Coordinator and the Health Educator with an M.P.H. from an accredited university school of public health, with 14 years experience on CDP program partnership and expertise in health education. Responsibilities include oversight of program implementation, supervision of Clinical Coordinator, Health Educator, and Community Health Workers; coordination of staff and volunteers; program development and implementation; submission of progress reports; contractual and fiscal management including working with accounting to prepare budgets, budget justifications, revisions, and monthly invoices; and general coordination of the program. This position will also coordinate with the Clinical Coordinator on provider network development and maintenance, provider training, and technical assistance with other duties as specified in the scope of work for the health educator. Health Education duties include: to plan, coordinate, and implement tailored education/outreach activities using the CDS approved curriculum, implement the CDS incentive program, oversee CHW activity with targeted, focused tailored health education and recruitment of underserved CDP eligible priority population women throughout the region; evaluate tailored health education classes, approaches, and cultural appropriateness; complete the appropriate online CDS progress report; and uphold HIPAA regulations and policies as they apply to the SOW. Project coordination duties will not exceed .10 FTE. The current amount shown falls within the CDS approved salary range for the prior contract.

	2. Clinical Services Coordinator: M. Ratcliff, B.S.N. Range \$3,329 – \$3,684 biweekly x 12 months at 1.0 FTE	\$87,982
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This position will maintain the regional provider network; assist providers in developing follow up and tracking systems; assess providers needs, barriers, and resources; conduct provider site visits, chart reviews, and monitoring; coordinate and/or conduct primary care provider trainings; assure that client information is handled according to HIPAA guidelines; and assure that providers conduct client

follow up and access to treatment. This position will also serve as the Privacy Officer and provide confidentiality/privacy training. This position will be filled by current clinical coordinator with B.S.N. from an accredited university school of nursing with 20+ years of experience. The current amount shown falls within the CDS approved salary range for the prior contract.

3. Health Educator \$13,254

This part time, limited term (extra help civil service) position will assist Partnership Director/Health Educator to provide tailored health education services to priority population women in large 3-county region. This position will be filled by an individual who meets the Core Competency requirement for the Health Educator with an M.P.H. from an accredited university school of public health and expertise in health education. Duties include: to plan, coordinate, and implement tailored education/outreach activities using the CDS approved curriculum, implement the CDS incentive program and other health educator SOW duties assigned by CDS, oversee CHW activity with targeted, focused tailored health education and recruitment of underserved CDP eligible priority population women throughout the region (but primarily in the northern portion of the region); evaluate tailored health education classes, approaches, and cultural appropriateness; complete the appropriate online CDS progress report; and uphold HIPAA regulations and policies as they apply to the SOW. If the County Human Resources Department does not approve the request to hire an individual as an extra help employee with appropriate benefits, the individual will have to be hired as a contractor. The current amount shown falls within the CDS approved salary range for the same position in a prior CDS contract.

**Total Salaries:** **\$174,978**

**B. Fringe Benefits:** (between 45-51% of Total Salaries) **\$83,144**

Fringe Benefits include, depending on personnel classification: FICA, State Unemployment, State Disability Insurance, Worker's Compensation, Health Insurance, Dental Insurance, Vision, and Retirement. Percentage approved by CDS for prior contract to reflect county-union mandated agreement.

**Total Personnel Expenses** **\$258,122**

**C. Operating Expenses**

1. General Expenses **\$8,689**

Includes anticipated postage and copying costs, office supplies such as pens, pencils, paper, toner, etc. Also includes monthly costs related to telephones and fax machine, data processing, and IT support charges. There is no cost for office space in this county-owned facility.

**D. Equipment** **\$ 0**



**E. Travel** **\$6,225**  
1. Required State Travel

Includes travel and per diem of 3 staff persons to travel to 1 or more CDS State Sponsored mandatory trainings or meetings in Sacramento or other mandatory State Sponsored meetings at currently approved State reimbursement rates for mileage (rate of \$.551 / mile). Subtotal \$3,200

2. Agency Local Travel.

Local travel and per diem expenses in accordance with currently approved State reimbursement and per diem rates. Travel reimbursed at \$.551 per mile. Region encompasses large geographic area. Includes travel expenses for staff to set up and conduct for 40+ tailored educational events for target population women and/or conduct provider site visits, trainings, etc. Includes county motor pool charges for travel and private car mileage. Includes private car mileage for community health workers as well. Subtotal \$3,025.

**F. Subcontracts** **\$1,500**

Provides hourly stipend at rate of pay within the CDS designated range rate of \$15 to \$25 per hour to non-contracted mature CDS approved Community Health Care Workers (CHW) from the designated state priority populations. CHWs have been previously trained by the Project Coordinator-Health Educator in the CDS approved curriculum for CHWs, to assist the combined Project Coordinator/Health Educator at small group tailored health education sessions (THE) to teach CDS approved curriculum to CDP eligible, CDP priority population women.

**G. Other Costs** **0**

**H. Indirect Expenses** **\$32,994**

Not to exceed 12% of Direct Expenses. Indirect costs are limited to the first \$25,000 of each subcontract or consultant.

**Total Budget Amount** **\$307,480**

**Budget Justification**  
**Year 3**  
**7/1/13 to 6/30/14**

**A. Personnel Expenses** **Amount Requested**

1. Project Coordinator/Health Educator J. English, M.P.H. **\$77,749**  
Range \$3,487- \$3,861 biweekly x 12 months at 0.8 FTE

This position will serve as the combined Project Coordinator/Health Educator for the Partnership/overall manager for the contract and the Health Educator to cover this large three county region, CDS contact person, and the overall project evaluator. This position will be filled by the current partnership's director, who meets the Core Competencies for both the Project Coordinator and the Health Educator with an M.P.H. from an accredited university school of public health, with 14 years experience on GDP program partnership and expertise in health education. Responsibilities include oversight of program implementation, supervision of Clinical Coordinator and Community Health Workers; coordination of staff and volunteers; program development and implementation; submission of progress reports; contractual and fiscal management including working with accounting to prepare budgets, budget justifications, revisions, and monthly invoices; and general coordination of the program. This position will also coordinate with the Clinical Coordinator on provider network development and maintenance, provider training, and technical assistance with other duties as specified in the scope of work for the health educator. Health Education duties include: to plan, coordinate, and implement tailored education/outreach activities using the CDS approved curriculum, implement the CDS incentive program, oversee CHW activity with targeted, focused outreach and recruitment of underserved CDP eligible priority population women throughout the region; evaluate tailored health education classes, approaches, and cultural appropriateness; complete the appropriate online CDS progress report; and uphold HIPAA regulations and policies as they apply to the SOW. Project coordination duties will not exceed .10 FTE. The current amount shown falls within the CDS approved salary range for the prior contract.

2. Clinical Services Coordinator: M. Ratcliff, B.S.N. **\$92,787**  
Range \$3,329 – \$3,684 biweekly x 12 months at 1.0 FTE

This position will maintain the regional provider network; assist providers in developing follow up and tracking systems; assess providers needs, barriers, and

resources; conduct provider site visits, chart reviews, and monitoring; coordinate and/or conduct primary care provider trainings; assure that client information is handled according to HIPAA guidelines; and assure that providers conduct client follow up and access to treatment. This position will also serve as the Privacy Officer and provide confidentiality/privacy training. This position will be filled by current clinical coordinator with B.S.N. from an accredited university school of nursing with 20+ years of experience. The current amount shown falls within the CDS approved salary range for the prior contract.

**Total Salaries:** **\$170,536**

**B. Fringe Benefits:** (between 45-51% of Total Salaries) **\$86,973**

Fringe Benefits include, depending on personnel classification: FICA, State Unemployment, State Disability Insurance, Worker's Compensation, Health Insurance, Dental Insurance, Vision, and Retirement. Percentage approved by CDS for prior contract to reflect county-union mandated agreement.

**Total Personnel Expenses** **\$257,509**

**C. Operating Expenses**

1. General Expenses **\$9,302**

Includes anticipated postage and copying costs, office supplies such as pens, pencils, paper, toner, etc. Also includes monthly costs related to telephones and fax machine, data processing, and IT support charges. There is no cost for office space in this county-owned facility.

**D. Equipment** **\$ 0**

**E. Travel** **\$6,225**

1. Required State Travel

Includes travel and per diem of 2 staff persons to travel to 1 or more CDS State Sponsored mandatory trainings or meetings in Sacramento or other mandatory State Sponsored meetings at currently approved State reimbursement rates for mileage (rate of \$.551 / mile). Subtotal \$3,200

2. Agency Local Travel.

Local travel and per diem expenses in accordance with currently approved State reimbursement and per diem rates. Travel reimbursed at \$.551 per mile. Region encompasses large geographic area. Includes travel expenses for staff to set up and conduct for 40+ tailored educational events for target population women and/or conduct provider site visits, trainings, etc. Includes county motor pool

charges for travel and private car mileage. Includes private car mileage for community health workers as well. Subtotal \$3,025.

**F. Subcontracts** **\$1,500**

Provides hourly stipend at rate of pay within the CDS designated range rate of \$15 to \$25 per hour to non-contracted mature CDS approved Community Health Care Workers (CHW) from the designated state priority populations. CHWs have been previously trained by the Project Coordinator-Health Educator in the CDS approved curriculum for CHWs, to assist the combined Project Coordinator/Health Educator at small group tailored health education sessions (THE) to teach CDS approved curriculum to CDP eligible, CDP priority population women.

**G. Other Costs** **0**

**H. Indirect Expenses** **\$32,944**

Not to exceed 12% of Direct Expenses. Indirect costs are limited to the first \$25,000 of each subcontract or consultant.

**Total Budget Amount** **\$307,480**

**Budget Justification**  
**Year 4**  
**7/1/14 to 12/31/14**

**A. Personnel Expenses Amount Requested**

1. Project Coordinator/Health Educator J. English, M.P.H. **\$38,875**  
Range \$3,487- \$3,861 biweekly x 12 months at 0.8 FTE

This position will serve as the combined Project Coordinator/Health Educator for the Partnership/overall manager for the contract and the Health Educator to cover this large three county region, CDS contact person, and the overall project evaluator. This position will be filled by the current partnership's director, who meets the Core Competencies for both the Project Coordinator and the Health Educator with an M.P.H. from an accredited university school of public health, with 14 years experience on CDP program partnership and expertise in health education. Responsibilities include oversight of program implementation, supervision of Clinical Coordinator and Community Health Workers; coordination of staff and volunteers; program development and implementation; submission of progress reports; contractual and fiscal management including working with accounting to prepare budgets, budget justifications, revisions, and monthly invoices; and general coordination of the program. This position will also coordinate with the Clinical Coordinator on provider network development and maintenance, provider training, and technical assistance with other duties as specified in the scope of work for the health educator. Health Education duties include: to plan, coordinate, and implement tailored education/outreach activities using the CDS approved curriculum, implement the CDS incentive program, oversee CHW activity with targeted, focused outreach and recruitment of underserved CDP eligible priority population women throughout the region; evaluate tailored health education classes, approaches, and cultural appropriateness; complete the appropriate online CDS progress report; and uphold HIPAA regulations and policies as they apply to the SOW. Project coordination duties will not exceed .10 FTE. The current amount shown falls within the CDS approved salary range for the prior contract.

2. Clinical Services Coordinator: M. Ratcliff, B.S.N. **\$46,393**  
Range \$3,329 – \$3,684 biweekly x 12 months at 1.0 FTE

This position will maintain the regional provider network; assist providers in developing follow up and tracking systems; assess providers needs, barriers, and

resources; conduct provider site visits, chart reviews, and monitoring; coordinate and/or conduct primary care provider trainings; assure that client information is handled according to HIPAA guidelines; and assure that providers conduct client follow up and access to treatment. This position will also serve as the Privacy Officer and provide confidentiality/privacy training. This position will be filled by current clinical coordinator with B.S.N. from an accredited university school of nursing with 20+ years of experience. The current amount shown falls within the CDS approved salary range for the prior contract.

**Total Salaries:** **\$85,268**

**B. Fringe Benefits:** (between 45-51% of Total Salaries) **\$43,487**

Fringe Benefits include, depending on personnel classification: FICA, State Unemployment, State Disability Insurance, Worker's Compensation, Health Insurance, Dental Insurance, Vision, and Retirement. Percentage approved by CDS for prior contract to reflect county-union mandated agreement.

**Total Personnel Expenses** **\$128,755**

**C. Operating Expenses**

1. General Expenses **\$5,292**

Includes anticipated postage and copying costs, office supplies such as pens, pencils, paper, toner, etc. Also includes monthly costs related to telephones and fax machine, data processing, and IT support charges. There is no cost for office space in this county-owned facility.

**D. Equipment** **\$ 0**

**E. Travel** **\$2,471**

1. Required State Travel

Includes travel and per diem of 2 staff persons to travel to 1 CDS State Sponsored mandatory trainings or meetings in Sacramento or other mandatory State Sponsored meetings at currently approved State reimbursement rates for mileage (rate of \$.551 / mile). Subtotal \$1,200

2. Agency Local Travel.

Local travel and per diem expenses in accordance with currently approved State reimbursement and per diem rates. Travel reimbursed at \$.551 per mile. Region encompasses large geographic area. Includes travel expenses for staff to set up and conduct for 25+ tailored educational events for target population women and/or conduct provider site visits, trainings, etc. Includes county motor pool

charges for travel and private car mileage. Includes private car mileage for community health workers as well. Subtotal \$1,271.

**F. Subcontracts** **\$750**

Provides hourly stipend at rate of pay within the CDS designated range rate of \$15 to \$25 per hour to non-contracted mature CDS approved Community Health Care Workers (CHW) from the designated state priority populations. CHWs have been previously trained by the Project Coordinator-Health Educator in the CDS approved curriculum for CHWs, to assist the combined Project Coordinator/Health Educator at small group tailored health education sessions (THE) to teach CDS approved curriculum to CDP eligible, CDP priority population women.

**G. Other Costs** **0**

**H. Indirect Expenses** **\$16,472**

**Total Budget Amount** **\$153,740**