Plan and Budget Required Documents Checklist

MODIFIED FY 2020-2021

С	ounty	//City: Santa Barbara	Fiscal Year: 2020-2021
 	7.4.4.4	Document	Page Number
1.	Che	cklist	1-2
2.	Age	ncy Information Sheet	3
3.	Cert	ification Statements	
	A. (Certification Statement (CHDP) – Original and one photocopy	4-5
	В. С	Certification Statement (CCS) - Original and one photocopy	6-7
4.	Age	ncy Description	
	A.	Brief Narrative	8-9
	B.	Organizational Charts for CCS, CHDP, and HCPCFC	Retain locally
	C.	CCS Staffing Standards Profile	Retain locally
	D.	Incumbent Lists for CCS, CHDP, and HCPCFC	10-12
	E.	Civil Service Classification Statements – Include if newly est proposed, or revised	
	F.	Duty Statements - Include if newly established, proposed, o	r revised NA
5.	lmp 2020	lementation of Performance Measures – Performance Meas 019-20 are due November 30, 2020.	sures for FY N/A
6.	Data	a Forms	
		CHDP Program Referral Data	13
7.	Men	noranda of Understanding and Interagency Agreements L	ist
	A.	MOU/IAA List	14
	B.	New, Renewed, or Revised MOU or IAA	N/A
	C.	CHDP IAA with DSS biennially	Retain locally
	D.	Interdepartmental MOU for HCPCFC biennially	Retain locally
8.	Bud	gets	t Column to daily
	A.	CHDP Administrative Budget (No County/City Match)	
		1. Budget Summary	15

С	ounty	/City:	Santa Barbara	Fiscal Year: 2020-2021
			Document	Page Number
		2.	Budget Worksheet	16
		3.	Budget Justification Narrative	17
	B.	CHDF	P Administrative Budget (County/City Match) - Optional	Annual Control of Cont
		1.	Budget Worksheet	N/A
		2.	Budget Justification Narrative	N/A
	-	3.	Budget Justification Narrative	N/A
	C.	CHDF	Foster Care Administrative Budget (County/City Match) - Opti	
		1.	Budget Summary	N/A
		2.	Budget Worksheet	N/A
		3.	Budget Justification Narrative	47-46-27-27-27-27-27-27-27-27-27-27-27-27-27-
	D.	НСРС	CFC Administrative Budget	N/A
		1.	Budget Summary	40
		2.	Budget Worksheet	18
		3.	Budget Justification Narrative	19
	E.	CCS A	Administrative Budget	
		1.	Budget Summary	0.4.00
		2.	Budget Worksheet	21-22
		3.	Budget Justification Narrative	23
		0.	Eddget addition Natiative	N/A
		•		
	G	Other	Forms	THE RESERVE AND ADDRESS OF THE PARTY OF THE
		1.	County/City Capital Expenses Justification Form	N/A
		2.	County/City Other Expenses Justification Form	N/A
9.		Manag	gement of Equipment Purchased with State Funds	
		1.	Contractor Equipment Purchased with DHCS Funds For (DHCS1203)	rm N/A
		2.	Inventory/Disposition of DHCS Funded Equipment Form (DHCS1204)	N/A

N/A

Property Survey Report Form (STD 152)

3.

Agency Information Sheet

County/City:	Santa Barbara	County	Fiscal Year: 2020-21				
		Official Agenc	у				
Name:	Public Health Department	Address:	300 N San Antonio Rd Santa Barbara, Ca 93110				
Director	Van Do-Reynoso, PhD, MPH	_					
	CMS	Director (if app	licable)				
Name:	Rhonda Gordon, MD	Address:	345 Camino Del Remedio				
Phone:	(805) 681-4027		Santa Barbara, CA 93110				
Fax:	(805) 681-4763	E-Mail:	rgordon@sbcphd.org				
	С	CS Administra	tor				
Name:	Tanesha Castaneda	Address:	345 Camino del Remedio				
Phone:	(805) 692-5793		Santa Barbara, CA 93110				
Fax:	(805) 681-4763	E-Mail:	tanesha.castaneda@sbcphd.org				
CHDP Director							
Name:	Rhonda Gordon, MD	Address:	345 Camino Del Remedio				
Phone:	(805) 681-4027	~	Santa Barbara, CA 93110				
Fax:	(805) 681-4763	E-Mail:	rgordon@sbcphd.org				
	СН	DP Deputy Dire	ector				
Name:	Tanesha Castaneda	Address:	345 Camino del Remedio				
Phone:	(805) 692-5793		Santa Barbara, CA 93110				
Fax:	(805) 681-4763	E-Mail:	tanesha.castaneda@sbcphd.org				
	Chief Deputy Clerk of th	ne Board of Su	pervisors or City Council				
Name:	Jacquelyne Alexander	Address:	105 E Anapamu St Room #407				
Phone:	(805) 568-2245		Santa Barbara, CA 93101				
Fax:	(805) 568-2249	E-Mail:	jralexander@countyofsb.org				
	Director o	of Social Service	es Agency				
Name:	Daniel Nielson		2125 S. Centerpointe Parkway				
Phone:	(805) 346-7101	-	Santa Maria, CA 93455				
Fax:	(805) 346-8366	E-Mail:	D.Nielson@sbcsocialserv.org				
	Chi	ef Probation O	fficer				
Name:	Tanja Heitman	······································	117 E. Carrillo St				
Phone:	(805) 882-3652		Santa Barbara, CA 93101				
Fax:	(805) 739-8579	E-Mail:	heitman@co.santa-barbara.ca.us				

Certification Statement - Child Health and Disability Prevention (CHDP) Program

County/City: Santa Barbara County	Fiscal Year: 2020-21
I certify that the CHDP Program will comply with all applicable 106, Part 2, Chapter 3, Article 6 (commencing with Section 129, Part 3, Chapters 7 and 8 (commencing with Section 14000 a Section 16970, and any applicable rules or regulations promul Chapters, and that section. I further certify that this CHDP Proservices Plan and Fiscal Guidelines Manual, including but not Participation. I further certify that this CHDP Program will comgoverning and regulating recipients of funds granted to states the Social Security Act (42 U.S.C. Section 1396 et seq.). I furt subject to all sanctions or other remedies applicable if this CHI regulations and policies with which it has certified it will comply	4025), Welfare and Institutions Code, Division and 14200), Welfare and Institutions Code gated by DHCS pursuant to that Article, those gram will comply with the Children's Medical limited to, Section 9, Federal Financial ply with all federal laws and regulations for medical assistance pursuant to Title XIX of the agree that this CHDP Program may be DP Program violates any of the above laws
Signature of CHDP Director	Date Signed
	Date Signed
Signature of Director or Health Officer	Date Signed
Signature and Title of Other – Optional	Date Signed
I certify that this plan has been approved by the local governing	g body.
Signature of Local Governing Body Chairperson	Date

Certification Statement - Child Health and Disability Prevention (CHDP) Program

County/City: Santa Barbara County	Fiscal Year: 2019-20
I certify that the CHDP Program will comply with all applicable p 106, Part 2, Chapter 3, Article 6 (commencing with Section 1240 9, Part 3, Chapters 7 and 8 (commencing with Section 14000 ar Section 16970, and any applicable rules or regulations promulga Chapters, and that section. I further certify that this CHDP Prog Services Plan and Fiscal Guidelines Manual, including but not lin Participation. I further certify that this CHDP Program will compl governing and regulating recipients of funds granted to states for the Social Security Act (42 U.S.C. Section 1396 et seq.). I further subject to all sanctions or other remedies applicable if this CHDP regulations and policies with which it has certified it will comply.	D25), Welfare and Institutions Code, Division and 14200), Welfare and Institutions Code ated by DHCS pursuant to that Article, those ram will comply with the Children's Medical mited to, Section 9, Federal Financial by with all federal laws and regulations or medical assistance pursuant to Title XIX of the ragree that this CHDP Program may be
Signature of CHDP Director	Date Signed
	Date digned
Signature of Director or Health Officer	Date Signed
organical of Broader of Freductional	Date Signed
Signature and Title of Other – Optional	Date Signed
I certify that this plan has been approved by the local governing	body.
Signature of Local Governing Body Chairperson	Date

Certification Statement - California Children's Services (CCS)

County/City:	Santa Barbara County	Fiscal Year:	2019-20
Institutions Coo by DHCS pursu Children's Med Federal Financi regulations gov XIX of the Social Maternal and C 701 et seq.). In	e CCS Program will comply with all applicable provision 3, Article 5, (commencing with Section 123800) and Code (commencing with Sections 14000-14200), and any uant to this article and these Chapters. I further certify ical Services (CMS) Plan and Fiscal Guidelines Manualial Participation. I further certify that this CCS Programmerning and regulating recipients of funds granted to state al Security Act (42 U.S.C. Section 1396 et seq.) and reschild Health Services Block Grant pursuant to Title V of further agree that this CCS Program may be subject to gram violates any of the above laws, regulations and positions.	Chapters 7 and 8 applicable rules that this CCS Proal, including but no will comply with ates for medical accipients of funds the Social Secural sanctions or all sanctions or	of the Welfare and or regulations promulgated ogram will comply with the not limited to, Section 9 all federal laws and assistance pursuant to Title allotted to states for the rity Act (42 U.S.C. Section other remedies applicable
Cianaban of OC	20.4.1		
Signature of Co	CS Administrator	Date Signed	
Signature of Dir	rector or Health Officer	Date Signed	
Signature and T	Fitle of Other – Optional	Date Signed	
I certify that this	s plan has been approved by the local governing body.		
Signature of Lo	cal Governing Body Chairperson	Date	

Certification Statement - California Children's Services (CCS)

County/City:	Santa Barbara County	Fiscal Year:	2020-21
Part 2, Chapter Institutions Coo by DHCS pursu Children's Med Federal Financ regulations gov XIX of the Social Maternal and C 701 et seq.). I	e CCS Program will comply with all applicable provisions 3, Article 5, (commencing with Section 123800) and Cole (commencing with Sections 14000-14200), and any agant to this article and these Chapters. I further certify tical Services (CMS) Plan and Fiscal Guidelines Manual all Participation. I further certify that this CCS Program terning and regulating recipients of funds granted to stated all Security Act (42 U.S.C. Section 1396 et seq.) and recipied Health Services Block Grant pursuant to Title V of further agree that this CCS Program may be subject to gram violates any of the above laws, regulations and potential services and services and potential services and services are services are services and services are services and services are services are services and services are services are services and services are services are services are services are services and services are services are services and services are services are services and services are services are services are services and services are services a	hapters 7 and 8 applicable rules of that this CCS Property in the comply with tes for medical accipients of funds the Social Secural sanctions or a	of the Welfare and or regulations promulgated ogram will comply with the ot limited to, Section 9 all federal laws and assistance pursuant to Title allotted to states for the rity Act (42 U.S.C. Section other remedies applicable
Signature of CO	CS Administrator	Date Signed	

Signature of Di	rector or Health Officer	Date Signed	
Signature and	Title of Other – Optional	Date Signed	
I certify that this	s plan has been approved by the local governing body.		
Signature of Lo	cal Governing Body Chairperson	Date	

SANTA BARBARA COUNTY CHILDREN'S MEDICAL SERVICES AGENCY DESCRIPTION: CHDP FY 2020-21

CHDP

The Child Health and Disability Prevention (CHDP) program is in the Santa Barbara County Public Health Department. The CHDP program is under the Primary Care and Family Health Division.

Currently there is a CHDP Director (.15 FTE), CHDP Deputy Director (.25 FTE), CHDP and HCPCFC Supervising PHN (.25 FTE), CHDP PHN (.75 FTE), HCPCFC PHN (1.0 FTE), and an Administrative Office Professional II (1.0 FTE). There is a vacant PHN position (.12 FTE), a vacant Health Educator position (.50 FTE), and a vacant AOP II position (.10 FTE). The number of CHDP sites in Santa Barbara County is 36; there are no pending provider sites.

CHDP staff continue to work collaboratively with community based organizations involved with county-wide efforts for health coverage access, oral health services, standardized developmental screening and a volunteer coalition (Promotoras) for promotion of preventative health services. County-wide strategic planning efforts enable increased access to health care and services to all children in Santa Barbara County.

Constrains of the COVID pandemic have had an impact on the in-person services CHDP staff provides to provider sites. In an effort to ensure that the needs of provider site staff are met and that operations continue, CHDP staff successfully implanted virtual trainings and site reviews.

Vision Trainings Provided in Fiscal Year 2019-20:

North County

10/01/19

14 Participants

South County

10/04/19

16 Participants

Flouride Varnish Trainings Provided in Fiscal Year 2019-20:

Lompoc Health North H St.

08/23/19

03 Participants

Department of Social Services Trainings Provided in Fiscal Year 2019-20:

Santa Maria

08/26/19

19 Participants

Zoom

04/17/20

19 Participants

Probation Department Trainings Provided in Fiscal Year 2019-20:

Santa Maria

07/11/19

08 Participants

Provider Site Reviews Completed Fiscal Year 2019-20:

Countywide

FY 2019-20

06 Sites

North County

FY 2019-20

01 New Site

Examiner Certifications and Orientations Provided in Fiscal Year 2019-20:

Countywide

FY 2019-20

22 Certifications

Countywide

FY 2019-20

12 Orientations

Incumbent List - California Children's Services FY 2020-2021

Complete the table below for all personnel listed in the CCS budgets. Use the same job titles for both the budget and the incumbent list. Total percent for an individual incumbent should not be over 100 percent.

Specify whether job duty statements or civil service classification statements have been revised or changed. Only submit job duty statements and civil service classification statements that are new or have been revised. This includes (1) changes in job duties or activities, (2) changes in percentage of time spent for each activity, and (3) changes in percentage of time spent for enhanced job duties or activities.

County/City: Santa Barbara			Fisc	Fiscal Year: 2020-21
Job Title	Incumbent Name	FTE % on CCS Admin Budget	Have Job Duties Changed? (Yes or No)	Has Civil Service Classification Changed? (Yes or No)
Program Manager	Tanesha Castaneda	75%	No	No
Staff Physician	Rhonda Gordon, MD.	15%	No	No
PHN Nurse, Supervising	Dorothy Blasing, MSN, RN, PHN	75%	No	No
Staff PHN	Linda Garcia, RN, PHN	100%	No	CN
Administrative Office Professional II	Vacant	%06	No	No
Caseworker	Alma Bayquen	100%	No	No
Caseworker	Carmen Escobedo	100%	NO	ON

Incumbent List - Child Health and Disability Prevention Program FY 2020-2021

Complete the table below for all personnel listed in the CHDP budgets. Use the same job titles for both the budget and the incumbent list. Total percent for an individual incumbent should not be over 100 percent.

Specify whether job duty statements or civil service classification statements have been revised or changed in the last fiscal year. Only submit job duty statements and civil service classification statements that are new or have been revised. This includes (1) changes in job duties or activities, (2) changes in percentage of time spent for each activity, and (3) changes in percentage of time spent for each activity, and (3) changes in percentage of time spent for enhanced job duties or activities.

County/City: Santa Barbara					Fiscal Year: 2020-21	r: 2020-21
Job Title	Incumbent Name	FTE % on CHDP No County/ City Match Budget	FTE % on CHDP County/City Match Budget	FTE % in Other Programs (Specify)	Have Job Duties Changed? (Yes or No)	Has Civil Service Classification Changed? (Yes or No)
Program Manager	Tanesha Castaneda	25%	N/A	75% CCS,	No	No
Staff Physician	Rhonda Gordon, MD.	15%	N/A	15% CCS, 50% Clinic	No	No
	Dorothy Blasing,			70% CCS, 5%		
PHN Supervisor	RN, PHN, MSN	20%	N/A	HCPCFC	S _N	No
Public Health Nurse	Nathalie Confiac, RN, PHN, MSN	75%	N/A		No	No
Public Health Nurse	Vacant	12%	N/A		No	SZ.
Health Educator	Vacant	20%	N/A		No	No
Administrative Office Professional II	Maria Palma	100%	N/A		No	No
Administrative Office Professional II	Vacant	10%	N/A	80% CCS	S S	ON



Department of Health Care Services Integrated Systems of Care Division Health Care Program for Children in Foster Care Incumbent List



[a / au ii			
County-City Name: Santa	l Barbara	riIV	2010.20
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Fiscal Year:	2019-20

Please complete the table below for all personnel in the Health Care Program for Children in Foster Care (HCPCFC) Base, Psychotropic Medication Monitoring & Oversight (PMM&O), Caseload Relief, applicable Base County-City allocations, and/or other programs. Total full time equivalent (FTE) percent for an individual incumbent should not be over 100 percent.

The Welfare and Institutions Code requires that the services provided to foster children through the HCPCFC are performed by a Public Health Nurse (PHN). Contracted nurses (e.g., hired through an agency) may not be used in the HCPCFC program.

Names and job titles from this incumbent list should match personnel listed on the HCPCFC administrative budgets (Summary, Worksheet, and Narratve), and organizational chart(s). Civil Service Classification Statements and Duty Statements are required for all incumbents listed below.

#	Last	First	Title	PHN Certificate (Y/N)		% FTE PMM&O State/Federal	% FTE Caseload Relief State/Federal	% FTE County-City/ Federal	% FTE Other Programs (Specify)	% FTE Total
1	Vorce	Vivian	HCPCFC PHN	Y	100.00%	0.00%	0.00%	0.00%	0.00%	1.00%
2	Blasing	Dorothy	Supervising PHN	Y	5.00%	0.00%	0.00%	0.00%	75% CCS, 20% CHDP	1.00%

CHDP Program Referral Data Santa Barbara County

County/City: Santa Barbara		F	FY 17-18		FY 18-19		FY 19-20	
Basi	c Informing and CHDP Referrals			·····	-			
1.	Total number of CalWORKs/Medi-Cal cases informed and determined eligible by Department of Social Services	+	*	*	*	*	*	
2.	Total number of cases and recipients in "1" requesting CHDP services	Cases	Recipients	Cases	Recipients	Cases	Recipients	
	a. Number of CalWORKs cases/recipients	766	1,944	629	1,590	483	1,237	
	b. Number of Foster Care cases/recipients	844	844	818	818	873	873	
	c. Number of Medi-Cal only cases/recipients	731	922	643	784	613	901	
3.	Total number of EPSDT eligible recipients and unborn, referred by Department of Social Services' workers who requested the following:				Lagranic			
	a. Medical and/or dental services	2,404		1,813	1,813		1,321	
	b. Medical and/or dental services with scheduling and/or transportation	549		403		336		
	c. Information only (optional)	3,074		2,618	2,618		2,359	
4.	Number of persons who were contacted by telephone, home visit, face-to-face, office visit, or written response to outreach letter	11,196		10,124		8,541		
5.	Number of recipients actually provided scheduling and/or transportation assistance by program staff	0	0	0	0	0	0	
6.	Number of recipients in "5" who actually received medical and/or dental services	0	0	0	0	0	0	

Complete this form using the Instructions found on page 4-8 through 4-10.

^{*}The Santa Barbara County CHDP office is not able to provide the requested information for section 1 as the program does not receive this information from the Department of Social Services.

Memoranda of Understanding/Interagency Agreement List

List all current Memoranda of Understanding (MOU) and/or Interagency Agreements (IAA) in California Children's Services, Child Health and Disability Prevention Program, and Health Care Program for Children in Foster Care. Specify whether the MOU or IAA has changed. Submit only those MOU and IAA that are new, have been revised. For audit purposes, counties and cities should maintain current MOU and IAA on file.

County/City:		Santa Barbara		Fiscal Year: 2019/20	
Title or Name of MOU/IAA	Is this a MOU or an IAA?	Effective Dates (From / To)	Date Last Reviewed by County	Name of Person Responsible for This MOU/IAA?	Did This MOU/IAA Change? (Yes or No)
MOU Santa Barbara Public Health CHDP and CenCal Health CHDP	MOU	12-22-2016 through 12-21- 2020	12-14-2016	Tanesha Castaneda	ON
MOU SB County PHD HCPCFC and Department of Social Services and Probation Department - HCPCFC	MOU	MOU effective 07-01-17 and will continue in effect unless revised or terminated by mutual agreement.	10-04-2019	Tanesha Castaneda	o Z
CenCal Health – CCS	MOU	MOU effective 07-01-18 and is automatically renewed on July 1 of each year.	10-31-2018	Tanesha Castaneda	o N
SELPA – CCS	IAA	From September 2015 and remains in effect until any revisions are mutually agreed upon or either party provides 20 days written notice to terminate	12-14-18	Tanesha Castaneda	No SELPA requesting to reduce transportation provided to children. County CCS does not support this request. Discussions are ongoing.

State of California - Health and Human Services Agency

Santa Barbara County
CHDP No-County-Match Budget Summary
FY 2017-18
Page 1 of 1

CHDP Administrative Budget Summary for FY 2020-21 No County/City Match County/City Name: Santa Barbara

Column	-	2	3	4	5
	T	- to F	Total Medi-Cal	Enhanced	Nonenhanced
Category/Line Item	10tal 500get	יסטומן פרער	Budget	State/Federal	State/Federal
	(6 + 3)	าลก็กกล มดนว	(4 + 5)	(25/75)	(20/20)
 Total Personnel Expenses 	\$ 467,083	٠ ج	\$ 467,083	\$ 337,545 \$	\$ 129,538
 Total Operating Expenses 	\$ 32,871	ess ess	\$ 32,871	\$ 2,360	\$ 30,511
III. Total Capital Expenses	٠ د	ا ج	69		\$
IV. Total Indirect Expenses	\$ 98,321	8	\$ 98,321		\$ 98,321
V. Total Other Expenses	Ө	ر د	1		6
Budget Grand Total	\$ 598,275	- ج	\$ 598,275	\$ 339,905	\$ 258,370
		er:			

Column		2	3	4	5
Source of Funds	Total Funds	Total CHDP Budget	Total Medi-Cal Budget	Enhanced State/Federal	Nonenhanced State/Federal
State General Funds Medi-Cal Funds:	\$ - 3 \$ 598,275		\$ 598.275		
State Federal (Title XIX)	\$ 214,161		\$ 214,161 \$	\$ 84,976	\$ 129,185
Suzanne Jacobson	214,161			05) 68	•
Prepared By	1	Date Prepared		Phone Number (805) 692-6793	
CHDP Director or Deputy Director (Signature)	ı	Date	•	Phone Number	

CHDP Administrative Budget Worksheet No County/City Match State and State/Federal

County/City Name: _ Santa Barbara

Fiscal Year 2020-21

Column	1A	18	1	2A	2	3A	7	1 40		Ci	
	i i	12			 		3	4A	4	5A	5
Category/Line Item	% ог		Total Budget	CHDP	Total CHDP	Total	Total Medi-Cal	% or	Enhanced	% or	Nonenhanced
Category/Entertent	FTE	Annual Salary	(1A x 1B or	% or	Budget	Medi-	Budget	FTE	State/Federal	FTE	State/Federal
			2 + 3}	FTE		Cal %	(4 + 5)	11.5	(25/75)	FIE	(50/50)
Personnel Expenses	IIIII		MININI	TITTE	HIHITTE	THITE	<i>THITTHE THE PARTY</i>	THIN	mmmm	mm	minimi
				MITT	HHHHH	HHH	<i>HHHHH</i>	HHH	HHHHHH	HHH	HHHHH
 Team Project Ldr, T Castaneda 	25%	\$ 98,000	\$ 24,500	0.00%	\$ -	100.00%	\$ 24,500	50%	\$ 12,250	50%	S 12,250
2. PHN, N. Confiac	75%	\$ 108,400	\$ 81,300	0.00%	s -	100,00%		85%		15%	S 12,195
3. PHN, Supv D Blasing	20%	\$ 117,400	\$ 23,480	0.00%	\$ -	100.00%		80%	S 18,784	20%	\$ 4,696
Staff Phys. Dr. Gordon	15%	\$ 245,400	\$ 36,810	0.00%		100.00%		80%		20%	\$ 7,362
Health Educator, Vacant	50%	\$ 86,000	\$ 43,000	0.00%	S -	100.00%		80%	\$ 34,400	20%	\$ 8,600
5. AOP II, M Palma	100%	\$ 66,200	\$ 66,200	0.00%	s -	100.00%		50%	\$ 33,100	50%	\$ 33,100
6. PHN, Vacant	12%	S 105,300	\$ 13,152	0.00%	\$ -	100,00%		85%	\$ 11,179	15%	\$ 1,973
7. AOPII, Vacant	10%	\$ 66,200	\$ 6,620	0.00%		100.00%	***************************************	75%	\$ 4,965	25%	S 1,655
						100.0075	0,020	1370	3 4,363	2370	3 1,033

Total Salaries and Wages	Mille	THITTIE THE	\$ 295,062	viiii)	\$ -	mm	\$ 295,062	mm	S 213,231	mm	6 04.004
Less Salary Savings	HHH	સમામામામ	\$ -	HHH	s -	HHH	\$ 295,062	HHH	S 213,231 S -	HHH	S 81,831
Net Salaries and Wages	HHH	4444444	\$ 295,062	HHH	S -	HHH	\$ 295,062	HHH		HHH	s -
Stall Benefits (Specify %) 58.30%	1411413	4444444	\$ 172,021	HHH	\$ -	HHHH	S 172,021	HHH	\$ 213,231	HHH	\$ 81,831
I. Total Personnel Expenses	44444	4444444	\$ 467,083	HHH	\$ -	HHHH		HHH	S 124,314	HHH	\$ 47,707
II. Operating Expenses	HHH	HHHHH	iniiniinii k	HHH	mmmin	HHH	\$ 467,083	HHH	\$ 337,545	HHH	S 129,538
1. Travel	HHH	4444444	\$ 750	HHH	ammini	HHH	immini	HHH	mmmi	HHH	mmm
2. Training	HHH	HHHHH	S 2,200	HHH		HHH	\$ 750	MMA	S 600	IIIIII	\$ 150
3. Office expense	HHH	HHHHH	\$ 5,500	HHH		HHHH	\$ 2,200	HHH	\$ 1,760	MMA	S 440
4.Printing/Duplicating	HHH	HHHHH	\$ 4,200	HHH		HHH	\$ 5,500			IIIIIIX	\$ 5,500
5. Communications	HHH	HHHHH		HHH	S -	HHH	\$ 4,200	MM	MINIMA	IIIIIIX	s 4,200
6. Motorpool	HHH	HHHHH		HHH	<u>s</u> -	HHH	\$ 4,721	umm		IIIIIA	S 4,721
7. Utilities	HHH	HHHHH	\$ 5,000	HHH	<u>s</u> -	HHH	S 5,000	UUU.		IIIII	\$ 5,000
8. Data Processing	HHH	HHHHH	S 2,000	HHH	s -	uuuu	S , 2,000	IIIIII		IIIIII	S 2,000
o. Data Processing	HHH	HHHHH	\$ 8,500	MMM	s -	annn	S 8,500	IIIIII		111111	\$ 8,500
II. Total Operating Expenses	HHH	HHHHH		HHH		MMM		IIIIII		IIIIA	
III. Capital Expenses	HHH	HHHHH	\$ 32,871	MMA	\$	umm	\$ 32,871		\$ 2,360	IIIII	\$ 30,511
m. Capital Expenses	HHH	HHHHH	mmmi	IIIIIIX	mmini	IIIIIII		1111111		uuur	mmm
2.	7777777	HHHHH		UIIII.		<u>IIIIII</u>	s -			IIIII	S -
3.	MIM	AHHHHHH YARA		MIIII				IIIII		WHI.	
	mm	MINIMI		m_{M}	,			MINI	ALLI III III	anna	
4.	IIIIIIX	MIMIMI		m_{h}				MIN		allity	
5.	MMM	IIIIIIIIIIII		IIIIIX			8	IIIIIX		UHHA.	
II. Total Capital Expenses	XIIIII.	MIMIMI	s - {	IIIII	s -	THIII)	\$ - 8	Alltli.	HHHHH	4444	\$ -
IV. Indirect Expenses	IIIIIX			UIIII	MIMILIE	Milli	ullullili:	attiti	HHHHHH	HHH	mmmi
1. Internal (Specify %) 16.27%	IIIIII		75,994	IIIII	S - 1	1111111	\$ 75,994	1111111	HIIIIII KA	HHH	S 75,994
2. External (Specify %) 4.78%	MIIII		5 22,327	IIIII	S -	IIIIII	\$ 22,327	1444	HHHHH		5 22,327
V. Total Indirect Expenses	IIIIIX		S 98,321	IIIII	s .	THIII)	\$ 98,321	HHH	********		S 98,321
V. Other Expenses	UUUX		ATTITITITE STATE	MHH	HIIIIIIIII	AHHH.	anninning.	44444	*******	HHH	iiiiimmii
1,	MMX	Millilli		AHHI.	, , , , , , , , , , , , , , , , , , ,	tiiiii	mmmm	HHH	HHHHHK	HHH	mmm
2.	MIIII	AHHHHH		4444	<u>}</u>	HHH:		HHH	444444	HHH	
3.	MITTE	UIIIIIII)		41111	<u>}</u>	HHHH		HHHH	4444444	44444	
1.	HHH.	411111111		4444	 	HHHH		HHH	HHHHHH	HHH	
5.	HHH	HHHHH		HHH		HHH	\	HHH	HHHHHH	HHH	
V. Total Other Expenses	4444	4444444	s - 8	HHH	s -	HHHY		HHH	HHHHH	HHH	
Budget Grand Total	HHH		S 598,275	HHH		HHHY	S - S	HHI	imminiik	****	s -
	TTTTTX,	mmmm	9 330,273	mm	s - {	mm	S 598,275	тт	\$ 339,905	mm	\$ 258,370

Suzanne Jacobson Prepared By	10/7/2020 Date Prepared	805-G81-5183 Phone Number
CHDP Director or Deputy	Date	(805) 692-5793 Phone Number

CHDP No County Match Budget Narrative Santa Barbara County Fiscal Year 2020-21

Total Salaries Total Benefits Total Personnel Expense	\$ 295,062 172,021 467,083	
II. OPERATING EXPENSE 1. Travel 2. Training 3. Office expense 4. Printing/Duplicating 5. Communications 6. Motorpool 7. Utilities 8. Data Processing TOTAL OPERATING EXPENSE	2,200.00 5,500.00 4,200.00 4,721.00 5,000.00 2,000.00	Estimate of travel necessary to perform program activities Estimate of training needed for current and new staff Estimate of office expense based on CY usage Copying and printing for program activities and newsletter Telephone charges County Carpool attibutable to CHDP pro-rated CHDP share of utilities Charges by County's IT department
III. CAPITAL EXPENSE		
TOTAL CAPITAL EXPENSE	-	
IV. INDIRECT EXPENSE 1. Internal 2. External TOTAL INDIRECT EXPENSE	75,994 22,327 98,321	Program share of internal overhead, per CDPH approved rate Program share of internal overhead, per CDPH approved rate
V. OTHER EXPENSE		
TOTAL OTHER EXPENSE	-	
TOTAL BUDGET	\$ 598,275	

...I. PERSONNEL EXPENSE



Department of Health Care Services Integrated Systems of Care Division Health Care Program for Children in Foster Care State/Federal Budget Summary



Identify State/Federal Funding Source (Base, I	PMM&O, or Caseload Relief)	<u> </u>	3ase
County-City Name: Santa Barbara		Fiscal Year:	2020-21
Category/Line Item	Total Budget	Enhanced State/Federal (25/75)	Non-Enhanced State/Federal (50/50)
A	(B = C + D)	C	D
I Total Personnel Expenses	\$168,219	\$151,397	\$16,822
II Total Operating Expenses	\$3,000	\$0	\$3,000
III Total Capital Expenses			annanii iliinii ka
IV Total Indirect Expenses	\$28,244		\$28,244
V Total Other Expenses			anninininink
Budget Grand Total	\$199,463	\$151,397	\$48,066
Source of Funds	Total Funds	Enhanced State/Federal (25/75)	Non-Enhanced State/Federal
E	(F = G + H)	(23173) G	(50/50) H
State Funds	\$61,882	\$37,849	\$24,033
Federal Funds (Title XIX)	\$137,581	\$113.548	\$24,033
Budget Grand Total	\$199,463	\$151,397	\$48,066
Suzanne Jacobson Prepared By (Print & Sign)	10/15/2020 Date	(805) 681-5183 Phone Number	Suzanne Jącobson@sbcphd ora E-mail Address
CHDP Director Or Deputy Director (Print & Sign)	Date	Phone Number	E-mail Address



Department of Health Care Services Integrated Systems of Care Division Health Care Program for Children in Foster Care State/Federal Budget Worksheet



	3	PMM&O, or Caseload F	(ellet):		<u> </u>		Ba	ase		·
County-City Name:	Sanla Barbara				Ir.	Innon or				
occurry only manie.	Todina Daluara				Fiscal Year:	2020-21				
	Column		****	1A	1B					
				<u></u> -	15	1	2A	2	3A	3
	0-1				Annual	Total		Enhanced		Non-
	Category/Line It	em		% FTE	Salary	Budget	% FTE	State/Federal	% FTE	Enhanced State/Federal
					Culary	Dauget		(25/75)		(50/50)
I. Personnel Expenses				THITT	THINITH IS	ammini	mmm	amminini	immi	WITHING S
# Last	r	T	PHN	HHH	HHHHH	HHHHH	HHHH	HHHHH	HHHH	4444446
# Last	First	Title	(Y/N)							
1 Vorce	Vivian	Public Health Nurse	Y	100.00%	\$104,800	\$104,800.00	90.00%	\$94,320	10,00%	\$10,480
2 Blassing	Dorothy	Supervising PHN	Y	5.00%	\$117,400		90.00%	\$5,283	10.00%	\$587
3			1		\$0		30.0070	\$0,200	100.00%	\$0 \$0
4					\$0			\$0	100.00%	\$0
5					\$0			\$0 \$0	100.00%	\$0 \$0
6			1		\$0			\$0 \$0	100.00%	S0
7			 		\$0 \$0			\$0 \$0	100.00%	\$0
8			 		\$0 \$0	\$0.00		\$0 \$0	100.00%	\$0 \$0
9		1	 		\$0 \$0	\$0.00			100.00%	
10					\$0 \$0	\$0.00		\$0		\$0
11					\$0 \$0			S0	100.00%	\$0
12						\$0.00		\$0	100.00%	\$0
13					\$0 80	\$0.00		\$0	100.00%	\$0
14			 		\$0	\$0.00		\$0	100.00%	\$0
15					\$0	\$0.00		\$0	100.00%	\$0
16		<u> </u>			\$0	\$0.00		\$0	100.00%	\$0
17					\$0	\$0.00		\$0	100.00%	\$0
18		<u> </u>			\$0	\$0.00		\$0	100.00%	S0
Total Number of PHN	I Slaff	1		amma	08	\$0.00	mmo	\$0	100.00%	\$0
Total FTE PHN Staff	I Oldii		2			HHHHH	IIIIII			
Total Salaries and Wage				1.05%		mmin	90.00%	Millilli	10.00%	
Less Salary Savings	3			HHH		\$110,670	MIIII	\$99,603	IIIIIII	\$11,067
Net Salaries and Wages				HHH	HHHHH	\$0	HHH	S0	IIIIII	<u>\$0</u>
Staff Benefits (Specify %	1	T	FO 0001	HHH		\$110,670	MMM	\$99,603		\$11,067
I. Total Personnel Expe			52.00%	HHHH	HHHHH	\$57,549	IIIIIII	\$51,794	IIIIII	\$5,755
II. Operating Expenses	11369		3114	HHHI		\$168;219	IIIIIII	\$151,397	IIIIII	\$16,822
1 Travel		7		HHHH		MINIMI	IIIIIII		IIIIII	
2 Training		ļ	\$1,000			\$1,000	0.00%		100.00%	\$1,000
Z Haming Total Operating Expe	(45)666.000.000.000.000	1	\$2,000	MMMX		\$2,000	0.00%	\$0	100.00%	\$2,000
	nses			MININ		\$3,000		30\$		\$3,000
III. Capital Expenses				MIMIN						
III. Total Capital Expens	es			HIIIII	HIIIIIIX	HIIIIIII	XIIIIIIIX		HIIII	
IV. Indirect Expenses		·		IIIIIII		MIMINI	MILLE	HIIIIIIIII	IIIIII	<i>William</i>
1 Internal (Specify %)		L	16.79%	MIIIIX		\$28,244	MINIE	HIIIIIII	IIIII	\$28,244
2 External	Action Committee 100			XIIIIII)	MININE	IIIIIIIX	Alllli	HIIIIIII	IIIIII	ammina
IV. Totalilndirect Expen	ses: : : : : : : : : : : : : : : : : : :		NOTES!	IIIIIIX		\$28,244		HIIIIIII	HHH	\$28,244
V. Other Expenses	****			IIIIII	MILLINE	XIIIIIIIII X	MITHI	HIIIIII	HHH	THIIIII
V. Total Other Expenses	3			ALIIIII K	XIIIIIIIII	HIIIIII	MIIIIX	XIIIIIIIIIII	MHH	HHHHHH
Budget Grand Total				MILLER		\$199,463		\$151,397	HHH	\$48,066
									7777777	and the second second
Suzanne Jacobson					10/15/2020	(805)681-5	183	Suzanne.ja	cobson@s	bcphd.oro
	Prepared By (P	rint & Sign)			Date	Phone Nun			nail Addres	
								<i></i>		-
	IDD Disortes O- Dt-	Dispatos (Daist & Cissa)								
Ci	HDP Director Or Deputy	Director (Print & Sign)			Date	Phone Nun	aber	F-n	nail Addres	5

HCPCFC No County Match Budget Narrative Santa Barbara County Fiscal Year 2020-21

I. PERSONNEL EXPENSE

Total Salaries 110,670
Total Benefits 57,549
Total Personnel Expense 168,219

II. OPERATING EXPENSE

1. Travel1,000Estimate of travel necessary to perform program activities2. Training2,000Estimate of training needed for current program activitiesTOTAL OPERATING EXPENSE3,000

III. CAPITAL EXPENSE

TOTAL CAPITAL EXPENSE

IV. INDIRECT EXPENSE

1. Internal 28,244 Program share of internal overhead, per PHD cost plan 2. External

TOTAL INDIRECT EXPENSE 28,244

V. OTHER EXPENSE

TOTAL OTHER EXPENSE

TOTAL BUDGET 199,463

State of California – Haailn and Human Services Agency Revised 2711/20

Percent of Total CGS Actual Gaseload Gaseload	6.16% CCS Administrative Baseline Budget Summary	15.02% Fiscal Year: 2020-21	78 61% County: Santa Barbara	100%
Actual Caseload	135	329	1726	2190
CCS CASELOAD	STRAIGHT CCS. Total Cases of Open (Active) Straight CCS Childron	OTLICP . Total Cases of Open (Active) OTLICP Children	MEDI-CAL. Total Cases of Open (Active) Medi-Cal (<u>gon</u> -OTLICP) Children	TOTAL CCS CASELOAD

	Col 1 = Col 2+3+4	Simight CCS	OTLICP	Medi-Cal (non	Medi-Cal (non-OTLICP) (Column 4 = Columns 5 + 6)	2olumns 5 ← 6)
Column	1	2	3	4	5	9
Casegony/Line item	Total Budget	Straight CCS CountyState (50/50)	Optional Targeted Lew Income Children's Program (OTLICP) County/State/Fed (11.75/11.75/76.5)	kredi-Cal State/Federal	Enhanced Medi-Gal State/Fedoral (25/75)	Non-Enhancod Medis Cal State/Federal (50/50)
1. Total Personnel Expense	744,146	45,872	111,792	586,481	237,548	348,933
II. Total Operating Expense	58.189	795'C	9,742	45,860	15,323	30.537
III. Total Capital Expense	0	0	0	0		0
IV. Total Indirect Expense	154,038	9,495	23,141	121,402		121.402
V, Total Other Expense	200	16	27	394		394
Budget Grand Total	558,853	50,905	143,750	754,137	252,871	501.268

	Cal 1 = Cal 2+3+4	Straight CCS	OTLICE	Medi-Cal (non	Medi-Cal (non-OTLICP) (Column 4 = Columns 5 + 6)	:alumns 5 + 6)
Column	-	2	3	4	5	9
Source of Funds	Total Budget	Straight CCS County/State (50/50)	Optional Targeted Low Income Children's Pregram (OTLICP) County/State/Fed (11,75/11,75/16,5)	Medi-Gal State/Federal	Enhanced Medi-Gal State/Federal (25/75)	Non-Enhanced Medi- Cal State/Federal (50/50)
Siralghi CCS						
State	29,492	29.492				
County	29,493	29.493				
oTLICP						
State	16.891		16.891			
County	16,891		16,891			
Federal (Title XXI)	109,968		109,958			
Medi-Cal						
State	313,851			313.851	63.218	250 633
Federal (Title XIX)	440,286			440 286	180 643	150 030

Suzanne jacobson@sbcphd.orq	Tanesha castaneda@sbcphd.org
Email Address	Enail Address
Suzanne Jacobson	Tanezha Gasianeda
Prepared By (Printed Name)	CCS Administrator (Printed Name)
Prepared By (Signalure)	CCS Administrator (Signature)

Sisio of Collonis – Mosili and Human Services Agency Revised 2110/20

CGS CASELOAD	Actual Cascload	Percent of Total CCS Caseload
STRAIGHT CCS . Total Casas al Open (Aciva) Straight CCS Children	135	6,16%
OTLICP. Tolal Cases of Open (Active) OTLICP Children	329	15.02%
MEDI-CAL - Total Cases of Open (Active) Medi-Cal (<u>tea-</u> OTLICP) Children	1726	76.81%
TOTAL CCS CASELOAD	2190	100%

CCS Administrative Baseline Budget Worksheet

2020-21 Fiscal Year: Santa Barbara County:

Column		-	2	0	44	**	SA	5	V9	9	٧,	7	98	
Galegory/Line Hem		% FTE.	Annual Salary	Total Budget (1 x 2 or 4 + 5 +6 }	Caseload 74	Straight CCS County/State (50/50)	Castloss "	Optional Targeted Low Income Childron's Program (OTLICP) ColState/Fed (11,7511,75776,5)	Gaseload !!	Medi-Cal State/Federal	Enlanced % FTE	Enhanced Redi-Gal State/Federal (25/75)	Hon. Enhanced 15 FTE	Non-Enhanced Medi-Cal State/Federal (50150)
otal Salaries and Wages				461,960	6,16%	29,710	15.02%	72,404	78.81%	379.045	40.50%	153 852	40 5027	100 300
laif Benefils (Specify %)	54,40%			262,186	6.16%	16,162	15,02%	39.388	L	206 636		202.0		000,000
Total Personnel Expense				744,146	6.16%	15,072	15,02%	111,792	78.81%	586.681		020,00	= -	122,940
. Operaling Expense					,							0.5,752		346,933
1. information Technology				30,000	6.16%	1,849	15.02%	4,507	78.01%	23,644	40.50%	9 577	50 50%	730 %
2. Totaphone/Communication			300 Sec. 1	18,000	6,16%	1,110	15,02%	2,704	78.61%	14,186	40.50%	5.746	59,50%	100,41
3. Office expense, Itavel, other expenditures		18 to	to the same	10,189	6.16%	629	15,02%	1,531	78,61%	8,030			100 00%	0000
4,			State California		6.16%	0	15.02%	0	78.81%	0			100 00%	000
5,		1500			6,16%	0	15.02%	0	78.81%	0	-		100,00%	> 6
6.			1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		6.16%	0	15.02%	0	78,81%	0		T	100 001	
7.					6,16%	0	15.02%	0	78,81%	0			100.00	2 6
Total Operating Expense				58,109		3.587		57.42		35 860		400.00	100.00.18	9
. Capital Expense						7.7				Octo Cr		15,353	1.	30,537
1,					6.15%	0	15.02%		78 81%					
2.					6.16%	0	15.02%		78.0152	3 6	T		1	0
3.					6,16%	0	15.02%		78.81%	0 0				٥
. Tatal Capital Expense		,		0		0				,				٥
, Indirect Expense								,		> -				0
1. Indirect Cost Rate	20.70%	3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		154,038	6,16%	9,495	15,02%	23,141	78.81%	121,402			100.00%	121.402
4				٥	6.16%	0	15.02%	0	78.81%	o			100,001	0
. Total indirect expanse			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	154,038		9,495		23,141		121,402				121.402
Olher Expense				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
1. Maintenance & Transpariation				200	6,16%	31	15,02%	75	78,91%	394			100 00%	100
2.					6.16%	0	15.02%	0	78,81%	0			10000	780
3.					6,16%	0	15.02%	0	78,81%	0			100 000	
Α,					6,16%	0	15.02%	0	76,61%	0			100 00%	
5.					6.16%	0	15.02%	0	78.81%	0			100 00%	2 6
ו פוטו שו האסטינים				200		31	77.7	75		394			1	706
udget Grand Total				856,873		586,85		143,750		754,137		252.871		501 26R

(805) 581-5183 Phone Number	(805) 692-5793 Phone Number
107772020 Date Prepared	Daile Signed
Suzanna Jacousan Prapsied By (Printed Name)	Tangala Gastaneda CCS Administrator (Printed Name)
Prepared By (Signoture)	CCS Administrator (Signature)

State of California – Health and Human Services Agency Revised 2/10/20

CCS CASELOAD	Actual Caseload	Percent of Total CCS Caseload
STRAIGHT CCS. Total Cases of Open (Activa) Straight CCS Children	135	6.16%
OTLICP . Total Cases of Open (Active) OTLICP Citildren	329	15.02%
MEDI-CAL. Tatal Casas of Opon (Active) Medi-Cal (<u>Inon</u> -OTLICP) Children	1726	78.81%
TOTAL CCS CASELOAD	2150	100%

CCS Administrative Baseline Budget Worksheet

2020-21 Fiscal Year:

County:

Santa Barbara

					Stra	Straight CCS	Optional T Children's	Optional Targeted Law Income Children's Program (OTLICP)			steds-Cal	Medi-Cal (Non-OTLICP)		
Column		1	2	3	٧÷	7	5A	5	6A	9	7.A	7	8A	8
Category/Line Item		% F7E	Annual Salary	Total Budgel (1 x 2 of 4 + 5 +6)	Caseload 12	Straight CCS County/State (\$0/50)	Caseload %	Optional Targeted Low Income Children's Program (OTLICP) ColStatelFed (11.75/11.75/16.5)	Cassioad %	Kedi-Cal StotelFederal	Enhanced !; FTE	Enhanced Medi-Cal State/Federal (25/75)	Ron. Enhanced % FTE	Non-Enhanced Medi-Cal State/Federal (50/50)
rotal Sataties and Wagos				481,560	6.16%	29,710	15.02%	72,404	70,81%	379,645	40.50%	153,852	59.50%	225.993
	54.40%			262,186	6.16%	16,162	15,02%	39,388	78.81%	205,638		93,696		122.940
. Total Personnel Expensa				744,146	6.16%	45,672	15,02%	111,792	78.81%	586,481		237.548		348 933
II. Operating Expense		療される												
1. Information Tachnology				30,000	6,16%	1,649	15,02%	4,507	75.81%	23,644	40,59%	9,577	59,50%	14,057
2. Tolephone/Communication		A 18 18 18 18		18,000	6,16%	1,110	15.02%	2,704	78.81%	14,186	1	5,746	59.50%	0.440
3. Office expense, Iravel, other expenditures			1.50	10,189	6,16%	628	15.02%	1,531	78,81%	8,039	نال		100,00%	8 030
4,		Section of the second	100		6,16%	0	15.02%	0	78.81%	0			100.001	0
5,					6.10%	0	15.02%	0	78.81%	0			100.00%	C
Ġ,			がは、後には		6,16%	0	15.02%	0	1_	0			100.00%	
7.		(1 to 10 b)			6.16%	O	15.02%	Q	1_	0			100,00%	0
II. Totol Operating Expense			The Section of the	58,189		3,587		8,742		45,850		15 323	11,000	10 617
III. Capital Expense														in the second
1.					6.16%	0	15.02%	0	78.81%	0				-
2,					6.16%	0	15.02%	0	1	0				
3.					6.16%	0	15,02%	0	1	0				
III. Total Capital Expense				0		0		0	4	C				
IV. Indirect Expense		Mary Mary												>
1, Indirect Cost Rate	20.70%			154,038	6.16%	9,495	15.02%	23,141	70.01%	121,402			100 001	121,402
				0	6.16%	O	15,02%	0	78.01%	0			100.00%	0
IV. Total Indirect Expense			400	154,038		561,6		23,141	2.5	121,402				121.402
V. Other Expense			A 11 TO THE		1.300	13								
1. Maintonance & Transportation				500	6.16%	15	15.02%	75	78.81%	394			100,001	394
2.					6.16%	0	15.02%	0	78.81%	0			100.00%	0
3.		Sec. 2. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.			6.16%	0	15.02%	0	78.81%	0			100.00%	0
4.					6.16%	0	15,02%	Q	78.81%	0			100,001	0
5					5.16%	0	15.02%	О	78.81%	0			100.00%	0
V. Total Other Expense				200		31	The section was	75		394				394
Budget Grand Total				956,873	1 2000	58,985		143,750		754,137		252,871		501,266

(805) 681-5183	(605) 632-5793
Prone fsurfuer	Priene Number
1977/2020 Dale Prepared	Dale Signed
Suzanne Jacobson	Tanesha Castaneda
Prepared By (Printed Name)	CCS Administrator (Printed Nams)
Prepared By (ऽधूनवधरा०)	CCS Administrator (Signature)



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

02/14/2020 THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER. IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s). PRODUCER 916-630-Brown & Brown Insurance Brokers of Sacramento, Inc. PHONE (A/C, No, Ext): E-MAIL ADDRESS: (800) 228-3380 FAX (A/C, No): (800) 783-0083 5750 West Oaks Blvd, Suite 140 MSurance To bbsocramento. con INSURER(S) AFFORDING COVERAGE Rocklin CA 95765 U.S. Specially Insurance Company INSURER A: INSURED INSURER B Affordable Painting Company And Design INSURER C P.O.Box 564 INSURER D INSURER E Los Alamos CA 93440 INSURER F COVERAGES CL2012262154 CERTIFICATE NUMBER: **REVISION NUMBER:** THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. ADDLISUBR INSD WVD POLICY EFF POLICY EXP (MM/DD/YYYY) (MM/DD/YYYY) NSR TYPE OF INSURANCE POLICY NUMBER LIMITS COMMERCIAL GENERAL LIABILITY 1,000,000 EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) CLAIMS-MADE X OCCUR 100,000 5,000 MED EXP (Any one person) Α Υ U19AC9359703 08/05/2019 08/05/2020 1,000,000 PERSONAL & ADV INJURY GEN'L AGGREGATE LIMIT APPLIES PER: 2,000,000 GENERAL AGGREGATE POLICY X PRO-LOC 2.000.000 PRODUCTS - COMP/OP AGG OTHER AUTOMOBILE LIABILITY COMBINED SINGLE LIMIT (Ea accident) ANY AUTO BODILY INJURY (Per person) OWNED AUTOS ONLY HIRED AUTOS ONLY SCHEDULED AUTOS NON-OWNED AUTOS ONLY BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) s UMBRELLA LIAB OCCUR EACH OCCURRENCE **EXCESS LIAB** CLAIMS-MADE AGGREGATE DED RETENTION S WORKERS COMPENSATION PER STATUTE AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? E.L. EACH ACCIDENT N/A (Mandatory in NH) E.L. DISEASE - EA EMPLOYEE If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Certificate holder is included as Additional Insured under Commercial General Liability policy per endorsements CG 20 10 07 04 and CG 20 37 07 04.

CERTIFICATE HOLDER		CANCELLATION
 Santa Barbara Public County Health Department 300 N San Antonio Road 		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Building 8		AUTHORIZED REPRESENTATIVE
Santa Barbara	CA 93110	