## THE BOARD OF SUPERVISORS OF THE COUNTY OF STANISLAUS ACTION AGENDA SUMMARY

DEPT:	HEALT	ΓΗ SERVI	CES AGEN	CY	.,	BOARD AGEND	A #	*B-4	
	Urgen	it	Routine	X		AGENDA DATE	-	August 28	3, 2001
CEO Concur	-		endation	YES_O	NOion Attached)	4/5 Vote Re			NO
SUBJECT:	FAMII	LY HEAL RACEPT	TH COUN	CIL,TIT	LE X,TO ENH.	NG FROM THE C. ANCE OUTREACI ND WOMEN IN ST	H AN	D BASIC	
STAFF RECOMMEN- DATIONS:	1.	STANIS PLANNI APPROV AND A	LAUS CC NG PROG /AL FOR I CCEPT	OUNTY H GRAM, FO HSA MA THE A	IEALTH SERV OR REMAIND NAGING DIRI DDENDUM T	ENHANCEMENT ICES AGENCY (F ER OF CALENDE ECTOR OR HER D O THE BASIC E TITLE X FUND	ISA), R YE ESIG CON	FAMILY AR 2001. NEE TO S TRACEPT	SIGN TIVE
FISCAL IMPACT:	augme to \$193 budget	ent the basing 3,317.00 for the state of the	ic contrace for calenda cally, the T	ptive serv r year 200 itle X Gra	vices contract by 01. This has be	provide enhancemy \$25,317.00, raising en included in Fiscalaries and benefits a County.	g the al Yea	total contr r 01-02	
BOARD ACT	CION AS	FOLLOWS	 S:			<b>No.</b> 20	001-63	. <b></b> 34	
and appro Ayes: Sur Noes: Sur Excused o	oved by pervisor pervisor or Abse g: Supe Appro Denie	rs: None nt: Superv rvisor: No oved as re	ing vote, d, Blom, Sin risors: <u>Non</u> ne commende	non, Carus	so, and Chair Par	conded by Supervis			

ATTEST: CHRISTINE FERRARO TALLMAN, Clerk

File No.

040.00

SUBJECT: APPROVAL TO ACCEPT ADDITIONAL FUNDING FROM THE

CALIFORNIA FAMILY HEALTH COUNCIL, TITLE X, TO ENHANCE OUTREACH AND BASIC CONTRACEPTIVE SERVICES TO MEN

AND WOMEN IN STANISLAUS COUNTY.

PAGE 2

DISCUSSION:

The California Family Health Council, a non-profit California corporation, disperses Federal Title X dollars through yearly contracts to delegate family planning agencies. The contract allows the Health Services Agency to continue providing subsidized family planning services to approximately 15,000 low income men and women in Stanislaus County.

The enhancement funding for the remainder of calendar year 2001 is for the following:

\$6,014.00 is an increased allocation given to support administrative activities for the Family Planning Program. This allocation increase is due to the increase in clients seen within the HSA system ,specifically for family planning services.

\$19,303.00 is specifically targeted for male services, which is inclusive of outreach education and clinical services. This funding is a core component for male responsibility initiatives.

POLICY ISSUES:

Board of Supervisors approval will allow the HSA to continue to broaden access and deliver high quality family planning services to the men and women in Stanislaus County and supports the Board priority of a safe and healthy community.

STAFFING IMPACT:

None.

#### CALIFORNIA FAMILY HEALTH COUNCIL, INC.

2001 Title X
Family Planning Program
Contract
Amendment Number 01

The 2001 Title X Family Planning Program Contract referenced above for January 1, 2001 to December 31, 2001 between **Stanislaus County Health Services Agency** and the California Family Health Council, Inc. (CFHC) is hereby amended as follows:

#### Consideration

1. The dollar allocation is increased to reflect revised CFHC allocations as follows:

\$ 6,014 for Basic Contraceptive Services \$19,303 for Male Services

2. The following shall serve as a replacement for Section II. STATEMENT OF WORK

#### II. STATEMENT OF WORK:

The funding under this contract shall be used for family planning services. Services provided hereunder by Contractor are hereinafter referred to as "Family Planning Services". The program for providing Family Planning Services hereunder shall hereinafter be referred to as the "Family Planning Program". Family planning means the process of establishing objectives for the number and spacing of children, and selecting means by which those objectives may be achieved. Family planning Services provided hereunder exclude abortions and services ancillary to abortion as provided in section XVI herein. The Contractor shall in a satisfactory and proper manner as determined by CFHC perform the functions and services described in Exhibit A, which is attached to the original contract, and Exhibit A-1, Statement of Work for additional services and/or allocations which is attached and incorporated herein by reference.

3. The following shall serve as a replacement for Section III.CONSIDERATION:

#### III. CONSIDERATION:

The Contractor shall be compensated for services performed under this contract and paid for such services as set forth in Exhibit B, Agency Budget,

and Exhibit B-1, Budget for additional services and/or allocations which is attached hereto and incorporated herein by reference.

Payment to the Contractor under the terms of this contract will be made based on submission of actual expenditures and shall be subject to the timely receipt of funds from the funding source, the timely submission to CFHC by the Contractor of the financial and performance reports required herein, the timely submission to CFHC by the Contractor of reports, surveys, or questionnaires as may from time to time be required, and timely receipt by CFHC of complete and accurate invoices from the Contractor.

The total amount committed to the programs under this contract is \$1,386,052.

The maximum obligation of CFHC for payments due under this contract shall not exceed the amount of \$192,050. The contractor is responsible for providing the funds, goods, and services identified as "Applicant and Other" in Exhibit B of the Master Contract and Exhibit B-1, Budget for additional services and/or allocations.

The total dollar commitment is allocated as follows:

CFHC maximum obligation for Basic Contraceptive Services	\$172,747
Third Party Basic Contraceptive Services	\$1,194,002
Total Basic Contraceptive Services	\$1,366,749
Male Services	\$19,303
Total Title X Contract amount	<u>\$1,386,052</u>

It is mutually understood between both parties that the Contractor will expend no less than twenty-five percent (25%) of the Basic Contraceptive Services funds allocated in this contract for Special Population Projects and no less than ten percent (10%) of the Basic Contraceptive Services funds for Partnering Projects.

An indirect cost allowance (ICA) is permitted only where an agency has a rate negotiated with the Department of Health and Human Services (DHHS). The

maximum permitted to be charged to CFHC is 20% of the amount requested from CFHC in the Personnel Cost category. If the amount negotiated with DHHS is less than the CFHC maximum, the amount allowable is limited to the amount allowed by DHHS.

All Family Planning Program related income, whatever the source, received by the Contractor is committed to the Family Planning Program and requires CFHC expenditure approval, either in the attached Exhibit B, or by subsequent budget modification. Program Income is subject to Code of Federal Regulations Title 45, Part 74.24 (b).

4. The following shall serve as an addition to Section V. REPORTING REQUIREMENTS:

REPORT TITLE	FREQUENCY OF SUBMISSION	DUE DATE
Male Services Progress Report Submitted to the attention of: Maryjane Henning Director of Provider Services	Quarterly	30th of the month following the period reported. For January, February and March DUE: April 30  for April, May and June DUE: July 30  for July, August and September DUE: October 30
		for October, November and December DUE: January 30, 2002
Male Services Statement of Revenue and Expenditure Report  Submitted to the attention of Richard Reetz	Quarterly	17th of the month following the period reported For January, February and March <b>DUE: April 17</b>

REPORT TITLE	FREQUENCY OF SUBMISSION	DUE DATE
Finance Department		for April, May and June <u>DUE: July 17</u> For July, August and September <u>DUE: October 17</u> for October, November and
		December  DUE: January 17, 2002

All clients that are served as a result of this funding must be reported on the Basic Contraceptive Services Quarterly Progress Report.

5. Contractor will be reimbursed for any expenses incurred by these allocations as follows:

Basic Contraceptive Services – in accordance with reimbursement procedures established in the Master Contract.

Male Services - Quarterly based on receipt of an acceptable Statement of Revenue and Expenditure Report. Any expenses for Male Services may have been incurred retroactive to, but not before, January 1, 2000.

The Statement of Revenue and Expenditure Report must be based on the approved line items in the attached appropriate Budget.

- 6. All allowable expenses must be incurred by December 31, 2001.
- 7. Procurement and maintenance of equipment must be in accordance with Federal Regulation Title 45, Part 74, OMB Circulares A-21, A-122, and A-87, and Contractor will maintain appropriate inventory records.
- 8. It is understood that expenditures incurred under this amendment must be combined with expenditures incurred under the master contract for the

Stanislaus County Health Services Agency

2001 Family Planning Program Contract Amendment Number 01

purpose of preparing the Family Planning Annual Report and the Financial Status Report.

9. All other terms and provisions of said agreement shall remain in full force and effect. The effective date of this amendment shall be June 1, 2001.

CONTRACTOR:	GRANTEE:
Stanislaus County Health Services Agency	California Family Health Council, Inc. Margie Fites Seigle, CEO
Ву:	Ву:
Typed Name: Title:	Date
Date:	Date:

### **Male Services Program** Statement of Work January 1, 2001 to December 31, 2001

Agency Name: Stanislaus County

Goal A: To increase the number of males served by 10% over those served during CY 2000 through outreach, marketing, and clinical service delivery, by December 31, 2001

Objective	Activity	Person (s) Responsible	Evaluation
1. Agency will develop, add, or maintain their current outreach strategy in order to reach (1500) males.	<ul> <li>a. Create or maintain male outreach strategies, Such as:</li> <li>Hire and train outreach worker(s)</li> <li>Create a local marketing campaign</li> <li>Develop web based information and education for male services</li> <li>Television, radio, or billboard marketing</li> <li>Incentives program</li> <li>b. Develop tracking mechanism to record outreach contacts</li> </ul>	PROGRAM DIRECTOR	<ul> <li>Narrative description of implementation of outreach strategies will be submitted with the Quarterly Progress Report</li> <li>Maintain and submit documentation of the progress with outreach efforts on the Quarterly Progress report</li> </ul>
	c. Reach (1500) males through outreach		Attendance at the regional workshop
	d. Attend regional workshops on strategy development for male services.		

## Male Services Program Statement of Work January 1, 2001 to December 31, 2001

Agency Name: Stanislans Courty

Goal A: To increase the number of males served by 10% over those served during CY 2000 through outreach, marketing, and clinical service delivery, by December 31, 2001.

Objective	Activity	Person (s) Responsible	Evaluation
2. Agency will provide male oriented materials to clients throughout CY 2001	<ul> <li>a. Select materials from CFHC list or use own materials. If using materials that are not on CFHC list, submit samples of other materials to be used</li> <li>b. Order and distribute materials within clinic and community</li> </ul>	CLINIC AND OUTREACH STAFF	<ul> <li>Maintain catalog of male educational materials purchased</li> <li>Submit quarterly estimation with the Quarterly Progress Report of the number of educational brochures distributed</li> </ul>
3. Agency will increase male services by 10% over those served in CY 2000	<ul> <li>a. Provide male medical services such as:</li> <li>Complete male physical exams</li> <li>STD screening / testing and treatment</li> <li>Sexual reproductive health counseling and education</li> </ul>	CLINIC STAFF	A 10 % increase in male clients served as reported on the Quarterly Progress Report

#### CALIFORNIA FAMILY HEALTH COUNCIL FAMILY PLANNING BUDGET "SUMMARY"

Exhibit B-1

Delegate Agency:

**Stanislaus County** 

Date: 07/06/01

Budget Period:	udget Period:		Total	Sources	unds	
From:	01/01/01		Amount	Applicant		Allocated
To:	12/31/01		Required	and Other		from CFHC
1. Personnel Services		\$	981,479、	\$ 815,479	\$	166,000
2. Patient Care			93,960	93,960		
3. Equipment			-			
4. Other Cost			291,310	284,563		6,747
Total Cost		\$	1,366,749	\$ 1,194,002	\$	172,747

Sources of Funds:		Amount
A. Applicant Funds	\$ -	
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B. Other Sources (identify each separately)	\$ -	
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C. Program generated revenues (Medi-Cal, Patient fees, & other third party income)	\$ 1,366,749	
	\$ 1,300,749	\$ 1,366,749
1. SOFP, MediCal, Patient Fees and Other third party income		\$ 1,300,749
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Total Sources of Funds		\$1,194,002

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Prepared by:

Cynthia A. Coit

Date: **08**/

Date:

08/16/00

#### CALIFORNIA FAMILY HEALTH COUNCIL FAMILY PLANNING BUDGET "BY PROJECTS SUMMARY"

Delegate Agency:

**Stanislaus County** 

Date: 07/06/01

Budget Period:			Total	Sources of Funds		<b>Funds</b>	
From:	01/01/01		Amount		Applicant		Allocated
To:	12/31/01		Required		and Other		from CFHC
1. Basic Contraceptive Ser	vices						
A. Medical Services ( B	CS)	\$	888,387	\$	776,101	\$	112,286
B. Special Population P	roject		341,688		298,501		43,187
C. Partnering Project			136,674		119,400		17,274
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			4.000.710	_	4.404.655	_	470.747
Total Cost		\$	1,366,749	\$	1,194,002	\$	172,747

Prepared by:	Cynthia A. Coit	Date:	08/16/00
	:		

Date:

Annroved hv

## CALIFORNIA FAMILY HEALTH COUNCIL FAMILY PLANNING BUDGET DETAIL "PHYSICIAN & OTHER MEDICAL SPECIALIST"

Delegate Agency:

**Stanislaus County** 

Date:

Detail Budget for this Peri	iod:	Enter	Enter	Enter	Total		Sources	of Funds	
From:	01/01/01	Yearly		Position %	Amount	I.D.	Applicant	Allocated	I.D.
To:	12/31/01		# of Mos.	of Time	Required	Code	& Other	From CFHC	Code
1. PERSONNEL SERVIC	ES:								
1.1 Medical Services Pers	sonnel								
A. Primary Care Physicia	an								
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B. Other Medical / Surg	ical Specialist								
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Sub-Total ( This Pa	ge Only )		1		\$ -		-	- \$	

## CALIFORNIA FAMILY HEALTH COUNCIL FAMILY PLANNING BUDGET DETAIL "MIDLEVEL PRACTITIONERS"

Delegate Agency:

**Stanislaus County** 

Date:

Detail Budget for this Per	iod:	Annual	Number	%	Total		Sources	of Funds	
From:	01/01/01	Salary	Of	Of	Amount	I.D.	Applicant		I.D.
То:	12/31/01	Amount	Months	Time	Required	Code	& Other	From CFHC	Code
1. PERSONNEL SERVIC									
1.1 Medical Services Per									
C. Midlevel Practitione	rs								
Midlevel Practitioner	-	\$ 64,480	12	445.00%	\$ 286,936		\$ 172,306	\$ 114,630	
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Sub-Total ( Midlevel )	Practitioners )		F.T.E.>	4.45	\$ 286,936		\$ 172,306	\$ 114,630	

## CALIFORNIA FAMILY HEALTH COUNCIL FAMILY PLANNING BUDGET DETAIL "NURSES & MEDICAL SUPPORT"

Delegate Agency:

**Stanislaus County** 

Date:

Detail Budget for this Period:	Annual	Number	%	Total			Sources	of Fu	nds	
From: 01/01/01	Salary	Of	Of	Amount	I.D.	A	pplicant	All	ocated	I.D.
To: 12/31/01	Amount	Months	Time	Required	Code	8	Other	Fron	n CFHC	Code
1. PERSONNEL SERVICES:										
1.1 Medical Services Personnel										
D. Nurses										
1. Nurses	\$ 33,510	12	220.00%	\$ 73,722		\$	55,964	\$	17,758	
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Sub-Total - Nurses.		F.T.E. >	2.20	\$ 73,722	-	\$	55,964	\$	17,758	┨
E. Medical Support										
Medical Assistants	\$ 21,972	12	100.00%	\$ 21,972		\$	12,785	\$	9,187	1
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> Sub-Total - Medical Support		F.T.E. >	1.00	21,972	$\exists$		12,785	1	9,187	1
Sub-Total - Medical Support										
Sub-Total (This Page Only )		F.T.E. >	3.20	\$ 95,694		\$	68,749	\$	26,945	

## CALIFORNIA FAMILY HEALTH COUNCIL FAMILY PLANNING BUDGET DETAIL "MEDICAL SUPPORT (continued)"

Delegate Agency:

**Stanislaus County** 

Date:

Detail Budget for this Period:	Enter	Enter	Enter	Total			of Funds	
From: 01/01/01	Yearly		Position %	Amount	LD.		Allocated	I.D.
To: 12/31/01	Salary	# of Mos.	of Time	Required	Code	& Other	From CFHC	Code
1. PERSONNEL SERVICES:								
1.1 Medical Services Personnel								
E. Medical Support (continued)								
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## CALIFORNIA FAMILY HEALTH COUNCIL FAMILY PLANNING BUDGET DETAIL "OTHER HEALTH PERSONNEL"

Delegate Agency:

**Stanislaus County** 

Date:

Detail Budget for this Period:	A	nnual	Number	%		Total			Sources	of Fu	ınds	
From: 01/01/01 To: 01/01/01		Salary .mount	Of Months	Of Time		amount equired	I.D. Code		plicant Other		located m CFHC	I.D. Code
1. PERSONNEL SERVICES:												
1.2 Other Health Personnel												
A. Other Health - Clinical												
Community Health Worker II	\$	17,202	12	100.00%	\$	17,202				\$	17,202	
3. Community Health Worker III		28,891	12	100.00%		28,891			21,668		7,223	
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Sub-Total - Other Health			F.T.E. >	2.00	Þ	46,033		The state of the s	21,000	*	24,420	
B. Other Health - Educators						00.404			20.424			
Health Educators	\$	32,052	12	123.00%	\$	39,424 -		\$	39,424			
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Sub-Total - Other Health			F.T.E. >	1.23		39,424			39,424		·	_
Sub-Total (This Page Only )			F.T.E. >	3.23	\$	85,517	'	\$	61,092	\$	24,425	5

## CALIFORNIA FAMILY HEALTH COUNCIL FAMILY PLANNING BUDGET DETAIL "LABORATORY & PHARMACY"

Delegate Agency:

## **Stanislaus County**

Date:

Detail Budget for this Period:		Enter	Enter	Enter	Total		Sources	of Funds	
	1/01/01	Yearly	Position	Position %	Amount	I.D.	Applicant		I.D.
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1. PERSONNEL SERVICES:				,					
1.3 Ancillary Services Person	inel								
A. Laboratory Staff									
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B. Pharmacy Staff									
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## CALIFORNIA FAMILY HEALTH COUNCIL FAMILY PLANNING BUDGET DETAIL "CLINICAL OVERHEAD PERSONNEL"

Delegate Agency:

**Stanislaus County** 

Date:

Detail Budget for this Period:	Annual	Number	%	Total		Sources	of Funds	
From: 01/01/01	Salary	Of	Of	Amount	I.D.	Applicant	Allocated	I.D.
To: 12/31/01	Amount	Months	Time	Required	Code	& Other	From CFHC	Code
1. PERSONNEL SERVICES:								
1.4 Clinical Overhead Personnel								
A. Administration								
1. Manager	\$ 63,294	12	100.00%	\$ 63,294		\$ 63,294		
> 3. Clerical	26,585	12	479.06%	127,358		127,358		
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Sub-Total (This Page Only)		F.T.E. >	5.79	\$ 190,652		\$ 190,652	-	<u></u>

# CALIFORNIA FAMILY HEALTH COUNCIL FAMILY PLANNING BUDGET DETAIL "CLINICAL OVERHEAD PERSONNEL (Continued)"

Delegate Agency:

**Stanislaus County** 

Date:

Detail Budget for this Per	iod:	Enter	Enter	Enter	Total		Sources	of Funds	
From:	01/01/01	Yearly	Position	Position %	Amount	I.D.	Applicant	Allocated	I.D.
То:	12/31/01	Salary	# of Mos.	of Time	Required	Code	& Other	From CFHC	Code
1. PERSONNEL SERVIC	CES:								
1.4 Clinical Overhead Pe									
A. Administration ( Cor	ntinued)								
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### CALIFORNIA FAMILY HEALTH COUNCIL FAMILY PLANNING BUDGET DETAIL "FRINGE BENEFITS"

Delegate Agency:

**Stanislaus County** 

Date:

Detail Budget for this Period:	:	Annual	Total	Total		Sources	of Funds	
From:	01/01/01	Salary	Budget	Amount	I.D.	Applicant	Allocated	I.D.
To:	12/31/01	Amount	F.T.E.	Required	Code	& Other	From CFHC	Code
1. PERSONNEL SERVICES	:							
1.5 Fringe Benefits								
A. Personnel Summary Cost	t							
1. Primary Care Physician		\$ -		\$	-			
2. Other Medical /Surgical	Specialist	-			-			1
3. Midlevel Practitioners		286,936	4.45	286,9		172,306	114,630	1
4. Nurses		73,722	2.20	73,7	1	55,964	17,758	
5. Medical Support		21,972	1.00	21,9		12,785	9,187	
6. Other Health - Clinical		46,093	2.00		1	21,668	24,425	1
7. Other Health - Educators	S	39,424	1.23	39,4	24	39,424		
8. Laboratory		-			-			
9. Pharmacy		400.050	£ 70	400.0	-	400.050		
10. Administration		190,652	5.79	190,6	52	190,652		
11. Facility		-	16.67	658,7	-	6 400 700	\$ 166,000	┨
P. Frings Danofits Dates Ar	mliad	-	10.07	030,7	99	\$ 492,799	\$ 166,000	-
B. Fringe Benefits Rates Ap	philed	7.87%		51,8	47	51,847		1
S.U.I.	[	0.83%		5,4		5,468		1
Workers Compensation	l	3.33%		21,9		21,938		
Medical & Dental		8.26%		54,4		54,417	-	
Retirement	1	7.91%		52,1		52,111		1
Other - Vac, Sick and Ho	liday	17.71%		116,6		116,673		
Other - Deferred Comp	, nauj	2.95%		19,4	1	19,435		
Family Employee Assista	nce	0.12%			91	791		
Sub-Total - Fringe Benef		48.98%		\$ 322,6		\$ 322,680	\$ -	]
C. Fringe Rate Adjustments								
(Reductions Only)					ļ		1	
1. Primary Care Physician				\$	-			
2. Other Medical /Surgical	Specialist				-			
3. Midlevel Practitioners	•				-			
4. Nurses					-			
5. Medical Support					-   -			
6. Other Health - Clinical	ļ			]	- ]			
7. Other Health - Educator	s				-			
8. Laboratory	1				- }		}	
9. Pharmacy					-			1
10. Administration	1			l	-	Į		
11. Facility					-			
Sub-Total - Fringe Adjus	stments			\$	彐	\$ -	\$ -	1
			16.67	\$ 981,4	179	\$ 815,4 <b>7</b> 9	\$ 166,000	-
Total Personnel Service	es Cost 👉 🕖		10.07	φ <del>9</del> 01,4	13	φ 015,4/9	φ 100,000	

## CALIFORNIA FAMILY HEALTH COUNCIL FAMILY PLANNING BUDGET DETAIL "CLINICAL SERVICES"

Delegate Agency:

## **Stanislaus County**

Date:

Detail Budget for this Period:	Annual	Number	%	Total		Sources	of Funds	
From: 01/01/01	Services	Of	Of	Amount	I.D.	Applicant	Allocated	1.D.
To: 12/31/01	Amount	Months	Time	Required	Code	& Other	From CFHC	Code
2. PATIENT CARE:								
2.1 Clinical Services								
								1
Physician Fees	\$ 37,385	12	100.00%	\$ 37,385		\$ 37,385		
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- Sub-Total (Clinical Services)		F.T.E. >	1.00	\$ 37,385	1	\$ 37,385	\$ -	T

## CALIFORNIA FAMILY HEALTH COUNCIL FAMILY PLANNING BUDGET DETAIL "LABORATORY SERVICES"

Delegate Agency:

**Stanislaus County** 

Date:

Detail Budget for this Period	d:		4	1	[otal				of Fun		
From:	01/01/01				mount	I.D.	App	plicant	Alloc		I.D.
	12/31/01			Re	quired	Code	& ·	Other	From C	FHC	Code
. PATIENT CARE:											
2.2 Laboratory Services											
I. Laboratory Services				\$	56,575		\$	56,575			
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Sub-Total (Laboratory	/ Services )	4.5		\$	56,57	5	\$	56,57	5 \$		

## CALIFORNIA FAMILY HEALTH COUNCIL FAMILY PLANNING BUDGET DETAIL "MEDICAL EQUIPMENT"

Delegate Agency:

**Stanislaus County** 

Date:

Detail Budget for this Period:	Total			of Funds	
From: 01/01/01 To: 12/31/01	Amount Required	I.D. Code	Applicant & Other	Allocated From CFHC	I.D. Cod
3. EQUIPMENT:					
3.1 Medical Equipment	4				
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Sub-Total (Medical Equipment )	\$	•	\$ -	\$ -	<u>. L _ </u>

## CALIFORNIA FAMILY HEALTH COUNCIL FAMILY PLANNING BUDGET DETAIL "CONSULTANTS & MEDICAL SUPPLIES"

Delegate Agency:

**Stanislaus County** 

Date:

Detail Budget for this Per	etail Budget for this Period:		T	otal	Sources of Funds					
From:	01/01/01		An	nount	I.D.	Applicant	Allocated	I.D.		
To:	12/31/01		Rec	quired	Code	& Other	From CFHC	Code		
4 OTHER COSTS										
4. OTHER COSTS:			İ							
4.1 Consultant Expense										
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Sub-Total - Consultar	nt Expense		\$	-	1	\$	- \$ -	-		
4.2 Medical Supplies										
1. Medical Supplies			\$ 1	58,322		\$ 158,322	2			
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Sub-Total - Medical S	Supplies		\$ 1	58,322		\$ 158,32	2 \$ -	4		
		olies )	\$ 1	58,322	-	\$ 158,32	1	+		

### CALIFORNIA FAMILY HEALTH COUNCIL FAMILY PLANNING BUDGET DETAIL "OFFICE & HEALTH EDUCATION SUPPLIES"

Delegate Agency:

**Stanislaus County** 

Date:

Detail Budget for this Period:	Total	Sources of Funds					
From: 01/01/01	Amount	1.D.		pplicant		ocated	i.D.
12/31/01	Required	Code	8	Other	From	CFHC	Code
I. OTHER COSTS:							
4.3 Office Supplies							
Office Supplies	\$ 14,302		\$	13,569	\$	733	
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> Sub-Total - Office Supplies	\$ 14,302	-	\$	13,569	\$	733	1
4.4 Health Education Supplies		1					1
Health Education Supplies	\$ 2,175	1	\$	2,175			
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Sub-Total - Health Education Supplies	\$ 2,175		\$	2,175	\$		4
					1		
	\$ 16,477	,	\$	15,744	\$	733	+
Sub-Total (Office & Health Education Supplies )	Ψ 10,4/ <i>1</i>		1 4	13,144	Ψ	7 30	

## CALIFORNIA FAMILY HEALTH COUNCIL FAMILY PLANNING BUDGET DETAIL "UTILITIES/ COMMUNICATIONS & TRAVEL"

Delegate Agency:

**Stanislaus County** 

Date:

Detail Budget for this Period:		Te	otal	Sources of Funds					
From:	01/01/01		ount	1.D.		plicant	Allocated	1.D.	
To:	12/31/01	Req	uired	Code	&	Other	From CFHC	Code	
4. OTHER COSTS:									
4.5 Utilities & Commun	nications								
1. Utilities		\$	5,000		\$	5,000			
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>   Sub-Total - Utilities	& Communications	\$	5,000	1	\$	5,000	\$	-	
4.6 Travel Expense	Communications			1					
		•	4 000			4,022			
1. Travel		\$	4,022		\$	4,022			
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Sub-Total - Travel	Expense	\$	4,022	1	\$	4,022	\$	3	
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	IG	\$	9,022	+	\$	9,022	\$	_	
Sub-Potal (Utilities	s/Communications & Travel)	Ψ	3,022		ΙΨ	5,022			

## CALIFORNIA FAMILY HEALTH COUNCIL FAMILY PLANNING BUDGET DETAIL "LEASE / RENTAL & OTHER EXPENSES"

Delegate Agency:

**Stanislaus County** 

Date:

Detail Budget for this Period:	Total	Sources of Funds					
From: 01/01/01	Amount	I.D.	Applicant	Allocated	I.D.		
To: 12/31/01	Required	Code	& Other	From CFHC	Code		
4 OTHER COSTS							
4. OTHER COSTS:							
4.7 Lease / Rental Expense							
1. Rental	\$ 101,475		\$ 101,475				
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Sub-Total - Lease / Rental Expense	\$ 101,475	]	\$ 101,475	\$ -	-		
4.8 Other Expenses					•		
1. Outreach	\$ 6,014			\$ 6,014			
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>	e c 044		\$ -	\$ 6,014	-		
Sub-Total - Other Expense	\$ 6,014	4	-	Ψ 0,014	٦'		
Sub-Fotal (Lease/Rental & Other Expenses)	\$ 107,489	)	\$ 101,475	\$ 6,014	Ш		

	RNIA FAMILY HEA			
	1, 2001 to Decem			
Delegate Agency Name: STANISLAUS	COUNTY HEALTH	SERVICES A	AGENCY	
BUDGET CATEGORIES	SALARY RANGE	% OF TIME	Sub- Total	TOTAL AMOUNT
PERSONNEL COST:				
PROVIDERS SALARY	30-50.00 PER HR	4HRS PER WEEK X 50 WEEKS	10,000.00	10,000
				·
FRINGE BENEFITS:				
TOTAL PERSONNEL COST				
PROGRAM COST:				
EDUCATIONAL MATERIAL COSTS				2000.00
OUTREACH COSTS				4000.00
MARKETING COSTS				3303.00
TOTAL PROGRAM COSTS				
TOTAL COSTS				19,303.00
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California

FAMILY

Неактн

COUNCIL, INC.

February 12, 2002

Ms. Samantha Phillips Stanislaus Medical Center 2501-E McHenry Avenue Modesto, California 95350

SUBJECT: 2002 Title X Family Planning Program Contract

Dear Ms. Phillips:

Enclosed please find one (1) completely executed original of your Basic Contraceptive Services Contract as referenced above. This contract covers the program period January 1, 2002 through December 31, 2002 and now represents the governing document between your organization and the California Family Health Council, Inc., for performance of the required services.

Should you have any questions regarding this contract please contact me at (213) 386-5614 extension 4532.

Sincerely,

Richard Reetz

Contract Administrator

Enclosure as noted

c: Contract Files

Cindy Coit w/o enclosure

John Elliot w/o enclosure

Henry A. Skau, Jr. w/o enclosure

#### CALIFORNIA FAMILY HEALTH COUNCIL, INC.

## 2002 TITLE X FAMILY PLANNING PROGRAM CONTRACT

This CONTRACT is entered into as of this 1st day of January, 2002 by and between the CALIFORNIA FAMILY HEALTH COUNCIL INC., a nonprofit California Corporation, with its principal office located at 3600 Wilshire Boulevard, Suite 600, Los Angeles, California 90010 (hereinafter referred to as "CFHC"), and Stanislaus County Health Services Agency with its principal office located at 2501-E McHenry Avenue, Modesto, CA 92350 (hereinafter referred to as the "Contractor").

CFHC and the Contractor hereby mutually agree as follows:

#### I. PERIOD:

The period of this contract is from January 1, 2002 through December 31, 2002.

#### II. STATEMENT OF WORK:

The funding under this contract shall be used for family planning services. Services provided hereunder referred to as "Family Planning Services". The program for providing Family Planning Services hereunder shall hereinafter be referred to as the "Family Planning Program". Family planning means the process of establishing objectives for the number and spacing of children, and selecting means by which those objectives may be achieved. Family Planning Services provided hereunder exclude abortions and services ancillary to abortion as provided in section XVI herein. The Contractor shall in a satisfactory and proper manner as determined by CFHC perform the functions and services described in Exhibit A, Statement(s) of Work, which is attached hereto and incorporated herein by reference.

#### III. CONSIDERATION:

The Contractor shall be compensated for services performed under this contract and paid for such services as set forth in Exhibit B, Budget(s), which is attached hereto and incorporated herein by reference.

Payment to the Contractor under the terms of this contract will be made based on submission of actual expenditures and shall be subject to the timely receipt of funds from the funding source, the timely submission to CFHC by the Contractor of the financial and performance reports required

#### IV. REQUESTS FOR PROGRAM AND/OR BUDGET MODIFICATIONS:

Written requests to modify the approved program plan, including the Statement of Work, clinic location sites, clinic session hours, etc., and/or to modify Exhibit B, Budget(s), must be submitted to CFHC for approval in writing prior to implementation of such changes with the exception of those changes within Contractor's flexibility. All modifications must be approved by CFHC prior to November 15th, 2002.

The Contractor shall have the flexibility to transfer 10% between categories with written notification to CFHC.

All modification requests or notifications must include a revised Statement of Work and/or Budget.

#### V. REPORTING REQUIREMENTS:

The Contractor shall submit the following required reports in compliance with the dates and conditions specified below. CFHC provides instruction when procedures for the proper completion of these reports change.

REPORT TITLE	FREQUENCY OF SUBMISSION	DUE DATE
Basic Contraceptive Services Quarterly Progress Report Submitted electronically at www.cfhc.org	Quarterly	30th of the month following the period reported. For January, February and March  DUE: April 30
Questions regarding this report should be directed to: Maryjane Henning Director of Provider Services (213) 386-5614 ext. 4414	-	for April, May and June  DUE: July 30  for July, August and September  DUE: October 30  for October, November and
		December  DUE: January 30, 2003

	r	
REPORT TITLE	FREQUENCY OF SUBMISSION	<u>DUE DATE</u>
Statement of Revenue and Expenditure Report	Quarterly	17th of the month following the period reported For January, February and March
Submitted to the attention of: Richard Reetz Finance Department		DUE: April 17
		For April, May and June  DUE: July 17
·		For July, August and September DUE: October 17
•		For October, November and December  DUE: January 17, 2003
Financial Status Report (FSR)	Annual	45 days following the close of the Contract period <b>DUE: February 15, 2003</b>
Submitted to the attention of: Richard Reetz Finance Department		
Equipment Inventory	<u>Annual</u>	45 days following the close of
Submitted to the attention of: Richard Reetz Finance Department		the Contract period <u>DUE: February 15, 2003</u>
Special Reports surveys and questionnaires as may be requested by CFHC or its funding source	Specified Date	Specified Date

All reports must be received at CFHC by 5:00 p.m. on the due date designated. If the due date occurs on a weekend day or a designated

If any litigation claim, negotiation, audit or other action involving the records has been started before the expiration of the four year period, the records shall be retained until completion of the action and resolution of all issues which arise from it, or until the end of the regular four year period whichever is later.

Patient medical records must be retained for seven years after the last visit. Medical records for minors must be retained either seven years or until the minor's 19th birthday, whichever is later. Records for non-expendable property must be retained for three years after final disposition.

#### VII. FINANCIAL AND COMPLIANCE AUDIT:

A. Contractors that are government or non-profit organizations agree to obtain an independent annual single, organization wide financial and compliance audit. The audit shall be conducted in accordance with the requirements specified in the Federal Office of Management and the Budget (OMB) Circular A-133 "Audits of States, Local Governments, and Non-Profit Organizations".

Contractors that are commercial organizations have two options regarding audits:

- 1. A financial related audit (as defined in the Government Auditing Standards, GPO Stock #020-000-00-265—4) of a particular award in accordance with Government Auditing Standards, in those cases where the Contractor receives awards under only one DHHS program; or, if awards are received under multiple DHHS programs, a financial related audit of all DHHS awards in accordance with Government Auditing Standards; or
- 2. An audit that meets requirements contained in OMB Circular A-133.

One copy of the audit report shall be delivered to CFHC. The report shall be due within 30 days after the completion of the audit.

B. Contractor agrees that claims made against Contractor pursuant to an audit by CFHC, or the Federal government will be recovered by one of the following options:

planning program if it incurs continuing deficits in third party revenue or underachievement in DHHS earnings.

#### IX. FISCAL PROVISIONS

#### A. Federal Agreement Funds

- 1. It is mutually understood between the parties that this Agreement may have been entered into before ascertaining the availability of Congressional appropriation of funds for the mutual benefit of both parties in order to avoid program and fiscal delays, which would occur if the Agreement were executed after that determination was made.
- 2. This Agreement is valid and enforceable only if sufficient funds are made available by the United States Government for the Fiscal Year -2002 for the purposes of this program. In addition, this Agreement is subject to any statute enacted by the Congress, which may affect the provisions, terms, or funding of this Agreement in any manner.
- 3. It is mutually agreed that if the Congress does not appropriate sufficient funds for the program, this Agreement shall be amended to reflect any reduction in funds.

#### B. Funding Reduction

- In the event that the federal funds allocated for this program are not sufficient, CFHC may, upon thirty (30) days advance notice, reduce the maximum amount payable in section III. Upon receipt of such notification, Contractor agrees to not claim reimbursement for costs in excess of the maximum amount payable as adjusted. Contractor's budget and statement of work required will be negotiated with Contractor.
- 2. CFHC agrees that the services to be provided based on the Exhibit A, "Statement(s) of Work" will be reduced

#### XIII. ASSIGNMENT OF CLAIMS:

Contractor is specifically prohibited from assigning, transferring, pledging or otherwise encumbering its duties or obligations under this contract with CFHC. Assignment of funds due thereunder as security or collateral for loans or for any other purpose are governed by the United States Assignment of Claims Act of 1940 and the implementing regulations, rules and directives, all of which are applicable to Contractor and must be strictly complied with. Requirements for assignment of funds due under reimbursement type contracts are set forth in the Code of Federal Regulations, Title 41, Section 1-30.700 et seq., and additional restrictions on contracts providing for advances are set forth in Section 1-30.708.

In the event Contractor has already or contemplates assigning, pledging or otherwise encumbering any portion of its right to receive funds under this contract with CFHC including factoring agreements or other financing arrangements, the lender, factor or assignee must be fully advised in writing of the terms and conditions of this contract with CFHC and the applicability of the above-mentioned statutory requirements. CFHC must also be fully advised, in writing, of the details of any completed or contemplated actions hereunder, sufficiently in advance for comprehensive examination of the Contractor's intended actions. CFHC and its funding source shall have no obligations or liability whatsoever to the assignee under any such assignments.

#### XIV. FACILITIES:

Contractor must have, or be officially exempted from, current health facilities or subacute hospital licensure. The facilities within which family planning services are furnished by the Contractor should include provisions for accommodating people with disabilities. These facilities should also have posted and made available to all personnel an on-going plan, specifying procedures to be followed in the event of fire, disaster or other emergency. In addition, fire and disaster drills should be conducted twice a year and the results documented.

#### XVIII. INSURANCE:

Without limiting Contractor's indemnification of CFHC, Contractor shall provide and maintain at its own expense during term of this Agreement, the following program(s) of insurance covering its operations hereunder. Such insurance shall be provided by responsible insurer(s) satisfactory to CFHC and proof shall be delivered to CFHC on or before the effective date of this Agreement. Such evidence shall specifically identify this Agreement and shall contain express conditions that CFHC is to be given written notice by registered mail at least thirty days in advance of any modification or termination of any program of insurance. In lieu of the insurance requirements listed below, CFHC acknowledges, understands and agrees that Contractor may provide any or all such required forms of insurance through programs of self-insurance as allowed under California law.

Failure on the part of Contractor to produce or maintain required insurance shall constitute a material breach of this Agreement upon which CFHC may immediately terminate or suspend this Agreement. Such insurance shall be primary to and not contributing with any other insurance maintained by CFHC, shall name CFHC as an additional insured, and shall include, but not be limited to:

A. <u>Liability:</u> Comprehensive general liability insurance endorsed for premisesoperations, products/completed operations, contractual, broad form property damage, and personal injury, with a combined single limit of not less than One Million Dollars (\$1,000,000) per occurrence.

If the above insurance is written on a Claims Made Form, such insurance shall be endorsed to provide an extended reporting period of not less than two years following termination of this Agreement.

- B. <u>Workers' Compensation:</u> A program of workers' compensation insurance in an amount and form to meet all applicable requirements of the Labor Code of the State of California, including employers liability with One Hundred Fifty Thousand Dollars (\$150,000) limit, covering all persons providing services on behalf of Contractor and all risks to such persons under this Agreement.
- C. <u>Medical Malpractice</u>: Medical Malpractice professional insurance coverage in the minimum amount of \$1,000,000.
- D. <u>Fidelity:</u> A loss payee endorsement under a blanket fidelity bond covering employees.

Any discovery or invention arising out of or developed in the course of work aided by this contract shall be promptly and fully reported to CFHC and to the funding source for determination as to whether patent protection on such invention or discovery, shall be sought and how the rights in the invention or discovery, including rights under any patent issued thereon, shall be disposed and administered in order to protect the public interest.

CFHC and the funding source reserve the right to conduct its own examination of materials produced under this contract. If, upon examination any materials are deemed inappropriate, CFHC reserves the right to recall these materials from public distribution.

#### XXII. NON-DISCRIMINATION:

During the performance of this contract, contractor and its subcontractors shall not unlawfully discriminate, harass or allow harassment, against any employee or applicant for employment because of sex, race, color, ancestry, religious creed, national origin, physical disability, (including HIV and AIDS), mental disability, medical condition (cancer), age, marital status, and denial of family care leave. Contractor and its subcontractors shall insure that the evaluation and treatment of their employees and applicants for employment are free from such discrimination and harassment. Contractor and its subcontractors shall give written notice of their obligations under this clause to labor organizations with which they have a collective bargaining or other agreement.

The contractor shall include the nondiscrimination and compliance provisions of this clause in all subcontracts to perform work under the contract.

Employment of Contractor personnel and all actions effecting Contractor employees shall be based on the employee's qualifications and performance. Hiring shall be based on an evaluation that seeks to match the qualifications of the applicant to the requirements of the job. Contractor must follow its established personnel policies and procedures relating to all personnel issues arising in the provision of services hereunder.

Governing Statutes, Regulations and Rules: The specific details of the overall CFHC program implementing Public Policy Requirements are primarily provided by CFHC's funding agency and are referenced in the PHS Grants Policy Statement – DHHS Publication No. (OASH) 94-50,000 (Rev.) April 1, 1994.

Linguistic compatibility shall be sought between the staff and the recipients of the services funded under this contract.

#### XXIII. GENERAL TERMS AND CONDITIONS:

CFHC will advise the Contractor of additional conditions imposed by the funding source from which funds for payment of this contract are derived, and any additional conditions governing the use of such funds or performance of the family planning programs as may be required by law, Executive Order, by regulation, or by any other policy announced by the funding source. The Contractor agrees to either accept such additional conditions or to notify CFHC of its unwillingness or inability to do so. The Contractor agrees to comply with Federal Title X Regulations and Guidelines. The Contractor understands and agrees that strict compliance with all of these requirements is mandatory and any breach thereof is grounds for termination of this contract.

The project and services under this agreement are subjected to the terms and conditions incorporated either directly or by reference in the following:

- a. Public Health Service Act as amended Title X/42 CRP Part 59.
- U.S. Department of Health and Human Services, Public Health Service Grants Policy Statement - DHHS Publication No. (OASH 94-50,000 (Rev.) April 1, 1994.
- c. Code of Federal Regulations Title 42 as applicable. This Title sets forth programmatic grant regulations.
- d. Code of Federal Regulations Title 45 as applicable. This Title contains, among other regulations, administrative regulations, applicable to grants and cooperative agreements. Public policy provisions that are to be included in contracts under grants (or subgrants) are included in the procurement standards prescribed by Parts 74 and 92.
- e. Contractors who receive subgrants in an amount in excess of \$100,000 shall comply with all applicable standards, orders or regulations issued pursuant to the Clean Air Act, 42 U.S.C. 7401 et seq., and the Federal Water Pollution Control Act, as amended 33 U.S.C. 1251 et seq.
- f. Contractors who receive subgrants in an amount in excess of \$100,000 shall comply with the Byrd Anti-Lobbying Amendment (31 U.S.C. 1352)

#### XXV. NOTIFICATION OF CHANGE IN KEY STAFF:

The Contractor shall notify CFHC in writing within ten (10) working days of any change in Key Staff listed on the Contract Information Sheet.

#### XXVI. TERMINATION OF CONTRACT:

If, through any cause, the Contractor shall fail to fulfill in a timely and proper manner its obligations under this contract or if the Contractor shall violate any of the covenants, agreements, or stipulations of this contract; or if the funding from the funding source under which this contract is funded is terminated by the funding source CFHC shall thereupon have the right to terminate this contract in whole or in part by giving written notice to the Contractor of such termination and specifying the effective date thereof. In the event only a portion, or one or more components, of the work authorized by this contract is terminated under the provisions of this clause, Exhibit A, Statement(s) of Work, may be unilaterally changed by CFHC to document such change, and Exhibit B, Budget(s), will be reduced accordingly including a proportionate reduction in the total budgeted administrative costs in Exhibit B.

If the Contractor defaults at any location or scheduled clinic sessions of its total program, such default shall be considered material regardless of the number of locations or clinic sessions operated by the Contractor, so as to permit CFHC to terminate that portion of the Contractor's program. In the event of such termination, CFHC may unilaterally reduce the Exhibit B, Budget(s), as set forth in the preceding paragraph.

If the Contractor is unable or unwilling to comply with such additional conditions as may be imposed by the funding source on the grant or contract under which CFHC is performing the program to which these services are being rendered, the Contractor shall have the right to terminate this contract by giving written notice to CFHC signifying the effective date thereof.

Either party may terminate this contract for any reason by giving the other party at least 30 days written notice, unless stated otherwise by other sections contained in this contract.

In the event of termination of this contract, either in whole or in part, all property, finished or unfinished documents, data, studies, and reports

IN WITNESS WHEREOF, CFHC and the Contractor have executed this contract including attached Exhibits "A", and "B", by and between the parties this first day of January 2002.

Contractor: Stanislaus County Health Services Agency	Grantee: California Family Health Council, Inc.
By: Kathy Kohrman	Margie Fites Seigle Chief Executive Officer
Title: Interim Managing Director	
Date: 8-5-02	Date: 3.11.02

Title X BCS Funding Ap	plica	tion			Page 2 of
					corrective action plan and make the appropriate changes.
	1.G	Delegate Agency will maintain an updated community needs assessment to define the agency's role in the community.	Program Director	1.G	Community needs assessment will be kept on file. Findings will be used to modify services and address the community needs.
	1.H	The Education Materials Review Committee, consisting of at least five community members, will meet at least once annually to review and approve the educational materials used by the agency.	1.H Program Dirctor	1.H	Meeting minutes will be maintained which document the Educational Materials Review Committee meetings and resulting activities.

		Method Unknown	1150
		Pregnant	1500
		No Method Used for other reason	100
		TOTAL FEMALE USERS:	11455
	3.A By December 31, 2002 Delegate Agency will provide family		
OBJECTIVE 3	planning medical services to the following # of males.	TOTAL MALE USERS:	750

	2002					
4.	Increase access to family planning services by Title X eligible clients as		Delegate Agencies will maintain 3 community partnerships in accordance with the Partnering Plan.  Delegate Agencies will provide family	4.A Program Director Program manager 4.B	4.A 4.B	Review Quarterly Progress Reports on the Partnering Plan.  Review Quarterly Progress
	a result of community partnerships, by December 31, 2002	1.2	planning services to 120 new clients as a result of the community partnerships.	Program Director all clinic staff		Reports of the Partnering Plan to determine performance and initiate corrective actions.
5.	Increase family planning services by providing family planning education and medical services to special population(s), by December 31, 2002	5.A	Provide family planning services to high risk, hard-to-reach individuals in Title X priority groupings. Indicate the number of individuals from each group to be served below:  Individuals whose family income is 201%-250% of the 225 federal poverty level  Homeless Women 50  Substance-Using / Abusing Women 50  Women with Disabilities 50  Immigrants 50  Migrant Workers 50  TOTAL Clients Served 475	5.A all clinic staff	5.A	Review Quarterly Progress Reports on Special Populations for performance.
6.	education and counseling to all Title X eligible clients seeking	6.A	Agency will review and revise client education protocols 1 times annually.	6.A Program Director Program manager Family Planning Advisory Board	6.A	Meeting minutes will be maintained which document the review of the client education and counseling protocol.
	family planning	6.B	QI medical team will review 10 clients	6.B	6.B	Findings from the chart

## Statement of Work (SOW) 1/1/2002 to 12/31/2002

Agency Name: STANISLAUS COUNTY FAMILY PLANNING

Agency Number: 780

3-Community Education and Outreach Goal: To increase The community's knowledge and access to family planning services offered

by the Delegate Agency.
Goals and Objectives

OBJECTIVE #		ACTIVITY	JOB TITLE OF STAFF RESPONSIBLE		EVALUATION
1. Create and maintain community partnerships with non-family planning agencies to increase community knowledge of family planning services by December 31, 2002.	1.A	Delegate Agency will continue to implement and monitor the effectiveness of all aspects of the Partnering Plan.	1.A Program Director Program Manager	1.A	Review Quarterly Progress Reports on the progress of the partnering project to determine effectiveness of the education component, and initiate corrective actions as necessary.
December 31, 2002.	1.B	900 partnership outreach contacts will result in new clients receiving family planning services as stated in Clinical Objective 4, Activity 4.B.	1.B Program manager Outreach staff	1.B	Review Quarterly Progress Reports on the partnering project for performance.
2. Conduct community outreach and education to potential Title X eligible clients, by	2.A		2.A Program Director Advisory Board	2.A	Meeting minutes will be maintained which document the review of the Community Education Plan.
December 31, 2002.	2.B		2.B Program Director Program Manager Outreach staff	2.B	Delegate Agency will maintain documentation of the number of individuals reached through the community outreach and education program.
·	2.C	Agency will conduct outreach	2.C	2.C	Delegate Agency will

# Statement of Work (SOW) 1/1/2002 to 12/31/2002

Agency Name: STANISLAUS COUNTY FAMILY PLANNING

Agency Number: 780

4-Family Involvement Goals and Objectives: To encourage family involvement in family planning services for teens.

OBJECTIVE #	ACTIVITY	JOB TITLE OF STAFF RESPONSIBLE	EVALUATION
Provide family     involvement counseling     to Title X eligible     adolescents seeking	counseling as part of adolescent client family planning visits.	1.A Program Director	1.A Protocols will be maintained on file, updated and reviewed.
family planning services by December 31, 2002.	1.B Provide family involvement counseling during initial / annual visits and all visits as appropriate with adolescent clients.	1.B All clinic staff	1.B Documentation of family involvement counseling will be maintained in the charts of adolescent clients.



Agency Name: STANISLAUS COUNTY FAMILY PLANNING

Agency Number: 0780

Budget Period Start Date: 1/1/2002 Ending Date: 12/31/2002						
Budget Category	Annual Salary	# of Months	% of Time	Total Amount	SOURCE ( Applicant and Other	F FUNDS Allocated from CFHC
1-Medical Services Personnel						
a) Primary Care Physician						
Subtotal:	0	F.T.E.	0	0	0	0

Agency Name: STANISLAUS COUNTY FAMILY PLANNING

Agency Number: 0780

		,, ,	0, 6	T-4-1	SOURCE OF FUNDS		
Budget Category	Annual Salary	# of Months	% of Time	Total Amount	Applicant and Other	Allocated from CFHC	
1-Medical Services Personnel							
c) Mid-Level Practitioners	,						
Midlevel Practitioner (2 midlevels)	64480	12	200	128960	79749	49211	
Midlevel Practitioner (2 midlevels)	64480	12	200	128960	128960	0	
Midlevel Practitioner	64480	12	45	29016	29016	0	
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Agency Name: STANISLAUS COUNTY FAMILY PLANNING

Agency Number: 0780

	Annual	# of	% of	Total	<u> </u>	OF FUNDS
Budget Category	Salary	Months	Time	Amount	Applicant and Other	Allocated from CFHC
1-Medical Services Personnel						
d) Nurses						
Nurses (2 rn's)	33510	12	200	67020	49262	17758
Nurses	33510	12	20	6702	6702	0
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Subtota	67020	F.T.E.	220	73722	55964	17758

Agency Name: STANISLAUS COUNTY FAMILY PLANNING

Agency Number: 0780

	A	4.6	9/ -6	Total	SOURCE OF FUNDS		
Budget Category	Annual Salary	# of Months	% of Time	Total Amount	Applicant and Other	Allocated from CFHC	
2-Other Health Personnel							
Community Health Worker II	17202	12	100	17202	0	17202	
Community Health Worker III	28891	12	100	28891	21668	7223	
Health Educators (2 staff)	32052	12	123	39424	39424	0	
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Agency Name: STANISLAUS COUNTY FAMILY PLANNING

Agency Number: 0780

adget Period Start Date: 1/1/2002 Ending Date: 12/31/2002 SOURCE (						
Budget Category	Annual Salary	# of Months	% of Time	Total Amount	Applicant	Allocated from CFHC
3-Ancillary Services Personnel						
a) Laboratory Staff						
Subtotal:	0	F.T.E.	0	0	0	0

Agency Name: STANISLAUS COUNTY FAMILY PLANNING

Agency Number: 0780

Budget Period Start Date: 1/1/2002 Ending Date: 12/31/2002		77				
Pudget Cetegory	Annual	# of	% of	Total		OF FUNDS
Budget Category	Salary	Months	Time	Amount	Applicant and Other	Allocated from CFHC
4-Clinical Overhead Personnel						
a) Administration			_			
Manager	63294	12	100	63294	63294	0
Clerical (2 people)	26585	12	200	53170	53170	0
Clerical (2 people)	26585	12	200	53170	53170	0
Clerical	26585	12	79	21002	21002	0
Accountant	43992	12	28	12318	0	12318
	W-1944-1-1-1					

Agency Name: STANISLAUS COUNTY FAMILY PLANNING

Agency Number: 0780

Budget Category	Annual	# of Months	% of Time	Total Amount	SOURCE (	OF FUNDS
	Annual Salary				Applicant and Other	Allocated from CFHC
4-Clinical Overhead Personnel						
b) Facility						
Subtotal:	0	F.T.E.	0	0	0	0

		uired for the ition	Correct	Total	Fringe Benefits Adjustment	
c) Fringe Benefits Adjustments (Reduction Only).	Applicant and Other	Allocated from CFHC	Total Fringe Benefit Rate	Amount Required	Applicant and Other	Allocated from CFHC
Primary Care Physician						
Other Medical/Surgical Specialist						
Mid-Level Practitioners						
Nurses						
Medical Support						
Other Health Personnel						
Laboratory Staff						
Pharmacy Staff						
Administration						
Facility						
Total Fringe Benefits Adjustments:			0	0	0	
5	TOTAL PERSONNEL SERVICES COST:			999805	831609	168196

Budget Category	Total	SOURCE OF FUNDS			
Duaget Category	Amount	Applicant and Other	Allocated from CFHC		
2-Patient Care					
b) Laboratory Services					
1. Laboratory Supplies	0	0	0		
2. Laboratory Tests	0	0	0		
3. Outside Laboratory Services	56575	56575	0		
4. Other - Specify:					
		~			
Total Laboratory Services:	56575	56575	0		
		•			
TOTAL PATIENT CARE COST:	93958	83650	10308		

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Agency Name: STANISLAUS COUNTY FAMILY PLANNING

Agency Number: 0780

	Wasseler.	# of	Total	SOURCE OF FUNDS	
Budget Category	Hourly Rate	# of Hours	Amount	Applicant and Other	Allocated from CFHC
4-Other Costs					
a) Consultants					
	Total	Consultant:	0	0	0

Agency Name: STANISLAUS COUNTY FAMILY PLANNING

Agency Number: 0780

Budget Category	Total	SOURCE OF FUNDS		
Duaget Category	Amount	Applicant and Other	Allocated from CFHC	
4-Other Costs				
c) Office Supplies				
Desktop Supplies	14302	13569	733	
Other Office Supplies: (Specify)				
Total Office Supplies	14302	13569	733	

Agency Name: STANISLAUS COUNTY FAMILY PLANNING

Agency Number: 0780

Budget Category	Total	SOURCE OF FUNDS		
Dudget Category	Amount	Applicant and Other	Allocated from CFHC	
4-Other Costs	***************************************			
e) Health & Educational Supplies				
Purchases	2175	2175	0	
Printing - Educational Materials	0	0	0	
Duplication - Educational Materials	0	0	0	
		·		
Total Health & Educational Supplies	2175	2175	0	

Agency Name: STANISLAUS COUNTY FAMILY PLANNING

Agency Number: 0780

Budget Feriod Start Date: 1/1/2002 Ending Date: 12/31/2002	Total	SOURCE OF FUNDS		
Budget Category	Amount	Applicant and Other	Allocated from CFHC	
4-Other Costs				
g) Travel Expense				
Local Travel (Mileage reimbursement; local parking)				
In-State Travel (Airfare; car rental)				
		· v		
Total Travel Expenses	0	0	0	

Agency Name: STANISLAUS COUNTY FAMILY PLANNING

Agency Number: 0780

Rudget Cetegory	Total	SOURCE OF FUNDS		
Budget Category	Amount	Applicant and Other	Allocated from CFHC	
4-Other Costs				
i) Other Expense				
Federally Approved Indirect Cost	0	0	0	
Outreach	6014	0	6014	
	5044		(011	
Total Other Expenses	6014	0	6014	
TOTAL OTHER COSTS	287288	280541	6747	

### Family Planning Budget By Project Summary

Agency Name: STANISLAUS COUNTY FAMILY PLANNING

Agency Number: 0780

BASIC CONTRACEPTIVE SERVICES	Total Amount	SOURCE OF FUNDS		
BASIC CONTRACE! IIVE SERVICES	Required	Applicant and Other	Allocated from CFHC	
1) Medical Services	897683	777270	120413	
2) Special Population Project	345263	298950	46313	
3) Partnering Project	138105	119580	18525	
TOTAL COST	1381051	1195800	185251	
		CY2002 BCS ALLOCATION:	185251	