

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

DEPT: HEALTH SERVICES AGENCY  
Urgent \_\_\_\_\_ Routine X  
CEO Concurs with Recommendation YES int NO  
(Information Attached)

BOARD AGENDA# \*B-7  
AGENDA DATE November 25, 2003  
4/5 Vote Required YES \_\_\_\_\_ NO ✓

SUBJECT:

APPROVAL TO APPLY FOR, AND ACCEPT FUNDS IF AWARDED, THE STANISLAUS COUNTY CHILDREN AND FAMILIES COMMISSION (PROPOSITION 10) 2004 MINI-GRANTS TO PURCHASE MEDICAL EQUIPMENT AND TO FUND CHILD SAFETY SEATS

STAFF  
RECOMMEN-  
DATIONS:

1. APPROVAL TO APPLY FOR, AND ACCEPT FUNDS IF AWARDED, THE STANISLAUS COUNTY CHILDREN AND FAMILIES COMMISSION (PROPOSITION 10) 2004 MINI-GRANTS.
2. AUTHORIZE THE HEALTH SERVICES AGENCY MANAGING DIRECTOR OR HER DESIGNEE TO SIGN THE APPLICATION AND, IF AWARDED, SIGN THE CONTRACTS AND ACCEPT FUNDING.

FISCAL  
IMPACT:

There are two grant applications for a total funding request in the amount of \$39,100 during calendar year January 1, 2004 through December 31, 2004. The Health Services Agency will return to the Board in the event budget adjustments are necessary once funding is granted. There will be no financial impact to the County General Fund.

BOARD ACTION AS FOLLOWS:

No. 2003-1075

On motion of Supervisor Paul, Seconded by Supervisor Caruso  
and approved by the following vote,  
Ayes: Supervisors: Paul, Mayfield, Grover, Caruso, and Chairman Simon  
Noes: Supervisors: None  
Excused or Absent: Supervisors: None  
Abstaining: Supervisor: None

- 1) X Approved as recommended
- 2) \_\_\_\_\_ Denied
- 3) \_\_\_\_\_ Approved as amended
- 3) \_\_\_\_\_ Other

MOTION:

Christine Ferraro  
CHRISTINE FERRARO TALLMAN, Clerk

APPROVAL TO APPLY FOR, AND ACCEPT FUNDS IF AWARDED, THE STANISLAUS COUNTY CHILDREN AND FAMILIES COMMISSION (PROPOSITION 10) 2004 MINI-GRANTS TO PURCHASE MEDICAL EQUIPMENT AND TO FUND CHILD SAFETY SEATS

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**DISCUSSION:** The Stanislaus County Children and Families Commission has \$250,000 available for one-time, one-year mini-grants to support specific community-based programs, services, and equipment that will successfully support children ages 0 through 5.

The Stanislaus County Health Services Agency (HSA) seeks a total of \$39,914 through two Commission mini-grant requests to purchase perinatal health medical equipment, and underwrite the costs of child safety seats in conjunction with the Keep Baby Safe Network.

These requests are described below:

**Medical equipment** - \$19,914 is requested to purchase the following prenatal and pediatric medical equipment: 12 fetal doppler instruments (at \$800 each); one non-stress test machine (at \$4,394); four (4) pediatric oxygen sensors (at \$208 each); and one (1) pulse oxymetry machine (at \$2,550). The prenatal equipment will be used to promote and ensure healthy birth outcomes among at-risk pregnant women. The pediatric equipment will be used to improve child health.

A **fetal doppler** is a medical device used to detect fetal life early in pregnancy, and to assess the rate and rhythm of the fetal heart.

A **non-stress test (NST) machine** is a safe and non-invasive means to monitor and record the fetal heart rate in conjunction with uterine activity. Administered at later stages of pregnancy, the NST machine uses ultrasound to provide valuable information to indicate whether the unborn baby is doing well or is in distress *in utero*.

**Keep Baby Safe Program** – On behalf of the Keep Baby Safe Network, the HSA seeks a Prop 10 minigrant in the amount of \$20,000 to underwrite a portion of the costs of providing child safety seats to parents of babies and young children. Prop 10 Commission support will also enable HSA to continue to serve as a central resource to other organizations for Keep Baby Safe Programs in Turlock, Ceres, Oakdale, Waterford, Modesto and other communities throughout Stanislaus County.

Motor vehicle injury is the most common cause of unintentional injury death in Stanislaus County, a statistic that has been significantly higher than California as a whole for several years. Surveys based on car seat inspections indicate that 87% of all child vehicle safety seats are installed incorrectly.

APPROVAL TO APPLY FOR, AND ACCEPT FUNDS IF AWARDED, THE STANISLAUS COUNTY CHILDREN AND FAMILIES COMMISSION (PROPOSITION 10) 2004 MINI-GRANTS TO PURCHASE MEDICAL EQUIPMENT AND TO FUND CHILD SAFETY SEATS

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**DISCUSSION  
(CONTINUED):**

HSA seeks Commission support to underwrite the costs of providing discounted or free car safety seats to disadvantaged families. HSA will provide 245 free child safety seat vouchers to disadvantaged families. Our criteria for determining which families are disadvantaged will be those with current Healthy Families, Medi-Cal insurance cards and priority given to families with multiple children aged 0-5 requiring car seats. An estimated 620 families with children 0-5 will receive Prop 10 Commission full or partially supported child safety seats during 2004. HSA will offset the cost of remaining child safety seats through the coupon redemption program. Other program costs for parent and professional education are supported in part by a one-time State grant and by program participant contributions. Approximately 922 children/families will receive child safety seats through the Keep Baby Safe Program during 2004.

**POLICY  
ISSUES:**

Board of Supervisors' approval of this request will support the Board's priority of a safe and healthy community.

**STAFFING  
IMPACT:**

There is no staffing impact associated with this request.

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**2004 MINI GRANT APPLICATION COVER SHEET**

Amount Requested: \$ 19,914		Total Project Cost: \$ 715,092	
Program Title: Prenatal and Pediatric Clinical Care Services Program		Organization Name: Stanislaus County Health Services Agency (HSA)	
Contact Person: Kathy Kohrman	Phone: 209-558-7190	Fax: 209-558-7123	
Address: 830 Scenic Drive, PO Box 3271	City: Modesto	Zip Code: 95353	
E-mail: kkohrman@schsa.org	Fiscal Sponsor (if applicable): Not Applicable		

Executive Director (if applicable): Margaret Szczepaniak, Managing Director

Geographic Service Area: Stanislaus County

Does your proposal service one or more of the 26 preferred school site areas? (See page 2) X YES  NO

If YES, please list the school site areas:  
Program and services will be provided to children ages 0 through 5 from all of the lower ranking API school site boundaries.

**Program Summary: (25 words or less)**  
This program will improve birth outcomes and child health, and includes vital medical equipment to assess and monitor fetal cardiac and pediatric respiratory health.

Number of children 0 through 5 years of age that will benefit: more than 28,000; also 900 births annually

Number of Families with children 0 through 5 that will benefit:  
more than 10,000, assuming families have more than 2 children each

**Previously funded Proposition 10 Grants.** Please use separate paper to list all grants received in detail. \*\* See Attached

Year	Type (Mini Grant, Pilot)	Total Number of Grants	Total Prop. 10 Funding
2001-02	** See Attached	** See Attached	\$ ** See Attached
2002-03			\$
<b>TOTAL \$</b>			

Is the program for which you are seeking funds currently receiving Proposition 10 funding?  YES X NO

**Type of Organization (check one that best describes your organization):**  
 Family Resource Center  Child Care Center or Preschool  Education Organization  Private Provider  
 County Service Agency  Other Public Agency  Nonprofit Community Organization  Other

**Tobacco Policy** - Grantees must maintain a tobacco-free environment, including outside areas. Grantees must agree to not accept any direct funds from the Tobacco industry, including ever 5 tips and in-kind donations. Grantees will provide information to staff on smoking cessation/dangers of secondhand smoke upon request.

**Stanislaus County Health Services Agency**  
**Previously Funded Prop 10 Mini, Pilot Grants 2001-2003**

<b>Previously funded Proposition 10 Grants. Please use separate paper to list all grants received in detail.** See Attached</b>			
<b>Year</b>	<b>Type (Mini Grant, Pilot)</b>	<b>Total Number of Grants</b>	<b>Total Prop. 10 Funding</b>
2001-02	Mini – Keep Baby Safe	1	\$5,000
	Mini- Backpacks for Foster Children	1	\$5,000
			\$
2002-03	Equipment grants	11	\$18,582
	Pilot – Immunization Registry	2	\$63,000
	Pilot – Smoking Cessation for Pregnant Women	2	\$100,000
<b>TOTAL \$191,582</b>			

**I. Applicant Organization (1 page) – 5 Points**

**A. Organization Background, Mission, History, and Experience Serving Children 0–5 and Their families. (2.5 points)**

The Stanislaus County Health Services Agency (HSA) is dedicated to improving community and individual health through the provision of culturally appropriate, neighborhood-based primary and preventive care. The HSA has over a century's work of experience providing direct and indirect services to its customers, providing over 475,000 visits/units of services to Stanislaus County residents each year. The HSA is the safety net provider for approximately 65% of all MediCal visits within the county.

While HSA provides a wide range of health and medical services to Stanislaus County residents of all ages, we are especially proud of our services to children age 5 and younger. HSA Ambulatory Services specifically targeted to children 0 through 5 years of age include obstetrics, pediatrics, and dentistry. HSA Public Health programs and services targeted to children age 0 through 5 include immunizations, Women Infant and Children nutritional assistance and education programs (WIC), nutrition case management, perinatal outreach, public health nursing, and prevention education (e.g., oral health, lead, tobacco, and child safety/injury prevention). The HSA provides a wide range of medical services to approximately 28,060 children age 0-5 each year—nearly 52,000 medical visits annually.

The Stanislaus County Health Services Agency (HSA) provides preventive and obstetrical care to pregnant women through seven neighborhood health clinics and one urgent care center. Health and medical services are provided to primarily low income pregnant women without access to a community physician. Routine prenatal care is provided to pregnant women and their unborn children in clinics conveniently located in Turlock, Ceres, Hughson, and Modesto and West Modesto. More intensive and urgent medical/obstetrical care is provided at the Medical Arts Building and the Urgent Care center, both located in Modesto.

**B. Recent achievements that demonstrates HSA's ability to serve the target population (2.5 points)**

Early 2003 and with Commission support, the HSA launched the *Healthy Cubs* health access program, to provide medical services to uninsured children who lack a regular source of medical care. To date, approximately 2,000 children have be enrolled in *Healthy Cubs*, and approximately 986 have been enrolled in Healthy Families, MediCal or other insurance as result of the *Healthy Cubs* facilitated insurance enrollment process.

**II. Case for Funding (1-2 pages) – 25 Points**

**A. Specific Target Population (5 points)**

The target audience is:

- unborn babies and their pregnant mothers who receive obstetrical care at Health Services Agency clinics (1,500 visits annually); and
- children age 5 and younger who receive pediatric care at Health Services Agency clinics (over 28,000 children annually).

**B. Describe the existing condition that you propose to improve. (10 points)**

The HSA seeks Commission support to underwrite essential medical equipment to be used through our Prenatal and Pediatric Clinical Care Services Program. The HSA respectfully requests \$19,914 to underwrite equipment costs used daily in the delivery of prenatal and pediatric care services. The new medical equipment will replace very old, low-level functioning equipment and/or provide vital equipment at locations where there presently is none. This equipment includes: fetal dopplers, a non-stress test machine, and pulse oxymetry machines with pediatric oxygen sensors for both infants and toddlers.

Prenatal and obstetrical care, provided early and continuing throughout pregnancy, is critical to achieve optimal birth outcomes: living, healthy babies, born “on time,” with full cognitive and physical development. Pregnant women with multiple gestations, a history of miscarriage or stillborn births, diabetes, obesity, unhealthy lifestyle choices (e.g., smoking, substance abuse, inadequate diet) are at added risk of poor birth outcomes. Without a regular source of obstetrical care and monitoring, these women may delay care and treatment until crisis, ending up in local urgent care facilities or hospital emergency departments.

Newborn babies and children through age 5 need ongoing primary and preventive care to ensure a healthy start that literally lasts a lifetime. “Good” pediatric care strives to engage and educate parents and the community regarding child health promotion and disease prevention. Even “routine” childhood illnesses and accidental injuries can result in disability or death without early diagnosis and treatment. By educating parents about the importance of regular well-child check ups, appropriate medication use, and healthy lifestyle choices about nutrition, tobacco exposure, and physical activities, “good” pediatric care improves the health status of children and the entire family.

Commission funding to underwrite medical equipment costs will enable HSA health care providers and parents to be active participants and partners to improve children’s health.

**Perinatal Medical Services Equipment** – Commission support is requested to purchase twelve fetal doppler instruments (at \$799 each) and one non-stress test machine (at \$4,393), to promote and ensure healthy birth outcomes among at-risk pregnant women. As a result of proper testing and monitoring, pregnant women are less likely to deliver pre-term, low birth weight or still-born babies. While beneficial to all pregnant women, this equipment is especially beneficial for

women considered at high risk of poor birth outcomes due to medical, genetic, behavioral, or socio-economic factors.

A **fetal doppler** is a medical device used to detect fetal life early in pregnancy, and to assess the rate and rhythm of the unborn baby's heart. The doppler's electrodes or monitors placed transdermally sense the fetal heart rate. The doppler's handheld integrated speaker/heart rate display unit allow participants to hear and "see" the fetal heartbeat. If the doppler identifies a problem, additional testing may be required.

Additional testing and monitoring may be indicated for pregnant women with diabetes, hypertension, a history of a previous stillbirth, decreased or no fetal movement, intra-uterine growth retardation, for women that have passed their expected due date, and/or for other complications of pregnancy.

A **non-stress test (NST)** is vital to detect risk of pre-term labor or fetal distress. A NST is a safe and non-invasive means to monitor and record the fetal heart rate in conjunction with uterine activity. Administered at later stages of pregnancy, the NST machine uses ultrasound to provide valuable information to indicate whether the unborn baby is doing well or is in distress *in utero*. Abnormal readings may indicate a lack of free blood flow or oxygen to the fetus, heart problems, fetal malposition, or other conditions that place both baby and mother at risk of illness, disability, or premature death. Prenatal monitoring and testing made possible with the purchase of these fetal dopplers and the NST machine provide the best opportunity to ensure healthy births to over 900 HSA pregnant women annually.

**Pediatric Medical Equipment:** Commission support is requested to purchase two Pulse Oxymetry Machines (at \$2,550 each) and four Oxygen Sensors (two Infant Sensors and two Toddler Sensors) at \$208 each. A Pulse Oxymetry machine, with oxygen sensors, is a non-invasive medical device used to measure oxygen levels in infants and in toddlers.

Children may be subject to reduced oxygen levels due to flu, bronchitis, pneumonia, or chronic respiratory conditions such as asthma. Children may exhibit signs and symptoms such as poor skin color or temperature, excessive sweating (diaphoresis), and shortness of breath (dyspnea). Without accurate and timely diagnosis of lung function and oxygen levels, children may experience additional respiratory distress leading to poor quality of life (e.g. missed pre-school and kindergarten days, inadequate/compromised physical activity), short or long term disability, and possibly even death.



**C. Describe why your organization is qualified to make these improvements? (10 pt)**

The Health Services Agency provides over *1,500 new obstetrical visits each year. HSA medical care to pregnant women results in approximately 900 births annually.* Women with high risk pregnancies receive require more intensive care and follow-up through the HSA Medical Arts Building in Modesto. HSA maintains a steady patient volume of approximately *2,400 patients per month of children ages 0 through 5—approximately 28,000 per year.*

Our medical and clinical staff is dedicated, experienced, and highly skilled. Despite their best efforts, the quality of the prenatal and pediatric services they provide are nevertheless diminished as a result of limited medical equipment resources.

**III. Outcomes (1-2 pages) – 25 Points**

**A. Describe the outcomes to be produced within the time frame of this grant. (5 pts)**

**Improved quality of care:** Diagnostic readings will be more accurate and will require fewer “retakes” due to equipment malfunction or over-reliance on human calculations. This should also increase patient comfort during the diagnostic and monitoring procedure.

**Improved access to care:** Patients requiring diagnostic testing and monitoring will no longer need to be “referred-out” to a provider with the appropriate and/or fully functioning medical equipment.

**Reduced health disparities:** Low income, minority, and/or non-English speaking residents comprise the largest proportion of HSA patients. With Commission support, pregnant women and their children age 0 through 5 will receive the same high quality prenatal and/or pediatric services as other, more affluent Stanislaus County residents.

**Cost savings:** The disposable oxygen sensors currently used cost \$350 per box of 20 sensors. Currently, HSA uses between 100-130 disposable sensors per day. Switching to reusable infant and toddler sensors with the new, more accurate pulse oxymetry machine will result in a cost savings of approximately \$21,000 during the first year, and every year thereafter for the life of the machine. Additionally, HSA patients will also save on the added transportation expense and inconvenience of being referred-out to another provider.

**Improved patient safety:** The old pediatric oxygen sensors are designed to be used once then thrown away. These could inadvertently be reused with the added risk of potential infection or cross contamination. The new infant and toddler sensors are sanitized and reused.

**Process outcomes:** The appropriate medical equipment will be purchased; staff will be trained in the proper use and maintenance of the equipment; the equipment will be used for prenatal care services to at least 900 pregnant women during 2004, and for pediatric care services to approximately 28,000 children age 0 through 5 during 2004; required reports are submitted on time and are of high quality; other process outcomes/indicators as identified.

**Improved birth outcomes:** The additional, higher functioning dopplers and NST machine will enable more pregnant HSA patients to receive a higher standard of screening and monitoring for fetal heart health. Over time and with appropriate follow-up for atypical patterns, these pregnancies will be more likely to result in live, healthy, full term births.

**Improved child health:** The additional, higher quality pulse oxymetry machine and sensors will enable more infants and toddlers to receive more timely and accurate diagnosis, and subsequent treatment of respiratory conditions identified through the use of this pediatric medical equipment.

**B. What techniques, tools, or methods will be used to measure the outcomes and their attainment? (10 points)**

Qualitative and quantitative evaluation will be used to measure progress towards program Outcomes. Some of these measures include:

- aggregated patient medical records regarding the use of the specified equipment during 2004 compared to 2003 (when the old equipment was used—if available at all);
- surveys of clinic managers regarding the perceived impact of the new equipment on patient care, patient outcomes, and satisfaction levels of medical/clinical staff;
- cost savings estimates as a result of reusable pediatric oxygen sensors during 2004 compared to disposable sensors used during 2003;
- adherence, timeliness, and quality towards achieving specified targeted process outcomes (e.g., reports, equipment purchases, training);
- number and health status of live births to HSA patients during 2004;
- number and health status of HSA patients age 0 through 5;
- other measures as required.

**C. How will you know whether the stated outcomes have been attained? (10 points)**

- There will be an increase in the number of patients that receive diagnostic and monitoring services using the purchased equipment;
- Survey of medical/clinical staff will indicate high levels of satisfaction as a result of equipment;
- Documented cost savings will total over \$20,000 during 2004 compared to 2003;
- The number and health status of HSA patients *in utero* through age 5 will improve as measured by appropriate indicators;
- Process measure targets and benchmarks will be met in terms of timeliness and quality;
- Other outcomes as identified will indicate improved health access, quality, and status.

**IV. Plan of Action (1-2 pages) – 30 Points**

**A. Detail the sequence of activities that will be offered to the target population. (10 points)**

Upon notice of Commission approval of our request, Kathy Kohrman, HSA Associate Director of Clinical Services will re-confirm pricing and availability of the prenatal and pediatric equipment. Ms. Kohrman will coordinate with HSA Clinic Managers and the HSA Purchasing Department to seek discounts available for multiple purchases. Ms. Kohrman will adhere to Commission and HSA procurement guidelines for purchase, delivery, and documentation to ensure appropriate payment/reimbursement of this equipment. Once delivered, each clinic manager will ensure that clinical staff receives any necessary orientation and training in the proper use of this medical equipment. Ms. Kohrman will work with HSA's Marketing/Communications department to publicize Commission support of the HSA Prenatal and Pediatric Clinical Care Services program and related medical equipment, as well as the benefits provided to young children served through HSA clinics.

The medical equipment will be used to on a daily basis during the provision of prenatal and pediatric care at the HSA Urgent Care facility and all seven HSA clinics. The medical equipment will be deployed as follows:

Pulse Oxymetry machines – 1 ea. Urgent Care and the Medical Arts Building (Modesto)

Infant Pulse Oxymetry sensors – 1 ea. Urgent Care and the Medical Arts Building

Toddler Pulse Oxymetry sensors – 1 ea. Urgent Care and the Medical Arts Building

Fetal Dopplers – Turlock Medical Office, Turlock (2); Medical Arts Building, Modesto (2);

McHenry Medical Office, Modesto (2); Family Practice Center, Modesto (3); Ceres Medical Office, Ceres (1); Paradise Medical Office, W. Modesto (1); Hughson Medical Office, Hughson (1)

**B. Describe the human resources and other materials needed to carryout your proposal.**

Extensive HSA medical, clinical, administrative, clerical and volunteer personnel are needed to provide prenatal and pediatric care. Additionally, various and extensive patient supplies, pharmaceuticals and medical devices and equipment are used for the provision of care to HSA patients ages 0 through 5. These resources have been very conservatively estimated in the attached budget. Commission funding is requested for only medical equipment costs for which HSA has no other viable means of support.

**C. How will your plan improve the condition of the target population? (10 points)**

Pregnant women and their unborn babies will benefit from the prenatal equipment as the unborn baby's heart rate and rhythm will be able to be established initially and at every visit with their health care provider. If the fetal heart patterns vary from the norm, the cause can then be investigated by the appropriate consult. The earlier atypical heart patterns are identified, the sooner the cause can be determined. Underlying causes or contributing factors may be related to hormonal, genetic, environmental and/or maternal issues. Regardless, early diagnosis and intervention is critical as *in utero* development is the foundation of healthy births, ensuring the future physical, psychological, and social health and well-being of these unborn babies.

Every HSA pregnant woman’s unborn child will have their health checked *in utero* using the prenatal medical equipment. While unborn babies with typical, healthy patterns ascertained as a result of this new equipment, those children with atypical, abnormal patterns that are accurately diagnosed and appropriately treated are certainly indicators of project success.

Similarly, children ages 0 through 5 and their parents are more likely to have pediatric respiratory problems accurately assessed and appropriately treated or managed as a results of the improved performance and accessibility of the Pulse Oxymetry machine and sensors.

Savings realized through these improvements will be channeled back into HSA patient care services, enabling others to receive the benefits of regular preventive and primary care regardless of their social, economic or health status.

**D. Do you plan to coordinate, cooperate, or collaborate with other organizations?**

Yes. HSA coordinates and collaborates with a wide array of public and private health, medical, social and community and faith based organizations including: all four hospitals within the region, Golden Valley Health Centers, Sutter Gould Medical Foundation and Medical Group, Blue Cross of California, an extensive network of Child Health Disability Program providers, WIC (Womens, Infants, and Children nutrition assistance), 15 Healthy Starts, Airport Neighbors United, West Modesto King Kennedy Multicultural Community Collaborative, Ceres Partnership for Healthy Children, and many other organizations.

**V. Funding (1-2 pages) – 15 Points (Also complete the budget form on the next page)**

**A. Provide a detailed description of how the requested funds will be used. (10 pts)**

Commission support in the amount of \$19,914 will be used to purchase the following medical equipment, for daily use through the HSA Prenatal and Pediatric Clinical Care Services program:

<i>Description</i>	<i>Unit Cost</i>	<i>Quantity</i>	<i>Total Cost</i>
<i>[Fetal Dopplers]</i> TRIA Doppler w/Accu-Rate Display and Interchangeable 2 MHz and 5 MHz Fetal Probe (#t334-D)	\$ 799	12	\$ 9,588
<i>[Non-Stress Test machine]</i> Philips Fetal Monitor Series 50 A with Dual Untrasound, w/extra TOCO	\$ 4,394	1	\$ 4,394
<i>[Infant Sensors]</i> OxiMax Dura-Y D-YS Multisite Oxygen Sensor for Infants (Nellcor)	\$ 208	2	\$ 416
<i>[Toddler Sensors]</i> OxiMax Dura-Y D-YS Multisite Oxygen Sensor for Toddlers (Nellcor)	\$ 208	2	\$ 416
Nellcor Pulse Oxymetry machine	\$ 2,550	2	\$ 5,100
<b>Total Medical Equipment Costs</b>			<b>\$19,914</b>

**B. Other Sources of Funds/Program Support (2.5 points)**

HSA's perinatal and pediatric medical service costs are supported from a variety of government and non-government sources. Unfortunately, ongoing and significant cutbacks in funding from traditional sources—at a time when demand for services is at an all time high—leaves virtually no additional funding for medical equipment. Over the years, HSA has learned to “make do” with equipment that is has become less reliable, outdated, and prone to obsolescence. Once any one of these pieces of equipment “expires,” then patients are referred to other providers (internal or external to HSA) for further care with the necessary, fully functioning equipment. The financial outlook for funding for this equipment in the near future is poor. Additionally, many non-government funding sources do not underwrite equipment purchases.

Commission support will enable HSA to provide low-income, vulnerable children ages 0-5, and pregnant women care that is of equal quality as that which is available to other Stanislaus County residents.

**C. Describe how your organization plans to support this effort in the future. (2.5 pt)**

HSA will support any future maintenance costs and service contracts on this equipment. This equipment is high quality, from reputable manufactures. Even with extensive daily use, we expect many years of excellent performance from this medical equipment. This equipment will enable HSA to provide the highest quality prenatal and pediatric care to Stanislaus County residents during 2004 and beyond.

**APPLICATION BUDGET FORM**

Because this Mini-Grant runs during two Commission fiscal years, it is necessary for applicants to split their budget into two 6-month budgets. Spending must occur during the budget year that you specify (no carry-over privileges). Please take the time to carefully plan your spending according to the columns list below.

<b>Budget Categories</b>	Budget Period 1/04-6/04	Other Funding 1/04-6/04	Budget Period 6/04-12/04	Other Funding 6/04-12/04	Total Funding Requested	Total Project
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**I. PERSONNEL**

Position Title	Salary	Hrs./Week				\$ -	\$ -
Phys. Asst. (2)	\$ 39.19	15		\$ 30,568.20		\$ 30,568.20	\$ -
Phys. Asst. (2)	\$ 39.19	20		\$ 40,757.60		\$ 40,757.60	\$ -
Nurse Pract. (2)	\$ 38.04	20		\$ 39,561.60		\$ 39,561.60	\$ -
Nurse Pract. (2)	\$ 38.04	25		\$ 49,452.00		\$ 49,452.00	\$ -
Nursing Asst. (4)	\$ 13.50	40		\$ 56,160.00		\$ 56,160.00	\$ -
Admin. Clerks (4)	\$ 12.23	40		\$ 50,876.80		\$ 50,876.80	\$ -
						\$ -	\$ -
Benefits @ 30%	30%			\$ 80,212.86		\$ 80,212.86	\$ -
<b>Total Salaries</b>			\$ -	\$ 347,589.06	\$ -	\$ 347,589.06	\$ -

**II. OPERATING EXPENSES**

A.	Rent and Utilities					\$ -	\$ -
B.	Office Supplies and Materials					\$ -	\$ -
C.	Communication and Postage					\$ -	\$ -
D.	Service Related Supplies					\$ -	\$ -
E.	Classified Advertising					\$ -	\$ -
F.	Printing and Binding					\$ -	\$ -
G.	Equipment	\$ 19,914.00				\$ 19,914.00	\$ 19,914.00
H.	Travel					\$ -	\$ -
I.	Insurance					\$ -	\$ -
J.	Meeting and Conference					\$ -	\$ -
K.	Training					\$ -	\$ -
L.	Consulting					\$ -	\$ -
M.	Contracted Services					\$ -	\$ -
N.	Other (Please specify)					\$ -	\$ -
	<b>Subtotal- Operating Expenses</b>	\$ 19,914.00	\$ -	\$ -	\$ -	\$ 19,914.00	\$ 19,914.00

**III. INDIRECT COSTS\*\***

At 10.70% of total budget excluding capital expenditures						\$ -	\$ -
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<b>IV. TOTAL PROGRAM COSTS</b>		\$ 19,914.00	\$ 347,589.06	\$ -	\$ 347,589.06	\$ 19,914.00	\$ 715,092.12
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\*Total amount available from other funding sources including In-Kind support-list in this column all agency funds available to support this project.

Indicate with an "NS" any funding amount that is not yet secured. IN-KIND: Identify any In-Kind support that is available to this project [i.e., Volunteer hours, (identify roles of volunteers), donated office space or equipment, etc.]

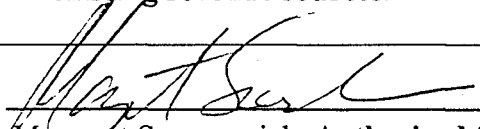
\*\*Indirect costs should not exceed 10% of total budget excluding capital expenditures

**APPLICATION DISCLOSURE STATEMENT**

By signing below I am verifying that I am an active member of this community group, and all of the information contained in this application is factual to the best of my knowledge.

I, Margaret Szczepaniak _____ Print Name	of Stanislaus County Health Services Agency Name of Organization
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I hereby state that the funds being requested in this application do not supplant any existing revenue sources.

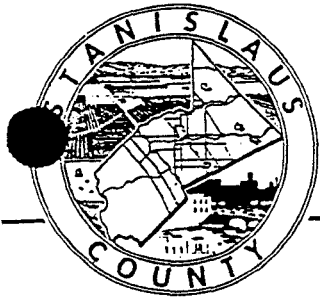
 Margaret Szczepaniak, Authorized Signature	October 29, 2003 _____ Date
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_____
Managing Director Title

_____	_____	_____
Board Chair (Print)	Signature	Date
_____	_____	_____
Fiscal Sponsor (Print)	Signature	Date

**Application Checklist of Requirements**

<input checked="" type="checkbox"/> Application Cover Sheet
<input checked="" type="checkbox"/> Application Narrative
<input checked="" type="checkbox"/> Application Budget Form
<input checked="" type="checkbox"/> Application Disclosure Statement
Licenses, Permits (Please provide copy) <input type="checkbox"/> Non-Profit 501C-3 <input type="checkbox"/> Business <input checked="" type="checkbox"/> Other
<input checked="" type="checkbox"/> One Original Copy and 6 Exact Copies of All Application Requirements
<input type="checkbox"/> Memo of Understanding (This is required only for collaborative programs and projects)



OFFICE OF

# AUDITOR-CONTROLLER

P.O. BOX 770

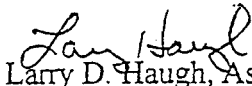
MODESTO, CALIFORNIA 95353-0770

(209) 525-6398  
(209) 525-6487 FAX

BYRON E. BYSTROM, AUDITOR-CONTROLLER

April 12, 1999

MEMO TO:

FROM:  Larry D. Haugh, Assistant Auditor-Controller

SUBJECT: COUNTY OF STANISLAUS TAX STATUS

The County of Stanislaus is an organization defined specifically under IRS Code Section 170 as an organization qualified to receive tax deductible charitable contributions. Section 170c states that "the term 'charitable contribution' means a contribution or gift is made for exclusively public purposes." Article 2 of the California State Constitution reads: "The State is divided into counties which are legal subdivisions of the State." Because of this, it is not necessary for us to have a special tax exemption letter or file tax returns.

Under these circumstances, I believe that any contribution or grant made to the County of Stanislaus can be properly considered a charitable contribution under the IRS code definitions.

ldh:db



**2004 MINI-GRANT APPLICATION COVER SHEET**

Amount Requested: \$ 20,000		Total Project Cost: \$ 102,921	
Program Title: Keep Baby Safe Program		Organization Name: Keep Baby Safe Network	
Contact Person: Phoebe Leung, Associate Director Health Education Services	Phone: 209-558-6833	Fax: 209-558-8320	
Address: 830 Scenic Drive, PO Box 3271	City: Modesto	Zip Code: 95353	
E-mail: pleung@schsa.org	Fiscal Sponsor (if applicable): Not Applicable Stanislaus County Health Services Agency (HSA)		
Executive Director (if applicable): Margaret Szczepaniak, Managing Director			
Geographic Service Area: Stanislaus County			
Does your proposal service one or more of the 26 preferred school site areas? (See page 2) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
If YES, please list the school site areas: Program and services will be provided to children ages 0 through 5 from all lower ranking API school site boundaries.			
<b>Program Summary: (25 words or less)</b> This program ensures child physical health and safety through correct, consistent child safety seat use to reduce child disability or death from motor vehicle injury.			
Number of children 0 through 5 years of age that will benefit:		620	
Number of Families with children 0 through 5 that will benefit:		at least 1,750	
<b>Previously funded Proposition 10 Grants. Please use separate paper to list all grants received in detail.** See Attached</b>			
<b>Year</b>	<b>Type (Mini Grant, Pilot)</b>	<b>Total Number of Grants</b>	<b>Total Prop. 10 Funding</b>
2001-02	** See Attached	** See Attached	\$ ** See Attached
2002-03			\$
<b>TOTAL \$</b>			
Is the program for which you are seeking funds currently receiving Proposition 10 funding? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
<b>Type of Organization (check one that best describes your organization):</b>			
<input type="checkbox"/> Family Resource Center <input type="checkbox"/> Child Care Center or Preschool <input type="checkbox"/> Education Organization <input type="checkbox"/> Private Provider			
<input checked="" type="checkbox"/> County Service Agency <input type="checkbox"/> Other Public Agency <input type="checkbox"/> Nonprofit Community Organization <input type="checkbox"/> Other			
<b>Tobacco Policy</b> - Grantees must maintain a tobacco-free environment, including outside areas. Grantees must agree to not accept any direct funds from the Tobacco industry, including ever <input type="text" value="5"/> tips and in-kind donations. Grantees will provide information to staff on smoking cessation/dangers of secondhand smoke upon request.			

**Stanislaus County Health Services Agency**  
*Previously Funded Prop 10 Mini, Pilot Grants 2001-2003*

<b>Previously funded Proposition 10 Grants. Please use separate paper to list all grants received in detail.** See Attached</b>			
<b>Year</b>	<b>Type (Mini Grant, Pilot)</b>	<b>Total Number of Grants</b>	<b>Total Prop. 10 Funding</b>
2001-02	Mini – Keep Baby Safe	1	\$5,000
	Mini- Backpacks for Foster Children	1	\$5,000
			\$
2002-03	Equipment grants	11	\$18,582
	Pilot – Immunization Registry	2	\$63,000
	Pilot – Smoking Cessation for Pregnant Women	2	\$100,000
<b>TOTAL \$191,582</b>			

APPLICATION NARRATIVE

I. Applicant Organization (1 page) – 5 Points

A. Organization Background, Mission, History, and Experience Serving Children 0 –5 and Their families. (2.5 points)

On behalf of the Keep Baby Safe Network, the Health Services Agency (HSA) seeks a Prop 10 minigrant in the amount of \$20,000 to underwrite a portion of the costs of providing child safety seats to parents of babies and young children. Prop 10 Commission support will enable HSA to continue to serve as a central resource to other organizations for Keep Baby Safe Programs in Turlock, Ceres, Oakdale, Waterford, Modesto and other communities throughout Stanislaus County. The HSA serves as the fiscal agent and coordinating resource for a wide array of Keep Baby Safe Program activities, including: educational classes, one-on-one education sessions, car seat checkpoint activities, and Keep Baby Safe Trainer/Instructor education.

**Health Services Agency/Fiscal Agent Background:** The Stanislaus County Health Services Agency (HSA) is dedicated to improving community and individual health through the provision of culturally appropriate, neighborhood-based primary and preventive care. The HSA has over a century's work of experience providing direct and indirect services to its customers, providing over 475,000 visits/units of services to Stanislaus County residents each year. The HSA is the safety net provider for approximately 65% of all MediCal visits within the county.

While HSA provides a wide range of health and medical services to Stanislaus County residents of all ages, we are especially proud of our services to children age 5 and younger. HSA Ambulatory Services specifically targeted to children 0 through 5 years of age include obstetrics, pediatrics, and dentistry. HSA Public Health programs and services targeted to children age 0 through 5 include immunizations, Women Infant and Children nutritional assistance and education programs (WIC), nutrition case management, perinatal outreach, public health nursing, and prevention education (e.g., oral health, lead, tobacco, and child safety/injury prevention). The HSA provides a wide range of medical services to approximately 28,060 children age 0-5 each year—nearly 52,000 medical visits annually.

**Keep Baby Safe Network (KBSN) Background:** The Keep Baby Safe Program was established in January 1991 by the Health Services Agency to provide child safety education and low cost car seats for residents of Stanislaus County. Today, the Keep Baby Safe Network (KBSN) includes medical, health and safety educators from the Health Services Agency, Memorial Hospital Association, Doctors Medical Center Foundation, Oak Valley District

Hospital. The KBSN has expanded to include local law enforcement agencies, the California Highway Patrol, Healthy Starts, and many community based organizations.

KBSN Program Goals are to:

- Develop and implement child safety educational campaign to increase awareness of the importance of safety seat use in our community;
- Provide a low cost car seat program
- Train health care providers and law enforcement officers to increase the correct use of child safety seats;
- Provide car seats to economically disadvantaged clients.

**B. Recent achievements that demonstrates the Keep Baby Safe Network's ability to serve the target population (2.5 points)**

Under the direction of Anne Stokman, RN, CDE, the KBSN has received numerous regional, state and national awards, including:

- California Association of Public Hospitals, Management Excellence Award;
- National Buckle-Up America Award;
- National Association of Public Hospitals, Community Outreach Award;
- Department of Transportation Community Partnership Award, Honorable Mention;
- US Department of Transportation and National Highway Traffic Safety Association Region IX Recognition Award, Northern California Child Passenger Safety Network

**II. Case for Funding (1-2 pages) – 25 Points**

**A. Specific Target Population (5 points)**

The target audience is:

- Parents/guardians and any adult who transport Stanislaus County children presently weighing 60 pounds or less;
- Health, safety, law enforcement and other professionals that can promote safe child restraint practices

**B. Describe the existing condition that you propose to improve. (10 points)**

Stanislaus County has one of the highest rates of motor vehicle injury in the state.

According to the National Highway Traffic Safety Administration, motor vehicle crashes are the leading cause of preventable death in children. Sadly, more than 80% of children under age four

who died as motor vehicle occupants were killed in survivable crashes. In recent years and as a result of prenatal educational efforts, many adults have become more aware of California state law that requires the use of child safety seats. Unfortunately, many adults continue to transport their children without appropriate safety restraints. These adults may be subject to fines of up to \$280, and this has helped to reduce the number of children being transported without restraints over the past decade. But there is still considerable confusion among adults—and resistance on the part of “older” young children—regarding weight guidelines and seating arrangements for children.

Two years ago, the California state guidelines were revised to require child safety seats for all children younger than six or weighing less than sixty pounds. Additionally, parents are advised to position their children in the back until they are over 12 years old, as many young children have been seriously injured or killed as a result of air bags inflating even at reduced “safe” speeds.

Regardless of the law, national safety statistics indicate that **more than 90% of safety seat violators have car seats but do not use them consistently**. Even among those that do use child safety seats, local and national car safety inspections reveal that the majority of those seats are installed incorrectly. Random “Buckle-Up” check point inspections conducted by local law enforcement in conjunction with the Keep Baby Safe Network indicate that **upwards of 87% of child safety seats are installed incorrectly**. In a crash, incorrectly installed child safety seats may fail provide protection, and could even cause serious or fatal injuries to child passengers.

There is growing interest at the state level in modifying California law further to provide more protections to young children through age 8 or 80 pounds. With or without the legislative change, there is a tremendous need for continued education, intervention, and assistance to parents and others entrusted with the safe transport of Stanislaus County children.

Keep Baby Safe program participants attend a 90-minute class providing child passenger safety education, information on current child restraint laws, and demonstration of correct car seat installation and use. After completing the class, participants meeting financial eligibility guidelines may purchase a car seat coupon for \$25 that allows them to select an infant, convertible or a car seat booster. The car seat coupons are redeemed for pre-selected car seats at Wal-Mart in Modesto. The Keep Baby Safe Program pays the remaining balance due on the car seats, approximately \$35 per car seat. Unfortunately, even the \$25 cost-share is still beyond the financial means of some participants. The KBSN seeks Commission support in the amount of \$20,000 to underwrite costs of providing discounted or free car safety/booster seats to approximately 620 disadvantaged children and families.

**C. Describe why your organization is qualified to make these improvements? (10 pt)**

Since its inception, over 18,000 local residents have attended KBS educational classes, and over 10,200 child safety seat coupons have been distributed—of which 98% were redeemed. Thus, nearly 10,000 babies and young children received child safety seats as a result of the KBSN programs. Additionally, Network staff and volunteers have educated over 41,000 parents, child care providers, and other professionals and laypersons through various community events and activities. KBSN instructors provide seven classes per month, or 84 Keep Baby Safe classes per year with over 1,300 attendees. KBS classes are available in Turlock, Ceres, Oakdale, Waterford, Modesto and other communities throughout Stanislaus County. Classes and materials are presented in English, Spanish, Cambodian, Hmong and Laotian.

The KBSN also coordinates activities with local law enforcement to provide car safety inspections through “Buckle Up” check points throughout the county. An annual average of 210 children under age 6 are identified at these checkpoints, the majority of whom are restrained incorrectly.

The Health Services Agency serves as the fiscal agent and coordinating resource to nearly all child safety seat programs and educational classes in Stanislaus County. The KBSN grew out of the ongoing need and interests in providing high quality individual and group educational sessions in a variety of clinical, medical, health, and community settings. KBS instructors receive eight hours of training per quarter, for a total of 40 hours per year. This helps to assure quality and consistency of the instruction and curriculum. Instructors need 32 hours of national training to attain Technician designation. Seven of 15 KBS instructors have attained the necessary Technician credentials. As the activities and membership grew, so did the need for efficient administration and coordination. As the fiscal agent for the KBSN, the HSA provides administrative support, record keeping, curriculum development, and helps to secure support for discounted/free child safety seat coupons for low-income or otherwise needy parents/guardians with babies and young children.

### III. Outcomes (1-2 pages) – 25 Points

#### A. Describe the outcomes to be produced within the time frame of this grant. (5 pts)

**Improved child health and safety:** Children will have access to infant and child safety seats that are appropriate to their weight and age. Program participants will install child safety seats correctly. The combined effect will be reduced risk and incidence of preventable injury, disability or death from motor vehicle accidents.

**Increased participant awareness and knowledge regarding child safety:** Program participants will display increased awareness and knowledge about child safety seat laws and guidelines for correct and safe child transport.

**Process Outcomes:** Program processes include the number of hours instructors are trained, number of classes provided/participant per class, high degree of participation satisfaction with class content and format, number of car safety seat coupons purchased, distributed, and redeemed; required program reports are submitted on time and are of high quality; other process outcomes/indicators as identified.

#### B. What techniques, tools, or methods will be used to measure the outcomes and their attainment? (10 points)

Qualitative and quantitative evaluation will be used to measure progress towards program Outcomes. Some of these measures include:

- Program participants evaluations;
- Change/Increase in knowledge of program participants based on pre/post tests
- Instructor test results and reporting to assure quality and consistency
- Results of data collection and analysis of program records (e.g., “Buckle Up” checkpoints, buckled vs. “unbuckled” by age)
- adherence, timeliness, and quality towards achieving specified targeted process outcomes (e.g., reports, equipment purchases, training);
- number of free and discounted child safety seat coupons purchased, distributed and redeemed compared to prior years.
- number of individual, group and community educational sessions/participants compared to targets and historical patterns
- other measures as required.

**C. How will you know whether the stated outcomes have been attained? (10 points)**

- Group educational session program participants will rate the program as very good to excellent overall;
- Increase of at least 15% in participant knowledge base regarding child safety seat laws and usage as indicated by pre and post tests;
- Distribute a minimum of 922 child safety seat coupons to children under age 6 or 60 pounds;
- Process measure targets and benchmarks will be met in terms of timeliness and quality;
- Other outcomes as identified will indicate improved child health and safety.

**IV. Plan of Action (1-2 pages) – 30 Points**

**A. Detail the sequence of activities that will be offered to the target population 10pt**

HSA will provide 245 free child safety seat vouchers (i.e., 25 car seats for children less than 40 lbs., 220 booster seats for children 40 lbs. or more) to disadvantaged families. Our criteria for determining which families are disadvantaged will be those with current Healthy Families, Medi-Cal insurance cards and priority given to families with multiple children aged 0-5 requiring car seats. An estimated 620 families with children 0-5 will receive Prop 10 Commission full or partially supported child safety seats during 2004.

HSA will off-set the cost of remaining child safety seats car seats through the coupon redemption program. Approximately 922 children/families will receive child safety seats through the Keep Baby Safe Program during 2004. Other program costs for parent and professional education are supported in part by a one-time state grant and by \$25 cost-share contributions, which will be channeled back into the program.

Children served with safety seats estimates appear below:

Number of Children less than 40 lbs.	720
Number of Children 40 lbs. Or more	222
<b><i>Total Children</i></b>	<b>922</b>

**B. Describe the human resources and other materials needed to carryout your proposal. (5 points)**

Extensive in-kind support is provided by 16 instructors and KBSN partners from various health care, medical, law enforcement and other organizations. Educational materials, refreshments, meeting and training space and extensive in kind support is provided by KBSN staff and members.



**C. How will your plan improve the condition of the target population? (10 points)**

This program will result in fewer preventable deaths and injuries of children age 5 and younger due to motor vehicle accidents. More children age 5 and younger will be transported in vehicles with correctly installed child safety seats appropriate to child passenger weight and age.

**D. Do you plan to coordinate, cooperate, or collaborate with other organizations? If yes, explain. (5 points)**

Yes. The Keep Baby Safe Network is comprised of representatives from the Health Services Agency, Memorial Hospital Association, Doctors Medical Center Foundation, Oak Valley District Hospital. The KBSN has expanded to include local law enforcement agencies, the California Highway Patrol, Healthy Starts, and many community based organizations.

KBSN staff and volunteers also participate in many community safety fairs and special events with a wide array of public and private health, medical, social and community and faith based organizations.

**V. Funding (1-2 pages) – 15 Points (Also complete the budget form on the next page)**

**A. Provide a detailed description of how the requested funds will be used. (10 pts)**

Commission support in the amount of \$20,000 will be used to provide partial support to for the costs of child safety seats for 620 of the total 922 children above as follows:

375 children less than 40 lbs.	375 X \$35 = \$13,125
25 children less than 40 lbs. (free)	25 X \$55 = 1,375
220 children 40 lbs. or more (free)	220 X \$25 = 5,500
<b>Total Prop 10 funding</b>	<b>620 children \$20,000</b>

**B. Other Sources of Funds/Program Support (2.5 points)**

Participant contributions will be channeled back into KBS child safety seat coupons enabling others needy families with children to obtain low cost or free child safety seats. Additional, extensive in-kind support is also provided by KBSN and community partners.

**C. Describe how your organization plans to support this effort in the future. (2.5 pt)**

HSA and the KBSN will seek additional in kind and grant support from local, regional and state resources.

**APPLICATION BUDGET FORM**

Because this Mini-Grant runs during two Commission fiscal years, it is necessary for applicants to split their budget into two 6-month budgets. Spending must occur during the budget year that you specify (no carry-over privileges). Please take the time to carefully plan your spending according to the columns list below.

<u>Budget Categories</u>	Budget Period 1/04-6/04	Other Funding 1/04-6/04	Budget Period 6/04-12/04	Other Funding 6/04-12/04	Total Funding Requested	Total Project
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**I. PERSONNEL**

Position Title	Salary	Hrs./Week						
Health Educ.	\$ 35.00	10		\$ 9,100.00		\$ 9,100.00	\$ -	\$ 18,200.00
CHW III	\$ 16.59	20		\$ 8,626.80		\$ 8,626.80	\$ -	\$ 17,253.60
Benefits @	30%			\$ 5,318.04		\$ 5,318.04	\$ -	\$ 10,636.08
<b>Total Salaries</b>			\$ -	\$ 23,044.84	\$ -	\$ 23,044.84	\$ -	\$ 46,089.68

**II. OPERATING EXPENSES**

A.	Rent and Utilities					\$ -	\$ -
B.	Office Supplies and Materials		\$ 1,000.00		\$ 1,000.00	\$ -	\$ 2,000.00
C.	Communication and Postage		\$ 500.00		\$ 500.00	\$ -	\$ 1,000.00
D.	Service Related Supplies					\$ -	\$ -
E.	Classified Advertising					\$ -	\$ -
F.	Printing and Binding		\$ 750.00		\$ 750.00	\$ -	\$ 1,500.00
G.	Equipment					\$ -	\$ -
H.	Travel		\$ 500.00		\$ 500.00	\$ -	\$ 1,000.00
I.	Insurance					\$ -	\$ -
J.	Meeting and Conference					\$ -	\$ -
K.	Training		\$ 750.00		\$ 750.00	\$ -	\$ 1,500.00
L.	Consulting					\$ -	\$ -
M.	Contracted Services					\$ -	\$ -
N.	Other: Car seats (vouchers) for participants	\$ 10,000.00	\$ 8,750.00	\$ 10,000.00	\$ 8,750.00	\$ 20,000.00	\$ 37,500.00
	Educational materials		\$ 2,500.00		\$ 2,500.00	\$ -	\$ 5,000.00
	KBS Instructors (96 class hours @\$25/hr.)		\$ 1,200.00		\$ 1,200.00	\$ -	\$ 2,400.00
	<b>Subtotal- Operating Expenses</b>	<b>\$ 10,000.00</b>	<b>\$ 15,950.00</b>	<b>\$ 10,000.00</b>	<b>\$ 15,950.00</b>	<b>\$ 20,000.00</b>	<b>\$ 51,900.00</b>

**III. INDIRECT COSTS\*\***

At 10.70% of total budget excluding capital expenditures		\$ 2,465.80		\$ 2,465.80	\$ -	\$ 4,931.60
<b>IV. TOTAL PROGRAM COSTS</b>	<b>\$ 10,000.00</b>	<b>\$ 41,460.64</b>	<b>\$ 10,000.00</b>	<b>\$ 41,460.64</b>	<b>\$ 20,000.00</b>	<b>\$ 102,921.28</b>

\*Total amount available from other funding sources including In-Kind support-list in this column all agency funds available to support this project. Indicate with an "NS" any funding amount that is not yet secured. IN-KIND: Identify any In-Kind support that is available to this project [i.e., Volunteer hours, (identify roles of volunteers), donated office space or equipment, etc.]

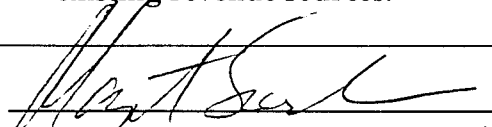
\*\*Indirect costs should not exceed 10% of total budget excluding capital expenditures

**APPLICATION DISCLOSURE STATEMENT**

By signing below I am verifying that I am an active member of this community group, and all of the information contained in this application is factual to the best of my knowledge.

I, Margaret Szczepaniak _____ <b>Print Name</b>	of, Stanislaus County Health Services Agency <b>Name of Organization</b>
--	---

I hereby state that the funds being requested in this application do not supplant any existing revenue sources.

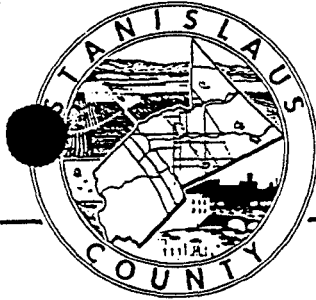
 Margaret Szczepaniak, Authorized Signature	October 29, 2003 Date
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_____ Managing Director Title
-------------------------------------

_____ Board Chair (Print)	_____ Signature	_____ Date
_____ Fiscal Sponsor (Print)	_____ Signature	_____ Date

**Application Checklist of Requirements**

<input checked="" type="checkbox"/> Application Cover Sheet
<input checked="" type="checkbox"/> Application Narrative
<input checked="" type="checkbox"/> Application Budget Form
<input checked="" type="checkbox"/> Application Disclosure Statement
<b>Licenses, Permits (Please provide copy)</b> <input type="checkbox"/> Non-Profit 501C-3 <input type="checkbox"/> Business <input checked="" type="checkbox"/> Other
<input checked="" type="checkbox"/> One Original Copy and 6 Exact Copies of All Application Requirements
<input type="checkbox"/> Memo of Understanding (This is required only for collaborative programs and projects)



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P.O. BOX 770

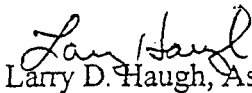
MODESTO, CALIFORNIA 95353-0770

(209) 525-6398  
(209) 525-6487 FAX

BYRON E. BYSTROM, AUDITOR-CONTROLLER

April 12, 1999

MEMO TO:

FROM:   
Larry D. Haugh, Assistant Auditor-Controller

SUBJECT: COUNTY OF STANISLAUS TAX STATUS

The County of Stanislaus is an organization defined specifically under IRS Code Section 170 as an organization qualified to receive tax deductible charitable contributions. Section 170c states that "the term 'charitable contribution' means a contribution or gift is made for exclusively public purposes." Article 2 of the California State Constitution reads: "The State is divided into counties which are legal subdivisions of the State." Because of this, it is not necessary for us to have a special tax exemption letter or file tax returns.

Under these circumstances, I believe that any contribution or grant made to the County of Stanislaus can be properly considered a charitable contribution under the IRS code definitions.

ldh:db

COPY

Proposition 10  
Grant Agreement Contract



ORIGINAL

Grantee: Stanislaus County Health Services Agency  
Address: PO Box 3271  
Contact Person (s): Kathy Kohrman  
Grantor: United Way of Stanislaus County

**TERMS AND CONDITIONS OF THE GRANT:**

United Way of Stanislaus County on behalf of the Stanislaus County Children and Families Commission (SCCFC) has entered into an agreement dated **Tuesday, January 27, 2004** with the Grantee, Stanislaus County Health Services Agency, authorizing the use of grant funds to support the **Prenatal and Pediatric Clinic Care Services Program**.

The following terms and conditions must be met by the above-named Grantee in order to receive the designed Grant. If the Grantee fails to meet any of these terms and conditions, United Way of Stanislaus County may withdraw the award and terminate this Grant Agreement and shall thereupon have no further obligation to disburse the Grantee any remaining unpaid Grant funds, and may further require repayment of any Grant funds which were not used in accordance with the terms of the Agreement, set forth in this Grant Agreement. In addition, the Grantor shall have all other rights available at law against the Grantee arising out of breach of this Grant Agreement.

**Paragraph 1. Grant Purpose**

This a contract for Stanislaus County HSA to conduct objectives outlined in proposal titled **Prenatal and Pediatric Clinical Care Program** to the target population, children ages 0 through 5, in Stanislaus County.

**Paragraph 2. General Terms**

Name of Program: Prenatal and Pediatric Clinical Care Program

Grant Number: MHS04051

Grant Amount: \$19,914.00

Date Approved: January 27, 2004

Grant Period: All activities associated with this Grant must take place during the funding period listed below or until terminated by either the Grantee or the Grantor, whichever comes first.  
**February 1, 2004 – January 31, 2005**

Payment Schedule:

Five days following the return of this signed Grant Agreement to United Way of Stanislaus County Grantee may do the following;

**Grant Reimbursements:** Payments will be made to grantee on a reimbursement basis with proper backup documentation for program or equipment expenses. Reimbursements will only be made on specific program or equipment expenses and not on expenses for the organization's general infrastructure.

Grantee shall submit all year-end invoices covering July 1<sup>st</sup> through June 30<sup>th</sup> as soon as possible following the end of the fiscal year. In the even the grantee is unable to submit an actual invoice prior to July 15<sup>th</sup>, Grantee shall submit a conservative estimate of expenses the Commission can expect to be invoiced. All invoices must be received no later than August 30<sup>th</sup>. Invoices for the prior fiscal year that are received after August 30<sup>th</sup> may be rejected and will not be paid

If this Agreement is not executed by binding authority and returned to United Way of Stanislaus County within 30 days, this Grant may be voided.

Report Schedule: Attachment A

Project Objectives,  
Budget and Use of  
Proposition 10  
Funds:

Funds must be used by the Grantee strictly in accordance with the terms of this Agreement including, Grant Purposes set forth in Paragraph 1, Project Objectives and Project Budget as detailed in Grantee's proposal titled **Prenatal and Pediatric Clinical Care Program**. Revisions maybe negotiatid and approved by Grantor, United Way of Stanislaus County.

Only approved expenses applicble and relevant to the approved program for funding under this award can be reimbursed. Grantor will not reimburse non-program expenses associated with the organization's overall infrastructure.

No adjustments or changes to the agreed grant allocations may be made without the approval of the Grantor. The Grantee may deviate from the RFP budget only after they have provided timely written notification to the grantor and have received authorization from the grantor. Grantee must abide by any decision by the Grantor regarding the use of funds.

**Paragraph 3. Hold Harmless Agreement**

To the fullest extent permitted by law, Grant Recipient shall defend, indemnify and hold harmless the Stanislaus County Children and Families Commission, United Way of Stanislaus County, and their officers, agents, departments, officials, representatives and employees from and against any all claims, liabilities, loss, costs, damages, injury or death, fees, expenses, demands and actions including payment of reasonable attorneys' fees arising out of or resulting from any action or claim. This paragraph shall survive the termination of this Agreement.

**Paragraph 4. Public Acknowledgement**

In materials and presentations resulting from the use of these funds or developed for activities authorized under this Grant the Grantee agrees to provide statements gratefully acknowledging the Stanislaus County Children and Families Commission for authorizing this program. The Grantee also agrees to acknowledge the Stanislaus County Children and Families Commission when any program or project results in a service, product, performance, or other tangible outcome made possible because of this Grant.

*"This project/program is sponsored by the Stanislaus County Children and Families Commission. Funded by Prop. 10"*

**Paragraph 5. Non-discrimination**

The Grantee agrees that in the performance of the Agreement it will not unlawfully discriminate in its employment practices, volunteer opportunities, or the delivery of programs or services, on the basis of race, color, religion, gender, national origin, disability, ancestry, age, medical condition, veteran status, marital status, sexual orientation, or any other characteristic protected by law.

**Paragraph 6. Access to and Use of Project Information**

The Grantee agrees to provide the Grantor, the Stanislaus County Children and Families Commission and United Way of Stanislaus County and all representatives of the same with full access, except to the extent specifically prohibited by applicable law, to any and all information developed in connection with or arising from activities funded by this Grant. The Grantee authorizes the Grantor and/or the SCCFC to use, reproduce or publish, the activities funded by this Grant. The Grantee authorizes the Grantor and/or SCCFC to use, reproduce or publish, free of charge or royalty, and to authorize others to use, reproduce, or publish, free of any charge or royalty, any and all such information, including but not limited to reports, budgets, copyrighted materials, or other data.

**Paragraph 8. Project Monitoring and Review**

The Grantee agrees that the Grantor and/or SCCFC may monitor and review the project funded by this Grant. This may include visits by representatives or agents of the Grantor and/or the SCCFC to observe the Grantee's project operations; to review project data, financial records, and organization records; and to discuss the project with Grantee's staff or governing board. At all times during the Agreement, Grantee shall maintain accurate and complete books of account, records and documents of every kind in which all matters relating to the project funded by this Grant, including all income, expenditures, assets, and liabilities thereof, shall be entered. The Grantor and/or the SCCFC shall have the absolute right at any reasonable time to inspect and copy any of these materials, except to the extent specifically prohibited by applicable law.

**Paragraph 9. Reports and Audits**

The Grantee agrees to submit to the Grantor and/or the SCCFC, progress reports, budget reports and final reports, including narrative information and full financial accounting of the expenditure of the Grant funds, according to the Report Schedule set forth in Paragraph 2 of this Agreement. All such reports shall become the property of the Grantor. The Grantor and/or the SCCFC will provide forms and guidelines for the reports. The grantor reserves the right to suspend or withhold payments or reimbursements to the grantee in instances where grantee fails to meet submittal deadlines for said documents and reports. The Grantor in its discretion may also require fiscal monitoring of the project, which may include the review of programmatic as well as financial records.

**Paragraph 10. Payment Process**

Payments will be made to grantee on a reimbursement basis with proper backup documentation for program expenses. Reimbursements will only be made on specific program expenses and not on expenses for the organization's general infrastructure. If this Agreement is not executed by binding authority and returned to United Way of Stanislaus County within 30 days, this Grant may be voided.

**Paragraph 11. Modifications and Termination**

The terms of this Agreement may be revised or modified only with the prior written consent of the United Way. If and when the Grantee fails to meet any of the terms or conditions of the Agreement, the Grantor may withdraw its award and terminate the Agreement and shall there upon have no further obligation to disburse to Grantee any remaining unpaid Grant funds. Grantor may further require repayment by Grantee to the Grantor of any Grant funds that were not used in accordance with the terms of the Agreement.

**Paragraph 12. Duty of Grantee**

Grantee understands and agrees that as a material condition for Grantor to enter into this Grant Agreement and for Grantee to receive any awards or benefits under this Grant Agreement, Grantee will not and cannot do anything in carrying out its business that will negatively affect in any way the best interest of Grantor and/or the SCCFC as it relates to providing Grantee any award or benefits under this Grant Agreement. Grantor has sole discretion in determining whether or not the best interests of Grantor and/or the SCCFC have been negatively affected in any way by the business activities of Grantee. In the event that Grantor determines that Grantee has carried out its business in a manner that negatively affects the best interests of Grantor and/or SCCFC, Grantor reserves the right to withdraw its award to Grantee and terminate the Grant Agreement pursuant to Paragraph 11 above. (Modifications and Termination)

**Paragraph 13. Fund Restriction**

The fund(s) which the Grantor has awarded the Grantee is set forth in Paragraph 2 of this Agreement. All Grant funds must be used in accordance with the conditions set out in this Agreement.

**Paragraph 14. Limit of Commitment**

This award is made with the understanding that the Grantor has no obligation to provide other or additional support from the SCCFC for this or any other project of the Grantee.

**Paragraph 15. Ownership of Works**

Unless otherwise agreed in writing or specified in these general terms of contract, the Grantee owns the equipment purchased with project funds with the original intention to use it as expressed in the proposal application. Equipment cannot be sold or used to gain interest. The Grantor reserves the right to take possession of materials and equipment in instances where the grantee goes out of business or is unable to perform services as set forth in application proposal. The grantor also reserves the right to take possession of equipment valued at \$1,000 or more if it is clear that the grantee will discontinue its serves to children ages 0-5 years old at the conclusion of this contract agreement. The grantor may request reimbursement from grantee for equipment in instances where it is inappropriate for Grantor to take possession of equipment.

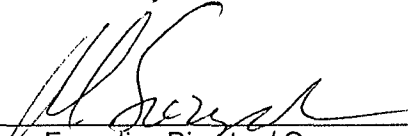
**Paragraph 16. Miscellaneous Requirements**

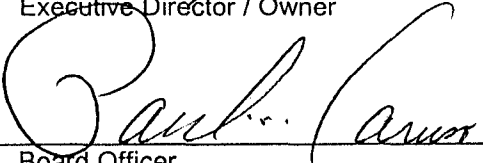
1. Grantee must maintain a tobacco-free environment, including outside areas.
2. Grantee must agree to not accept any direct funds from the Tobacco industry, including event sponsorships and in-kind donations.
3. Grantee will provide information to staff on smoking cessation/dangers of secondhand smoke upon request.
4. Provide healthy food and snack options when meals or foods are provided during the course of program operations.

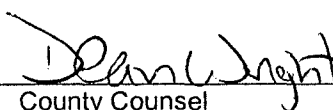
IN WITNESS WHEREOF, the parties hereto have caused this Agreement to be executed and delivered as of the date listed below.

In signing this document the Grantee signatories each acknowledge that they have been authorized by Grantee agency to sign on its behalf, that they have read and understand the entire Grant Agreement shall not be effective until the SCCFC has received and approved an executed copy with the required schedules from the Grantee, and has executed and returned a copy of the entire Agreement to Grantee.

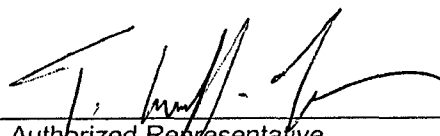
**Stanislaus County HSA, GRANTEE:**

By:  Date: 2/17/04  
Executive Director / Owner

& By:  Date: 2-25-04  
Board Officer  
Paul W. Caruso

& By:  Date: 2/23/04  
County Counsel

**United Way of Stanislaus County, GRANTOR:**

By:  Date: 03/05/04  
Authorized Representative

**Reporting Requirements**  
Paragraph 2

General Terms: Report Schedule for program titled **Prenatal and Pediatric Clinical Care Program**

Reports shall be sent to: United Way of Stanislaus County  
c/o Proposition 10  
P.O. Box 3066  
Modesto, CA 95353

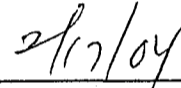
The following reporting requirements must be submitted to United Way of Stanislaus County in accordance with the Grant Agreement and as set forth in Paragraph 2:

**Fiscal Year ending January 31, 2005**

- Budget Update February 23, 2004
- Program Summary and Activity Calendar due no later than March 1, 2004
- Final Report and Demographic Survey Report due no later than January 9, 2005

Stanislaus County HSA  
Prenatal and Pediatric Clinical Care Program  
PO Box 3271  
2095587190

  
\_\_\_\_\_  
GRANTEE SIGNATURE

  
\_\_\_\_\_  
DATE