

**Date:** June 10, 2013  
**To:** F5SMC Finance & Administration Committee  
**From:** Peter Lee, Interim Executive Director  
**Re:** Supplemental Materials for Item 6: Strategic Development Fund Grantee Contracts Review

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The supplemental materials being provided for Item 6 are descriptions of the major activities, along with Budgets and Budget Narratives, for the 4 projects being recommended for funding via the \$1.2M Strategic Development Fund RFP. They are currently in draft form and are being finalized via negotiations, in time for presentation to the full Commission at the June 24<sup>th</sup> meeting.

They are organized in the following manner:

- Each of the PDF files corresponds to one of the four projects being recommended
- Each file starts with a draft Scope of Work for the first year activities, followed by the Budget and Budget Narrative for the first year activities, followed by the Budget and Budget Narrative for the second year activities

Please note that all projects are for a two year period. Scopes of Work are only being provided for year one for two reasons: a) in order to save paper when printing, and b) though some activities in the second year are slightly different and/or are next steps for activities started in year one, they are similar in nature and designed to achieve the some overarching outcomes.

First 5 San Mateo County				
Scope of Work Dates 2013-2014				
Lead Agency Name: Family Connections				
Goal: Engage our highest need families as early as possible in a comprehensive parent participation preschool and parent leadership program				
Measurable Objective #1: Enroll 100 Families (25 returning, 50 are new, 25 are additional) in the Nurturing Families Program by Fall 2013				
Total Unduplicated Clients Served Under This Objective				
Children 0-5:	175	Families of 0-5s: 100	Providers of 0-5s:	Other:
Major activities and timelines (Timeline ongoing unless otherwise indicated)		Staff or agency responsible	Documentation instrument:	Target service # for activity (may be duplicated):
1	Conduct outreach and recruitment activities in targeted service areas to low-income families with children under five years of age. (Aug-Sept)	Education Coordinator, Teachers	fliers distributed to community partners, neighborhoods, schools	100 Families
2	Conduct intake and assessment for new families entering the program (Aug-Sept)	Family Intake Coordinator	Nurturing Skills Competency Scale, First Five Family Intake Form	100 Families
3	Implement Home Visit Family Intake Interview (families who decline home visit will be interviewed on site)	Teachers & Family Intake Coordinator	Nurturing Skills Competency Scale, First Five Family Intake Form	100 families (80% will participate in home visit)
4	Provide Case Managed Follow Up for each family based on screening and assessment	Intake Specialist with Education Coordinator providing supervision	Case Management Records	75
5	Conduct All Parent Orientation (2 hour workshop in early Oct)	Education Coordinator, Teachers	orientation agenda and materials	80 families

**First 5 San Mateo County**

**Scope of Work Dates 2013-2014**

<b>Lead Agency Name: Family Connections</b>			
<b>Goal: Promote parent and infant/toddler nurturing &amp; attachment</b>			
<b>Measurable Objective #2: Increase parent's knowledge &amp; demonstrated skills of early childhood growth &amp; development, positive parenting and parent/child nurturing &amp; attachment</b>			
<b>Total Unduplicated Clients Served Under This Objective</b>			
<b>Children 0-5:</b>	<b>175</b>	<b>Families of 0-5s:</b>	<b>100</b>
		<b>Providers of 0-5s:</b>	
		<b>Other:</b>	
<b>Major activities and timelines (Timeline ongoing unless otherwise indicated)</b>		<b>Staff or agency responsible</b>	<b>Documentation instrument:</b>
<b>Target service # for activity (may be duplicated):</b>			
1	Review results of Nurturing Skills Competency Scale (NSCS) with parents to establish baseline of knowledge and skills (Sept 15-30)	Intake Specialist/Teachers	NSCS results
2	Conduct Maternal Depression screening, refer any mother needing immediate follow up(early Oct)	Education Coordinator/Teachers/Intake Specialist	Screening Tool
4	Conduct weekly parent education sessions both during morning and once monthly during evening 75-125 hours of parent education (Sept - May)	Education Coordinator/Teachers/Special Presenters	Parent Education Syllabus, Attendance Forms, Calendar of Topics
5	Foster self care and mental/physical wellness through weekly facilitated parent support groups and fitness activities	Volunteer Support Group Facilitator, zumba instructor, yoga instructor	attendance records
6	Conduct Child Developmental Assessments and review results with parents to set goals and monitor progress (Oct-Nov)	Teachers	ASQ and ASQ-SE
7	Conduct year-end parent surveys, NSCS post survey (May)	Education Coordinator/Teachers & Intake Specialist	year-end parent survey, NSCS post survey

First 5 San Mateo County			
Scope of Work Dates 2013-2014			
Lead Agency Name: Family Connections			
Goal: Engage Fathers and Malecaregivers in their young children's growth & development			
Measurable Objective #3: Increase father and malecaregiver active participation rate in Nurturing Families From the Start Program			
Total Unduplicated Clients Served Under This Objective			
Children 0-5:	Families of 0-5s:	Providers of 0-5s:	Other:
175	100		
Major activities and timelines (Timeline ongoing unless otherwise indicated)	Staff or agency responsible	Documentation instrument:	Target service # for activity (may be duplicated):
1 Fathers/malecaregivers complete "Interest Form" upon intake to learn of special skills and interests (Aug-Sept)	Education Coordinator/Teachers	Interest Forms	60
2 Interest Forms are reviewed and fathers are invited to participate in activities and help with projects based on interest	Intake Specialist	Case Notes	60
3 Conduct monthly parent education nights (including "Importance of Father/malecaregiver Involvement" topic in which both parents attend and male alumni parents speak (20-25 hours per year of instruction Sept - May)	Education Coordinator & Special Presenters	calendar of Parent Ed Night topics, attendance sheets	160
4 Conduct special father/child friendly activities: field trips, library days, take home activities through virtual pre-K program, year-end celebration event, project days (Sept - May)	Education Coordinator, Teachers, Volunteer/Facilities Coordinator	calendar of activities, attendance sheets,	100
5 Conduct year end father/male caregiver involvement survey to assess increase in father involvement (May-June)	Education Coordinator	surveys	60

**First 5 San Mateo County**

**Scope of Work Dates 2013-2014**

**Lead Agency Name: Family Connections**

**Goal: Manualize Family Connection's Program Model in effort to replicate/expand the work into other communities**

**Measurable Objective #4: Create and Publish Family Connections Operations Manual**

**Total Unduplicated Clients Served Under This Objective**

	<b>Children 0-5: 175</b>	<b>Families of 0-5s: 100</b>	<b>Providers of 0-5s:</b>	<b>Other:</b>
	<b>Major activities and timelines (Timeline ongoing unless otherwise indicated)</b>	<b>Staff or agency responsible</b>	<b>Documentation instrument:</b>	<b>Target service # for activity (may be duplicated):</b>
1	June 2013 Consultant Interviews E.D. and Ed Coord to gain hi-level overview of FC systems, programs and procedures	Business Process Analyst (BPA), E.D. Education Coordinator	notes taken from interviews	
2	Consultant creates project plan including timeline and deliverables by July 1, 2013	BPA	first draft of project plan	
3	Informational Interviews Conducted and existing documentation gathered for Business Admin & Operations component	BPA and Executive Director	notes and documents	
4	Informational Interviews Conducted for Core Programs: Nurturing Families, Pre-K	BPS and Education Coordinator		

First 5 San Mateo County			
Scope of Work Dates July 2013-June 2014			
Lead Agency Name: Family Connections			
Goal: Provide culturally, linguistically, and developmentally appropriate services to children and families.			
Measurable Objective #4: Nurturing Families From the Start will be provided in a bi-lingual setting, with developmentally appropriate curriculum and activities for the children			
Total Unduplicated Clients Served Under This Objective			
Children 0-5:	Families of 0-5s:	Providers of 0-5s:	Other:
175	100		
Major activities and timelines (Timeline ongoing unless otherwise indicated)	Staff or agency responsible	Documentation instrument:	Target service # for activity (may be duplicated):
1 Classroom parent education sessions, parent participation preschool, evening parent education sessions conducted bi-lingually (Spanish) and with approach that is developmentally appropriate (Sept-May)	Teachers, Education Coordinator	Written curriculum	380
2 FC Teachers attend Early Childhood Language Development Institute in-service (refresher class) August	Education Coordinator, Teachers	in-service agenda	4
3 FC Parents attend Early Childhood Language Development Institute workshop during school year parent education classes (January)	Education Coordinator, Teachers	workshop syllibus	100
4 Parents participate Madres Project activities designed to promote, share and celebrate the different cultures among participants (Sept - May)	Education Coordinator, Teachers	workshop syllibus	100
5 participants learn favorite songs & rhymes in various languages depending upon cultures reflected in the program each year (past examples include : Spanish, French, Tongan, Cantonese, American Sign Language)	Teachers and Parent Volunteers	copy of song translations	275
6 parents complete ASQ & ASQ-SE for each child in program and are referred to additional programs and services if needed (assessments take place in October)	Teachers & Family Intake Specialist	completed assessments	175

First 5 San Mateo County			
Scope of Work Dates 2013-2014			
Lead Agency Name: Family Connections			
Goal: Maximize collaborations with other systems, agencies, and/or efforts within San Mateo County.			
Measurable Objective #5: Family Connections will work with other FF grantees and agencies to establish a South County Young Families Care Coordination Network			
Total Unduplicated Clients Served Under This Objective			
Children 0-5:	Families of 0-5s:	Providers of 0-5s: 10+	Other:
Major activities and timelines (Timeline ongoing unless otherwise indicated)	Staff or agency responsible	Documentation instrument:	Target service # for activity (may be duplicated):
1 Work with FF and local agencies to establish working list of intersted partners (January 2014)	Executive Director & Education Coordinator	contact list	10 agencies
2 Review existing collaboratives to determine if any can fulfill function of specifically addressing coordination of families with children 0-5 residing in south county	Executive Director & Education Coordinator	Notes from Review	
3 Hold initial interest meeting to set goals, frequency of meeting, membership, etc. (June 2014)	Executive Director & Education Coordinator	Meeting Notes	TBD depending upon innterest level

First 5 San Mateo County			
Scope of Work Dates July 2013-June 2014			
Lead Agency Name: Family Connections			
Goal: Promote sustainable practices and identify additional resources to ensure the continuation of service provision.			
Measurable Objective #6: Funds will be raised through a variety of revenue sources to meet the budgetary needs of the Nurturing Families From the Start program for FY13-14			
Total Unduplicated Clients Served Under This Objective			
Children 0-5:	Families of 0-5s:	Providers of 0-5s:	Other:
175	100		
Major activities and timelines (Timeline ongoing unless otherwise indicated)	Staff or agency responsible	Documentation instrument:	Target service # for activity (may be duplicated):
1 Annual Fundraising plan developed for FY13-14 by July 2014	Executive Director	fundraising plan	
2 Grant funding will be sought from Foundations/Corporations, ongoing FY2013-2014	Executive Director, Grants Coordinator	grant prospect/tracking spreadsheet	

<b>First 5 San Mateo County</b>			
<b>Scope of Work Dates July 2013-June 2014</b>			
<b>Lead Agency Name: Family Connections</b>			
<b>Goal: Advance F5SMC's Communications and Systems Change efforts to promote optimal early childhood development for children 0-5 in San Mateo County.</b>			
<b>Measurable Objective #7: Communicate the importance of the first 5 years of life and collaborate to improve systems integration, decrease duplicative services, and create lasting, beneficial systems improvements.</b>			
<b>Total Unduplicated Clients Served Under This Objective</b>			
<b>Children 0-5:</b>	<b>Families of 0-5s:</b>	<b>Providers of 0-5s:</b>	<b>Other:</b>
<b>Major activities and timelines (Timeline ongoing unless otherwise indicated)</b>	<b>Staff or agency responsible</b>	<b>Documentation instrument:</b>	<b>Target service # for activity (may be duplicated):</b>
1 Distribute First 5 Monthly Materials to project clients	Teachers	Outreach materials log	
2 Distribute First 5's Kit for New Parents	Teachers	Progress Update	
3 Participate in F5SMC's Learning Circles and other collaborative efforts	Education Coordinator	Sign in sheet	
4 Document measures to increase efficiencies and reduce duplication within service delivery	Education Coordinator	Mid-year and annual F5SMC Progress Report Narrative	

First 5 San Mateo County

Scope of Work Dates July 2013-June 2014

<b>Lead Agency Name: Family Connections</b>			
<b>Goal: Demonstrate the effectiveness of the project strategies through participation in an independently administered process and outcome evaluation.</b>			
<b>Measurable Objective #8: Participate in the design of the evaluation and in the implementation of data collection activities as required by the evaluation design.</b>			
<b>Total Unduplicated Clients Served Under This Objective:</b>			
<b>Children 0-5:</b>	<b>Families of 0-5s:</b>	<b>Providers of 0-5s:</b>	<b>Other:</b>
<b>Major activities and timelines (Timeline ongoing unless otherwise indicated)</b>	<b>Staff or agency responsible</b>	<b>Documentation instrument:</b>	<b>Target service # for activity (may be duplicated):</b>
1 Collect and enter individual-level client data and individual-level service data on all project activities	Education Coordinator, Program Administrative Assistant	Registration documents, Attendance Records	
2 Administer all Comprehensive Evaluation tools on clients served as required by the F5SMC evaluation design.	Education Coordinator, Teachers	Tools provided by F5SMC	
3 Administer all Systems-Change Evaluation tools as required by the First 5 evaluation design.	Education Coordinator, Teachers	Tools provided by F5SMC	

First 5 San Mateo County			
Scope of Work Dates July 2013-June 2014			
Lead Agency Name: Family Connections			
Goal: Ensure the general public is aware of the benefit of Proposition 10 (Prop. 10) tax dollars in the community			
Measurable Objective #9: Keep the public informed of how and where Prop 10 funds are invested in San Mateo County			
Total Unduplicated Clients Served Under This Objective			
Children 0-5:	Families of 0-5s:	Providers of 0-5s:	Other:
Major activities and timelines (Timeline ongoing unless otherwise indicated)	Staff or agency responsible	Documentation instrument:	Target service # for activity (may be duplicated):
1	Place a placard announcing project funding by F5SMC in a prominent area where services take place. Timeline = Ongoing.	Teachers	Placard placement
2	Recognize F5SMC by placing the F5SMC logo and/or the phrase "Funding provided by First 5 San Mateo County" in annual report, public education materials, outreach materials, and media communications. Timeline = Ongoing.	Executive Director	Copies of materials and press releases
3	Place F5SMC tobacco-free premises placard in a prominent area where funded services take place	Teachers	Placard placement
4	Make tobacco education and cessation resources provided by F5SMC readily available to those served by the agency and to staff of the agency	Education Coordinator	Copies of materials provided by F5SMC



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

Appendix D

Complete this form to show the budget for the entire project for the fiscal year. If there are subcontractors or collaborative agency budgets

Agency Name:	<b>Family Connections</b>
Program/Project Name:	<b>Nurturing Families Program</b>
Amount of Request:	<b>\$94,512</b>
Budget Period:	<b>July 2013-June 2014</b>
Submission Date:	<b>6/6/2013</b>

Commission. At the bottom of the form under section VII, please list the funding source for all funds included in this column and any

I. PERSONNEL			A. Amount Requested	B. Leveraged Amount Available**	C. Total Program Budget (A+B)
Position Title	Salary Range	# FTEs			
A. Education Coordinator	\$26,900	0.50	\$ 8,700	\$ 18,200	\$ 26,900
B. Teacher - Belle Haven	\$18,600	0.48	\$ 10,000	\$ 8,600	\$ 18,600
C. Teacher - Redwood City	\$16,700	0.38	\$ 8,900	\$ 7,800	\$ 16,700
D. Teacher - East Palo Alto	\$17,300	0.48	\$ 9,500	\$ 7,800	\$ 17,300
E. Family Intake Specialist	\$30,000	0.63	\$ 30,000	\$ -	\$ 30,000
F. Business Process Analyst	\$5,500	0.02	\$ 5,500		\$ 5,500
Payroll Taxes@ 11%			\$ 7,986		\$ 7,986
<b>Subtotal - Personnel</b>			<b>\$ 80,586</b>	<b>\$ 42,400</b>	<b>\$ 122,986</b>

II. OPERATING EXPENSES	A. Amount Requested	B. Leveraged Amount Available **	C. Total Program Budget (A+B)
A. Rent and Utilities	\$ -	\$ 21,100	\$ 21,100
B. Office Supplies and Materials	\$ -	\$ 1,500	\$ 1,500
C. Telephone/Communications	\$ -	\$ 1,600	\$ 1,600
D. Postage/Mailing	\$ -	\$ 1,400	\$ 1,400
E. Printing/Copying	\$ 1,500	\$ 2,000	\$ 3,500
F. Equipment Lease	\$ -	\$ -	\$ -
G. Travel	\$ 500	\$ -	\$ 500
H. Training/Conference	\$ 600	\$ -	\$ 600
I. Consultants (itemize):	\$ -	\$ -	\$ -
Specialty Adult Education Speakers	\$ 1,000	\$ 2,000	\$ 3,000
	\$ -	\$ -	\$ -
J. Subcontractors (itemize):	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
K. Other (itemize):	\$ -	\$ -	\$ -
Insurance	\$ -	\$ 5,900	\$ 5,900
Classroom materials		\$ 3,700	\$ 3,700
Staff recognition		\$ 700	\$ 700
Parent Involvement Fund	\$ 200		\$ 200
Recruiting expenses		\$ -	\$ -
Equipment		\$ 1,000	\$ 1,000
Dues		\$ 300	\$ 300
Misc.		\$ 100	\$ 100
<b>Subtotal - Operating Expenses</b>	<b>\$ 3,800</b>	<b>\$ 41,300</b>	<b>\$ 45,100</b>

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

IV. INDIRECT COSTS	A. Amount Requested	B. Leveraged Amount Available **	C. Total Program Budget (A+B)
12%	\$ 10,126		\$ 10,126
(Attach copy of approved indirect cost rate proposal if percentage exceeds 12%, or submit a proposal for approval)			
I.T. costs, janitorial, building maintenance, finance/accounting, agency office			
<b>Subtotal - Indirect Costs</b>	<b>\$ 10,126</b>		<b>\$ 10,126</b>

V. TOTAL PROGRAM COSTS	A. Amount Requested	B. Leveraged Amount Available **	C. Total Program Budget (A+B)
<b>Total of sections I - IV</b>	<b>\$ 94,512</b>	<b>\$ 83,700</b>	<b>\$ 178,212</b>

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

**Rent is provided at Belle Haven School (Ravenswood City School District) and our Redwood City location (Sequoia Union High School District)**  
**Volunteer Therapist 6 hours per week (facilitating parent support groups)**

**Volunteer Teacher's Aide (8 hrs./week)**

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

**Annual Support Campaign.**  
**FY13/14 Agency Projected:**  
**\$98,000**

**Grants. FY13/14 Agency**  
**Projected: \$100,000**

**Municipal Grants: FY13/14**  
**Agency Projected: \$69,000**

**Special Events: FY13/14**  
**Agency Projected: \$104,000**

<b>Date Prepared:</b>	<b>Prepared By:</b>
-----------------------	---------------------

<b>First 5 San Mateo County Use Only</b>	
<b>Date Approved:</b>	<b>Approved By:</b>



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

Agency Name:	<b>Family Connections</b>
Program/Project Name:	<b>Nurturing Families Program</b>
Amount of Request:	<b>\$94,512</b>
Budget period:	<b>July 2013-June 2014</b>
Submission Date:	<b>6/6/2013</b>

<b>I. PERSONNEL</b>	A. Amount Requested	Description / Explanation
<u>Position Title</u>		
A. Education Coordinator	\$ 8,700	Supervisor plus 15 hours for manual project
B. Teacher - Belle Haven	\$ 10,000	Home Visiting, new afternoon program, training (312 x \$31.99)
C. Teacher - Redwood City	\$ 8,900	Home Visiting, Teaching & Training Hours (251 x \$35.29)
D. Teacher - East Palo Alto	\$ 9,500	Home Visits, new afternoon program , training (312 hrs x \$30.47 )
E. Family Intake Specialist	\$ 30,000	Staff member responsible for all client paperwork, data collection, data compilation (25
F. Business Process Analyst	\$ 5,500	Oversee Manual Project including writing manual (45 hours x \$90/hr)
Payroll Taxes@ 11%	\$ 7,986	
<b>Subtotal - Personnel</b>	<b>\$ 80,586</b>	

<b>II. OPERATING EXPENSES</b>	A. Amount Requested	Description / Explanation
A. Rent and Utilities	\$ -	
B. Office Supplies and Materials	\$ -	
C. Telephone/Communications	\$ -	
D. Postage/Mailing	\$ -	
E. Printing/Copying	\$ 1,500	Intake forms, surveys and evaluation copies
F. Equipment Lease	\$ -	
G. Travel	\$ 500	Reimburse Staff for home visits mileage
H. Training/Conference	\$ 600	Staff development
I. Consultants (itemize):	\$ -	
Specialty Adult Education Speakers	\$ 1,000	Specialty Adult Education Speakers, for both Classroom sessions and Parent Nights
	\$ -	
J. Subcontractors (itemize):	\$ -	
	\$ -	
	\$ -	
K. Other (itemize):	\$ -	
Parent Invovlement Fund	\$ 200	Materials and supplies for Parent Education Program
Classroom materials	\$ -	
<b>Subtotal - Operating Expenses</b>	<b>\$ 3,800</b>	

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

IV. INDIRECT COSTS	A. Amount Requested	Allocation Method / Formula Used
0.12	\$ 10,126	I.T. costs, janitorial, building maintenance, finance/accounting, agency office
<b>Subtotal - Indirect Costs</b>	<b>\$ -</b>	

V. TOTAL PROGRAM COSTS	A. Amount Requested	
<b>Total of sections I - IV</b>	<b>\$</b>	<b>94,512</b>

VI. IN KIND SUPPORT: Please identify any in-kind support that is available to this project (example: volunteer hours, donated office space or equipment). If  
**Rent is provided at Belle Haven School  
(Ravenswood City School District) and our  
Redwood City location (Sequoia Union High  
School District)  
Volunteer Therapist 6 hours per week  
(facilitating parent support groups)  
Volunteer Teacher's Aide (8 hrs./week)**

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

**Annual Support Campaign. FY13/14  
Agency Projected: \$98,000**

**Grants. FY13/14 Agency Projected:  
\$100,000**

**Municipal Grants: FY13/14 Agency  
Projected: \$84,000**

**Special Events: FY13/14 Agency Projected:  
\$104,000**

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

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

*Electronic copy must also be submitted to:*  
**F5SMC Program Specialist**



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

Appendix D

at for the **entire** project for the fiscal year. If there are subcontractors or collaborative agency budgets involved, please

Agency Name:	<b>Family Connections</b>
Program/Project Name:	<b>Nurturing Families Program</b>
Amount of Request:	<b>\$94,512</b>
Budget Period:	<b>July 2014-June 2015</b>
Submission Date:	<b>6/6/2013</b>

the bottom of the form under section VII, please list the funding source for all funds included in this column and any amounts from this column that are not

I. PERSONNEL			A. Amount Requested	B. Leveraged Amount Available**	C. Total Program Budget (A+B)
Position Title	Salary Range	# FTEs			
A. Education Coordinator	\$26,900	0.50	\$ 8,700	\$ 18,200	\$ 26,900
B. Teacher - Belle Haven	\$19,000	0.48	\$ 10,000	\$ 9,000	\$ 19,000
C. Teacher - Redwood City	\$17,100	0.38	\$ 8,900	\$ 8,200	\$ 17,100
D. Teacher - East Palo Alto	\$17,700	0.48	\$ 9,500	\$ 8,200	\$ 17,700
E. Family Intake Specialist	\$30,000	0.63	\$ 30,000		\$ 30,000
F. Business Process Analyst	\$5,500	0.02	\$ 5,500		\$ 5,500
Benefits @ 11%			\$ 7,986		\$ 7,986
Payroll Taxes					
<b>Subtotal - Personnel</b>			<b>\$ 80,586</b>	<b>\$ 43,600</b>	<b>\$ 124,186</b>

II. OPERATING EXPENSES	A. Amount Requested	B. Leveraged Amount Available **	C. Total Program Budget (A+B)
A. Rent and Utilities	\$ -	\$ 21,700	\$ 21,700
B. Office Supplies and Materials	\$ -	\$ 1,600	\$ 1,600
C. Telephone/Communications	\$ -	\$ 1,700	\$ 1,700
D. Postage/Mailing	\$ -	\$ 1,500	\$ 1,500
E. Printing/Copying	\$ 1,500	\$ 2,100	\$ 3,600
F. Equipment Lease	\$ -	\$ -	\$ -
G. Travel	\$ 500	\$ -	\$ 500
H. Training/Conference	\$ 600	\$ 100	\$ 700
I. Consultants (itemize):	\$ -	\$ -	\$ -
Specialty Adult Education Speakers	\$ 1,000	\$ 2,100	\$ 3,100
	\$ -	\$ -	\$ -
J. Subcontractors (itemize):	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
K. Other (itemize):	\$ -	\$ -	\$ -
Insurance	\$ -	\$ 6,100	\$ 6,100
Classroom materials		\$ 3,800	\$ 3,800
Staff recognition		\$ 700	\$ 700
Parent Involvement Fund	\$ 200	\$ 25	\$ 225
Recruiting expenses		\$ 300	\$ 300
Equipment		\$ 1,100	\$ 1,100
Dues		\$ 300	\$ 300
Misc.		\$ 100	\$ 100
<b>Subtotal - Operating Expenses</b>	<b>\$ 3,800</b>	<b>\$ 43,225</b>	<b>\$ 47,025</b>

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

C.	\$	-	\$	-	
D.	\$	-	\$	-	
E.	\$	-	\$	-	
<b>Subtotal - Capital Expenditures</b>		\$	-	\$	-

IV. INDIRECT COSTS	A. Amount Requested	B. Leveraged Amount Available **	C. Total Program Budget (A+B)
12%	\$ 10,126		\$ 10,126
(Attach copy of approved indirect cost rate proposal if percentage exceeds 12%, or submit a proposal for approval)			
I.T. costs, janitorial, building maintenance, finance/accounting, agency office			
<b>Subtotal - Indirect Costs</b>	\$ 10,126		\$ 10,126

V. TOTAL PROGRAM COSTS	A. Amount Requested	B. Leveraged Amount Available **	C. Total Program Budget (A+B)
<b>Total of sections I - IV</b>	\$ 94,512	\$ 86,825	\$ 181,337

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

Rent is provided at Belle Haven School (Ravenswood City School District) and our Redwood City location (Sequoia Union High School District)

Volunteer Therapist 6 hours per week (facilitating parent support groups)

Volunteer Teacher's Aide (8 hrs./week)

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

Annual Support Campaign. FY14/15  
Agency Projected: \$107,600

Grants. FY14/15 Agency Projected:  
\$105,000

Municipal Grants: FY14/15 Agency  
Projected: \$69,000

Special Events: FY13/14 Agency Projected:  
\$110,000

<b>Date Prepared:</b>		<b>Prepared By:</b>	
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First 5 San Mateo County Use Only			
<b>Date Approved:</b>		<b>Approved By:</b>	



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

Agency Name:	<b>Family Connections</b>
Program/Project Name:	<b>Nurturing Families Program</b>
Amount of Request:	<b>\$94,512</b>
Budget period:	<b>July 2014-June 2015</b>
Submission Date:	<b>6/6/2013</b>

<b>I. PERSONNEL</b>	A. Amount Requested	Description / Explanation
<u>Position Title</u>		
A. Education Coordinator	\$ 8,700	Supervisor plus 15 hours for manual project
B. Teacher - Belle Haven	\$ 10,000	Home Visiting, new afternoon program ,training(312 x \$31.99)
C. Teacher - Redwood City	\$ 8,900	Home Visiting, Teaching Hours, training (251 x \$35.29)
D. Teacher - East Palo Alto	\$ 9,500	Home Visits, new afternoon program,training (312hrs x \$30.47 )
E. Family Intake Specialist	\$ 30,000	Staff member responsible for all client paperwork, data collection, data compilation (25
F. Business Process Analyst	\$ 5,500	Oversee Manual Project including writing manual (45 hours x \$90/hr)
Benefits @ 11%	\$ 7,986	
<b>Subtotal - Personnel</b>	<b>\$ 80,586</b>	

<b>II. OPERATING EXPENSES</b>	A. Amount Requested	Description / Explanation
A. Rent and Utilities	\$ -	
B. Office Supplies and Materials	\$ -	
C. Telephone/Communications	\$ -	
D. Postage/Mailing	\$ -	
E. Printing/Copying	\$ 1,500	Intake forms, surveys and evaluation copies
F. Equipment Lease	\$ -	
G. Travel	\$ 500	Reimburse Family Intake Specialist for home visits mileage
H. Training/Conference	\$ 600	Staff development
I. Consultants (itemize):	\$ -	
Specialty Adult Education Speakers	\$ 1,000	Specialty Adult Education Speakers, for both Classroom sessions and Parent Nights
	\$ -	
J. Subcontractors (itemize):	\$ -	
	\$ -	
	\$ -	
K. Other (itemize):	\$ -	
Parent Involvement Fund	\$ 200	Materials and supplies for Parent Education Program
Classroom materials	\$ -	
<b>Subtotal - Operating Expenses</b>	<b>\$ 3,800</b>	

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

IV. INDIRECT COSTS	A. Amount Requested	Allocation Method / Formula Used
<u>0.12</u>	\$ 10,126	I.T. costs, janitorial, building maintenance, finance/accounting, agency office
<b>Subtotal - Indirect Costs</b>	<b>\$ -</b>	

V. TOTAL PROGRAM COSTS	A. Amount Requested	
<b>Total of sections I - IV</b>	<b>\$</b>	<b>94,512</b>

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

Rent is provided at Belle Haven School (Ravenswood City School District) and our Redwood City location (Sequoia Union High School District)

Volunteer Therapist 6 hours per week (facilitating parent support groups)  
Volunteer Teacher's Aide (8 hrs./week)

VII. LEVERAGED FUNDS ARE FROM: Please list the funding sources and their amounts for funds identified in Column B. Also indicate which leveraged funds are Annual Support Campaign. FY14/15

Agency Projected: \$107,600

Grants. FY14/15 Agency Projected: \$105,000

Municipal Grants: FY14/15 Agency Projected: \$84,000

Special Events: FY13/14 Agency Projected: \$110,000

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

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

Electronic copy must also be submitted to:  
F5SMC Program Specialist

<b>First 5 San Mateo County</b>			
<b>Scope of Work Dates July 1, 2013 to June 30, 2014</b>			
<b>Lead Agency Name: Family Health Services, San Mateo Health System</b>			
<b>Goal: Staff the Collaboration for Children's Asthma Management and Prevention (C-CAMP)</b>			
<b>Measurable Objective Planning: Within three months, recruit, hire, and train two new positions</b>			
<b>Total Unduplicated Clients Served Under This Objective</b>			
<b>Children 0-5:</b>	<b>Families of 0-5s:</b>	<b>Providers of 0-5s:</b>	<b>Other: Proposal staffing</b>
<b>Major activities and timelines (Timeline ongoing unless otherwise indicated)</b>		<b>Staff or agency responsible</b>	<b>Documentation instrument:</b>
<b>Target service # for activity (may be duplicated):</b>			
1	Recruit, hire, and train an unclassified Public Health Nurse (Q1)	FHS, Breathe CA	Letter from Director, Resume
2	Recruit, hire, and train an MPH level Health Educator (Q1)	Breathe CA, FHS	Letter from Director, Resume
			Include in year-end report to F5SMC
			Include in year-end report to F5SMC

First 5 San Mateo County				
Scope of Work Dates July 1, 2013 to June 30, 2014				
Lead Agency Name: Family Health Services, San Mateo Health System				
Goal: Improve asthma prevention, management, and treatment expertise throughout systems working with young children				
Measurable Objective #1: Within two years, raise the visibility and credibility of the Asthma Coalition by providing standardized communication, an assessment of system challenges, and documentation of member service coordination.				
Total Unduplicated Clients Served Under This Objective: 6				
Children 0-5:	Families of 0-5s:	Providers of 0-5s:	Other: Systems working with young children; Asthma Coalition, Coalition Partners, New Partners	
Major activities and timelines (Timeline ongoing unless otherwise indicated)	Staff or agency responsible	Documentation instrument:	Target service # for activity (may be duplicated):	
1	Function as secretariat to Asthma Coalition	FHS, Breathe California	Coalition Agendas, Minutes, Plan-Do-Study-Act Worksheets	Provide to all Asthma Coalition members
2	Identify and document system issues and solutions in the management and treatment of asthma for children under 5	FHS, Breathe California	Report: Addressing systemic barriers to efficient asthma treatment	Present report to F5SMC
3	Document and improve referral and coordination networks for children with asthma among current Asthma Coalition Partners and new Partners.	FHS, Breathe California	Letters of Intent (LOI), Memoranda of Understanding (MOU), Plan-Do-Study-Act Worksheets	LOI or MOU among six or more partners documenting referral and coordination workflows and improvements. (CCCC, CHDP, Environmental Health, HPSM, IHSD-Head Start, LPCH, Ravenswood, SMMC, Tobacco Education Coalition, WIC)

First 5 San Mateo County				
Scope of Work Dates July 1, 2013 to June 30, 2014				
Lead Agency Name: Family Health Services, San Mateo Health System				
Goal: Parents and providers should be able to identify and manage asthma				
Measurable Objective #2: Educate parents in the identification and management of asthma for children age 5 and under				
Total Unduplicated Clients Served Under This Objective: 45 Families				
Children 0-5:		Families of 0-5s: 45 Families	Providers of 0-5s:	Other: Agency contacts at CCCC, FHS, HSA, and IHSD-Headstart
Major activities and timelines (Timeline ongoing unless otherwise indicated)		Staff or agency responsible	Documentation instrument:	Target service # for activity (may be duplicated):
1	Revise "All About Asthma" training curriculum (originally tailored to childcare providers) for use with parents (Q2)	Breathe California, FHS	Curriculum	Include in year-end report to F5SMC
2	Recruit parents of children five and younger for trainings on asthma identification, prevention, management, and reduction of asthma triggers	Breathe California, FHS	Email, flyers	Provide recruitment emails and flyers to four agencies serving children age five and younger (CCCC, FHS, HSA, IHSD-Head Start).
3	Conduct 2 Spanish and 1 English parent trainings (Q4)	Breathe California, FHS	Class roster	45 families complete training
4	Increase number of parents who understand how to manage their child's asthma	Breathe California, FHS	Parents in trainings self-report improvement in asthma management skills	45 families complete self-assessment

First 5 San Mateo County				
Scope of Work Dates July 1, 2013 to June 30, 2014				
Lead Agency Name: Family Health Services, San Mateo Health System				
Goal: Professionals throughout the community should be able to identify, prevent, and manage asthma				
Measurable Objective #3: Educate childcare providers and healthcare providers in the identification and management of asthma for children age 5 and under; Develop a team of trainers who can provide additional education				
Total Unduplicated Clients Served Under This Objective: 95 Providers				
Children 0-5:	Families of 0-5s:	Providers of 0-5s: 95 Providers	Other:	
Major activities and timelines (Timeline ongoing unless otherwise indicated)	Staff or agency responsible	Documentation instrument:	Target service # for activity (may be duplicated):	
1	Recruit child care professionals for "All About Asthma" trainings on asthma identification, prevention, management, and on controlling asthma triggers	Breathe California, FHS	Email, flyers	Provide recruitment emails and flyers to Child Care Coordinating Council (CCCC)
2	Conduct 1 Spanish and 5 English "All About Asthma" trainings (Q4)	Breathe California, FHS	Class roster	60 childcare providers complete training
3	Increase number of providers who know how to manage asthma in young children	Breathe California, FHS	Providers report improvement in asthma management skills	60 childcare providers complete self-assessment
4	Adapt "All About Asthma" training curriculum for healthcare providers (for nurses, medical assistants, etc.) (Q2)	Breathe California, FHS	Curriculum	Include in year-end report to F5SMC
5	Recruit healthcare providers for presentations/webinars on asthma identification, prevention, management, and reduction of asthma triggers	FHS, Breathe California	Email, flyers	Provide recruitment emails and flyers to healthcare agencies serving children age five and younger (e.g., San Mateo Medical Center and clinics, Ravenswood Family Health Center, community pediatric providers working with CHDP, Lucile Packard Children's Hospital)
6	Develop flexible healthcare presentation for a target audience of physicians and nurse practitioners on asthma prevention, prevention, mitigation, management, and reduction of asthma triggers (Q4)	FHS, Breathe California	Presentation	Include in year-end report to F5SMC
7	Conduct 1 healthcare presentation/webinar (Q4)	FHS, Breathe California	Class roster	15 healthcare providers attend presentations
8	Recruit training professionals from collaborating organizations for 4 hour class, "Train-the-Trainer: All About Asthma"	Breathe California, FHS	Email, flyers	Provide recruitment emails and flyers to Asthma Coalition and other constituencies that serve children 5 and younger (e.g., CHDP, Environmental Health, HPSM, IHSD-Head Start, LPCH, Ravenswood, SMMC, Tobacco Education Coalition, WIC)
9	Conduct 2 "Train-the-Trainer: All About Asthma" classes (Q4)	Breathe California, FHS	Class roster	20 training professionals complete class
10	Increase number of professionals who can train others on asthma identification, prevention, management, and reduction of asthma triggers	Breathe California, FHS	New trainers report improvement in asthma teaching skills	20 training professionals complete self-assessment

First 5 San Mateo County				
Scope of Work Dates July 1, 2013 to June 30, 2014				
Lead Agency Name: Family Health Services, San Mateo Health System				
Goal: Increase early identification and prevention of asthma among new parents				
Measurable Objective #4: Integrate asthma assessment and education into FHS home visiting services; Expanding asthma assessment and education within home visiting services				
Total Unduplicated Clients Served Under This Objective: 40 home visitors				
Children 0-5: 50 Children	Families of 0-5s: 50 Families	Providers of 0-5s: 40 Home Visitors	Other:	
Major activities and timelines (Timeline ongoing unless otherwise indicated)	Staff or agency responsible	Documentation instrument:	Target service # for activity (may be duplicated):	
1	Ensure that current asthma expertise is retained by developing two "Asthma Champions" (Q2)	FHS	Asthma Champion job responsibilities	Include in year-end report to F5SMC
2	Recruit two permanently-funded home visitors as Asthma Champions (Q2)	FHS	Letter from Director	Include in year-end report to F5SMC
3	Ensure that current asthma expertise is expanded by having Asthma Champions attain Asthma Educator certification	FHS	Asthma Educator class and Certification Examination	Include in year-end report to F5SMC
4	Integrate Home Visiting and SCAMP workflows (Q2)	FHS	Policies and Procedures	Include in year-end report to F5SMC
5	Integrate Home Visiting and SCAMP data (Q2)	FHS	Avatar	Include in year-end report to F5SMC
6	Integrate Home Visiting and SCAMP staff	FHS	Letter from Director	Include in year-end report to F5SMC
7	Develop training curriculum of integrated workflows (Q3)	FHS, Breathe California	Curriculum	Include in year-end report to F5SMC
8	Increase number of FHS case managers who can assist families to manage their child's asthma by conducting six trainings on integrated workflows for home visitors	FHS, Breathe California	Class roster	40 home visitors attend trainings
9	Ensure that Home Visitors conduct asthma assessments and provide appropriate asthma supports	FHS	Avatar	Acceptable audit of TCM-billable encounters, referrals, and progress notes for children identified with asthma Acceptable home assessments Acceptable asthma ISPs
10	New PHN position conducts asthma home assessments (Q4)	FHS	Avatar	Provide asthma home assessments for the families of 10 children 0 to 5
11	Increase number of asthma home assessments conducted by FHS home visitors (Q4)	FHS	Avatar	Provide asthma home assessments for the families of 50 children 0 to 5
12	Increase referrals from community partners	FHS	Avatar	Demonstrate an increase in asthma referrals (e.g., IHSD-Headstart, CCCC, Hospitals, HPSM providers)

First 5 San Mateo County				
Scope of Work Dates July 1, 2013 to June 30, 2014				
Lead Agency Name: Family Health Services, San Mateo Health System				
Goal: Provide culturally, linguistically, and developmentally appropriate services to children and families.				
Measurable Objective #5: Trainings and services are available in English and Spanish				
Total Unduplicated Clients Served Under This Objective				
Children 0-5:	Families of 0-5s:	Providers of 0-5s:	Other:	
Major activities and timelines (Timeline ongoing unless otherwise indicated)	Staff or agency responsible	Documentation instrument:	Target service # for activity (may be duplicated):	
1	Conduct "All About Asthma" parent trainings in Spanish and English	Breathe California, FHS	Curricula	2 Spanish, 1 English Classes
2	Conduct "All About Asthma" childcare provider trainings in Spanish and English	Breathe California, FHS	Curricula	1 Spanish, 5 English Classes
3	Incorporate discussion of diversity into "Train-the-Trainer: All About Asthma" curriculum	Breathe California, FHS	Curricula	4 Classes
4	Ensure that home visitors can provide asthma assessments in multiple languages	FHS	Include in year-end report to F5SMC	Include in year-end report to F5SMC
5	Recruit for bilingual, culturally sensitive personnel to fill C-CAMP Health Educator and PHN positions.	Breathe California, FHS	Job recruitment material	2 Positions

First 5 San Mateo County			
Scope of Work Dates July 1, 2013 to June 30, 2014			
Lead Agency Name: Family Health Services, San Mateo Health System			
Goal: Maximize collaborations with other systems, agencies, and/or efforts within San Mateo County.			
Measurable Objective #6: Include multiple agencies in Asthma Coalition and trainings; increase home visiting referrals from community partners.			
Total Unduplicated Clients Served Under This Objective			
Children 0-5:	Families of 0-5s:	Providers of 0-5s:	Other:
Major activities and timelines (Timeline ongoing unless otherwise indicated)	Staff or agency responsible	Documentation instrument:	Target service # for activity (may be duplicated):
1 Function as secretariat to Asthma Coalition	FHS, Breathe California	Coalition Agendas, Minutes, Plan-Do-	Provide to all Asthma Coalition members
2 Document and improve referral and coordination networks for children with asthma among current Asthma Coalition Partners and new Partners.	FHS, Breathe California	Letters of Intent (LOI), Memoranda of Understanding (MOU), Plan-Do-Study-Act Worksheets	LOI or MOI among six or more partners documenting referral and coordination workflows and improvements. (CCCC, CHDP, Environmental Health, HPSM, IHSD-Headstart, LPCH, Ravenswood, SMMC, Tobacco Education Coalition, WIC)
3 Recruit parents of children five and younger for trainings on asthma identification, prevention, management, and reduction of asthma triggers	Breathe California, FHS	Email, flyers	Provide recruitment emails and flyers to four agencies serving children age five and younger (CCCC, FHS, HSA, IHSD-Headstart).
4 Recruit child care professionals for "All About Asthma" trainings on asthma identification, prevention, management, and reduction of asthma triggers	Breathe California, FHS	Email, flyers	Provide recruitment emails and flyers to Child Care Coordinating Council (CCCC)
5 Recruit healthcare providers for presentations/webinars on asthma identification, prevention, management, and reduction of asthma triggers	FHS, Breathe California	Email, flyers	Provide recruitment emails and flyers to healthcare agencies serving children age five and younger (e.g., San Mateo Medical Center, Lucile Packard Children's Hospital, Ravenswood Community Health)
6 Recruit training professionals from collaborating organizations for 4 hour class, "Train-the-Trainer: All About Asthma"	Breathe California, FHS	Email, flyers	Provide recruitment emails and flyers to Asthma Coalition and other constituencies that serve children 5 and younger (e.g., CHDP, Environmental Health, HPSM, IHSD-Headstart, LPCH, Ravenswood, SMMC, Tobacco Education Coalition, WIC)
7 Outreach to medical providers (outpatient and hospital settings) and other asthma partners to encourage identification of children that would benefit from referrals in order to increase referrals from community partners.	FHS	Log of outreach activities, Avatar	Demonstrate an increase in asthma referrals (e.g., IHSD-Headstart, CCCC, Hospitals, HPSM providers)

First 5 San Mateo County			
Scope of Work Dates July 1, 2013 to June 30, 2014			
Lead Agency Name: Family Health Services, San Mateo Health System			
Goal: Promote sustainable practices and identify additional resources to ensure the continuation of service provision.			
Measurable Objective #7: Create a sustainable focus on providing high quality services to children with asthma within FHS			
Total Unduplicated Clients Served Under This Objective			
Children 0-5:	Families of 0-5s:	Providers of 0-5s:	Other:
Major activities and timelines (Timeline ongoing unless otherwise indicated)	Staff or agency responsible	Documentation instrument:	Target service # for activity (may be duplicated):
1 Ensure that current asthma expertise is retained by developing two "Asthma Champions" (Q2)	FHS	Asthma Champion job responsibilities	Include in year-end report to F5SMC
2 Ensure that current asthma expertise is expanded by having Asthma Champions attain Asthma Educator certification	FHS	Asthma Educator class and Certification Examination	Include in year-end report to F5SMC
3 Ensure that home visiting for asthma assessment and management is an integral part of Medi-Cal funded Targeted Case Management	FHS	Avatar	Acceptable audit of TCM-billable encounters, referrals, and progress notes for children identified with asthma

First 5 San Mateo County				
Scope of Work Dates July 1, 2013 to June 30, 2014				
Lead Agency Name: Family Health Services, San Mateo Health System				
Goal: Advance F5SMC's Communications and Systems Change efforts to promote optimal early childhood development for children 0-5 in San Mateo County.				
Measurable Objective #8: Communicate the importance of the first 5 years of life and collaborate to improve systems integration, decrease duplicative services, and create lasting, beneficial systems improvements.				
Total Unduplicated Clients Served Under This Objective				
Children 0-5:	Families of 0-5s:	Providers of 0-5s:	Other:	
Major activities and timelines (Timeline ongoing unless otherwise indicated)	Staff or agency responsible	Documentation instrument:	Target service # for activity (may be duplicated):	
1	Distribute First 5 Monthly Materials to project clients	FHS, Breathe California	Outreach materials log	Distribute as received by F5SMC.
2	Distribute First 5's Kit for New Parents	FHS, Breathe California	Progress Update	Provide First 5's Kit for New Parents to the families of 10 children 0 to 5 served by the C-CAMP PHN.
3	Participate in F5SMC's Learning Circles and other collaborative efforts	FHS, Breathe California	Sign in sheet	As convened by F5SMC.
4	Document measures to increase efficiencies and reduce duplication within service delivery	FHS, Breathe California	Mid-year and annual F5SMC Progress Report Narrative	Include in year-end report to F5SMC

First 5 San Mateo County			
Scope of Work Dates July 1, 2013 to June 30, 2014			
Lead Agency Name: Family Health Services, San Mateo Health System			
<b>Goal: Demonstrate the effectiveness of the project strategies through participation in an independently administered process and outcome evaluation.</b>			
<b>Measurable Objective #9: Participate in the design of the evaluation and in the implementation of data collection activities as required by the evaluation design.</b>			
<b>Total Unduplicated Clients Served Under This Objective:</b>			
Children 0-5:	Families of 0-5s:	Providers of 0-5s:	Other:
Major activities and timelines (Timeline ongoing unless otherwise indicated)	Staff or agency responsible	Documentation instrument:	Target service # for activity (may be duplicated):
1	Collect and enter individual-level client data and individual-level service data on all project activities	FHS, Breathe California	See evaluation plan
2	Administer all Comprehensive Evaluation tools on clients served as required by the F5SMC evaluation design.	FHS, Breathe California	See evaluation plan
3	Administer all Systems-Change Evaluation tools as required by the First 5 evaluation design.	FHS, Breathe California	See evaluation plan

First 5 San Mateo County			
Scope of Work Dates July 1, 2013 to June 30, 2014			
Lead Agency Name: Family Health Services, San Mateo Health System			
Goal: Ensure the general public is aware of the benefit of Proposition 10 (Prop. 10) tax dollars in the community			
Measurable Objective #10: Keep the public informed of how and where Prop 10 funds are invested in San Mateo County			
Total Unduplicated Clients Served Under This Objective			
Children 0-5:	Families of 0-5s:	Providers of 0-5s:	Other:
Major activities and timelines (Timeline ongoing unless otherwise indicated)	Staff or agency responsible	Documentation instrument:	Target service # for activity (may be duplicated):
1 Place a placard announcing project funding by F5SMC in a prominent area where services take place. Timeline = Ongoing.	FHS, Breathe California	Placard placement	
2 Recognize F5SMC by placing the F5SMC logo and/or the phrase "Funding provided by First 5 San Mateo County" in annual report, public education materials, outreach materials, and media communications. Timeline = Ongoing.	FHS, Breathe California	Copies of materials and press releases	
3 Place F5SMC tobacco-free premises placard in a prominent area where funded services take place	FHS, Breathe California	Placard placement	
4 Make tobacco education and cessation resources provided by F5SMC readily available to those served by the agency and to staff of the agency	FHS, Breathe California	Copies of materials provided by F5SMC	



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

Appendix D

Complete this form to show the budget for the **entire** project for the fiscal year. If there are subcontractors or

Agency Name:	<b>San Mateo Health System, Family Health Services</b>
Program/Project Name:	<b>Collaboration for Children's Asthma Management and Prevention</b>
Amount of Request:	<b>\$139,054</b>
Budget Period:	<b>July 1, 2013 - June 30, 2014</b>
Submission Date:	<b>6/4/2013</b>

amount being requested from the Commission. At the bottom of the form under section VII, please list the

I. PERSONNEL			A. Amount Requested	B. Leveraged Amount Available**	C. Total Program Budget (A+B)
Position Title	Salary Range	# FTEs			
A. Public Health Nurse	\$106,045	0.70	\$ 55,671	\$ 6,164	\$ 61,835
B.			\$ -		\$ -
C.			\$ -		\$ -
D.			\$ -		\$ -
E.			\$ -		\$ -
F.			\$ -		\$ -
Benefits @ 40 %			\$ 22,268	\$ 2,466	\$ 24,734
<b>Subtotal - Personnel</b>			<b>\$ 77,939</b>	<b>\$ 8,630</b>	<b>\$ 86,569</b>

II. OPERATING EXPENSES			A. Amount Requested	B. Leveraged Amount Available **	C. Total Program Budget (A+B)
A. Rent and Utilities			\$ -		\$ -
B. Office Supplies and Materials			\$ -		\$ -
C. Telephone/Communications			\$ -		\$ -
D. Postage/Mailing			\$ -		\$ -
E. Printing/Copying			\$ -		\$ -
F. Equipment Lease			\$ -		\$ -
G. Travel			\$ -		\$ -
H. Training/Conference			\$ 5,571		\$ 5,571
I. Consultants (itemize):			\$ -		\$ -
			\$ -		\$ -
			\$ -		\$ -
J. Subcontractors (itemize): Breathe California			\$ 46,191	\$ 2,427	\$ 48,618
			\$ -		\$ -
			\$ -		\$ -
K. Other (itemize):			\$ -		\$ -
			\$ -		\$ -
			\$ -		\$ -
			\$ -		\$ -
<b>Subtotal - Operating Expenses</b>			<b>\$ 51,762</b>	<b>\$ 2,427</b>	<b>\$ 54,189</b>

<b>III. CAPITAL EXPENDITURES</b>	A. Amount Requested	B. Leveraged Amount Available **	C. Total Program Budget (A+B)
Itemize and describe items requested. Competitive bids may be requested by the Commission prior to contract. This section can			
A.	\$ -		\$ -
B.	\$ -		\$ -
C.	\$ -		\$ -
D.	\$ -		\$ -
E.	\$ -		\$ -
<b>Subtotal - Capital Expenditures</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

<b>IV. INDIRECT COSTS</b>	A. Amount Requested	B. Leveraged Amount Available **	C. Total Program Budget (A+B)
<u>12%</u>	\$ 9,353		\$ 9,353
(Attach copy of approved indirect cost rate proposal if percentage exceeds 12%, or submit a proposal for approval)			
<b>Subtotal - Indirect Costs</b>	<b>\$ 9,353</b>	<b>\$ -</b>	<b>\$ 9,353</b>

<b>V. TOTAL PROGRAM COSTS</b>	A. Amount Requested	B. Leveraged Amount Available **	C. Total Program Budget (A+B)
<b>Total of sections I - IV</b>	<b>\$ 139,054</b>	<b>\$ 11,057</b>	<b>\$ 150,111</b>

**VI. IN KIND SUPPORT:** FHS is providing all supervision, administrative support and operating expenses (net training costs)

**VII. LEVERAGED FUNDS ARE FROM:** California Medi-Cal Targeted Case Management Program

<b>Date Prepared:</b>	6/4/2013	<b>Prepared By:</b>	James Miller
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<b>First 5 San Mateo County Use Only</b>			
<b>Date Approved:</b>		<b>Approved By:</b>	



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

Agency Name:	<b>San Mateo Health System, Family Health Services</b>
Program/Project Name:	<b>Collaboration for Children's Asthma Management and Prevention</b>
Amount of Request:	<b>\$139,054</b>
Budget period:	<b>July 1, 2013 - June 30, 2014</b>
Submission Date:	<b>6/4/2013</b>

<b>I. PERSONNEL</b>	A. Amount Requested	Description / Explanation
<u>Position Title</u>		
A. Public Health Nurse	\$ 55,671	.70 PHN salary is a civil Service Step D; it is anticipated that 10% of Salary and Benefits will be leveraged through
B.	\$ -	
C.	\$ -	
D.	\$ -	
E.	\$ -	
F.	\$ -	
Benefits @ 40 %	\$ 22,268	This is the standard benefit rate used on the F5SMC Pre-3 grant; actual benefit expenses exceed 40%
<b>Subtotal - Personnel</b>	<b>\$ 77,939</b>	

<b>II. OPERATING EXPENSES</b>	A. Amount Requested	Description / Explanation
A. Rent and Utilities	\$ -	
B. Office Supplies and Materials	\$ -	
C. Telephone/Communications	\$ -	
D. Postage/Mailing	\$ -	
E. Printing/Copying	\$ -	
F. Equipment Lease	\$ -	
G. Travel	\$ -	
H. Training/Conference	\$ 5,571	This is dedicated to provide two Asthma Champions with the appropriate education and testing to become
I. Consultants (itemize):	\$ -	
	\$ -	
	\$ -	
J. Subcontractors (itemize): Breathe California	\$ 46,191	Request and Narrative attached
	\$ -	
	\$ -	
K. Other (itemize):	\$ -	
	\$ -	
	\$ -	
<b>Subtotal - Operating Expenses</b>	<b>\$ 51,762</b>	

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

IV. INDIRECT COSTS	A. Amount Requested	Allocation Method / Formula Used
<u>0.12</u>	\$ 9,353	
<b>Subtotal - Indirect Costs</b>	<b>\$ 9,353</b>	

V. TOTAL PROGRAM COSTS	A. Amount Requested	
<b>Total of sections I - IV</b>	<b>\$</b>	<b>139,054</b>

VI. IN KIND SUPPORT: FHS is providing all supervision, administrative support and operating expenses (net training costs)

VII. LEVERAGED FUNDS ARE FROM: California Medi-Cal Targeted Case Management Program

Mail signed First 5 San Mateo County Budget Request and Budget Narrative Forms to :  
**First 5 San Mateo County**  
**Attn: F5SMC Program Specialist**  
**1700 S. El Camino Real, Suite 405**

6/4/2013

Electronic copy must also be submitted to:  
**F5SMC Program Specialist**



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

Appendix D

Complete this form to show the budget for the entire project for the fiscal year. If there are subcontractors or collaborative agency

Agency Name:	<b>San Mateo Health System, Family Health Services</b>
Program/Project Name:	<b>Collaboration for Children's Asthma Management and Prevention</b>
Amount of Request:	<b>\$150,946</b>
Budget Period:	<b>July 1, 2014 - June 30, 2015</b>
Submission Date:	<b>6/4/2013</b>

from the Commission. At the bottom of the form under section VII, please list the funding source for all funds included in this colu

<b>I. PERSONNEL</b>			A. Amount Requested	B. Leveraged Amount Available**	C. Total Program Budget (A+B)
<u>Position Title</u>	<u>Salary Range</u>	<u># FTEs</u>			
A. Public Health Nurse	\$106,045	0.70	\$ 66,808	\$ 7,424	\$ 74,232
B.			\$ -		\$ -
C.			\$ -		\$ -
D.			\$ -		\$ -
E.			\$ -		\$ -
F.			\$ -		\$ -
Benefits @ 40 %			\$ 26,723	\$ 2,970	\$ 29,693
<b>Subtotal - Personnel</b>			<b>\$ 93,531</b>	<b>\$ 10,394</b>	<b>\$ 103,925</b>

<b>II. OPERATING EXPENSES</b>	A. Amount Requested	B. Leveraged Amount Available **	C. Total Program Budget (A+B)
A. Rent and Utilities	\$ -		\$ -
B. Office Supplies and Materials	\$ -		\$ -
C. Telephone/Communications	\$ -		\$ -
D. Postage/Mailing	\$ -		\$ -
E. Printing/Copying	\$ -		\$ -
F. Equipment Lease	\$ -		\$ -
G. Travel	\$ -		\$ -
H. Training/Conference	\$ -		\$ -
I. Consultants (itemize):	\$ -		\$ -
	\$ -		\$ -
	\$ -		\$ -
J. Subcontractors (itemize): Breathe California	\$ 46,191	\$ 2,427	\$ 48,618
	\$ -		\$ -
	\$ -		\$ -
K. Other (itemize):	\$ -		\$ -
	\$ -		\$ -
	\$ -		\$ -
	\$ -		\$ -
<b>Subtotal - Operating Expenses</b>	<b>\$ 46,191</b>	<b>\$ 2,427</b>	<b>\$ 48,618</b>

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

<b>IV. INDIRECT COSTS</b>	A. Amount Requested	B. Leveraged Amount Available **	C. Total Program Budget (A+B)
12%	\$ 11,224		\$ 11,224
(Attach copy of approved indirect cost rate proposal if percentage exceeds 12%, or submit a proposal for approval)			
<b>Subtotal - Indirect Costs</b>	<b>\$ 11,224</b>	<b>\$ -</b>	<b>\$ 11,224</b>

<b>V. TOTAL PROGRAM COSTS</b>	A. Amount Requested	B. Leveraged Amount Available **	C. Total Program Budget (A+B)
<b>Total of sections I - IV</b>	<b>\$ 150,946</b>	<b>\$ 12,821</b>	<b>\$ 163,767</b>

**VI. IN KIND SUPPORT:** FHS is providing all supervision, administrative support and operating expenses (net training costs)

**VII. LEVERAGED FUNDS ARE FROM:** California Medi-Cal Targeted Case Management Program

<b>Date Prepared:</b>	6/4/2013	<b>Prepared By:</b>	James Miller
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<b>First 5 San Mateo County Use Only</b>			
<b>Date Approved:</b>		<b>Approved By:</b>	



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

Agency Name:	<b>San Mateo Health System, Family Health Services</b>
Program/Project Name:	<b>Collaboration for Children's Asthma Management and Prevention</b>
Amount of Request:	<b>\$150,946</b>
Budget period:	<b>July 1, 2014 - June 30, 2015</b>
Submission Date:	<b>6/4/2013</b>

<b>I. PERSONNEL</b>	<b>A. Amount Requested</b>	<b>Description / Explanation</b>
<u>Position Title</u>		
A. Public Health Nurse	\$ 66,808	.70 PHN salary is a civil Service Step D; it is anticipated that 10% of Salary and
B.	\$ -	
C.	\$ -	
D.	\$ -	
E.	\$ -	
F.	\$ -	
Benefits @ 40 _%	\$ 26,723	This is the standard benefit rate used on the F5SMC Pre-3 grant; actual benefit
<b>Subtotal - Personnel</b>	<b>\$ 93,531</b>	

<b>II. OPERATING EXPENSES</b>	<b>A. Amount Requested</b>	<b>Description / Explanation</b>
A. Rent and Utilities	\$ -	
B. Office Supplies and Materials	\$ -	
C. Telephone/Communications	\$ -	
D. Postage/Mailing	\$ -	
E. Printing/Copying	\$ -	
F. Equipment Lease	\$ -	
G. Travel	\$ -	
H. Training/Conference	\$ -	
I. Consultants (itemize):	\$ -	
	\$ -	
J. Subcontractors (itemize): Breathe California	\$ 46,191	
	\$ -	
K. Other (itemize):	\$ -	
	\$ -	
<b>Subtotal - Operating Expenses</b>	<b>\$ 46,191</b>	

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

IV. INDIRECT COSTS	A. Amount Requested	Allocation Method / Formula Used
<u>0.12</u>	\$ 11,224	
<b>Subtotal - Indirect Costs</b>	<b>\$ 11,224</b>	

V. TOTAL PROGRAM COSTS	A. Amount Requested
<b>Total of sections I - IV</b>	<b>\$ 150,946</b>

VI. IN KIND SUPPORT: FHS is providing all supervision, administrative support and operating expenses (net training costs)

VII. LEVERAGED FUNDS ARE FROM: California Medi-Cal Targeted Case Management Program

*Mail signed First 5 San Mateo County Budget Request and Budget Narrative Forms to :*  
**First 5 San Mateo County**  
**Attn: F5SMC Program Specialist**  
**1700 S. El Camino Real, Suite 405**

*Electronic copy must also be submitted to:*  
**F5SMC Program Specialist**

First 5 San Mateo County				
Scope of Work Dates: 2013-2014				
Lead Agency Name: Community Gatepath				
Goal: Plan family centered parent support and care coordination services for children with special health care needs 0-5 and their families				
Measurable Objective #1: A. Medical homes partner to colocate community care coordination for children with special health care needs 0-5; B. Staff are hired and trained to provide family centered services for children with special health care needs 0-5 years and their families				
Total Unduplicated Clients Served Under This Objective				
Children 0-5: 0	Families of 0-5s: 0	Providers of 0-5s: 2	Other:	
Major activities and timelines (Timeline ongoing unless otherwise indicated)	Staff or agency responsible	Documentation instrument:	Target service # for activity (may be	
1	Plan expansion of services for families of children (3-5 years) with special health care needs at the Family Resource Center(FRC): July-Sept. 2013	Project manager and FRC staff	Work plan	1 Work plan
2	Reassign existing staff or hire for the 0.5 FTE position at the FRC July-Sept.	Community Gatepath	Job description; Contract	1 contract
3	Develop a training curriculum for parent mentors for families of CSHCN 0-5 years: July-Sept 2013	Family Resource Center Coordinator/Staff	Training plan/curriculum	1 training plan/handbook
4	Contract with a writer to work with FRC staff to develop a training curriculum for parent mentors: July 2013	Community Gatepath	Contract	1 contract
5	Expand Family Resource Center staff knowledge of resources and processes for CSHCN ages 0-5 years and their families:	Community Gatepath: Family Resource Center Coordinator	Training documentation	4 trainings
6	Recruit and train additional parent mentors with a focus on expanding cultural/linguistic capacity: Oct-Dec 2013 and	Community Gatepath: Family Resource Center	Training documentation	4-6 parent mentors
7	Identify, recruit and develop MOUs with 2 medical homes/clinics to administer second level screening and care coordination services for children with special health care	Project Manager	Work Plan; MOUs	2 MOUs
8	Plan expansion of existing Family Care Coordinator to include supervision of Care Coordinators	Project Manager	Job description	1 job description
9	Reassign existing staff or hire, train and supervise a Care Coordinator to work within 2 clinic settings (July-Sept. 2013)	Project Manager and Care Coordinator Supervisor	Job description	1 Care Coordinator hired
10	Develop site-specific protocols for community based care coordination within 2 medical homes: Oct-Dec. 2013	Project Manager; Care Coordinator Supervisor	2 Care Coordination Protocol documents	1 protocol

**First 5 San Mateo County**

**Scope of Work Dates: 2013-2014**

<b>Lead Agency Name: Community Gatepath</b>			
<b>Goal: Families of children 0-5 years with special health care needs have access to family-centered parent support and education</b>			
<b>Measurable Objective #2: Families of children with special health care needs 0-5 years have access to family centered supports</b>			
<b>Total Unduplicated Clients Served Under This Objective</b>			
<b>Children 0-5: 650</b>	<b>Families of 0-5s: 650</b>	<b>Providers of 0-5s:</b>	<b>Other:</b>
<b>Major activities and timelines (Timeline ongoing unless otherwise indicated)</b>	<b>Staff or agency responsible</b>	<b>Documentation instrument:</b>	<b>Target service # for activity (may be duplicated):</b>
1   Development of outreach strategies and materials for families of CSHCN ages 0-5 years, with a focus on children transitioning from Early Start and/or preschool special	Family Resource Center Staff	Outreach plan; outreach materials	1 outreach plan
2   Recruit and train 4-6 parent mentors using the training curriculum: Oct. 2013-March 2014	Family Resource Center Coordinator and staff	Provider training form	4 to 6 parent mentors
3   Parent mentors provide parent-to-parent support for families of CSHCN 0-5 years: Oct. 2013-June 2014	Family Resource Center Coordinator and staff	Log of activities in database;	50 parent-to-parent support services
4   Parent mentor coordinator provides parent-to-parent support for families of CSHCN (July 2014-June 2015)	Parent Mentor Coordinator	Aggregate data form	600 Parent-to-parent support services
5   Parent mentors participate in supervision and ongoing training: Oct. 2013-June 2014	Family Resource Center Coordinator	Provider training form	4-6 parent mentors
6   Identify and expand parent library resources for families of children with special health care needs ages 0-5, particularly for children ages 3-5+: July 2013 - June 2014	Family Resource Center Coordinator	Log of new resources (books, DVD, other resources)	1 log of new resources
7   Parent workshops on topics related to parenting CSHCN and transition topics for parents of children with special health care needs 3-5 years: Oct. 2013-June 2014	Family Resource Center Coordinator and Staff	One time Workshop Surveys	2-3 workshops

**First 5 San Mateo County**

**Scope of Work Dates: 2013-2014**

**Lead Agency Name: Community Gatepath**

**Goal: Children with special health care needs 0-5 and their families have access to family-centered and coordinated care within a medical home**

**Measurable Objective #3: Provide care coordination for children with special health care needs (CSHCN) in 2 medical homes that serve children with public insurance: 1 county clinic and 1 private practice**

**Total Unduplicated Clients Served Under This Objective**

Children 0-5: 120		Families of 0-5s: 120	Providers of 0-5s: 3	Other:
Major activities and timelines (Timeline ongoing unless otherwise indicated)		Staff or agency responsible	Documentation instrument:	Target service # for activity (may be duplicated):
1	Implement the plan for community care coordination for CSHCN in 2 clinics/medical homes: Jan.1, 2014-June 30, 2014	Project Manager	Work plan; MOUs	2 MOU's
2	Implement referral protocol from health care provider to care coordinator to link children and families to assessment and services: Jan.1, 2014-June 30, 2014	Project Manager/Care Coordinator	Intake Interview form	150 intake forms
3	Provide training and technical assistance to medical home to administer developmental screening tools (ASQ and ASQ: SE): Jan.1, 2014-June 30, 2014	Project Manager/Care Coordinator Supervisor	Provider training form	2 training/technical sites: 150 children
4	Monitor administration of developmental screening tools in the medical home for fidelity: Jan.1, 2014-June 30, 2014	Care Coordinator Supervisor	Screening and services protocol	120 children
5	Review completed developmental screenings: Jan.1, 2014-June 30, 2014	Care Coordinator	Screening export	120 children
6	Review the results of completed screenings with developmental concerns (ASQ and ASQ: SE) with the family: Jan.1, 2014-June 30, 2014	Care Coordinator	Intake Interview form	120 children
7	Prepare and present cases for weekly supervision: Jan.1, 2014-June 30, 2014	Care Coordinator and Care Coordination Supervisor	Supervision documentation	3-4 cases
8	Provide regular supervision and coaching to Care Coordinator	Care Coordination Supervisor	Supervision documentation	1 Care Coordinator
9	Refer and link families of CSHCN with further assessment and services: Jan.1, 2014-June 30, 2014	Care Coordinator and Care Coordinator Supervisor	Referral log; Care plan in child's file	120 children and families
10	Link families of CSHCN with parent-to-parent support through the Family Resource Center: Jan.1, 2014-June 30,	Care Coordinator	Referral log; Care plan in child's file	120 children and families
11	Document screening results, referrals, case notes and activities in database: Jan.1, 2014-June 30, 2014	Care Coordinator; Data/Evaluation Administrative Specialist	Screening export	120 children and families
12	Follow-up with the medical home re: screening results and referrals: Jan.1, 2014-June 30, 2014	Care Coordinator; Data/Evaluation Administrative Specialist	Pediatrician letter or other documentation	120 children and families

**First 5 San Mateo County**

**Scope of Work Dates: 2013-2014**

**Lead Agency Name: Community Gatepath**

**Goal: Provide culturally, linguistically, and developmentally appropriate services to children and families.**

**Measurable Objective #4: Families of children with special health care needs receive culturally, linguistically and developmentally appropriate services**

**Total Unduplicated Clients Served Under This Objective**

Children 0-5: 720		Families of 0-5s: 720		Providers of 0-5s:		Other:	
Major activities and timelines (Timeline ongoing unless otherwise indicated)		Staff or agency responsible		Documentation instrument:		Target service # for activity (may be duplicated):	
1	Family support services and materials are sensitive to families of CSHCN, culturally and linguistically appropriate and developmentally appropriate: July 2013-June 2014	Family Resource Center Coordinator		Job description: Parent Mentor Coordinator		500-600 families	
2	Care coordination services and materials are sensitive to families of CSHCN, culturally and linguistically appropriate and developmentally appropriate. Services provided by bilingual (Spanish/English) staff: July 2013-June 2014	Project Manager and Care Coordinator Supervisor		Job description: Care Coordinator		120 children and families	

**First 5 San Mateo County**

**Scope of Work Dates: 2013-2014**

**Lead Agency Name: Community Gatepath**

**Goal: Maximize collaborations with other systems, agencies, and/or efforts within San Mateo County.**

**Measurable Objective #5: Active collaboration with other programs and agencies that serve CSHCN ages 0-5 years in San Mateo County; Participation in collaborative efforts in San Mateo County**

**Total Unduplicated Clients Served Under This Objective**

Children 0-5:		Families of 0-5s:	Providers of 0-5s: 10-15	Other:
Major activities and timelines (Timeline ongoing unless otherwise indicated)		Staff or agency responsible	Documentation instrument:	Target service # for activity (may be duplicated):
1	Collaborate with systems and agencies serving CSHCN 0-5 years, with a focus on expanding relationships with programs that provide preschool special education and kindergarten services: July 2013-June 2014	Project Manager, Family Resource Center Coordinator	Meeting agendas	10-15 programs and/or agencies
2	Collaborate with systems and agencies serving CSHCN 0-5 years, with a focus on expanding relationships within the health care system: July 2013-June 2014	Project Manager	MOUs or meeting agendas	2 medical homes (clinic and/or private practice serving low income families)
3	Collaborate with partners in the Watch Me Grow initiative to promote care coordination for young children with special health care needs: July 2013-June 2014	Project Manager	Meeting agendas	10 partners
4	Collaborate with partners in the San Mateo Co. Community Care Coordination Collaborative to promote care coordination for young children with special health care needs: July 2013-June 2014	Project Manager	Meeting agendas	10 programs/agencies

**First 5 San Mateo County**

**Scope of Work Dates 2013-2014**

**Lead Agency Name: Community Gatepath**

**Goal: Advance F5SMC's Communications and Systems Change efforts to promote optimal early childhood development for children 0-5 in San Mateo County.**

**Measurable Objective #6: Communicate the importance of the first 5 years of life and collaborate to improve systems integration, decrease duplicative services, and create lasting, beneficial systems improvements.**

**Total Unduplicated Clients Served Under This Objective**

Children 0-5: 90		Families of 0-5s: 90	Providers of 0-5s: 10-12	Other:
Major activities and timelines (Timeline ongoing unless otherwise indicated)		Staff or agency responsible	Documentation instrument:	Target service # for activity (may be duplicated):
1	Distribute First 5 Monthly Materials to project clients	Project Manager	Outreach materials log	90
2	Distribute First 5's Kit for New Parents	Parent Mentor Coordinator; Care Coordinator Supervisor	Progress Update	90
3	Participate in F5SMC's Learning Circles and other collaborative efforts	Project Manager	Sign in sheet	TBD
4	Document measures to increase efficiencies and reduce duplication within service delivery	Project Manager	Mid-year and annual F5SMC Progress Report Narrative	2 reports
5	Partner with F5SMC to convene Watch Me Grow partner meetings to improve systems of care for children with special	Project Manager	Mid-year and annual F5SMC Progress Report Narrative	2 reports
6	Convene and manage the San Mateo Co Community Care Coordination Collaborative (5C's) funded by Lucile Packard Foundation for Children's Health (April 2013 to Sept. 2014) to improve the system of care coordination for children with	Project Manager	Mid year and annual F5SMC Progress Report Narrative	10 to 12 agencies

**First 5 San Mateo County**

**Scope of Work Dates 2013-2014**

**Lead Agency Name: Community Gatepath**

**Goal: Promote sustainable practices and identify additional resources to ensure the continuation of service provision.**

**Measurable Objective #7: Promote sustainable practices and identify resources to ensure continuation of service provision**

**Total Unduplicated Clients Served Under This Objective**

<b>Children 0-5:</b>		<b>Families of 0-5s:</b>	<b>Providers of 0-5s:</b>	<b>Other:</b>
<b>Major activities and timelines (Timeline ongoing unless otherwise indicated)</b>		<b>Staff or agency responsible</b>	<b>Documentation instrument:</b>	<b>Target service # for activity (may be duplicated):</b>
1	Develop sustainable service provision by training volunteer parent mentors, expanding the parent network and the development of a training curriculum to train future parent mentors	Parent Mentor Coordinator	Curriculum for parent mentors; Training log	1 curriculum; 1 training
2	Recommend and advocate for strategies and resources to sustain care coordination services for CSHCN (e.g. reimbursement through health insurance; embedding referral protocol within the medical home through training and technical assistance)	Project Manager	Mid year and Year-end reports	2 reports

**First 5 San Mateo County**

**Scope of Work Dates 2013-2014**

**Lead Agency Name: Community Gatepath**

**Goal: Demonstrate the effectiveness of the project strategies through participation in an independently administered process and outcome evaluation.**

**Measurable Objective #8: Participate in the design of the evaluation and in the implementation of data collection activities as required by the evaluation design.**

**Total Unduplicated Clients Served Under This Objective:**

Children 0-5:		Families of 0-5s:	Providers of 0-5s:	Other:
Major activities and timelines (Timeline ongoing unless otherwise indicated)		Staff or agency responsible	Documentation instrument:	Target service # for activity (may be duplicated):
1	Collect and enter individual-level client data and individual-level service data on all project activities	Data/Evaluation Administrative Specialist	Intake interview, Follow-up interval, Screening export	400
2	Administer all Comprehensive Evaluation tools on clients served as required by the F5SMC evaluation design.	Data/Evaluation Administrative Specialist; Parent Mentor Coordinator	Intake interview, Follow-up interval	400
3	Administer all Systems-Change Evaluation tools as required by the First 5 evaluation design.	Project Manager	Systems-change Evaluation tools	1

First 5 San Mateo County			
Scope of Work Dates 2013-2014			
Lead Agency Name: Community Gatepath			
Goal: Ensure the general public is aware of the benefit of Proposition 10 (Prop. 10) tax dollars in the community			
Measurable Objective #9: Keep the public informed of how and where Prop 10 funds are invested in San Mateo County			
Total Unduplicated Clients Served Under This Objective			
Children 0-5:	Families of 0-5s:	Providers of 0-5s:	Other:
Major activities and timelines (Timeline ongoing unless otherwise indicated)	Staff or agency responsible	Documentation instrument:	Target service # for activity (may be duplicated):
1 Place a placard announcing project funding by F5SMC in a prominent area where services take place. Timeline = Ongoing.	Project Manager	Placard placement	1 placard
2 Recognize F5SMC by placing the F5SMC logo and/or the phrase "Funding provided by First 5 San Mateo County" in annual report, public education materials, outreach materials, and media communications. Timeline = Ongoing.	Project Manager	Copies of materials and press releases	All outreach /education materials and media communication materials
3 Place F5SMC tobacco-free premises placard in a prominent area where funded services take place	Project Manager	Placard placement	1 placard
4 Make tobacco education and cessation resources provided by F5SMC readily available to those served by the agency and to staff of the agency	Project Manager	Copies of materials provided by F5SMC	All materials available to all clients and staff



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

Appendix D

Budget for the entire project for the fiscal year. If there are subcontractors or collaborative agency budgets

Agency Name:	<b>Community Gatepath</b>
Program/Project Name:	<b>Family Centered Care Coordination for Children with Special Health Care Needs</b>
Amount of Request:	<b>\$176,009</b>
Budget Period:	<b>July 1, 2013 - June 30, 2014</b>
Submission Date:	<b>6/5/2013</b>

Commission. At the bottom of the form under section VII, please list the funding source for all funds included in this column and any amounts

<b>I. PERSONNEL</b>			A. Amount Requested	B. Leveraged Amount Available**	C. Total Program Budget (A+B)
<u>Position Title</u>	<u>Salary Range</u>	<u># FTEs</u>			
A. Parent Mentor Coordinator	55,000-60,000	0.50	\$ 24,170	\$ -	\$ 24,170
B. Care Coordinator	50,000-55,000	1.00	\$ 43,160	\$ -	\$ 43,160
C. Care Coordinator Supervisor	55,000-60,000	0.30	\$ 15,600	\$ 624	\$ 16,224
D. Data/Evaluation Administrative Specialist	40,000-50,000	0.30	\$ 12,480	\$ 995	\$ 13,475
E. Project Manager	65,000-75,000	0.03	\$ 2,100	\$ 5,395	\$ 7,495
Benefits @ 42%			\$ 40,954	\$ 4,355	\$ 45,309
<b>Subtotal - Personnel</b>			<b>\$ 138,464</b>	<b>\$ 11,369</b>	<b>\$ 149,833</b>

<b>II. OPERATING EXPENSES</b>	A. Amount Requested	B. Leveraged Amount Available**	C. Total Program Budget (A+B)
A. Rent and Utilities	\$ -	\$ -	\$ -
B. Office Supplies and Materials	\$ 2,615	\$ 150	\$ 2,765
C. Telephone/Communications	\$ -	\$ -	\$ -
D. Postage/Mailing	\$ 200	\$ 100	\$ 300
E. Printing/Copying	\$ 1,000	\$ -	\$ 1,000
F. Equipment Lease	\$ -	\$ -	\$ -
G. Travel	\$ 2,972	\$ 2,000	\$ 4,972
H. Training/Conference	\$ 2,000	\$ 150	\$ 2,150
I. Consultants (itemize):	\$ -	\$ 6,000	\$ 6,000
J. Subcontractors (itemize):	\$ -	\$ -	\$ -
1. Writer	\$ 4,000	\$ 100	\$ 4,100
2. Facilitator	\$ -	\$ 1,000	\$ 1,000
K. Other (itemize):	\$ -	\$ -	\$ -
1. Hospitality	\$ 400	\$ 600	\$ 1,000
2. Parent resources	\$ 1,500	\$ -	\$ 1,500
3. Stipends: parent mentors	\$ 3,000	\$ -	\$ 3,000
4. Parent incentives	\$ 1,000	\$ -	\$ 1,000
5. Honoraria: parents and/or agencies	\$ -	\$ 4,000	\$ 4,000
<b>Subtotal - Operating Expenses</b>	<b>\$ 18,687</b>	<b>\$ 14,100</b>	<b>\$ 32,787</b>

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

IV. INDIRECT COSTS	A. Amount Requested	B. Leveraged Amount Available **	C. Total Program Budget (A+B)
12%	\$ 18,858	\$ -	\$ 18,858
(Attach copy of approved indirect cost rate proposal if percentage exceeds 12%, or submit a proposal for approval)	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
<b>Subtotal - Indirect Costs @ 12%</b>	<b>\$ 18,858</b>	<b>\$ 1,667</b>	<b>\$ 18,858</b>

V. TOTAL PROGRAM COSTS	A. Amount Requested	B. Leveraged Amount Available **	C. Total Program Budget (A+B)
<b>Total of sections I - IV</b>	<b>\$ 176,009</b>	<b>\$ 27,136</b>	<b>\$ 201,478</b>

**VI. IN KIND SUPPORT:** Please identify any in-kind support that is available to this project (example: volunteer hours, donated office space or equipment). If volunteer hours are listed, please indicate the role(s) of volunteers in the project. Outreach donated by the City of So. San Francisco Parks & Recreation Dept. and the So. San Francisco Adult School; Meeting space donated by the City of So. San Francisco Library Dept.; Referrals, office space and computer access for care coordination will be donated by San Mateo Health Center clinic and a private clinic.

**VII. LEVERAGED FUNDS ARE FROM:** Please list the funding sources and their amounts for funds identified in Column B. Also indicate which leveraged funds are not yet secured. Lucile Packard Foundation For Children's Health: \$27,136 Community Gatepath: \$14,144 for 9% additional indirect reflecting actual indirect cost = 21%

<b>Date Prepared:</b>	6/5/2013	<b>Prepared By:</b>	John Marvuglio
<b>Date Signed:</b>		<b>Signature:</b>	
<b>First 5 San Mateo County Use Only</b>			
<b>Date Approved:</b>		<b>Approved By:</b>	

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

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

Electronic copy must also be submitted to:  
**F5SMC Program Specialist**



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

Agency Name:		<b>Community Gatepath</b>
Program/Project Name:		<b>Family Centered Care Coordination for Children with Special Health Care Needs</b>
Amount of Request:		<b>\$176,009</b>
Budget period:		<b>July 1, 2013 - June 30, 2014</b>
Submission Date:		<b>6/5/2013</b>
<b>I. PERSONNEL</b>	A. Amount Requested	Description / Explanation
<u>Position Title</u>		
A. Parent Mentor Coordinator	\$ 24,170	Expand existing Family Resource Center staff or new .5 FTE to recruit, train and support volunteer parent mentors
B. Care Coordinator	\$ 43,160	Expand existing Demonstration Site staff or new 1.0 FTE
C. Care Coordinator Supervisor	\$ 15,600	Expand Demonstration Site Family Care Coordinator position to supervise and coach care coordinators to ensure
D. Data/Evaluation Administrative Specialist	\$ 12,480	Expand position to 1.0 FTE due to increase in data collection, entry, reporting, and quality assurance
E. Project Manager	\$ 2,100	Project Management and staff supervision for Family
Benefits @ 42%	\$ 40,954	Health, Disability, Workers Comp, Employer Payroll Tax
<b>Subtotal - Personnel</b>	<b>\$ 138,464</b>	
<b>II. OPERATING EXPENSES</b>	A. Amount Requested	Description / Explanation
A. Rent and Utilities	\$ -	
B. Office Supplies and Materials	\$ 2,615	Office supplies and equipment, including 3 laptop computers @ \$500
C. Telephone/Communications	\$ -	
D. Postage/Mailing	\$ 200	Mailing outreach materials and parent letters
E. Printing/Copying	\$ 1,000	Printing of new outreach materials, cards, tools
F. Equipment Lease	\$ -	
G. Travel	\$ 2,972	4181 miles @ .55: Care coordinator; supervisor, manager
H. Training/Conference	\$ 2,000	8 staff/parent mentors @ \$250
I. Consultants (itemize):	\$ -	
J. Subcontractors (itemize):	\$ -	
1. Writer	\$ 4,000	Training curriculum
K. Other (itemize):	\$ -	
1. Hospitality	\$ 400	Refreshments and hospitality for meetings with families, partners, staff
2. Parent resources	\$ 1,500	Books, DVDs and other parent resources for families of CSHCN ages 0-5, to provide additional resources for 3-5+
3. Stipends: parent mentors	\$ 3,000	6 stipends @ \$500
4. Parent incentives	\$ 1,000	Children's books, parenting books and resources, and other
<b>Subtotal - Operating Expenses</b>	<b>\$ 18,687</b>	

<b>III. CAPITAL EXPENDITURES</b>	A. Amount Requested	Description / Explanation
A.	\$ -	
<b>Subtotal - Capital Expenditures</b>	\$ -	
<b>IV. INDIRECT COSTS</b>	A. Amount Requested	Allocation Method / Formula Used
<u>0.12</u>	\$ 18,858	
<b>Subtotal - Indirect Costs</b>	\$ 18,858	
<b>V. TOTAL PROGRAM COSTS</b>	A. Amount Requested	
<b>Total of sections I - IV</b>	\$	<b>176,009</b>
<p>VI. IN KIND SUPPORT: Please identify any in-kind support that is available to this project (example: volunteer hours, donated office space or equipment). If volunteer hours are listed, please indicate the role(s) of volunteers in the project. Outreach donated by the City of So. San Francisco Parks &amp; Recreation Dept. and the So. San Francisco Adult School; Meeting space donated by the City of So. San Francisco Library Dept.; Referrals, office space and computer access for care coordination will be donated by San Mateo Health Center clinic and a private clinic.</p>		
<p>VII. LEVERAGED FUNDS ARE FROM: Please list the funding sources and their amounts for funds identified in Column B. Also indicate which leveraged funds are not yet secured. Lucile Packard Foundation For Children's Health: \$27,136 Community Gatepath: \$14,144 for 9% additional indirect reflecting actual indirect cost = 21%</p>		

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**San Mateo, CA 94402 – 3050**

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**F5SMC Program Specialist**







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

Appendix D

Project for the fiscal year. If there are subcontractors or collaborative agency budgets involved, please complete an additional budget request form for each

Agency Name:	Community Gatepath
Program/Project Name:	Family Centered Care Coordination for Children with Special Health Care Needs
Amount of Request:	\$195,254
Budget Period:	July 1, 2014 - June 30, 2015
Submission Date:	6/5/2013

\*\* List Leveraged Amount Available-Non F5SMC funds available to support the project, excluding the amount being requested from the Commission. At the bottom of the form under section VII, please list the

I. PERSONNEL			A. Amount Requested	B. Leveraged Amount Available**	C. Total Program Budget (A+B)
Position Title	Salary Range	# FTEs			
A. Parent Mentor Coordinator	55,000-60,000	0.50	\$ 29,120	\$ -	\$ 29,120
B. Care Coordinator	50,000-55,000	1.00	\$ 52,000	\$ -	\$ 52,000
C. Care Coordinator Supervisor	55,000-60,000	0.30	\$ 15,600	\$ 500	\$ 16,100
D. Data/Evaluation Administrative Specialist	40,000-50,000	0.30	\$ 12,480	\$ 793	\$ 13,273
E. Project Manager	65,000-75,000	0.05	\$ 4,118	\$ 3,944	\$ 8,062
Benefits @ 42%			\$ 47,594	\$ -	\$ 47,594
			\$ -	\$ -	\$ -
<b>Subtotal - Personnel</b>			<b>\$ 160,912</b>	<b>\$ 5,237</b>	<b>\$ 166,149</b>

II. OPERATING EXPENSES	A. Amount Requested	B. Leveraged Amount Available **	C. Total Program Budget (A+B)
A. Rent and Utilities	\$ -	\$ -	\$ -
B. Office Supplies and Materials	\$ 1,000	\$ 150	\$ 1,150
C. Telephone/Communications	\$ -	\$ -	\$ -
D. Postage/Mailing	\$ 250	\$ -	\$ 250
E. Printing/Copying	\$ 1,200	\$ 400	\$ 1,600
F. Equipment Lease	\$ -	\$ -	\$ -
G. Travel	\$ 2,972	\$ 1,200	\$ 4,172
H. Training/Conference	\$ 2,000	\$ 150	\$ 2,150
I. Consultants (itemize):	\$ -	\$ -	\$ -
J. Subcontractors:	\$ -	\$ -	\$ -
1. Writer	\$ -	\$ 1,000	\$ 1,000
2. Facilitator	\$ -	\$ 1,000	\$ -
K. Other (itemize):	\$ -	\$ -	\$ -
1. Hospitality	\$ 1,000	\$ 400	\$ 1,400
2. Parent resources	\$ 1,000	\$ -	\$ 1,000
3. Stipends: parent mentors	\$ 3,000	\$ -	\$ 3,000
4. Parent incentives	\$ 1,000	\$ -	\$ 1,000
5. Honoraria: parents and/or agencies/programs	\$ -	\$ 2,000	\$ -
<b>Subtotal - Operating Expenses</b>	<b>\$ 13,422</b>	<b>\$ 6,300</b>	<b>\$ 16,722</b>

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

IV. INDIRECT COSTS	A. Amount Requested	B. Leveraged Amount Available **	C. Total Program Budget (A+B)
12%	\$ 20,920	\$ 524	\$ 21,444
(Attach copy of approved indirect cost rate proposal if percentage exceeds 12%, or submit a proposal for approval)			
<b>Subtotal - Indirect Costs</b>	<b>\$ 20,920</b>	<b>\$ 524</b>	<b>\$ 21,444</b>

V. TOTAL PROGRAM COSTS	A. Amount Requested	B. Leveraged Amount Available **	C. Total Program Budget (A+B)
<b>Total of sections I - IV</b>	<b>\$ 195,254</b>	<b>\$ 12,061</b>	<b>\$ 204,314</b>

**VI. IN KIND SUPPORT:** Please identify any in-kind support that is available to this project (example: volunteer hours, donated office space or equipment). If volunteer hours are listed, please indicate the role(s) of volunteers in the project. Outreach publicity donated by the City of So. San Francisco Parks & Recreation Dept. and the So. San Francisco Adult School; Meeting space donated by the City of So. San Francisco Library Dept. and Parks & Recreation Dept.; Referrals, office space and computer access for care coordination will be donated by San Mateo Health Center clinic and a private clinic.

**VII. LEVERAGED FUNDS ARE FROM:** Please list the funding sources and their amounts for funds identified in Column B. Also indicate which leveraged funds are not yet secured. Lucile Packard Foundation For Children's Health: \$12,061 ; Community Gatepath: \$15,589 for 9% additional indirect reflecting actual indirect cost of 21%

<b>Date Prepared:</b>	6/5/2013	<b>Prepared By:</b>	John Marvuglio
<b>Date Signed:</b>		<b>Signature:</b>	
<b>First 5 San Mateo County Use Only</b>			
<b>Date Approved:</b>		<b>Approved By:</b>	



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

Agency Name:	Community Gatepath
Program/Project Name:	Family Centered Care Coordination for Children with Special Health Care Needs
Amount of Request:	\$195,254
Budget period:	July 1, 2014 - June 30, 2015
Submission Date:	6/5/2013

I. PERSONNEL	A. Amount Requested	Description / Explanation
Position Title		
A. Parent Mentor Coordinator	\$ 29,120	Expand existing Family Resource Center staff or new .5 FTE to recruit, train and support volunteer parent mentors and
B. Care Coordinator	\$ 52,000	Expand existing Demonstration Site staff or new 1.0 FTE to provide care coordination for CSHCN 0-5 in 2 medical homes
C. Care Coordinator Supervisor	\$ 15,600	Expand existing Demonstration Site Family Care Coordinator position to supervise and coach care coordinators to ensure quality
D. Data/Evaluation Administrative Specialist	\$ 12,480	Expand position to 1.0 FTE due to increase in data collection, entry, reporting and maintenance of database
E. Project Manager	\$ 4,118	Project Management and staff supervision for Family Resource Center and Demonstration Site components
Benefits @ 42%	\$ 47,594	Health, disability, Workers Comp.
<b>Subtotal - Personnel</b>	<b>\$ 160,912</b>	

II. OPERATING EXPENSES	A. Amount Requested	Description / Explanation
A. Rent and Utilities	\$ -	
B. Office Supplies and Materials	\$ 1,000	Office supplies and equipment for new staff
C. Telephone/Communications	\$ -	
D. Postage/Mailing	\$ 250	Mailing outreach materials, parent letters, care coordination tools
E. Printing/Copying	\$ 1,200	Printing of new outreach materials, cards, tools = \$700; Printing care collaboration tools and materials = \$500
F. Equipment Lease	\$ -	
G. Travel	\$ 2,972	4181 miles @\$0.55: Care coordinator, supervisor, manager travel to meetings, trainings, technical assistance at clinic sites,
H. Training/Conference	\$ 2,000	8 staff/parent mentors @ \$250
I. Consultants (itemize):	\$ -	
J. Subcontractors:	\$ -	
1. Writer		
2. Facilitator		
K. Other (itemize):	\$ -	
1. Hospitality	\$ 1,000	Hospitality for 30-40 meetings with families, partners, staff, etc @ \$10 = \$400; Hospitality for 4 collaborative meetings @ \$150+
2. Parent resources	\$ 1,000	Books, DVDs and other parent resources for families of CSHCN ages 0-5, additional resources for parents of children 3-5+ years
3. Stipends: parent mentors	\$ 3,000	12 stipends @ \$250
4. Parent incentives	\$ 1,000	Children's books, parenting books and resources, and other educational materials
<b>Subtotal - Operating Expenses</b>	<b>\$ 13,422</b>	

III. CAPITAL EXPENDITURES	A. Amount Requested	Description / Explanation
A.	\$ -	
<b>Subtotal - Capital Expenditures</b>	<b>\$ -</b>	
A.		
IV. INDIRECT COSTS	A. Amount Requested	Allocation Method / Formula Used
<u>0.12</u>	\$ 20,920	
<b>Subtotal - Indirect Costs</b>	<b>\$ 20,920</b>	
V. TOTAL PROGRAM COSTS	A. Amount Requested	
<b>Total of sections I - IV</b>	<b>\$</b>	<b>195,254</b>

VI. IN KIND SUPPORT: Please identify any in-kind support that is available to this project (example: volunteer hours, donated office space or equipment). If volunteer hours are listed, please indicate the role(s) of volunteers in the project. Outreach publicity donated by the City of So. San Francisco Parks & Recreation Dept. and the So. San Francisco Adult School; Meeting space donated by the City of So. San Francisco Library Dept. and Parks & Recreation Dept.; Referrals, office space and computer access for care coordination will be donated by San Mateo Health Center clinic and a private clinic.

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**F5SMC Program Specialist**

First 5 San Mateo County			
Scope of Work Dates July 1, 2013 to June 30, 2014			
Lead Agency Name: Second Harvest Food Bank of Santa Clara and San Mateo Counties			
Goal: Reduce food insecurity among low-income families with children 0-5 and pregnant women			
Measurable Objective #1: Provide food resource and CalFresh in-service training to 60 staff of at least 6 agencies that serve 0-5 population and their families so that they may appropriately refer their clients to community food resources.			
Total Unduplicated Clients Served Under This Objective			
Children 0-5:	Families of 0-5s:	Providers of 0-5s: 60	Other:
Major activities and timelines (Timeline ongoing unless otherwise indicated)	Staff or agency responsible	Documentation instrument:	Target service # for activity (may be duplicated):
1 Recruit new partners serving families of 0-5 population who would like to provide CalFresh access to their clients (Q1-2)	Associate Director of Services	List of Agencies with MOUs	6 MOUs
2 Refresh or develop MOUs with CalFresh partner organizations such as Samaritan House; Star Vista; Community Gatepath; Ravenswood School District pre-school/child care program; Lucile Packard Children's Hospital; PCRC; 4Cs; Family Connections; OB/Gyn clinics (Q1)	Associate Director of Services	List of Agencies with MOUs	6 MOUs
3 Update training materials and curriculum to be applicable to families serving young children. Training staff to prescreen and set appointments (Q1)	Associate Director of Services	Training materials	
4 Train partners to become Key, Host or Referral CalFresh partners and to refer to other Food Bank programs (Q1-3)	Associate Director of Services	Participant sign-in sheets	A minimum of 60 staff of at least 6 organizations serving population are trained.

First 5 San Mateo County			
Scope of Work Dates July 1, 2013 to June 30, 2014			
Lead Agency Name: Second Harvest Food Bank of Santa Clara and San Mateo County			
<b>Goal:</b> Reduce food insecurity among low-income families with children 0-5 and pregnant women			
<b>Measurable Objective #2:</b> Provide CalFresh Application Assistance to 1,300 families with children 0-5 or pregnant women			
Total Unduplicated Clients Served Under This Objective			
Children 0-5:	Families of 0-5s: 1,300	Providers of 0-5s:	Other:
Major activities and timelines (Timeline ongoing unless otherwise indicated)	Staff or agency responsible	Documentation instrument:	Target service # for activity (may be duplicated):
1 Staff community-based CalFresh Application Assistance Sessions with SHFB Outreach Specialists at least monthly. At minimum, session sites will include: WIC, San Mateo Medical Center facilities, Ravenswood dental clinic, Hoover Family Centers; IHSD Head Start locations; Samaritan House.	CalFresh Outreach Specialists	Outreach Calendar	20 locations
2 Provide community outreach, eligibility pre-screening and application assistance with mobile workstations (internet, laptop, scanner) at community sites.			1,300 households assisted with application submission
3 Conduct outreach to potentially eligible people by distributing outreach materials to Family Harvest, community members at CalFresh application clinics, CBO partners, collaboratives such as Daly City Peninsula Partnership, and in SHFB client and agency newsletters and communications.	CalFresh Outreach Specialists	Oasis Insight tracking tool	60,000 materials distributed

**First 5 San Mateo County**

**Scope of Work Dates July 1, 2013 to June 30, 2014**

<b>Lead Agency Name: Second Harvest Food Bank of Santa Clara and San Mateo Counties</b>			
<b>Goal: Reduce food insecurity among low-income families with children 0-5 and pregnant women</b>			
<b>Measurable Objective #3: Refer 200 households to Legal Aid Society or Fair Oaks Community Center (FOCC) for assistance in navigating SMC Human Service Agency's CalFresh approval process.</b>			
<b>Total Unduplicated Clients Served Under This Objective</b>			
<b>Children 0-5:</b>	<b>Families of 0-5s: 200</b>	<b>Providers of 0-5s:</b>	<b>Other:</b>
<b>Major activities and timelines (Timeline ongoing unless otherwise indicated)</b>	<b>Staff or agency responsible</b>	<b>Documentation instrument:</b>	<b>Target service # for activity (may be duplicated):</b>
1 Complete and submit Release of Information for all Redwood City Households to H.S.A. and Fair Oaks Community Center to allow FOCC to assist with benefits navigation. FOCC provides support to applicants and H.S.A. to learn about outcomes, remaining steps for determination and advocacy.	CalFresh Outreach Specialists; Fair Oaks Community Center Benefits Navigator	Excel log of clients and outcomes	100 families
2 Recruit and train volunteers bi-monthly to make follow up calls to CalFresh applicants	Associate Director of Services	Training guide; Volunteer sign in sheets	6 volunteers
3 Volunteers call CalFresh applicants living outside of Redwood City 3 weeks after their application was submitted to ensure they are clear about their application status.	Volunteers with Associate Director of Services oversight	Call-back log.	1,300 Calls
4 Make referrals to non-Redwood City residents needing assistance to LIBRE/Legal Aid Society.	Volunteers with Associate Director of Services oversight	Referral log.	100 families

<b>First 5 San Mateo County</b>			
<b>Scope of Work Dates July 1, 2013 to June 30, 2014</b>			
<b>Lead Agency Name: Second Harvest Food Bank of Santa Clara and San Mateo Counties</b>			
<b>Goal: Provide culturally, linguistically, and developmentally appropriate services to children and families.</b>			
<b>Measurable Objective #4: Provide CalFresh application assistance to families in English and Spanish, and other languages as available.</b>			
<b>Total Unduplicated Clients Served Under This Objective</b>			
<b>Children 0-5:</b>	<b>Families of 0-5s:</b>	<b>Providers of 0-5s:</b>	<b>Other:</b>
<b>Major activities and timelines (Timeline ongoing unless otherwise indicated)</b>	<b>Staff or agency responsible</b>	<b>Documentation instrument:</b>	<b>Target service # for activity (may be duplicated):</b>
1 Maintain CalFresh Outreach Specialist positions staffed with bi-lingual (English/Spanish), culturally sensitive staff.	Associate Director of Services		5 Staff members
2 Recruit and train volunteers who speak Chinese, Spanish and Tagalog.	Associate Director of Services		2 volunteers of each language

First 5 San Mateo County			
Scope of Work Dates July 1, 2013 to June 30, 2014			
Lead Agency Name: Second Harvest Food Bank of Santa Clara and San Mateo Counties			
Goal: Maximize collaborations with other systems, agencies, and/or efforts within San Mateo County.			
Measurable Objective #5: Meet bi-monthly with Human Service Agency, and annually or more with other CalFresh Partners, to improve access, coordination and to advocate for sytem improvements.			
Total Unduplicated Clients Served Under This Objective			
Children 0-5:	Families of 0-5s:	Providers of 0-5s:	Other:
Major activities and timelines (Timeline ongoing unless otherwise indicated)	Staff or agency responsible	Documentation instrument:	Target service # for activity (may be duplicated):
1 Attend bi-monthly H.S.A CalFresh Outreach Workgroup meeting.	Associate Director of Services	Meeting notes	5 meetings
2 Continue San Mateo County CalFresh advocacy efforts with Alliance to Transform CalFresh, H.S.A., Thrive Alliance for Nonprofits	Senior Director of Programs and Services	Meeting notes	
3 Continue California state-wide CalFresh advocacy efforts with Alliance to Transform CalFresh, California Association of Food Banks, California Food Policy Advocates and Feeding America	Senior Director of Programs and Services	Meeting notes	
4 Conduct annual review and reflection with SHFB CalFresh site partners to discover ways to improve collaboration	CalFresh Outreach Specialists with Associate Director of Services	Annual Monitor Form	
5 In semi-annual report to F5SMC, include updates on institutional barriers to CalFresh and how they are being addressed at county and state levels.	Senior Director of Programs and Services	Semi-Annual Report	

First 5 San Mateo County			
Scope of Work Dates July 1, 2013 to June 30, 2014			
Lead Agency Name: Second Harvest Food Bank of Santa Clara and San Mateo Counties			
Goal: Promote sustainable practices and identify additional resources to ensure the continuation of service provision.			
Measurable Objective #6: SHFB's CalFresh Outreach efforts will be funded through 2016 and SHFBs food distribution partners will provide materials and information to clients throughout San Mateo County			
Total Unduplicated Clients Served Under This Objective			
Children 0-5:	Families of 0-5s:	Providers of 0-5s:	Other:
Major activities and timelines (Timeline ongoing unless otherwise indicated)	Staff or agency responsible	Documentation instrument:	Target service # for activity (may be duplicated):
1	Advocate for Federal, State and local policies that will enhance and support CalFresh funding and access	Senior Director of Programs and Services	Communications with policy makers
2	Train SHFB partner agencies about CalFresh eligibility so that they may in turn teach their clients to access CalFresh independently.	Associate Director of Services	Prescreener Training Sign-In Sheets
3	Provide outreach materials and training opportunities to SHFBs 130+ San Mateo County food distribution partner agencies	Associate Director of Services with Agency Relations Managers	Monitor Forms 130 food distribution partners
4	Include minimum level of CalFresh Outreach as a requirement for organizations receiving food from Second Harvest Food Bank	Senior Director of Programs and Services	Signed Agency Agreements 130 food distribution partners
5	Maintain current and develop new partnerships with public, private and individual donors to support SHFB's CalFresh efforts.	Development Team	List of funders
6	Support F5SMC as they explore and implement a requirement that organizations funded by First 5 SMC screen all participants for CalFresh eligibility at intake.	First 5 San Mateo County	First 5 SMC Contracts or SOWs with funded partners

First 5 San Mateo County				
Scope of Work Dates July 1, 2013 to June 30, 2014				
Lead Agency Name: Second Harvest Food Bank of Santa Clara and San Mateo Counties				
Goal: Advance F5SMC's Communications and Systems Change efforts to promote optimal early childhood development for children 0-5 in San Mateo County.				
Measurable Objective #7: Communicate the importance of the first 5 years of life and collaborate to improve systems integration, decrease duplicative services, and create lasting, beneficial systems improvements.				
Total Unduplicated Clients Served Under This Objective				
Children 0-5:	Families of 0-5s:	Providers of 0-5s:	Other:	
Major activities and timelines (Timeline ongoing unless otherwise indicated)	Staff or agency responsible	Documentation instrument:	Target service # for activity (may be duplicated):	
1	Distribute First 5 Monthly Materials to project clients	CalFresh Outreach Specialists	Outreach materials log	TBD
2	Distribute First 5's Kit for New Parents	CalFresh Outreach specialists	Progress Update	TBD
3	Participate in F5SMC's Learning Circles and other collaborative efforts	Associate Director of Services	Sign in sheet	TBD
4	Document measures to increase efficiencies and reduce duplication within service delivery	Associate Director of Services	Mid-year and annual F5SMC Progress Report Narrative	TBD

**First 5 San Mateo County**

**Scope of Work Dates July 1, 2013 to June 30, 2014**

<b>Lead Agency Name: Second Harvest Food Bank of Santa Clara and San Mateo Counties</b>			
<b>Goal: Demonstrate the effectiveness of the project strategies through participation in an independently administered process and outcome evaluation.</b>			
<b>Measurable Objective #8: Participate in the design of the evaluation and in the implementation of data collection activities as required by the evaluation design.</b>			
<b>Total Unduplicated Clients Served Under This Objective:</b>			
<b>Children 0-5:</b>	<b>Families of 0-5s:</b>	<b>Providers of 0-5s:</b>	<b>Other:</b>
<b>Major activities and timelines (Timeline ongoing unless otherwise indicated)</b>	<b>Staff or agency responsible</b>	<b>Documentation instrument:</b>	<b>Target service # for activity (may be duplicated):</b>
1 Collect and enter individual-level client data and individual-level service data on all project activities	CalFresh Specialists	Oasis Insiight (service provision data record)	
2 Administer all Comprehensive Evaluation tools on clients served as required by the F5SMC evaluation design.	Associate Director of Services	TBD	
3 Administer all Systems-Change Evaluation tools as required by the First 5 evaluation design.	Associate Director of Services	TBD	

**First 5 San Mateo County**

**Scope of Work Dates July 1, 2013 to June 30, 2014**

**Lead Agency Name: Second Harvest Food Bank of Santa Clara and San Mateo Counties**

**Goal: Ensure the general public is aware of the benefit of Proposition 10 (Prop. 10) tax dollars in the community**

**Measurable Objective #9: Keep the public informed of how and where Prop 10 funds are invested in San Mateo County**

**Total Unduplicated Clients Served Under This Objective**

<b>Children 0-5:</b>		<b>Families of 0-5s:</b>	<b>Providers of 0-5s:</b>	<b>Other:</b>
<b>Major activities and timelines (Timeline ongoing unless otherwise indicated)</b>		<b>Staff or agency responsible</b>	<b>Documentation instrument:</b>	<b>Target service # for activity (may be duplicated):</b>
1	Place a placard announcing project funding by F5SMC in a prominent area where services take place. Timeline = Ongoing.	CalFresh Outreach Specialists	Placard placement	TBD
2	Recognize F5SMC by placing the F5SMC logo and/or the phrase "Funding provided by First 5 San Mateo County" in annual report, public education materials, outreach materials, and media communications. Timeline = Ongoing.	Brand Strategy Team @ SHFB	Copies of materials and press releases	TBD
3	Place F5SMC tobacco-free premises placard in a prominent area where funded services take place	CalFresh Outreach Specialists	Placard placement	TBD
4	Make tobacco education and cessation resources provided by F5SMC readily available to those served by the agency and to staff of the agency	Associate Director of Services	Copies of materials provided by F5SMC	TBD



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

Appendix D

Complete this form to show the budget for the entire project for the fiscal year. If there are subcontractors or collaborative

Agency Name:	<b>Second Harvest Food Bank of Santa Clara and San Mateo Counties</b>
Program/Project Name:	<b>SNAP PROGRAM BUDGET</b>
Amount of Request:	<b>\$155,730</b>
Budget Period:	<b>July 1, 2013 thru June 30, 2014</b>
Submission Date:	<b>6/6/2013</b>

from the Commission. At the bottom of the form under section VII, please list the funding source for all funds included in this

<b>I. PERSONNEL</b>			A. Amount Requested	B. Leveraged Amount Available**	C. Total Program Budget (A+B)
Position Title	Salary Range	# FTEs			
A. Director of Services	\$94,824	0.03	\$ 2,873	\$ 7,902	\$ 10,775
B. Associate Director of Services	\$89,498	0.20	\$ 17,900	\$ 26,849	\$ 44,749
C. Calfresh Outreach Specialist	\$38,347	1.74	\$ 66,646	\$ 125,090	\$ 191,736
D. Database Administration	\$88,838	0.05	\$ 4,248	\$ 4,248	\$ 8,496
Benefits @ 37%			\$ 33,967	\$ 60,085	\$ 94,052
<b>Subtotal - Personnel</b>		<b>2.02</b>	<b>\$ 125,634</b>	<b>\$ 224,174</b>	<b>\$ 349,808</b>

<b>II. OPERATING EXPENSES</b>			A. Amount Requested	B. Leveraged Amount Available **	C. Total Program Budget (A+B)
A. Rent and Utilities			\$ -		\$ -
B. Office Supplies and Materials			\$ 1,950	\$ 2,790	\$ 4,740
C. Telephone/Communications			\$ 4,140	\$ 1,860	\$ 6,000
D. Postage/Mailing			\$ -		\$ -
E. Printing/Copying			\$ 6,000	\$ 9,597	\$ 15,597
F. Equipment Lease			\$ -		\$ -
G. Travel Using Personal Vehicle			\$ 3,750	\$ 3,050	\$ 6,800
H. Travel Using Company Vehicle			\$ 4,068	\$ 5,153	\$ 9,221
I. Consultants (itemize):			\$ -		\$ -
			\$ -		\$ -
			\$ -		\$ -
J. Subcontractors (itemize):			\$ -		\$ -
			\$ -		\$ -
			\$ -		\$ -
K. Other (itemize): Mible Vehicle			\$ -	\$ 4,000	\$ 4,000
			\$ -		\$ -
			\$ -		\$ -
			\$ -		\$ -
<b>Subtotal - Operating Expenses</b>			<b>\$ 19,908</b>	<b>\$ 26,450</b>	<b>\$ 46,358</b>

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

<b>IV. INDIRECT COSTS</b>	<b>A. Amount Requested</b>	<b>B. Leveraged Amount Available **</b>	<b>C. Total Program Budget (A+B)</b>
7%	\$ 10,188	\$ 19,287	\$ 29,475
(Attach copy of approved indirect cost rate proposal if percentage exceeds 12%, or submit a proposal for approval)			\$ -
<b>Subtotal - Indirect Costs</b>	<b>\$ 10,188</b>	<b>\$ 63,516</b>	<b>\$ 29,475</b>

<b>V. TOTAL PROGRAM COSTS</b>	<b>A. Amount Requested</b>	<b>B. Leveraged Amount Available **</b>	<b>C. Total Program Budget (A+B)</b>
<b>Total of sections I - IV</b>	<b>\$ 155,730</b>	<b>\$ 314,141</b>	<b>\$ 425,642</b>

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

**VII. LEVERAGED FUNDS ARE FROM:** Donor information is confidential. Per the IRS, if I give donor information to one person I must give it to all that ask. Therefore, I respectfully decline to provide specifics. For FY13/14 \$234,926.59 has been raised and \$190,714.96 (includes the \$155,729.98 from the First 5) remains to be raise or be provided by Second Harvest Food Bank.

<b>Date Prepared:</b>		<b>Prepared By:</b>	
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<b>First 5 San Mateo County Use Only</b>			
<b>Date Approved:</b>		<b>Approved By:</b>	



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

Agency Name:	<b>Second Harvest Food Bank of Santa Clara and San Mateo Counties</b>
Program/Project Name:	<b>SNAP PROGRAM BUDGET</b>
Amount of Request:	<b>\$155,730</b>
Budget period:	<b>July 1, 2013 thru June 30, 2014</b>
Submission Date:	<b>6/6/2013</b>

<b>I. PERSONNEL</b>	<b>A. Amount Requested</b>	<b>Description / Explanation</b>
Position Title		
A. Director of Services	\$ 2,873	Team leader that plans the strategic direction of Cal Fresh/oversees its management
B. Associate Director of Services	\$ 17,900	Implementation of CalFresh tactics and strategies with staff
C. Calfresh Outreach Specialist	\$ 66,646	Day to day CalFresh activities
D. Database Administration	\$ 4,248	IT support for CalFresh; ensures accurate reporting
Benefits @ 37%	\$ 33,967	
<b>Subtotal - Personnel</b>	<b>\$ 125,634</b>	

<b>II. OPERATING EXPENSES</b>	<b>A. Amount Requested</b>	<b>Description / Explanation</b>
A. Rent and Utilities	\$ -	
B. Office Supplies and Materials	\$ 1,950	Software license = \$150 per year x 5 staff; 1500 new laptop; other direct supplies.
C. Telephone/Communications	\$ 4,140	\$115 per line x 12 months x 5 staff
D. Postage/Mailing	\$ -	
E. Printing/Copying	\$ 6,000	Calfresh outreach related printing and posters
F. Equipment Lease	\$ -	
G. Travel Using Personal Vehicle	\$ 3,750	\$1200/year x 5 + \$250 additional travel
H. Travel Using Company Vehicle	\$ 4,068	200 miles x 12 months x 5 staff x 0.565 IRS mileage rate
I. Consultants (itemize):	\$ -	
	\$ -	
	\$ -	
J. Subcontractors (itemize):	\$ -	
	\$ -	
	\$ -	
K. Other (itemize): Mible Vehicle	\$ -	
	\$ -	
	\$ -	
<b>Subtotal - Operating Expenses</b>	<b>\$ 19,908</b>	

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

IV. INDIRECT COSTS	A. Amount Requested	Allocation Method / Formula Used
0.07	\$ 10,188	
<b>Subtotal - Indirect Costs</b>	<b>\$ 10,188</b>	

V. TOTAL PROGRAM COSTS	A. Amount Requested	
<b>Total of sections I - IV</b>	<b>\$</b>	<b>155,730</b>

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

VII. LEVERAGED FUNDS ARE FROM: Donor information is confidential. Per the IRS, if I give donor information to one person I must give it to all that ask.  
*Mail signed First 5 San Mateo County Budget Request and Budget Narrative Forms to :*

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

*Electronic copy must also be submitted to:*  
**F5SMC Program Specialist**



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

Appendix D

Complete this form to show the budget for the entire project for the fiscal year. If there are subcontractors or collaborative

Agency Name:	<b>Second Harvest Food Bank of Santa Clara and San Mateo Counties</b>
Program/Project Name:	<b>SNAP PROGRAM BUDGET</b>
Amount of Request:	<b>\$155,157</b>
Budget Period:	<b>July 1, 2014 thru June 30, 2015</b>
Submission Date:	<b>6/6/2013</b>

from the Commission. At the bottom of the form under section VII, please list the funding source for all funds included in this

<b>I. PERSONNEL</b>			A. Amount Requested	B. Leveraged Amount Available**	C. Total Program Budget (A+B)
Position Title	Salary Range	# FTEs			
A. Director of Services	\$97,669	0.03	\$ 2,960	\$ 8,169	\$ 11,129
B. Associate Director of Services	\$92,183	0.17	\$ 15,364	\$ 30,728	\$ 46,091
C. Calfresh Outreach Specialist	\$39,498	1.72	\$ 65,829	\$ 131,659	\$ 197,488
D. Database Administration	\$91,503	0.05	\$ 4,667	\$ 4,084	\$ 8,751
Benefits @ 37%			\$ 33,278	\$ 63,595	\$ 96,873
<b>Subtotal - Personnel</b>		<b>1.97</b>	<b>\$ 122,099</b>	<b>\$ 238,234</b>	<b>\$ 360,333</b>

<b>II. OPERATING EXPENSES</b>			A. Amount Requested	B. Leveraged Amount Available **	C. Total Program Budget (A+B)
A. Rent and Utilities			\$ -		\$ -
B. Office Supplies and Materials			\$ 950	\$ 2,950	\$ 3,900
C. Telephone/Communications			\$ 4,140	\$ 1,860	\$ 6,000
D. Postage/Mailing			\$ -		\$ -
E. Printing/Copying			\$ 10,000	\$ 4,000	\$ 14,000
F. Equipment Lease			\$ -		\$ -
G. Travel Using Personal Vehicle			\$ 3,750	\$ 3,750	\$ 7,500
H. Travel Using Company Vehicle			\$ 4,068	\$ 5,252	\$ 9,320
I. Consultants (itemize):			\$ -		\$ -
			\$ -		\$ -
			\$ -		\$ -
J. Subcontractors (itemize):			\$ -		\$ -
			\$ -		\$ -
			\$ -		\$ -
K. Other (itemize): Mible Vehicle			\$ -	\$ 4,000	\$ 4,000
			\$ -		\$ -
			\$ -		\$ -
			\$ -		\$ -
<b>Subtotal - Operating Expenses</b>			<b>\$ 22,908</b>	<b>\$ 21,812</b>	<b>\$ 44,720</b>

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

<b>IV. INDIRECT COSTS</b>	A. Amount Requested	B. Leveraged Amount Available **	C. Total Program Budget (A+B)
7%	\$ 10,150	\$ 20,720	\$ 30,870
(Attach copy of approved indirect cost rate proposal if percentage exceeds 12%, or submit a proposal for approval)			\$ -
<b>Subtotal - Indirect Costs</b>	<b>\$ 10,150</b>	<b>\$ 63,516</b>	<b>\$ 30,870</b>

<b>V. TOTAL PROGRAM COSTS</b>	A. Amount Requested	B. Leveraged Amount Available **	C. Total Program Budget (A+B)
<b>Total of sections I - IV</b>	<b>\$ 155,157</b>	<b>\$ 323,562</b>	<b>\$ 435,923</b>

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

**VII. LEVERAGED FUNDS ARE FROM:** Donor information is confidential. Per the IRS, if I give donor information to one person I must give it to all that ask. Therefore, I respectfully decline to provide specifics. For FY13/14 \$130,253.90 has been raised and \$305,539.77 (includes the \$155,157.02 from the First 5) remains to be raise or be provided by Second Harvest Food Bank.

<b>Date Prepared:</b>		<b>Prepared By:</b>	
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<b>First 5 San Mateo County Use Only</b>			
<b>Date Approved:</b>		<b>Approved By:</b>	



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

Agency Name:	<b>Second Harvest Food Bank of Santa Clara and San Mateo Counties</b>
Program/Project Name:	<b>SNAP PROGRAM BUDGET</b>
Amount of Request:	<b>\$155,157</b>
Budget period:	<b>July 1, 2014 thru June 30, 2015</b>
Submission Date:	<b>6/6/2013</b>

<b>I. PERSONNEL</b>	A. Amount Requested	Description / Explanation
<u>Position Title</u>		
A. Director of	\$ 2,960	Team leader that plans the strategic direction of Cal Fresh/oversees its management
B. Associate Director	\$ 15,364	Implementation of CalFresh tactics and strategies with staff
C. Calfresh Outreach	\$ 65,829	Day to day CalFresh activities
D. Database	\$ 4,667	IT support for CalFresh; ensures accurate reporting
Benefits @ 37%	\$ 33,278	
<b>Subtotal -</b>	<b>\$ 122,099</b>	

<b>II. OPERATING EXPENSES</b>	A. Amount Requested	Description / Explanation
A. Rent and Utilities	\$ -	
B. Office Supplies	\$ 950	Software license = \$150 per year x 5 staff; 1500 new laptop; other direct supplies,
C.	\$ 4,140	\$115 per line x 12 months x 5 staff
D. Postage/Mailing	\$ -	
E. Printing/Copying	\$ 10,000	Calfresh outreach related printing and posters
F. Equipment Lease	\$ -	
G. Travel Using	\$ 3,750	\$1200/year x 5 + \$250 additional travel
H. Travel Using	\$ 4,068	200 miles x 12 months x 5 staff x 0.565 IRS mileage rate
I. Consultants	\$ -	
	\$ -	
	\$ -	
J. Subcontractors	\$ -	
	\$ -	
	\$ -	
K. Other (itemize):	\$ -	
	\$ -	
	\$ -	
<b>Subtotal - Operating</b>	<b>\$ 22,908</b>	

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

IV. INDIRECT COSTS	A. Amount Requested	Allocation Method / Formula Used
0.07	\$ 10,150	
<b>Subtotal - Indirect</b>	<b>\$ 10,150</b>	

V. TOTAL	A. Amount Requested	
<b>Total of sections I -</b>	<b>\$</b>	<b>155,157</b>

VI. IN KIND SUPPORT: Please identify any in-kind support that is available to this project (example: volunteer hours, donated office

VII. LEVERAGED FUNDS ARE FROM: Donor information is confidential. Per the IRS, if I give donor information to one person I Mail signed First 5 San Mateo County Budget Request and Budget Narrative Forms to :

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

*Electronic copy must also be submitted to:*  
**F5SMC Program Specialist**