# STATE OF CALIFORNIA STANDARD AGREEMENT AMENDMENT STD 213 A (DHS Rev 5/03)

$\bowtie$	CHECK HERE IF ADDITIONAL P	AGES ARE ATTACHE	D 1 Pages	AGREEMENT NUMB	ER A	MENDMENT NUMBER
			<u> </u>	01-15364		01
1.	This Agreement is entere	d into between the	State Agency and	Contractor name	d below:	
•	STATE AGENCY'S NAME California Department of	Health Services			(Also refer	ed to as CDHS, DHS, or the State)
	CONTRACTOR'S NAME	Tealth Oct vices				(Also referred to as Contractor)
	San Mateo County	,				
2.	The term of this					
	Agreement is	July 1, 2001	through	June 30, 2004		
3.	The maximum amount of this Agreement is:	\$ 74,514 Seventy Four Tho	ousand Five Hundre	f Fourteen Dollars		
4.	The parties mutually agre		<del></del>		w are by this	reference made a nart
•;	of the Agreement and inc		in as ionows. This	delicino motor bene	w are by time	· · · · · · · · · · · · · · · · · · ·
	I. Amendment effective	e date: October 1,	2002			
	II. Purpose of amendm	ent: This amendm	ent is to increase	ne budget by \$1.2	27 for Year	2 and Year 3 and revise
						ldren's Dental Disease
	Prevention Program	population. DHS is	s obtaining more o	f the same service	es shown in t	the original agreement.
	III. Changes made in th	is amendment are	shown as: Text a	ditions are display	ved in <b>bold</b> :	and underline Text
	deletions are display				,ca III <u>bola i</u>	ma anacimic.
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						Exhibit A-1, Scope of
	Work. All reference hereinafter be deem				d into this ac	reement snall
	neremaker be deem	ed to read Exhibit A	4-1, Scope of viol	Λ.		
			ne face of the origi	nal STD 2 is modi	fied to reflec	t a different number of
	pages for the following	ng exhibit.		•		
	Exhibit A - 1, Scope	of Work (10.44 pc	nace)			
	Exhibit A = 1, Scope	01 WOIK ( <del>10</del> <u>11</u> pa	iyes <i>)</i>			
•			*.		((	Continued on next page)
	All other terms and condit	tions shall remain t	he same.			
İΝ۱	VITNESS WHEREOF, this Ag	greement has been e	executed by the pa	rties hereto.		•
		CONTRACTOR			Denartm	CALIFORNIA ent of General Services
CON	TRACTOR'S NAME (If other than an in		omoration nartnershin e	c)		Use Only
	n Mateo County Health Ser	•		~"		
	Authorized Signature) Mark Chu			(Do not type)		
Ø	В	oard of Superv	isors			
PRIN	ITED NAME AND TITLE OF PERSON	SIGNING		·		
AT	TEST:		Clerk of	Said Board		
	RESS					
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Sa	n Mateo, CA 94403					
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BY (	Authorized Signature) NTED NAME AND TITLE OF PERSON ward Stahlberg, Chief, Prog	th Services	DATE SIGNED	O (Do not type)	Exempt per	
PRIII Edv	Authorized Signature) ITED NAME AND TITLE OF PERSON ward Stahlberg, Chief, Prog RESS	th Services SIGNING Iram Support Brand	DATE SIGNED	(Do not type)	Exempt per	:
PRIII Edv	Authorized Signature) NTED NAME AND TITLE OF PERSON ward Stahlberg, Chief, Prog	th Services SIGNING Iram Support Brand	DATE SIGNED	O (Do not type)	Exempt per	

- VI. Paragraph 2 (incorporated exhibits) on the face of the original STD 2 is amended to add <u>Exhibit BB-1</u>, <u>Budget Year Two and Exhibit BBB-1</u>, <u>Budget Year Three</u>. All references to Exhibit BB and Exhibit BBB in any exhibit incorporated to this agreement shall hereinafter be deemed to read Exhibit BB-1 and Exhibit BBB-1 respectively.
- VII. Provision 1 (Maximum Amount Payable of Exhibit C General Terms and Conditions is amended to read as follows:

#### 1. Maximum Amount Payable

- A. The maximum amounts payable under this agreement shall not exceed:
  - 1. \$24,429 for the budget period of 07/01/01 06/30/02.
  - 2. \$24,429 **\$25,349** for the budget period of 07/01/02 06/30/03
  - 3. \$24,429 **\$24,736** for the budget period of 07/01/03 06/30/04.
  - 4. \$73,287 **\$74,514** for the entire agreement term.
- B. Reimbursement shall be made for allowable expenses up to the amount annually encumbered commensurate with the state fiscal year in which services are performed and/or goods are received.
- VIII. Exhibit C, General Terms and Conditions are hereby amended to add provision 19, Additional Incorporated Exhibits.

### 19. Additional Incorporated Exhibits

- A. The following documents and any subsequent updates are not attached, but are incorporated herein and made a part hereof by this reference. These documents may be updated periodically by DHS, as required by program directives. DHS shall provide the Contractor with copies of said documents and any periodic updates thereto, under separate cover. DHS will maintain on file, all documents referenced herein and any subsequent updates.
  - 1) Supplemental Nutrition Budget

**COMPONENT I: FLORIDE** 

OBJECTIVE	ACTIVITIES TO ACCOMPLISH OBJECTIVES	TIMELINE	RESPONSE PERSON	PERFORMANCE MEASURE
1.1. Annually, by October 16, 2373 children in grades K-6 who have parental permission will be fluoride mouth rinsing weekly in class for a minimum of 30 weeks.	1.1.1. Provide fluoride teacher in-service training to all teachers to outline logistics and requirements of fluoride mouth rinsing and storage prior to mouth rinse initiation.	9/3/01-6/16/02 9/3/02-6/16/03 9/3/03-6/16/04	Coordinator	Signed and dated teacher in- service attendance sheet, list of teachers not attending, in-service agenda and outline.
	1.1.2. Deliver supplies, premixed fluoride to school liaison.	9/3/01-6/16/02 9/3/02-6/16/03 9/3/03-6/16/04	Coordinator, Community Worker	Signed and dated inventory form.
	1.1.3. Provide monitoring and technical assistance to participating schools to ensure consistent implementation of fluoride mouth rinsing.	9/3/01-6/14/02 9/3/02-6/14/03 9/3/03-6/14/04	Coordinator, Community Worker	Compliance as documented by rinse records.
	1.1.4. Evaluation of Objective: Determine if all targeted children in grades K-6 were participating in fluoride mouth rinse program by target date. Collect teacher evaluations and rinse records. Analyze data and report to State.	10/16/01-6/14/02 10/16/02-6/14/03 10/16/03-6/14/04	Coordinator, Community Worker	Sample of teacher evaluations, rinse records, report to State.

COMPONENT II: PLAQUE CONTROL

COMPONENT II: PLAQUE CONT	IROL	÷	•	·
OBJECTIVE	ACTIVITIES TO ACCOMPLISH OBJECTIVES	TIMELINE	RESPONSE PERSON	PERFORMANCE MEASURES
6 will receive instruction and guided practice in tooth brushing	2.1.1. School administration and school liaison will be sent an application for the DDPP program. Application asks for inservice date and a list of participating teachers indicating number of children participating in program, room number and grade level.	9/3/01-6/15/02 9/3/02-6/15/03 9/3/03-6/15/04	Coordinator	School application form and teacher participation list.
	2.1.2. Toothbrushes and supplies for each child participating will be given to teachers at in-service training. Teachers will be encouraged to begin brushing immediately.	9/3/01-6/15/02 9/3/02-6/15/03 9/3/03-6/15/04	Coordinator, Community Worker	Signed and dated inventory sheets.
	2.1.3. All teachers and classes will receive tooth brushing instruction.	9/3/01-1/4/02 9/3/02-1/4/03 9/3/03-1/4/04	Coordinator, Community Worker	School summary information sheet.
	2.1.4. Classroom calendar is kept for 25 consecutive days of in class brushing. School contacts will be reminded to brush throughout the year.	9/3/01-1/4/02 9/3/02-1/4/03 9/3/03-1/4/04	Teacher	Calendars are returned to Coordinator to document days of brushing.
	2.1.5. <b>Evaluation of Objective</b> : Determine if by June 14 all tooth brushing calendars and teacher evaluations were done.	2/1/02-6/14/02 2/1/03-6/14/03 2/1/04-6/14/04	Coordinator	Teacher evaluations, tooth brushing calendars, and school information forms. Report to State.
participating classes targeted by the program will show a 25%	2.2.1. <b>Evaluation of Objective</b> : A pre/post-test on plaque control will be administered to a sample of 4 participating classes (2 in 2 <sup>nd</sup> grade and 2 in 5 <sup>th</sup> grade) prior to plaque control instruction. Compile and analyze data.	9/3/01-6/14/02 9/3/02-6/14/03 9/3/03-6/14/04	Coordinator, Community Worker	Pre/Post-test. Summary and analysis of pre-test scores.

COMPONENT III: ORAL HEALTH EDUCATION

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OBJECTIVE	ACTIVITIES TO ACCOMPLISH OBJECTIVES	TIMELINE	RESPONSE PERSON	PERFORMANCE MEASURE
3.1. Annually, by June 30, 2373 participating students grades K-6 will learn oral health education from oral health educators through	3.1.1. Develop agenda for presentation and oral health curriculum.	8/1/01-9/30/01 8/1/02-9/30/02 8/1/03-9/30/03	Coordinator	Agenda, lesson plans, handouts.
two classroom presentation visits	3.1.2. Use existing thematic units for infusing dental health into regular classroom curriculum.	9/3/01-6/15/02 9/3/02-6/15/03 9/3/03-6/15/04	Coordinator, Teacher	Teacher evaluation forms.
	3.1.3. Assign/schedule classroom presentation visits.	9/3/01-1/4/02 9/3/02-1/4/03 9/3/03-1/4/04	Coordinator, Community Worker	School summary information forms.
	3.1.4. Present oral health education to classes.	9/3/01-1/4/02 9/3/02-1/4/03 9/3/03-1/4/04	Coordinator, School Contact- Person	School summary information forms.
	3.1.5. Evaluation of Objective: Determine whether by June 30 all participating students had 2 sequenced lessons.	6/1/02-6/30/02 6/1/03-6/30/03 6/1/04-6/30/04	Coordinator	School summary information forms.
3.2. Annually, by June 30, students in 4 classes targeted by the project will demonstrate at least a 25% increase in scores on	3.2.1. Evaluation of Objective: Develop and administer pre/post test to 4 classes.	9/3/01-1/4/02 9/3/02-1/4/03 9/3/03-1/4/04	Coordinator	Pre/post-tests. Pre/post-test results.
dental health knowledge and attitudes as measured by a pre/post-test.	3.2.2. Evaluation of Objective: Determine whether annually by June 30, a sample of 4 classes demonstrated at least a 25% increase in scores on a pre/post-test by compiling and analyzing pre/post-test data.	6/1/02-6/30/02 6/1/03-6/30/03 6/1/04-6/30/04	Coordinator	Data analysis.

OBJECTIVE		ACTIVITIES TO ACCOMPLISH OBJECTIVES	TIMELINE	RESPONSIBLE PERSON	PERFORMANCE MEASURE
3.3 Annually, by June 30, project staff will collaborate with Children's Hospital and San Diego County Smiles to develop and implement a program to meet the oral health	3.3.1.	Access schools/classrooms participating in participating in program and make a list of special ed classrooms.	9/5/01-6/30/02 9/5/02-6/30/03 9/5/03-6/30/04	Coordinator	List Special Education Classes at targeted schools.
needs of children in our special education classes in our targeted schools.	3.3.2.	Meet with Children's Hospital and San Diego County Smiles to develop lesson plan and assign one dental educator to special needs students.	9/5/01-6/30/02 9/5/02-6/30/03 9/5/03-6/30/04	Coordinator, Educators	Minutes of meeting and lesson plans.
	3.3.3	Purchase supplies to be used primarily for Special Education students, e.g., oral desensetizer, two-sided toothbrushes.	9/5/01-6/30/02 9/5/02-6/30/03 9/5/03-6/30/04	Coordinator, Educators	Supply list for Special Education students.
	3.5.4.	Evaluation Objective: Lesson plans developed by the collaboration of the dental groups to meet the needs of special education students.	9/5/01-6/30/02 9/5/02-6/30/03 9/5/03-6/30/04	Coordinator, Educators	Special education lesson plans and roster meeting.
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Note: San Diego City Schools year-round schools begin their academic year in September. Single tract schools conclude mid-July. Multi-track schools conclude the end of August. Also the literacy endeavor, "Bueprint for Success," will lengthen the school calendar for selected schools.

COMPONENT IV: ORAL HEALTH ADVISORY COMMITTEE

COMPONENT IV: ORAL HEALTH	ADVISORY COMMITTEE		·	
OBJECTIVE	ACTIVITIES TO ACCOMPLISH OBJECTIVES	TIMELINE	RESPONSE PERSON	PERFORMANCE MEASURE
4.1. Annually, by June 30, the Dental Coalition for San Mateo County, which will include representatives from at least education, dental professions and	4.1.1. Dental Coalitions meetings will review all related dental concerns in t he county and facilitate discussions on assessing the county oral health needs.	9/3/01-6/30/02 9/3/02-6/30/03 9/3/03-6/30/04	Coalition Chair, Coordinator	Meeting agenda, minutes, and Coalition members list.
	4.1.2. DDPP Coordinator will attend all Coalition meetings to summarize consensus on the biggest oral health needs of the county.	9/3/01-6/30/02 9/3/02-6/30/03 9/3/03-6/30/04	Coordinator	Attendance sign up sheet.
4.2. Annually, by April 30, the Dental Coalition will assist in reviewing and commenting on the local DDPP project application.	4.2.1. Notify Coalition Chair of any changes to the 2001-2004 application and request input.	1/4/02-3/29/02 1/4/03-3/29/03 1/4/04-3/29/04		Meeting minutes and letter of support.
	4.2.2. During April meeting discuss suggested revisions and vote on final version.	4/1/02 4/1/03 4/1/04	Coordinator, Coalition Chair	Meeting minutes
	4.2.3. Evaluation of Objective: Have Dental Coalition Chair sign letter of support, verifying the reviewing process of the application; letter will be sent in with application.	4/1/02 4/1/03 4/1/04	Coalition Members	Letter of support from Dental Coalition Chair.
4.3. Annually, by June 30, the Dental Coalition will increase access to dental care for children in San Mateo County through	4.3.1. Collaborate with other children's health programs to standardize process for referring children for treatment.	6/30/02 6/30/03 6/30/04	Coordinator, Coalition Members	Meeting minutes.
internal collaboration.	4.3.2. Evaluation of Objective: Describe and assess project's plan and implementation to increase access to dental care.	3/29/02 3/29/03 3/29/04	Coordinator	Summary of plan.

## Exhibit A-1

COMPONENT V: ORAL HEALTH ASSESSMENT

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	OBJECTIVE	ACTIVITIES TO ACCOMPLISH OBJECTIVES	TIMELINE	RESPONSE PERSON	PERFORMANCE MEASURE
and par	fifth grade targeted students	5.1.1. Recruit volunteer dentist(s) from the San Mateo Dental Society, hygienists, and students and volunteers.	9/3/01-6/30/02 9/3/02-6/30/03 9/3/03-6/30/04		Screening form, letters to dentists, and schedule of dental screenings.
volu the	Inteer dentist(s), determining need for treatment and	5.1.2. Dental screenings at school sites will be scheduled and coordinated by Coordinator, school administration, school nurse, contact person and the volunteer dentist(s).	9/3/01-6/30/02 9/3/02-6/30/03 9/3/03-6/30/04	Coordinator	Schedule of dental screenings.
		5.1.3. Screening forms will be sent home to parents indicating their child's oral health status with a list of Medi-Cal dentists, dental clinics and dental services.	9/3/01-6/30/02 9/3/02-6/30/03 9/3/03-6/30/04	Coordinator	Form indicating child's oral health status, list of resources, oral health screening form.
A de la constante de la consta		5.1.4. The Program Coordinator school contact person or nurse, teachers or Community Worker will do follow-ups on children.	9/3/01-6/30/02 9/3/02-6/30/03 9/3/03-6/30/04	Coordinator, Health Start Proj., Contact Person	Oral health screening form.
		5.1.5. Evaluation of Objective: Determine whether by annually June 30, selected schools received dental screenings. Compile and analyze data from Oral Health Screening Forms.	6/1/02-6/30/02 6/1/03-6/30/03 6/1/04-6/30/04	Coordinator	Data analysis.
and wh		5.2.1. Culturally appropriate lesson plans on the importance of visiting a dentist will be developed.	9/3/01-1/4/02 9/3/02-1/4/03 9/3/03-1/4/04	Coordinator Volunteer Dentists	Lesson plan, worksheet and handouts, children's questions documented.
		5.2.2. Evaluation of Objective: Worksheets will be collected from 4 classes screened. Answers will be compiled and analyzed.	6/1/02-6/30/02 6/1/03-6/30/03 6/1/04-6/30/04	Coordinator	Data analysis.

COMPONENT VI: DENTAL SEALANTS.

COMPONENT VI: DENTAL SEAL	ANIS		<del></del>	
OBJECTIVE	ACTIVITIES TO ACCOMPLISH OBJECTIVES	TIMELINE	RESPONSE PERSON	PERFORMANCE MEASURE
	6.1.1. Determine resources available, community support and potential gaps.	7/1/01-1/30/02 7/1/02-1/30/03 7/1/03-1/30/04	Coordinator	Meeting notes.
students will receive dental sealants, and by June 30, 2004,	6.1.2. Select two schools, grades 2 <sup>nd</sup> and 5 <sup>th</sup> , lo participate.	7/1/01-1/30/02 7/1/02-1/30/03 7/1/03-1/30/04	Coordinator	School summary information form.
5% of second and fifth grade targeted students will receive dental sealants.	6.1.3. Meet with school staff, students and community partners to strategize implementation.	7/1/01-1/30/02 7/1/02-1/30/03 7/1/03-1/30/04	Coordinator, Health Coordinator	Meeting notes.
	6.1.4. Permission slips, health history forms will be provided to staff and appointments made with parents for completion.	9/3/01-6/30/02 9/3/02-6/30/03 9/3/03-6/30/04	Coordinator, School Staff, Volunteers	Permission slips and health history forms.
	6.1.5. Post screen participants one month following clinic to study sealant retention rate.	9/3/01-6/30/02 9/3/02-6/30/03 9/3/03-6/30/04	Coordinator	Data of students post screened.
	6.1.6. Evaluation of Objective: Collect number of children served and dates of clinics. Report to State.	9/3/01-6/30/02 9/3/02-6/30/03 9/3/03-6/30/04	Coordinator	Data of students served.

COMPONENT VII: FLUORIDE FOR PRESCHOOL CHILDREN

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OBJECTIVE	ACTIVITIES TO ACCOMPLISH OBJECTIVES	TIMELINE	RESPONSE PERSON	PERFORMANCE MEASURE
participating preschool children who have parental permission will	7.1.1. Provide fluoride teacher in-service training to all teachers to outline logistics and requirements of brushing with a fluoride dentrifice.	9/3/01-6/16/02 9/3/02-6/16/03 9/3/03-6/16/04	Coordinator	Signed and dated teacher in- service attendance sheet, list of teachers not attending, in-service agenda and outline.
of 30 school weeks.	7.1.2. Deliver supplies, fluoride dentrifice to school liaison.	9/3/01-6/16/02 9/3/02-6/16/03 9/3/03-6/16/04	Coordinator, Community Worker	Signed and dated inventory forms.
	7.1.3. Provide monitoring and technical assistance to all participating preschool children to ensure consistent implementation of fluoride tooth brushing through a 30-minute presentation visit.	9/3/01-1/4/02 9/3/02-1/4/03 9/3/03-1/4/04	Coordinator, Community Worker	Compliance as documented by fluoride records.
	7.1.4. Evaluation of Objective: Determine if all participating preschool children were participating in fluoride brushing program by larget date. Collect teacher evaluations and rinse records. Analyze data and report to State.	10/16/01-6/14/02 10/16/02-6/14/03 10/16/03-6/14/04	Coordinator, Community Worker	Sample of teacher evaluations, fluoride records, report to State.

COMPONENT IX: ORAL HEALTH IN-SERVICE TRAINING COMPONENT

OBJECTIVE	ACTIVITIES TO ACCOMPLISH OBJECTIVES	TIMELINE	RESPONSE PERSON	PERFORMANCE MEASURE
9.1. Annually, by October 15, all participating preschool personnel	9.1.1. Develop agenda for presentation and oral health curriculum.	8/1/01-9/30/01 8/1/02-9/30/02	Coordinator	Agenda, lesson plans, handouts
who has received an in-service training, will show a 25% increase	1	8/1/03-9/30/03		
	9.1.2. Assign/schedule date and time for	9/3/01-6/15/02	Coordinator,	Teacher evaluation forms and
promotion and dental disease prevention.	personnel in-service training lasting approximately 45 minutes.	9/3/02-6/15/03 9/3/03-6/15/04	Community Worker	attendance sheet.
	9.1.3. Evaluation of Objective: Develop and administer pre/post-test to preschool personnel on oral health. Compile and analyze data.	9/3/01-1/4/02 9/3/02-1/4/03 9/3/03-1/4/04	Coordinator	Pre/post-tests. Pre/post-test results and data analysis.
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### Exhibit A-1 SCOPE OF WORK

COMPONENT X: PARENTAL INVOLVEMENT COMPONENT

COMPONENT A: PARENTAL IN	OLVEWENT COMPONENT	·		
OR IECTIVE	ACTIVITIES TO	TIME IME	RESPONSE	PERFORMANCE
OBJECTIVE	ACCOMPLISH OBJECTIVES	TIMELINE	PERSON	MEASURE
parents of 70 preschool children will learn oral health education	10.1.1. Develop agenda for presentation and oral health curriculum.	8/1/01-9/30/01 8/1/02-9/30/02 8/1/03-9/30/03	Coordinator	Agenda and handouts.
	10.1.2. Assign/schedule presentation visit with school contact.	9/3/01-6/15/02 9/3/02-6/15/03 9/3/03-6/15/04	Coordinator, Teacher	School summary information forms.
	10.1.3. All preschool parents will receive inservice training on oral health promotion and dental disease prevention.	9/3/01-1/4/02 9/3/02-1/4/03 9/3/03-1/4/04	Coordinator, Community Worker	School summary information forms
	10.1.4. Evaluation of Objective: Determine whether annually, by June 30, all preschool parents attended oral health presentation.	6/1/02-6/30/02 6/1/03-6/30/03 6/1/04-6/30/04	Coordinator	Attendance sheet or parent evaluation forms.
	10.1.5. Evaluation of Objective: Develop and administer pre/post-test to preschool parents.	9/3/01-1/4/02 9/3/02-1/4/03 9/3/03-1/4/04	Coordinator	Pre/post-tests. Pre/post-test results.

, r.J.

Exhibit BB-1 Budget (Year 2) (7/1/02 - 6/30/03)

	(11110	12 - 0130103) (	Original	т	his		
			Budget		ndment	Ame	nded Total
Personnel		\$	17,080	\$	-	\$	17,080
Fringe Bene	efits (@ 30% of Personnel)	. \$	5,636	\$	· .	\$	5,636
Operating e	expenses	\$	1,263	\$	920	\$	2,183
Equipment		\$	-	\$	-	\$	•
Travel		* \$	250	\$	•	\$	250
Subcontrac	ts	. \$	•	\$	-	\$	• •
Other costs	•	\$	200	\$	-	\$	200
Indirect cos	ts	\$	-	· \$	-	\$	• •
Total costs		\$	24,429	\$	920	\$	25,349

Exhibit BBB-1 Budget (Year 3) (7/1/03 - 6/30/04)

	(171700 - 07007047	Original	This	This Amendment		
		Budget				Amended Total
Personnel	\$	17,080	\$	•	\$	17,080
Fringe Benefits (@ 30% of Personnel)	<b>\$</b>	5,636	<b>\$</b>	-	\$	5,636
Operating expenses	\$	1,263	\$	307	\$	1,570
Equipment	\$		\$	= '	\$	-
Travel	. \$	250	\$	-	\$ -	250
Subcontracts	\$	•	\$	-	\$	-
Other costs	\$	200	<b>, \$</b>	-	\$	200
Indirect costs	\$		\$	-	\$	· <b>-</b>
Total costs	\$	24,429	\$	307	\$	24,736

#### State of California—Health and Human Services Agency

## Department of Health Services





## EXHIBIT G SUPPLEMENTAL NUTRITION BUDGET



May 21, 2003

Jerry Hill President, Board of Supervisors 225 37th Ave. San Mateo, CA 94403

Subject: Children's Dental Disease Prevention Program's (CDDPP) Nutrition Funding for Year II Contract #01-15364.

Dear Mr. Hill:

This is to inform you that the funding for the Nutrition Network – Parent Oral Health and Nutrition Education (POHNE) component has been approved for the amount of \$1,227. The funds from this award will be provided for FFY October 1, 2002 – September 30, 2003. The current CDDPP contract is being amended to provide the necessary funds to conduct the project and the Scope of Work has been revised to include this project.

The Department of Health Services accounting office will encumber the funds upon receipt of the signed contract amendment and the funds will be available for invoicing and expenditures once the contract is fully executed. The CDDPP coordinators have seen trained and were provided a manual for identifying the POHNE requirements. Please note that the Department must be invoiced for CDDPP and POHNE activities separately. Each program will receive a copy of the appropriate invoice for POHNE via e-mail

an amended contract will be sent to your office shortly for your review and signature.



For inquiries regarding this agreement, please contact: Rudy Blea, Office of Oral Health. Department of Health Services at (916) 324-7757 or e-mail at rolea@dhs.com

Sincerely,

Rudy F. Blea. Chief Office of Oral Health

cc:

Rachelle Lamento

225 37th Ave.

San Matec. CA 94403

Maya Altman

225 37th Ave.

San Mateo. CA 94403