

FORM APPROVED COUNTY COUNSEL  
 BY: GREGORY P. PRIAMOS DATE: 5/3/16

Departmental Concurrence

**SUBMITTAL TO THE BOARD OF SUPERVISORS  
 COUNTY OF RIVERSIDE, STATE OF CALIFORNIA**



**FROM:** Riverside University Health System - Public Health

**SUBMITTAL DATE:**  
 April 22, 2016

**SUBJECT:** Ratify Amendment Number 02 of Subrecipient Agreement Number 754-5320-71209-15 and Subrecipient Agreement Number 754-5320-71219-16-17 between the California Family Health Council, Inc. (CFHC) and County of Riverside Department of Public Health, Family Planning Program to provide family planning services. All Districts [\$447,563 – 100% Federal Funds]

**RECOMMENDED MOTION:** That the Board of Supervisors:

1. Ratify Amendment Number 02 of Subrecipient Agreement Number 754-5320-71209-15 between the California Family Health Council, Inc. (CFHC) and Riverside County Department of Public Health, Family Planning Program for the designated extension of the agreement for the period of January 1, 2016 to March 31, 2016; and
2. Ratify Subrecipient Agreement Number 754-5320-71219-16-17 between the California Family Health Council, Inc. (CFHC) and Riverside County Department of Public Health, Family Planning Program in the amount of \$358,050 for the period of April 1, 2016 to March 31, 2017; and

(continued on page 2)

TG:lk

*Sarah S. Mack*  
 Sarah S. Mack, Director  
 Public Health

FINANCIAL DATA	Current Fiscal Year:	Next Fiscal Year:	Total Cost:	Ongoing Cost:	POLICY/CONSENT (per Exec. Office)
COST	\$ 179,026	\$ 268,537	\$ 447,563	\$ 0	Consent <input type="checkbox"/> Policy <input checked="" type="checkbox"/>
NET COUNTY COST	\$ 0	\$ 0	\$ 0	\$ 0	
<b>SOURCE OF FUNDS:</b> 100% Federal Funds				<b>Budget Adjustment:</b> No	
				<b>For Fiscal Year:</b> 15/16-16/17	

**C.E.O. RECOMMENDATION:**

APPROVE  
 BY: *Steven C. Horn*  
 Steven C. Horn

County Executive Office Signature

**MINUTES OF THE BOARD OF SUPERVISORS**

- A-30
- Positions Added
- 4/5 Vote
- Change Order

Prev. Agn. Ref.: 3/10/2015 3-22 | District: All | Agenda Number:

**3-24**

**SUBMITTAL TO THE BOARD OF SUPERVISORS, COUNTY OF RIVERSIDE, STATE OF CALIFORNIA**  
**FORM 11:** Ratify Amendment Number 02 of Subrecipient Agreement Number 754-5320-71209-15 and Subrecipient Agreement Number 754-5320-71219-16-17 between the California Family Health Council, Inc. (CFHC) and County of Riverside Department of Public Health, Family Planning Program to provide family planning services. All Districts [\$447,563 – 100% Federal Funds]

**DATE:** April 22, 2016

**PAGE:** 2 of 3

**RECOMMENDED MOTION: (continued)**

3. Authorize the Chairperson to sign three (3) originals of said Agreements and three (3) originals of said Amendment on behalf of the County; and
4. Authorize the Director of Public Health to sign subsequent amendments that do not change the substantive terms of the agreement nor exceed the amount approved, as approved by County Counsel.

**BACKGROUND:**

**Summary**

The California Family Health Council, Inc. (CFHC) is contracted by the Federal Government to administer Title X Family Planning funds in California. As a current Title X subrecipient, Riverside County Department of Public Health's Family Planning Program receives an annual award in the amount of \$358,050 for basic contraceptive services and teen pregnancy prevention outreach programs. The Family Planning Program provides reproductive health education to the community through collaborations with the Family Care Centers, the Women, Infants and Children (WIC) Program, schools and other community partners.

Family Planning Program annual funding was recently changed from a January 1 to an April 1 start date. To facilitate this change, existing contracts received a one-time, three-month funding extension to ensure uninterrupted services to the public. The funds allocated for the extension (\$89,513) represent 25% of the \$358,050 annual award amount. The new annual funding cycle will now cover the period of April 1, 2016 to March 31, 2017.

In compliance with Section 1008 of the Public Health Services Act, 42 CFR 59.5 (a) (5) and Federal Register / Vol. 65 No. 128, the Family Planning Program services do not promote nor provide abortion as a method of family planning.

**Impact on Citizens and Businesses**

The Family Planning Program is designed to improve the health status of the community by providing reproductive health services to both males and females, with a special focus on reducing the number of teen pregnancies and incidence of sexually transmitted infections among teens. Program staff offer education on birth control methods, the identification and treatment of sexually transmitted infections and screening for cancers, including testicular cancer. Teen education topics also include other health issues faced by teens. The program refers clients to the Family Care Centers for reproductive health exams and contraceptive services. This amendment will have no effect on services provided.

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**SUPPLEMENTAL:**

**Additional Fiscal Information**

Funds will be distributed as follows for the County Fiscal Year:

For the 3-Month Funding Cycle Realignment Extension: FY15/16 – for the period of January 1, 2016 to March 31, 2016	\$ 89,513.00
For the 2016 Annual Funding Award: FY15/16 – for the period of April 1, 2016 to June 30, 2016	\$ 89,512.50
FY16/17 – for the period of July 1, 2016 to March 31, 2017	\$ 268,537.50
Total for the one-time extension and annual contract period:	<u>\$ 447,563.00</u>

No budget adjustments are necessary. Because the 2016 funding cycle was originally to begin on January 1, 2016, the funds from this extension and the first quarter of the upcoming funding cycle were already included in the County budget for FY15/16.

**Contract History and Price Reasonableness**

The Family Planning Program has received Title X funding from CFHC for more than 20 years. Funding is made available through a competitive bid process every three years. Existing grantees who successfully meet Title X program requirements are eligible to renew funding annually, until the next competitive bid cycle. The Family Planning Program will now begin the final year of the current three-year cycle in April 2016.

**SUBRECIPIENT AGREEMENT**  
**AGREEMENT NUMBER 754-5320-71209-15**  
**AMENDMENT NUMBER 02**

The 2015 Subrecipient Agreement for the services provided under the Title X Program between the California Family Health Council ("CFHC") and **County of Riverside Department of Public Health ("Subrecipient")** is hereby amended as follows:

1. The total amount payable by CFHC is increased by **\$89,513** for a designated extension of the program and agreement to March 31, 2016. The funds allocated by this increase are separate from the January 1, 2015 to December 31, 2015 allocation and those funds cannot be carried over and expended to the extension period.
2. The following shall replace Article III: FINANCIAL PROVISIONS, Subsection A. Amount of Award, in its entirety:
  - A. Amount of Award.  
In consideration of the services to be delivered by as described in Article II herein, CFHC shall pay Subrecipient a total amount not to exceed **\$358,050** for the period January 1, 2015 to December 31, 2015 and **\$89,513** for the period January 1, 2016 to March 31, 2016 (the "Title X Awards") during the term of this Agreement, provided that funds are available for this purpose under the Grant. Subrecipient is only entitled to receive reimbursement for its actual, allowable costs and is not entitled to any payments over and above its actual, allowable cost of operating the Title X program provided for herein.
3. The following shall replace Article V. TERM, in its entirety:

This Agreement shall be in effect from January 1, 2015 through March 31, 2016, or unless the Agreement is terminated or suspended at an earlier date in accordance with Article X of this Agreement.
4. The following exhibits are added to the Master Contract which by this reference are made a part of this agreement:
  - A. Attachment A-1: Scope of Work for the Extension Period
  - B. Attachment B-1: Approved Budget and Cost Allocation Methodology for the Extension Period
  - C. Attachment C-1: Reporting Requirements for the Extension Period
5. All other terms and provisions of the agreement shall remain in full force and effect. The effective date of this amendment is January 1, 2016.

**IN WITNESS WHEREOF**, the Parties have executed this Amendment:

**California Family Health Council**

By: \_\_\_\_\_

Print: Brenda Flores

Title: Vice President of Finance & Administration

Date: \_\_\_\_\_

**County of Riverside Department of Public Health**

By: \_\_\_\_\_

Print:

Title: Chairman, Board of Supervisors

Date: \_\_\_\_\_

FORM APPROVED COUNTY COUNSEL

BY: \_\_\_\_\_

NEAL R. KIPNIS

DATE

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**California Family Health Council**

**County of Riverside Department of Public Health**

By: \_\_\_\_\_

By: \_\_\_\_\_

Print: Brenda Flores

Print:

Title: Vice President of Finance & Administration

Title: Chairman, Board of Supervisors

Date: \_\_\_\_\_

Date: \_\_\_\_\_

## Scope of Work (SOW)

### Administrative Goal and Objectives

**Administrative Goal:** Strengthen the overall quality of the Family Planning Program and its ability to meet the needs of the community.

**Objective 1** Implement or maintain a review process of all agency functions, in order to ensure high quality Family Planning services and compliance with all Title X Guidelines by March 31, 2016, as evidenced by completion of activities 1.A through 1.I.

Number	Activity	Job Title	Evaluation
1.A	Ensure that administrative policies and procedures are in place to facilitate effective and efficient management and governance.	Medical Director Family Planning Director Program Manager Clinical Services Director Assistant Medical Director	Policies and procedures maintained and reviewed at program evaluations. Desk audits determined by CFHC staff.
1.B	Review Family Planning Program policies and procedures on an annual basis. Policies and procedures must include training for clinical, program, and other designated staff on mandatory reporting of child abuse and human trafficking as per OPA Program Requirements. Providers of abortion services will provide Title X family planning services in accordance with the CFHC Separation of Family Planning and Abortion Services Policy.	Medical Director Family Planning Director Program Manager Clinical Services Director Assistant Medical Director	Meeting minutes maintained and reviewed at program evaluations and desk audits.
1.C	Obtain annual systematic client feedback through client satisfaction surveys inclusive of all sites.	Family Planning Director Program Manager Clinical Services Director	Client satisfaction surveys conducted, summarized and acted upon. Reviewed at program evaluations and desk audits.
1.D	Maintain and update a community needs assessment inclusive of the Family Planning Program on a periodic basis (at least once every 5 years) to define agency's role in the community.	Family Planning Director Program Manager Epidemiologist	Community needs assessment inclusive of the Family Planning Program maintained. CNA is reviewed at program evaluations.
1.E	The Title X Family Planning Program is implemented with input from individuals representative of served community and knowledgeable of community needs.	Family Planning Director Program Manager	Advisory Board meeting minutes reflect materials review, approval and maintained and reviewed at program evaluations and desk audits.
1.F	Maintain and update current clinical and client education protocols which include but are not limited to: reproductive health care and appropriate primary care, disability, domestic violence, emergency care, pregnancy counseling and testing, birth control methods, STI/HIV and flu vaccinations.	Medical Director Family Planning Director Program Manager Clinical Services Director Assistant Medical Director	Protocols maintained and staff updates are reviewed at program evaluations and desk audits.

1.G	Document procedures for the identification and referral of patients with the following problems: high blood pressure, HIV positive, domestic violence, and substance using/abusing.	Medical Director Clinical Services Director Assistant Medical Director	Protocols and referral policies maintained. Reviewed during program evaluations.
1.H	Maintain a Continuous Quality Improvement (CQI) System that will, through medical records review at each site and inclusive of all providers, determine if all essential elements of reproductive health care, medical and appropriate education and counseling services are being provided at all Title X sites. <b>CFHC Performance Measure.</b>	Medical Director Family Planning Director Program Manager Clinical Services Director Assistant Medical Director	Minutes of the Continuous Quality Improvement (CQI) medical team maintained. CQI is reviewed at program evaluations and desk audits.
1.I	Provide family planning data through the Centralized Data System (CDS) for the purpose of contract reporting and performance measurement.	Family Planning Director Program Manager Epidemiologist	Centralized Data System (CDS) data submitted per the contract and/or agency action plan.

**Clinical Goal and Objectives**

**Clinical Goal:** Provide comprehensive clinical reproductive health services to Title X clients of reproductive age to plan and space their pregnancies.

**Objective 1:** Provide Family Planning education and medical services to eligible individuals per the Federal Poverty Guidelines, by March 31, 2016, as evidenced by completion of activities 1.A through 1.H.

Number	Activity	# of Clients	Job Title	Evaluation
1. A	Document and report the poverty status of family planning clients.	2750	Medical Director Family Planning Director Program Manager Epidemiologist	As documented in the Semi-Annual Progress Report (SPR) with sample data verified via chart audits at program evaluations.
1. B	Provide family planning education, medical services and FDA approved contraceptive methods, either on site or by referral for female clients. <b>CFHC Performance Measure.</b>	2500	Medical Director Family Planning Director Program Manager	As documented in the Semi-Annual Progress Report (SPR) with sample data verified via chart audits at program evaluations.
1. C	Provide family planning education, medical services and FDA approved contraceptive methods, either on site or by referral for male clients. <b>CFHC Performance Measure.</b>	250	Medical Director Family Planning Director Program Manager	As documented in the Semi-Annual Progress Report (SPR) with sample data verified via chart audits at program evaluations.
1. D	Provide a Chlamydia test to at least 80% of women less than or equal to 25 years of age within a 12 month period. <b>CFHC Performance Measure.</b>	0	Medical Director Family Planning Director Program Manager Assistant Medical Director	As documented in the Semi-Annual Progress Report (SPR) with sample data verified via chart audits at program evaluations.
1. E	All female clients with an abnormal finding on their clinical breast exam should be followed for further evaluation.	0	Medical Director Family Planning Director Program Manager Assistant Medical Director	As documented in the Semi-Annual Progress Report (SPR) with sample data verified via chart audits at program evaluations.
1.F	The agency must attempt to notify all clients with positive STD/HIV tests within 72 hours of receiving lab results. Upon notification, counsel client regarding follow up and treatment.	0	Medical Director Family Planning Director Program Manager Assistant Medical Director	As documented in the Semi-Annual Progress Report (SPR) with sample data verified via chart audits and lab logs reviewed during program evaluations.

1.G	All clients with an abnormal finding on their Pap smear should be followed for further evaluation. CFHC <b>Performance Measure.</b>	0	Medical Director Family Planning Director Program Manager Assistant Medical Director	As documented in the Semi-Annual Progress Report (SPR) with sample data verified via chart audits and lab logs reviewed during program evaluations.
1.H	Incorporate routine opt-out HIV screening for all clients and testing for high risk clients in accordance with 2010 CDC HIV guidelines. CFHC <b>Performance Measure.</b>	0	Medical Director Family Planning Director Program Manager Assistant Medical Director	As documented in the Semi-Annual Progress Report (SPR) with sample data verified via chart audits at program evaluations.

**Objective 2:** Provide family planning education and medical services to high-risk, hard-to-reach populations by March 31, 2016, as evidenced by completion of activity 2.A.

Number	Activity	# of Clients	Job Title	Evaluation
2. A	Provide family planning education and medical services to the following number of individuals in high-risk, hard-to-reach populations. A <u>minimum of four</u> of the following categories must be indicated:	0	Program Manager Program Coordinator	As documented in Semi-Annual Progress Report (SPR) and reviewed at program evaluations.
	Homeless Individuals	50		
	Substance-Using/Abusing Individuals	125		
	Individuals with Disabilities	50		
	Individuals with Limited English Proficiency (LEP)	325		
	Migrant Workers	25		
	Males	250		
	Adolescents (17 & under)	375		
	<b>TOTAL Clients Served</b>	<b>1200</b>		

Note for Objective 2A:

- You must enter #'s into at least four(4) identified categories
- Individuals may be entered into multiple populations
- # of males will be prepopulated from objective 1.C
- must be able to collect valid data for all selected special populations

### Adolescent Services Goal and Objectives

**Adolescent Services Goal:** Provide comprehensive clinical and counseling services to adolescents.

**Objective 3** Provide adolescent-specific counseling to all adolescent clients seeking Family Planning services by March 31, 2016, as evidenced by completion of activities 1.A through 1.D.

Number	Activity	Job Title	Evaluation
3.A	Provide adolescents with information, support and counseling to delay the initiation of sexual activity as appropriate.	Medical Director Family Planning Director Clinical Services Director Program Manager Assistant Medical Director	Documentation of counseling maintained in charts. Reviewed at program evaluations.



3.B	Provide counseling to minors on how to resist coercive attempts to engage in sexual activity.	Medical Director Family Planning Director Clinical Services Director Program Manager Assistant Medical Director	Protocols maintained and staff updates reviewed. Chart audits performed at program evaluations.
3.C	Provide counseling/education regarding family involvement to all adolescents less than or equal to 17 years of age seeking reproductive health services whose family is not already aware that they are seeking reproductive services.	Medical Director Family Planning Director Clinical Services Director Program Manager Assistant Medical Director	Protocols maintained and reviewed. Chart audits performed at program evaluations.
3.D	Report child and sexual abuse as required by state law.	Medical Director Family Planning Director Clinical Services Director Program Manager Assistant Medical Director	Protocols maintained and staff updates reviewed annually. Chart audits performed at program evaluations.

### Community Education Goal and Objectives

**Community Education Goal:** Increase the community's knowledge and access to family planning services offered by the Agency.

**Objective 1:** Conduct marketing, community outreach and education to potential Title X eligible clients by March 31, 2016, as evidenced by completion of activities 1.A through 1.F.

Number	Activity	# of Clients	Job Title	Evaluation
1. A	Maintain and implement a Community Education and Outreach Plan that increases community knowledge of reproductive health and family planning services to the community. Activities include: general outreach, partnership activities and mass marketing (Exhibit B).	1500	Family Planning Director Program Manager Program Coordinator	Community Education and Outreach Plan maintained, updated, and reviewed at program evaluations and desk audits.
1. B	Provide general outreach to individuals as stated in the Community Education and Outreach Plan (Exhibit B, Section D).	500	Family Planning Director Program Manager Program Coordinator	As documented in the Semi-Annual Progress Report (SPR) and verified at program evaluations.
1. C	Provide education and outreach to individuals at partnership agencies as stated in the Community and Education and Outreach Plan (Data will be automatically populated from information entered in Exhibit B, Section II).	500	Family Planning Director Program Manager Program Coordinator	As documented in the Semi-Annual Progress Report (SPR) and verified at program evaluations.
1. D	Conduct mass marketing activities as stated in the Community Education and Outreach Plan (Exhibit B, Section III).	500	Family Planning Director Program Manager Program Coordinator	As documented in the Semi-Annual Progress Report (SPR) and verified at program evaluations.
1. E	An Advisory Committee of 5-9 members representative of the populations to be served will review and approve new educational materials developed and made available by the agency on an annual basis.	0	Family Planning Director Program Manager Program Coordinator	Advisory Committee meeting minutes and materials review maintained and reviewed at program evaluation.

1. F	Provide education and outreach to individuals to increase utilization of free vaccination services.	0. Family Planning Director Program Manager Program Coordinator	Integration of vaccination education into the Community Education and Outreach Plan.
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### Financial Management Goal and Objectives

**Financial Management Goal:** Improve and maintain the Agency's financial systems to ensure contract compliance.

**Objective 4** Agency will maintain a Family Planning Program that is in financial compliance with the contract requirements and Title X Guidelines, as evidenced by completion of activities 1.A through 1.E.

Number	Activity	Job Title	Evaluation
4.A	Develop a line item budget by site for the period of January 1, 2016 to March 31, 2016 and submit modifications as necessary during designated periods.	Family Planning Director Program Manager Administrative Services Coordinator	Line item budget by site and necessary modifications submitted.
4.B	Develop and maintain financial management systems that are in compliance with the Code of Federal Regulations (CFR) and include the following: budgetary control procedures, accounting systems and reports, purchasing, inventory control, property management, charges, billing and collection procedures.	Family Planning Director Program Manager Administrative Services Coordinator	Financial management systems maintained in compliance and reviewed at program evaluations.
4.C	Develop and properly implement a sliding fee scale on an annual basis to reflect the current federal poverty guidelines.	Clinical Services Director	Sliding fee scale developed, implemented and reviewed at program evaluations.
4.D	Complete all financial reporting requirements as detailed by the contract.	Family Planning Director Program Manager Administrative Services Coordinator Fiscal Manager	All financial reports submitted on time as required.
4.E	Develop a general ledger report (GLR).	Fiscal Manager	All financial reports submitted on time as required and reviewed quarterly.

### Reproductive Life Plan Goal and Objectives

**Reproductive Life Plan:** To assist family planning clients to take steps toward becoming fully healthy individuals by initiating reproductive life planning discussions and providing preconception / inter-conception care, when indicated, through March 31, 2016.

**Objective 5** Provide preconception/inter-conception care and reproductive life planning/family planning services to Title X comprehensive exam patients through March 31, 2016 as evidenced by completion of activity 1.A.

Number	Activity	Job Title	Evaluation
5.A	Obtain reproductive life plans on patients presenting for family planning services and provide pre-conception counseling to women planning pregnancy, open to pregnancy or using less effective contraceptive methods; in particular for women with chronic medical conditions that may affect pregnancy outcomes such as obesity, diabetes, hypertension and seizure disorders, and encourage use of folic acid.	Medical Director Family Planning Director Program Manager Clinical Services Director Assistant Medical Director	Document reproductive life plan counseling in client charts through 12/31/2015.

Agency Number: 754  
Agency Name: County of Riverside Department of Public Health

**Community Education and Outreach Partnering Plan for Family Planning**

Total number of general outreach activities(Section I): 500  
Total Number of partnering activities(Section II): 500  
Total number of mass marketing activities (Section III): 500

Total Number of individuals reached in Community and Education Outreach Partnering Plan: 1,500

**Section 1: General Outreach**

# of individuals reached 500

Type of Agency/Outreach Venue	Population Reached	Type of Educ./Presetation	Method of Evaluating Success
X Community Group	X Homeless individuals	X Abstinence	X Sign-in sheets maintained and compared to projected numbers
X Middle or High School			
X Community College or University	X Substance using individuals	X STDs/HIV	Pre and post tests to assess changes in knowledge
X Faith-based organization			
X Social Service Agency	X Individuals with disabilities	X Family planning and contraceptive methods	X Post Presentation participant evaluations
X WIC Center			
X Migrant Camp or Services Organization	X Individuals with limited English proficiency	X Life Skills	Assessment of number of people who visit clinic as a result of outreach
X Detention/Incarceration Center			
Job Training Center/Program		X Services provided/making appointments	X Regular meetings with outreach venue organization to discuss progress and challenges
Parenting Program	X migrant workers		
Business or Workplace		X Flu Vaccination	Other(specify)
X Homeless Shelter			
X Substance Abuse Treatment /Recovery Center	X males	X Reproductive Life Plan (RLP)	
X Women's Shelters			
Other (Specify)	X adolescents	Other (Specify)	

Section 2: Partnering Plan Name:		WIC		
# of individuals reached		375		
Type of Agency/Outreach Venue	Population Reached	Type of Educ./Presetation	Method of Evaluating Success	
Community Group	Homeless individuals	<input checked="" type="checkbox"/> Abstinence	<input checked="" type="checkbox"/> Sign-in sheets maintained and compared to projected numbers	
Middle or High School				
Community College or University	Substance using individuals	<input checked="" type="checkbox"/> STDs/HIV	Pre and post tests to assess changes in knowledge	
Faith-based organization				
Social Service Agency	Individuals with disabilities	<input checked="" type="checkbox"/> Family planning and contraceptive methods	<input checked="" type="checkbox"/> Post Presentation participant evaluations	
<input checked="" type="checkbox"/> WIC Center				
Migrant Camp or Services Organization	<input checked="" type="checkbox"/> Individuals with limited English proficiency	Life Skills	Assessment of number of people who visit clinic as a result of outreach	
Detention/Incarceration Center				
Job Training Center/Program		<input checked="" type="checkbox"/> Services provided/making appointments	<input checked="" type="checkbox"/> Regular meetings with outreach venue organization to discuss progress and challenges	
Parenting Program	migrant workers			
Business or Workplace		<input checked="" type="checkbox"/> Flu Vaccination	Other(specify)	
Homeless Shelter				
Substance Abuse Treatment /Recovery Center	<input checked="" type="checkbox"/> males	<input checked="" type="checkbox"/> Reproductive Life Plan (RLP)		
Women's Shelters				
Other (Specify)	<input checked="" type="checkbox"/> adolescents	Other (Specify)		

Section 2: Partnering Plan Name:		Parolee		
# of individuals reached		125		
Type of Agency/Outreach Venue	Population Reached	Type of Educ./Presetation	Method of Evaluating Success	
<input checked="" type="checkbox"/> Community Group	<input checked="" type="checkbox"/> Homeless individuals	Abstinence	Sign-in sheets maintained and compared to projected numbers	
Middle or High School				
Community College or University	<input checked="" type="checkbox"/> Substance using individuals	<input checked="" type="checkbox"/> STDs/HIV	Pre and post tests to assess changes in knowledge	
Faith-based organization				
Social Service Agency	Individuals with disabilities	<input checked="" type="checkbox"/> Family planning and contraceptive methods	Post Presentation participant evaluations	
WIC Center				
Migrant Camp or Services Organization	Individuals with limited English proficiency	Life Skills	Assessment of number of people who visit clinic as a result of outreach	
<input checked="" type="checkbox"/> Detention/Incarceration Center				
Job Training Center/Program		<input checked="" type="checkbox"/> Services provided/making appointments	<input checked="" type="checkbox"/> Regular meetings with outreach venue organization to discuss progress and challenges	
Parenting Program	migrant workers			
Business or Workplace		<input checked="" type="checkbox"/> Flu Vaccination	<input checked="" type="checkbox"/> Other(specify)	
Homeless Shelter			Participant count maintained and compared to projected numbers.	
Substance Abuse Treatment /Recovery Center	<input checked="" type="checkbox"/> males	<input checked="" type="checkbox"/> Reproductive Life Plan (RLP)		
Women's Shelters				
Other (Specify)	<input checked="" type="checkbox"/> adolescents	Other (Specify)		

Mass Marketing	# of Individual Reached	Method of Evaluating Success
X Health Fairs	Print Media	X Distribution of Educational Materials
Street Outreach	X Internet Websites	Sign in Sheets
Concerts	X TwitterCommunity Events	X Estimated Audiences
X Radio	Twitter	
TV	X Facebook	

**List all approved Title X-funded family planning program service sites.**

Site Number: 1365

Site Name & Address: Riverside Neighborhood Health Center 7140 Indiana Avenue , Riverside CA 92504 Riverside

Zip Codes of Area Served	Type of Area Served	Services Offered	Family Planning Clinic Hours		Projected Users Q1 2016	NPI Number
			Days	Office Hours		
92501,92503,92504,92505,92506,92507,92508	<input type="checkbox"/> Rural <input checked="" type="checkbox"/> Urban <input type="checkbox"/> Suburban	<input checked="" type="checkbox"/> Medical <input type="checkbox"/> Community Education <input checked="" type="checkbox"/> Health Education (in House) <input type="checkbox"/> Admin office Only <input type="checkbox"/> Warehouse Only	Mon: 07:30 am - 05:00 pm		225	1003920943
			Tue: 07:30 am - 05:00 pm			
			Wed: 07:30 am - 05:00 pm			
			Thu: 07:30 am - 05:00 pm			
			Fri: 07:30 am - 05:00 pm			
			Sat: Close			
			Sun: Close			

Site Number: 1366

Site Name & Address: Indio Family Care Center 47-923 Oasis Street , Indio CA 92201 Riverside

Zip Codes of Area Served	Type of Area Served	Services Offered	Family Planning Clinic Hours		Projected Users Q1 2016	NPI Number
			Days	Office Hours		
92201,92236,92254,92274	<input type="checkbox"/> Rural <input type="checkbox"/> Urban <input checked="" type="checkbox"/> Suburban	<input checked="" type="checkbox"/> Medical <input type="checkbox"/> Community Education <input checked="" type="checkbox"/> Health Education (in House) <input type="checkbox"/> Admin office Only <input type="checkbox"/> Warehouse Only	Mon: 07:30 am - 05:00 pm		150	1023122967
			Tue: 07:30 am - 05:00 pm			
			Wed: 07:30 am - 05:00 pm			
			Thu: 07:30 am - 05:00 pm			
			Fri: 07:30 am - 05:00 pm			
			Sat: Close			
			Sun: Close			

**Site Number: 1368**

**Site Name & Address:** Corona Family Care Center 505 S. Buena Vista , Corona CA 92882 Riverside

Zip Codes of Area Served	Type of Area Served	Services Offered	Family Planning Clinic Hours Days Office Hours	Projected Users Q1 2016	NPI Number
92879,92880,92881,92882,92883,92860	<input type="checkbox"/> Rural <input checked="" type="checkbox"/> Urban <input type="checkbox"/> Suburban	<input checked="" type="checkbox"/> Medical <input type="checkbox"/> Community Education <input checked="" type="checkbox"/> Health Education (in House) <input type="checkbox"/> Admin office Only <input type="checkbox"/> Warehouse Only	Mon: 07:30 am - 05:00 pm Tue: 07:30 am - 05:00 pm Wed: 07:30 am - 05:00 pm Thu: 07:30 am - 05:00 pm Fri: 07:30 am - 05:00 pm Sat: Close Sun: Close	275	1205940145

**Site Number: 1369**

**Site Name & Address:** Hemet Family Care Center 880 N. State Street , Hemet CA 92543 Riverside

Zip Codes of Area Served	Type of Area Served	Services Offered	Family Planning Clinic Hours Days Office Hours	Projected Users Q1 2016	NPI Number
92543,92554,92545,92548,92582,92583,92596,	<input type="checkbox"/> Rural <input type="checkbox"/> Urban <input checked="" type="checkbox"/> Suburban	<input checked="" type="checkbox"/> Medical <input type="checkbox"/> Community Education <input checked="" type="checkbox"/> Health Education (in House) <input type="checkbox"/> Admin office Only <input type="checkbox"/> Warehouse Only	Mon: 07:30 am - 05:00 pm Tue: 07:30 am - 05:00 pm Wed: 07:30 am - 05:00 pm Thu: 07:30 am - 05:00 pm Fri: 07:30 am - 05:00 pm Sat: Close Sun: Close	268	1114031051

**Site Number: 1370**

**Site Name & Address:** Palm Springs Family Care Center 1515 N. Sunrise Way , Palm Springs CA 92262 Riverside

Zip Codes of Area Served	Type of Area Served	Services Offered	Family Planning Clinic Hours Days Office Hours	Projected Users Q1 2016	NPI Number
92258,92262,92264,92282	<input type="checkbox"/> Rural <input checked="" type="checkbox"/> Urban <input type="checkbox"/> Suburban	<input checked="" type="checkbox"/> Medical <input type="checkbox"/> Community Education <input checked="" type="checkbox"/> Health Education (in House) <input type="checkbox"/> Admin office Only <input type="checkbox"/> Warehouse Only	Mon: 07:30 am - 05:00 pm Tue: 07:30 am - 05:00 pm Wed: 07:30 am - 05:00 pm Thu: 07:30 am - 05:00 pm Fri: 07:30 am - 05:00 pm Sat: Close Sun: Close	300	1386758225

**Site Number: 1623**

**Site Name & Address:** Banning Family Care Center 3055 West Ramsey , Banning CA 92220 Riverside

Zip Codes of Area Served	Type of Area Served	Services Offered	Family Planning Clinic Hours Days Office Hours	Projected Users Q1 2016	NPI Number
92230,92202,92233,92549	<input type="checkbox"/> Rural <input type="checkbox"/> Urban <input checked="" type="checkbox"/> Suburban	<input checked="" type="checkbox"/> Medical <input type="checkbox"/> Community Education <input checked="" type="checkbox"/> Health Education (in House) <input type="checkbox"/> Admin office Only <input type="checkbox"/> Warehouse Only	Mon: 07:30 am - 05:00 pm Tue: 07:30 am - 05:00 pm Wed: 07:30 am - 05:00 pm Thu: 07:30 am - 05:00 pm Fri: 07:30 am - 05:00 pm Sat: Close Sun: Close	250	1346353679

**Site Number: 1847**

**Site Name & Address:** Jurupa Family Care Center 9415 Mission Blvd. , Riverside CA 92509 Riverside

Zip Codes of Area Served	Type of Area Served	Services Offered	Family Planning Clinic Hours Days Office Hours	Projected Users Q1 2016	NPI Number
92509,91752	<input type="checkbox"/> Rural <input type="checkbox"/> Urban <input checked="" type="checkbox"/> Suburban	<input checked="" type="checkbox"/> Medical <input type="checkbox"/> Community Education <input checked="" type="checkbox"/> Health Education (in House) <input type="checkbox"/> Admin office Only <input type="checkbox"/> Warehouse Only	Mon: 07:30 am - 05:00 pm Tue: 07:30 am - 05:00 pm Wed: 07:30 am - 05:00 pm Thu: 07:30 am - 05:00 pm Fri: 07:30 am - 05:00 pm Sat: Close Sun: Close	225	1871607713

**Site Number: 1993**

**Site Name & Address:** Perris Family Care Center 308 E. San Jacinto , Perris CA 92570 Riverside

Zip Codes of Area Served	Type of Area Served	Services Offered	Family Planning Clinic Hours Days Office Hours	Projected Users Q1 2016	NPI Number
92567,92579,92571,92584,92585,92586,92587	<input type="checkbox"/> Rural <input checked="" type="checkbox"/> Urban <input type="checkbox"/> Suburban	<input checked="" type="checkbox"/> Medical <input type="checkbox"/> Community Education <input checked="" type="checkbox"/> Health Education (in House) <input type="checkbox"/> Admin office Only <input type="checkbox"/> Warehouse Only	Mon: 07:30 am - 05:00 pm Tue: 07:30 am - 05:00 pm Wed: 07:30 am - 05:00 pm Thu: 07:30 am - 05:00 pm Fri: 07:30 am - 05:00 pm Sat: Close Sun: Close	354	1194839035

<b>Site Number: 1995</b>						
<b>Site Name &amp; Address:</b> Lake Elsinore Family Care Center 2499 East Lakeshore Drive , Lake Elsinore CA 92530 Riverside						
Zip Codes of Area Served	Type of Area Served	Services Offered	Family Planning Clinic Hours Days	Office Hours	Projected Users Q1 2016	NPI Number
92530,92532,92595,92562,92563,92590,92591,92592	<input type="checkbox"/> Rural <input type="checkbox"/> Urban <input checked="" type="checkbox"/> Suburban	<input checked="" type="checkbox"/> Medical <input type="checkbox"/> Community Education <input checked="" type="checkbox"/> Health Education (in House) <input type="checkbox"/> Admin office Only <input type="checkbox"/> Warehouse Only	Mon: 07:30 am - 05:00 pm Tue: 07:30 am - 05:00 pm Wed: 07:30 am - 05:00 pm Thu: 07:30 am - 05:00 pm Fri: 07:30 am - 05:00 pm Sat: Close Sun: Close		479	1396859179

<b>Site Number: 9202</b>						
<b>Site Name &amp; Address:</b> County of Riverside Department of Public Health 4065 Circle Dr. P.O. Box 7600, Riverside CA 92513 Riverside						
Zip Codes of Area Served	Type of Area Served	Services Offered	Family Planning Clinic Hours Days	Office Hours	Projected Users Q1 2016	NPI Number
92503	<input type="checkbox"/> Rural <input checked="" type="checkbox"/> Urban <input type="checkbox"/> Suburban	<input type="checkbox"/> Medical <input type="checkbox"/> Community Education <input type="checkbox"/> Health Education (in House) <input checked="" type="checkbox"/> Admin office Only <input type="checkbox"/> Warehouse Only	Mon: 07:30 am - 05:00 pm Tue: 07:30 am - 05:00 pm Wed: 07:30 am - 05:00 pm Thu: 07:30 am - 05:00 pm Fri: 07:30 am - 05:00 pm Sat: Close Sun: Close		0	0

<b>Site Number: 9204</b>						
<b>Site Name &amp; Address:</b> Rubidoux Family Care Center 5256 Mission Blvd. , Riverside CA 92509 Riverside						
Zip Codes of Area Served	Type of Area Served	Services Offered	Family Planning Clinic Hours Days	Office Hours	Projected Users Q1 2016	NPI Number
92509,92501,91752	<input type="checkbox"/> Rural <input type="checkbox"/> Urban <input checked="" type="checkbox"/> Suburban	<input checked="" type="checkbox"/> Medical <input type="checkbox"/> Community Education <input checked="" type="checkbox"/> Health Education (in House) <input type="checkbox"/> Admin office Only <input type="checkbox"/> Warehouse Only	Mon: 07:30 am - 05:00 pm Tue: 07:30 am - 05:00 pm Wed: 07:30 am - 05:00 pm Thu: 07:30 am - 05:00 pm Fri: 07:30 am - 05:00 pm Sat: Close Sun: Close		225	1356455299



# B U D G E T

Attachment B-1

Project Title:	Family Planning Services - 2015 Extension
Contract Period:	January 1 - March 31, 2016
Delegate Agency Name:	County of Riverside Department of Public Health

**EXPENSE**

BUDGET CATEGORY	TOTAL	Applicant and Other	TITLE X-CFHC
	(a+b)	(a)	(b)
<b>Personnel Services</b>			
Physicians	187,275	187,275	-
Mid-Level Practitioners	65,091	65,091	-
Other Health Personnel	81,252	31,750	49,502
Ancillary Personnel	178,358	178,358	-
Administrative Personnel	24,380	20,880	3,500
<b>Total Salaries &amp; Wages</b>	<b>536,356</b>	<b>483,354</b>	<b>53,002</b>
<b>Fringe Benefits</b>	<b>221,194</b>	<b>199,336</b>	<b>21,858</b>
<b>TOTAL PERSONNEL COST</b>	<b>757,550</b>	<b>682,690</b>	<b>74,860</b>
<b>Patient Care</b>			
Clinical Services	-	-	-
Laboratory	175,000	175,000	-
<b>TOTAL PATIENT CARE</b>	<b>175,000</b>	<b>175,000</b>	<b>-</b>
<b>Equipment</b>			
N/A			
<b>Other Costs</b>			
Consultants	-	-	-
Medical Supplies	109,473	106,737	2,736
Office/Computer Supplies	10,861	9,914	947
Duplication & Printing	2,126	1,222	904
Health Education and Outreach Supplies	3,279	2,404	875
Utilities & Communication (Telephone/Postage)	13,816	12,404	1,412
Travel, Conference/Training	8,721	6,183	2,538
Lease/Rental	56,765	56,765	-
Approved Indirect Cost (if applicable)	46,997	41,756	5,241
Other Expenses (Specify below):			
Clinic Operations	15,121	15,121	-
<b>TOTAL OTHER COSTS</b>	<b>267,158</b>	<b>252,505</b>	<b>14,653</b>
<b>TOTAL EXPENSES</b>	<b>1,199,708</b>	<b>1,110,195</b>	<b>89,513</b>
<b>REVENUE</b>			
Title X - CFHC Revenue	89,513		89,513
<b>Applicant and Other Revenue: (Specify Below)</b>			
Applicant Funds	185,588	185,588	
Family PACT	744,068	744,068	
Medi-CAL	178,040	178,040	
Other Federal: (specify or attach a separate list)	-	-	
State & Local Government	-	-	
Private Grants	-	-	
Patient Fees	1,250	1,250	
Private Insurance	1,250	1,250	
Other 3rd Party Payers: (specify or attach a separate list)	-	-	
<b>TOTAL REVENUE</b>	<b>1,199,708</b>	<b>1,110,195</b>	<b>89,513</b>

### Cost Allocation Methodology Policy Statement

#### 1. Please enter the following for your Cost Allocation:

- i. Current calculation figures on how each line item budget was determined (Methodology provided will be tested against your application budget).
- ii. Current Indirect Cost calculation and rate; Copy of approved indirect cost rate agreement must be submitted if available.

County of Riverside Department of Public Health clinics provide Family Planning services to approximately 28% of its clients. Title X funds are used to support community outreach, partnering activities and program administration. The majority of clients are covered by Family PACT. Clients who do not qualify for Family PACT may be covered under Title X based on the sliding fee scale. The funds are cost distributed to each clinic site based on the staff activities recorded on the productivity logs. All staff has time sheets delineating the hours worked each day. The staff also keeps productivity logs accounting for the time and number of clients seen at each location and program.

**PERSONNEL SERVICES/SALARIES AND WAGES**The majority of Title X funds are allocated for salaries and benefits to support 7.9 FTEs that perform community outreach, partnering activities and administration duties. The Full Time Equivalent is based on a 40 hour work week and is used for salaries and benefits. Any salary and fringe benefits costs that are not covered by Title X are covered by the County or other grant sources.

- Assistant Nurse Manager (1 FTE) supervises outreach and partnering activities, is also responsible for meeting grant objectives.
- Licensed Vocational Nurse (3 FTE) provides education at WIC sites, Teen Clinics, homeless and women shelters; participates in outreach activities and health fairs.
- Health Education Assistant (2 FTE) provides education in middle schools, high schools, Teen Clinics; participates in outreach activities and health fairs.
- Office Assistant (1 FTE) provides clerical support to Family Planning team. Enters statistical data for education, outreach and trainings.
- Registered nurse (0.2 FTE- Per Diem) The Per Diem Registered Nurse will provide in-kind support to Title X program activities at the Hemet and Lake Elsinore Teen Clinics each week. Her salary will come from County general funds.

**OTHER COSTS/OPERATING**Any operating costs that are not covered by Title X are covered by the County or other grant sources.

- Medical supplies-covers the cost of condoms for outreach activities, WIC sites, homeless shelters and parolees for the purpose of STD and pregnancy prevention (\$1.08 per bag of one dozen condoms X 2,533 clients/bags=\$2,736). All other medical supplies for Family Planning Clinics will be covered under applicant and other.
- Office supplies-covers Family Planning personnel for basic offices supplies including but not limited to pens, pencils, paper, toner, etc. (average monthly cost fiscal year to date is \$316.00=\$947.00)
- Printing-covers the cost of flyers, brochures, client evaluations, etc. for education, outreach and partnering activities, health fairs and clients seen at the 10 clinics (average monthly cost fiscal year to date is \$301.00=\$904.00)
- Health and education supplies-is allocated for client incentives; Teen Clinics, video, dvd's and pamphlets (average monthly cost fiscal year to date is \$292.00=\$875.00)
- Communications-Includes cell phones for field staff, desk phones and computer lines (average\$68.13/person/month=\$1,412.00).
- Travel-covers the cost of attending Title X business meeting, other training and conferences and mileage to education sites. (average\$658.00=\$10,298 per year).
- Training/Conference-\$875 covers cost of webinar trainings, Women's Conference and Contraceptive Technology course: includes hotel, ground transportation, meals, registration and other travel related expenses.
- Approved Indirect cost- The Indirect Cost is below the approved amount for CFHC, and it is calculated as 5% of salaries and benefits. The actual total indirect cost for County of Riverside Department of Public Health is 23.44%.

#### 2. Please Describe and justify any out-of-state travel

N/A

#### 3. Does your agency provide abortions at any of your sites?

TAB Yes  No

MAB Yes  No

#### 3.a If yes, are the sites Title X funded sites?

If Yes, please provide a brief description of how your agency maintains segregation of complete funds between abortion services and family planning:

**Exhibit C-1**

Reporting requirements for Title X Family Planning Services 2015 Extension

**FAMILY PLANNING SERVICES REPORTING REQUIREMENTS:**

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

<u>REPORT TITLE</u>	<u>FREQUENCY OF SUBMISSION</u>	<u>DUE DATE</u>
Statement of Revenue and Expenditure Report (includes submission of General Ledger backup of Title X expenditures only)  Submitted electronically at <a href="http://www.cfhc.org">www.cfhc.org</a>	Quarterly	25th of the month following the period reported For January, February and March <b><u>DUE: April 25, 2016</u></b>
Centralized Data System (CDS) submission Submitted electronically at <a href="http://www.cfhc.org">www.cfhc.org</a>	Monthly	25 <sup>th</sup> of the month following the period reported
Special Reports, surveys and questionnaires as may be requested by CFHC or its funding source	Specified Date	Specified Date

**SUBRECIPIENT AGREEMENT  
AGREEMENT NUMBER 754-5320-71219-16-17**

This Subrecipient Agreement, also known as the Delegate Agency Agreement (“the Agreement”) is hereby entered into by and between the California Family Health Council, Inc. (“CFHC”), and **County of Riverside Department of Public Health** (“Subrecipient”) (individually “the Party” and collectively “the Parties”), to set forth the objectives, understandings, and agreements between the Parties in connection with the subaward of Title X grant funds as described herein.

**WHEREAS**, CFHC has received Grant #FPHPA096241-01 (the “Grant”) pursuant to Title X of the Public Health Services Act (“PHS”), CFDA #93.217(Family Planning Services) dated March 28, 2016, for the provision of family planning and related preventive health services to eligible clients in the State of California; and

**WHEREAS**, CFHC is authorized by the U.S. Department of Health and Human Services (“DHHS”), Office of Population Affairs (“OPA”), and desires to execute an agreement with Subrecipient to support the provision of Title X services to residents of Subrecipient’s geographic area; and

**WHEREAS**, Subrecipient is appropriately licensed and qualified and desires to enter into this Agreement with CFHC and agrees to deliver the services described herein in accordance with the terms and conditions set forth below;

**NOW THEREFORE**, in consideration of the mutual promises and covenants herein contained and intending to be legally bound hereby, CFHC and Subrecipient agree as follows:

**ARTICLE I: TYPE OF AGREEMENT**

This Agreement is a subaward of federal funds awarded by CFHC to Subrecipient. It is a cost-reimbursement agreement that will pay Subrecipient for allowable costs as provided for in the applicable cost principles issued by the Office of Management and Budget 2 CFR Part 200 Subpart E and 45 CFR Part 75 Subpart E.

**ARTICLE II: SCOPE OF WORK**

**A. Scope of Services.**

1. Subrecipient shall, in a manner satisfactory to CFHC, make available to all individuals the services provided under the Title X program (“Clients”), including comprehensive sexual and reproductive services, except for abortion, and such other services as are reflected in the Scope of Work, attached hereto and incorporated by reference herein as Attachment A (the “Family Planning Services”).

2. Subrecipient shall establish and implement policies and procedures governing personnel, financial management, and programmatic management, as specified more fully in 2 CFR Part 200 and 45 CFR Part 75, as applicable. Such policies and procedures shall be consistent with: (i) CFHC's Title X grant, as approved by DHHS; (ii) requirements of the Title X statute and implementing regulations, as well as all requirements of all Title X related laws and regulations; (iii) other applicable federal and State laws and regulations, including procurement laws and OMB Circulars; (iv) DHHS and/or OPA Program Guidance, including the Title X Program Requirements and Quality Family Planning Recommendations (QFP) that were issued on April 25, 2014; and (v) CFHC's policies and procedures applicable to Title X.

B. Program Modification.

Subrecipient may make changes to staff and location of its Family Planning services, provided that Subrecipient shall notify CFHC in writing within ten (10) working days of any such change in key staff or any address change or closure of a Title X clinic site location.

**ARTICLE III: FINANCIAL PROVISIONS**

A. Amount of Award.

In consideration of the services to be delivered by Subrecipient as described in Article II herein, CFHC shall pay Subrecipient a total amount not to exceed **\$358,050** (the "Title X Award") during the term of this Agreement, provided that funds are available for this purpose under the Grant. Subrecipient is only entitled to receive reimbursement for its actual, allowable costs and is not entitled to any payments over and above its actual, allowable cost of operating the Title X program provided for herein.

B. Financial Systems.

Subrecipient shall maintain financial systems in accordance with United States Generally Accepted Accounting Principles ("U.S. GAAP") and, as applicable, 2 CFR Part 200 Subpart D or 45 CFR Part 75 Subpart D

C. Budget.

1. The approved annual budget plan and cost allocation methodology statement is attached hereto and incorporated by reference herein as Attachment B: Approved Budget and Cost Allocation Methodology Statement.

2. Subrecipient may make modifications to the budget included in Attachment B, provided that such modification does not require prior approval pursuant to 2 CFR Part 200.308 or 45 CFR Part 75.308, as applicable, and that any request for modification is submitted to CFHC by April 15, 2017. Approval of a requested modification does not alter or extend the reporting due dates as set forth in Attachment C: Subrecipient Reporting Requirements, attached hereto and incorporated by reference herein.

3. If Subrecipient has an approved DHHS negotiated indirect cost rate, Subrecipient may use such rate only after it has provided current documentation of the approved rate to CFHC. If no such rate exists, a de minimis indirect cost rate of 10% may be used as defined in 2 CFR 200.414.

D. Non-Federal Share.

Pursuant to 42 CFR § 59.7, Subrecipient must provide non-federal matching share in the amount of not less than ten percent (10%) of the Title X Award ("Matching Requirement").

E. Cost Allowability.

1. Subrecipient expressly understands and agrees that the allowability of costs shall be determined in accordance with 2 CFR Part 200.400 and 45 CFR Part 75.400, as applicable. Subrecipient is liable for payment of any costs incurred by Subrecipient under this Agreement that may be disallowed by CFHC, DHHS, or other appropriate federal officials. As such, Subrecipient shall be obliged to remit to CFHC any funded amounts which were paid pursuant to this Article III and used to cover disallowed costs. If Subrecipient fails to remit such amounts within thirty (30) days, CFHC may offset such amount against future funding obligations by CFHC or take any other action available to it under law to reclaim such amount.

2. CFHC agrees that, in the event that DHHS disallows any cost incurred by Subrecipient under this Agreement, CFHC will, at Subrecipient's request and subject to CFHC's determination that the appeal will not be frivolous and will not be contrary to the best interests of CFHC, pursue appropriate administrative appeals to DHHS, provided Subrecipient agrees to pay all costs associated with the appeal and will promptly pay into an escrow account such amount as CFHC deems appropriate to cover the disallowed costs and appeal costs, including attorney's fees and interest penalties. Subrecipient agrees to cooperate fully with CFHC in providing documentation and other supporting material relevant to such a determination. If applicable, payment of questioned costs may be withheld by CFHC until the questions are resolved; however, CFHC shall issue payment of all otherwise properly documented and allowable costs not in question in accordance with Article III, Section F of this Agreement.

F. Payment.

1. Subrecipient shall furnish CFHC with reports of its costs by the 25th of the month following the end of each calendar quarter. If the 25th falls on a weekend or holiday, then the report will be due on the next business day.

2. Payment will be made based on Subrecipient's timely submission of financial and performance reports required herein, and approval by CFHC of such reports. Accordingly, within thirty (30) days of receipt and approval of such report, CFHC shall reimburse Subrecipient for properly documented and allowable costs under this Agreement.

3. This Agreement is subject to the availability of federal grant funds to CFHC. CFHC shall promptly notify Subrecipient, in writing, of any modification, payments, delays, or cancellations of said DHHS grant. The Title X Award may be reduced if DHHS reduces the Grant for any reason.

4. Notwithstanding any other provision of this Agreement, Subrecipient understands and agrees that should Subrecipient fail to expend its Title X Award, CFHC reserves the right to reallocate the Title X Award to ensure that funds are expended efficiently. CFHC shall review the Subrecipient's use of the Title X Award at the beginning of the fourth quarter of the Term, and upon determination that the Title X Award is not being expended efficiently or will not be expended fully during the Agreement's term, CFHC may, in its sole discretion, reallocate all or a portion of Subrecipient's Title X Award to another organization. Subrecipient understands and agrees that it may not carry over any non-obligated portion of its Title X Award to the next grant year.

#### **ARTICLE IV: TECHNICAL ASSISTANCE**

CFHC shall provide Subrecipient with support and technical assistance that CFHC, in its sole discretion, deems necessary and appropriate, regarding Subrecipient's responsibilities set forth in this Agreement. The provision of any technical assistance does not, however, relieve or reduce Subrecipient's responsibility for compliance with any of the terms and conditions of this Agreement. In addition, Subrecipient shall participate (one administrator and one clinician) in CFHC's annual Title X Business Meeting to be held in Los Angeles (date to be determined), as well as any other Title X-related trainings, quality assurance initiatives and service enhancements developed by DHHS, OPA, and/or CFHC, as required by CFHC.

#### **ARTICLE V: TERM**

This Agreement shall be in effect from April 1, 2016 through March 31, 2017, or unless the Agreement is terminated or suspended at an earlier date in accordance with Article X of this Agreement.

#### **ARTICLE VI: GENERAL PROGRAM REPORTING AND OTHER REQUIREMENTS**

##### **A. Reporting.**

1. Subrecipient shall maintain and furnish to CFHC financial and programmatic information and reports (in such forms as CFHC may reasonably prescribe) as required under 2 *CFR Part 200.300* or 45 *CFR Part 75.300*, as applicable, and set forth herein in Attachment C.

2. Subrecipient shall cooperate with and, as reasonably requested, assist CFHC in the development and preparation of those portions of the Federal Financial Report (“FFR”), as well as other required reports, which pertain to Subrecipient’s activities under this Agreement. Such reports shall be prepared according to the timeframes established by CFHC and shall be reviewed and revised in accordance with the directives of CFHC. Such reports shall be approved, signed and submitted to DHHS, or the appropriate authorities, by CFHC.

3. Notwithstanding Article III, in the event that Subrecipient fails to deliver the required reports at the appropriate times, or otherwise comply with the terms of this Agreement, it is agreed that CFHC may, upon reasonable notice, suspend reimbursements to Subrecipient until such reports’ are delivered to and approved by CFHC or Subrecipient fully complies with the terms of this Agreement.

B. Record Keeping and Access.

1. Subrecipient shall maintain financial records, supporting documents, statistical records, and all other books, documents, papers or other records pertinent to this Agreement for a period of three (3) years from the date of CFHC’s submission of the annual financial report covering the funds awarded hereunder, or for such other period as may be specifically required by 2 CFR Part 200.333 and 45 CFR Part 75.361, as applicable. If an audit, litigation, or other action involving the records is started before the end of the three (3) year period, Subrecipient agrees to maintain the records until the end of the three (3) year period or until the audit, litigation, or other action is completed, whichever is later. Client medical records must be retained in accordance with state and federal regulations. Records for real property and equipment acquired with Title X funds shall be retained for three (3) years after final disposition.

2. Subrecipient shall make available to CFHC, DHHS, the Comptroller General, or any of their duly authorized representatives, upon appropriate notice, such books, records, reports, documents, and papers that are pertinent to the award for audit, examination, excerpt, transcription, and copy purposes, for as long as such records, reports, books, documents, and papers are retained. This right also includes timely and reasonable access to Subrecipient’s facility and to Subrecipient’s personnel for the purpose of interview and discussion related to such documents. Subrecipient shall, upon request, transfer certain records to the custody of CFHC or DHHS.

C. Monitoring/Oversight/Assessment.

1. Subrecipient agrees to permit CFHC and/or DHHS to evaluate, through inspection or other means, the quality, appropriateness, and timeliness of services delivered under this Agreement and to assess Subrecipient’s compliance with applicable legal and programmatic requirements. If CFHC identifies and notifies Subrecipient of any instances of Subrecipient non-compliance with the terms of this Agreement, or otherwise in the operation of Subrecipient’s Program, CFHC shall notify Subrecipient of such deficiencies, and may ask for a corrective action plan.



CFHC, in its sole discretion, may offer to provide technical assistance to Subrecipient in order to correct or eliminate such deficiencies. Additionally, CFHC shall grant Subrecipient a reasonable time period to correct or eliminate such deficiencies; provided that in no case shall the time allowed exceed six (6) months from the date of notice of the deficiency.

2. Subrecipient agrees to permit CFHC and DHHS to evaluate, through inspection or other means, the quality, appropriateness, and timeliness of services delivered pursuant to this Agreement. CFHC may, at its discretion, conduct periodic, announced or unannounced monitoring visits to ensure program and administrative compliance with Title X goals and the scope of work under this Agreement, and to ensure compliance with all applicable requirements.

D. Audit.

1. Annually, at the end of each Subrecipient fiscal year, Subrecipient shall have an external audit (the "Audit") performed, including of its Title X Award, in accordance with the provisions of OMB Circular A-133 for a single audit, if applicable, and U.S. GAAP.

2. Upon receipt of the report resulting from the Audit, Subrecipient shall submit to CFHC (and to any other agency, as directed by CFHC) a copy of such report by thirty (30) days of Subrecipient's receipt of the audit report(s), but no later than nine (9) months after the end of the audit period. In addition, if necessary, Subrecipient shall provide to CFHC any corrective action plan resulting from the findings of the audit. CFHC shall review and evaluate the audit results, including Subrecipient's corrective action plan, where such a plan is necessary. CFHC reserves the right to request additional information regarding Subrecipient's corrective action plan. Subrecipient agrees to promptly implement such corrective action plan, including any recommendations made by CFHC.

**ARTICLE VII: CALIFORNIA STATE BILLING REQUIREMENTS**

A. Required Billing Numbers.

Subrecipient must have all National Provider Identification ("NPI") numbers necessary to bill Family Planning Services it will provide pursuant to this Agreement. Subrecipient is required to identify both Medi-Cal and Family PACT eligible patients and bill services for these patients to the Medi-Cal and Family PACT programs, as applicable.

B. Medications Billed to Third Parties.

Funding provided by this contract may not be allocated for any medications that are also billed to a third party.

## ARTICLE VIII: CENTRALIZED DATA SYSTEM

### A. CFHC's Data System.

CFHC maintains a Centralized Data System ("CDS") to collect and securely store data regarding services provided to Title X Clients at clinic sites throughout California. CFHC shall maintain the CDS, monitor the quality of agency data submission, develop action plans ("CDS Action Plans"), provide data management services, and provide ongoing CDS-related support to Subrecipients.

### B. Subrecipient Responsibilities for CDS.

Subrecipient is responsible for:

1. Completion of all steps in any CDS Action Plan within a mutually agreed timeframe tailored to the Subrecipient's capabilities and resources. The CDS Action Plan may require the modification of Subrecipient's registration forms, data entry screens, and or billing instruments. The CDS Action Plan may also require modifications to the Subrecipient's payment management system ("PMS") or electronic health records ("EHR") system to identify client visit records ("CVR") of eligible Title X clients and export files in CDS-compatible formats, as well as completing Software Release Forms to enable CDS staff to work directly with agency software vendors, as applicable;
2. Submission by the 25th of the month of CVR export files, including error corrections;
3. Notification within thirty (30) days to CFHC if the CDS audit report is inconsistent with the export file;
4. Notification within thirty (30) days to CFHC of the addition, deletion, or modification of any data codes included in the agency's submission;
5. Notification to CFHC of clinic site closure(s) or changes in key personnel in accordance with Article II, Section B of this Agreement.
6. Manual updates of Semi-Annual Progress Report tables with any aggregate data not submitted through CDS.

## ARTICLE IX: OWNERSHIP OF PROPERTY ACQUIRED UNDER THIS AGREEMENT

### A. Equipment and Supplies.

1. Subrecipient's purchase, use and disposition of property, equipment and supplies

is governed by, 2 CFR Part 200.310 -316 and 45 CFR Part 75.317 - 323, as applicable, and related DHHS policies.

2. Subrecipient shall maintain adequate property records, as well as effective inventory, control, and maintenance procedures. Subrecipient will be responsible for replacing or repairing equipment for which it is accountable if lost, damaged or destroyed due to negligence on the part of the Subrecipient, or failure to secure appropriate insurance, or noncompliance with property management regulations or instructions of CFHC or its funding source. For the purposes of this Agreement, "equipment" is defined as any item purchased with Title X Award funds with a useful life of more than one (1) year with a per unit acquisition cost of \$5,000 or more, unless Subrecipient uses a lower limit. Subrecipient shall submit a list with the required elements from CFR Part 200.313 and 45 CFR part 75.320, as applicable, of all such equipment to CFHC if requested (the "Equipment Inventory List").

3. CFHC reserves the right to require transfer of property acquired with funds awarded under this Agreement as provided in 2 CFR Part 200.312. and 45 CFR 75.319.

B. Copyrightable Material.

1. If any copyrightable material is developed in the course of or under this Agreement, CFHC and DHHS shall have a royalty-free, non-exclusive and irrevocable right to reproduce, publish, and authorize others to reproduce or publish, or otherwise use such material.

2. Subrecipient must obtain CFHC's prior written approval to copyright any such material or to permit any third party to do so.

3. Subrecipient must appropriately acknowledge federal grant support (i.e., from CFHC or DHHS) in any such publication.

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

**ARTICLE X: SUSPENSION AND TERMINATION**

A. Suspension.

Suspension means any action by CFHC that temporarily suspends payments under this Agreement. CFHC may, after providing notice to Subrecipient, suspend this Agreement for failure to comply with reporting requirements set forth in Article VI for a period not to exceed thirty (30) days, pending corrective action by Subrecipient.

B. Termination Without Cause.

Either Party may terminate this Agreement for any reason by giving the other party at least thirty (30) days' written notice, unless otherwise required herein.

C. Termination by CFHC.

1. CFHC may, by giving written notice to Subrecipient specifying the effective date, terminate this Agreement, in whole or in part, for cause. The term "cause" for termination shall include, but not be limited to:

- a. Failure in any material respect, for any reason, of Subrecipient to fulfill, in a timely and proper manner, its obligations under the Agreement, including non-compliance with the approved Family Planning Services and applicable laws, regulations, policies and procedures, including reporting requirements, provided that Subrecipient shall have thirty (30) days to correct such failure (which period may be extended in the sole discretion of CFHC) after receiving notice of the failure thereof from CFHC;
- b. Submission by Subrecipient to CFHC of reports that are incorrect or incomplete in any material respect, provided that Subrecipient shall have fifteen (15) days to correct such submission (which period may be extended in the sole discretion of CFHC) after receiving notice of the defect therein from CFHC;
- c. Improper use of Title X-obligated funds, or CFHC's reasonable belief that the Title X Award paid hereunder has been or will be misappropriated, or used for the purpose of providing abortions, in which case this Agreement shall terminate immediately;
- d. Suspension or termination of the Grant under which this Agreement is made, or a portion thereof;
- e. The occurrence of, or criminal indictment for, any act or omission by Subrecipient that is reasonably determined by CFHC to be materially detrimental to the reputation, operation or activities of CFHC;
- f. The loss of required insurance by Subrecipient;
- g. The loss or suspension of any license or other authorization to do business that is necessary for Subrecipient to perform services under this Agreement;
- h. The omission or commission of any act or conduct for which a license or authorization is necessary for Subrecipient to perform its duties under this Agreement may be revoked or suspended (regardless of whether such suspension or revocation actually occurs);

- i. Any material change in the legal or financial condition of Subrecipient that reasonably indicates that Subrecipient will be unable to perform as required under this Agreement;
- j. The suspension or debarment of Subrecipient; or
- k. The good faith determination by CFHC that the health, welfare or safety of clients receiving care provided by Subrecipient is jeopardized by the continuation of the Agreement.

D. Termination by Subrecipient.

1. Subrecipient may terminate this Agreement for cause by giving written notice to CFHC specifying the effective date. The term "cause" for termination shall include, but not be limited to:

- a. Failure of CFHC to provide payment in accordance with Article III, provided that CFHC shall have fifteen (15) days to correct such breach (which period may be extended in the sole discretion of Subrecipient), and provided that all funds provided to Subrecipient pursuant to Article III have been exhausted; or
- b. Application of special terms and conditions to the Grant by DHHS or CFHC, with which Subrecipient is unable or unwilling to comply.

E. Termination Procedures.

1. Should this Agreement be terminated before the end of the Term by either party, Subrecipient agrees to comply with the following closeout procedures:

- a. Subrecipient shall submit all financial, performance and other reports as required by the terms and conditions of the Agreement. At its sole discretion, CFHC may approve or deny extensions when requested by the Subrecipient.
- b. Unless an extension is granted, Subrecipient shall liquidate all obligations incurred pursuant to this Agreement no later than ninety (90) calendar days after the funding period or date of completion as specified in the Agreement.
- c. CFHC will make payments for allowable costs incurred prior to termination only after all required documentation has been received and approved.

2. In the event of termination of this Agreement, either in whole or in part, all property, finished or unfinished documents, data, studies, and/or reports purchased or prepared by the Subrecipient under this Agreement shall, at the option of CFHC, become its property or

be disposed of and Subrecipient shall be entitled to compensation for any unreimbursed expenses necessarily incurred in satisfactory performance of this contract. Notwithstanding the above, Subrecipient shall not be relieved of liability to CFHC for damages sustained by CFHC by virtue of any breach of this Agreement by Subrecipient, and CFHC may withhold any reimbursement to Subrecipient for the purpose of offset until such time as the exact amount of damages due CFHC from Subrecipient is agreed upon or otherwise determined.

3. CFHC, by the rules and regulations set by its funding source, reserves the right to determine ownership of any and all equipment purchased by Subrecipient during the course of this Agreement. Ownership will be determined after Subrecipient has submitted an Equipment Inventory in accordance with Article IX of this Agreement.

#### **ARTICLE XI: RELATIONSHIP; INDEMNIFICATION**

##### **A. Relationship of Parties.**

1. During the term of this Agreement, CFHC and Subrecipient shall remain separate and independent entities. None of the provisions of this Agreement are intended to create, nor shall be deemed or construed to create any relationship between or among the Parties other than that of independent entities. Except as otherwise provided, neither of the Parties shall be construed to be the agent, partner, co-venturer, employee or representative of the other Party.

2. Subrecipient is an independent contractor and, therefore, is not covered by, or entitled to, any insurance (including Worker's Compensation coverage for Subrecipient's employees) or other benefits maintained by CFHC for its officers, agents, or employees.

##### **B. Indemnification.**

1. Subrecipient hereby agrees to indemnify, defend and hold harmless CFHC, its affiliates, officers, directors, employees and agents against any and all liability, loss, damages or expenses that CFHC, its affiliates, officers, directors, employees or agents may hereinafter sustain, incur or be required to pay (including court costs and attorney fees) arising from the acts or omissions of Subrecipient, its officers, employees, agents or representatives in connection with the performance of or failure to perform its obligations under this Agreement, except to the extent caused by or resulting from the negligence or willful misconduct of CFHC.

2. CFHC hereby agrees to indemnify, defend and hold harmless Subrecipient, its affiliates, officers, directors, employees and agents against any and all liability, loss, damage or expense that Subrecipient, its affiliates, officers, directors, employees or agents may hereinafter sustain, incur or be required to pay (including court costs and attorneys' fees) arising from the acts or omissions of CFHC, its officers, employees, agents or representatives in connection with the performance or failure to perform its obligations under this Agreement, except to the extent caused by or resulting from the negligence or willful misconduct of Subrecipient.

3. The obligations of this Section shall survive termination of this Agreement.

## **ARTICLE XII: DISPUTE RESOLUTION**

The Parties shall first attempt to resolve any dispute arising under this Agreement by informal discussions between the Parties, subject to good cause exceptions, including, but not limited to, disputes determined by either Party to require immediate relief (*i.e.*, circumstances which may result in a misappropriation of Title X funds). Any dispute that has not been resolved by informal discussions between the Parties within a reasonable period of time after the commencement of such discussion (not to exceed thirty (30) days), may be resolved by any means available.

## **ARTICLE XIII: INSURANCE**

### **A. Subrecipient Insurance Requirements.**

1. Subrecipient agrees to secure and maintain, or cause to be secured and maintained, during the Term of this Agreement and as appropriate, the insurance coverage set forth as follows:

- a. **General Liability**: coverage of at least \$1,000,000 per occurrence and \$3,000,000 annual aggregate against general liability endorsed for premises-operations, products/completed operations, contractual, property damage, and personal injury liability;
- b. **Workers' Compensation**: in accordance with applicable law;
- c. **Professional Liability**: coverage of at least \$1,000,000 against professional liabilities for itself and its employed health care practitioners which may occur as a result of services provided by Subrecipient's health care practitioners; and
- d. **Fidelity**: coverage adequate to protect against loss due to employee dishonesty.

### **B. Additional Insurance Provisions.**

1. CFHC will be named as a co-insured or additional insured on all of Subrecipient's insurance policies showing the above coverage amounts and effective dates.

2. If Subrecipient's professional liability insurance is written in a "claims made", as opposed to an "occurrence" form, Subrecipient agrees to purchase or otherwise make arrangements for a "tail" or extended disclosure period policy for all activities so insured during the course of this Agreement.

3. Within ten (10) days after execution of this Agreement, Subrecipient will provide CFHC with certificates of insurance for the above required coverages. Subrecipient shall promptly provide CFHC with written notice of any ineligibility determination, suspension, revocation or other action or change relevant to the insurance requirements set forth above. Subrecipient may provide all or a portion of the required coverage through programs of self-insurance as allowed by California law.

#### **ARTICLE XIV: CONFIDENTIALITY**

In accordance with prevailing federal and state of California confidentiality statutes, regulations, customs and usage, canons, or code of professional ethics, the Parties (and their employees, agents, and contractors) shall not disclose, except to each other, any proprietary information, professional secrets or other information, records, data and data elements (including, but not limited to, protected health information as defined by the Health Insurance Portability and Accountability Act of 1996 ("HIPAA")) collected and maintained in the course of carrying out responsibilities under this Agreement, unless either Party receives prior written authorization to do so from the other Party or as authorized or required by law; provided that, nothing contained herein shall be construed to prohibit CFHC or DHHS from obtaining, reviewing, and auditing any information, record, data, and data elements to which it is lawfully entitled. All confidential obligations contained herein (including those pertaining to information transmitted orally) shall survive termination of this Agreement.

#### **ARTICLE XV: CONFLICT OF INTEREST**

A. Written Conflict of Interest Policy.

Subrecipient shall maintain a written conflict of interest policy that includes provisions to ensure that no employee, officer, or agent shall participate in the administration of the Title X Award if a real or apparent conflict of interest would be involved. Such a conflict would arise when the employee, consultant, or member of Subrecipient's Board of Directors uses his/her position for purposes that are, or give the appearance of being, motivated by the possibility of private gain for himself, herself, or others, such as those with whom they have family, business, or personal ties.

B. Subrecipient Employees.

Subrecipient shall ensure that no employee shall be paid as a staff member and a consultant.



## ARTICLE XVI: GOVERNING LAWS

### A. Grant-Related Laws, Regulations, and Policies.

This Agreement shall be governed and construed in accordance with applicable federal and state laws, regulations, and policies, including, but not limited to:

1. The Title X Statute (42 U.S.C. § 300 *et seq.*, as amended);
2. The Title X Regulations (42 CFR part 59);
3. The terms and conditions of the Grant, as well as relevant Program Guidelines and Program Instructions issued by DHHS and OPA;
4. The Transparency Act (2 CFR Part 170);
5. 2 CFR Part 200 or 45 CFR Part 75 (DHHS Grants Administration regulations), as applicable;
6. The Consolidated Appropriations Act, 2012 (Public Law 112-74), enacted December 23, 2011, all subsequent Continuing Resolutions for FY 2013, and Continuing Resolution(s) thus far for FY 2016, impose the following statutory provisions which limit the use of funds on this Office of the Assistant Secretary for Health (OASH) grant or cooperative agreement during the current budget period.
  - a. Restrictions on Distribution of Sterile Needles (Section 523) – “Notwithstanding any other provision of this Act, no funds appropriated in this Act shall be used to carry out any program of distributing sterile needles or syringes for the hypodermic injection of any illegal drug.”
  - b. Salary Limitation (Section 203) – “None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II.” Effective January 10, 2016 the Salary Limitation is based upon the Executive Level II of the Federal Executive Pay Scale. That amount is \$185,100. For the purposes of the salary limitation, the direct salary is exclusive of fringe benefits and indirect costs. An individual’s direct salary is not constrained by the legislative provision for a limitation of salary. The rate limitation simply limits the amount that may be awarded and charged to the grant. A recipient may pay an individual’s salary amount in excess of the salary cap with non-federal funds.

- c. Anti-Lobbying (Section 503) –
  - i. “No part of any appropriation contained in this Act or transferred pursuant to section 4002 of Public Law 111-148 shall be used, other than for normal and recognized executive legislative relationships, for publicity or propaganda purposes, for the preparation, distribution, or use of any kit, pamphlet, booklet, publication, electronic communication, radio, television, or video presentation designed to support or defeat the enactment of legislations before the Congress or any State or local legislature itself, or designed to support or defeat any proposed or pending regulation, administrative action, or order issued by the executive branch of any State or local government, except in presentation to the executive branch of any State or local government itself.
  - ii. No part of any appropriation contained in this Act or transferred pursuant to section 4002 of Public Law 111-148 shall be used to pay the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before the Congress or any State government, State legislature or local legislature or legislative body, other than for normal and recognized executive-legislative relationships or participation by any agency or office of a State, local or tribal government in policymaking and administrative processes within the executive branch of that government.
  - iii. The prohibitions in subsections (a) and (b) shall include any activity to advocate or promote any proposed, pending or future Federal, State or local tax increase, or any proposed, pending, or future requirement or restriction on any legal consumer product, including its sale or marketing, including but not limited to the advocacy or promotion of gun control.”
- d. Gun Control (Section 218) – “None of the funds made available in this title may be used, in whole or in part, to advocate or promote gun control.”

7. Reporting of Total Compensation of Executives

- a. *Applicability and what to report.* Unless you are exempt as provided in Article XVI., subsection 7.c, you shall report the names and total compensation of each of your five most highly compensated executives for the preceding fiscal year if –
  - i. In the preceding fiscal year you received-
    - 80 percent or more of your annual gross revenues from Federal procurement contracts (and subcontracts) and Federal financial assistance subject to the Transparency Act, as defined at 2 CFR 170.320 (and subawards); and \$25,000,000 or more in annual gross revenues from Federal procurement contracts (and subcontracts), and Federal financial assistance subject to the Transparency Act (and subawards); and

ii. The public does not have access to information about the compensation of the executives through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. 78m(a), 78o(d) or section 6104 of the Internal Revenue Code of 1986. (To determine if the public has access to the compensation information, see the U.S. Security and Exchange Commission total compensation filings at the Executive Compensation page of the SEC website.)

b. *Where and when to report.* You must report executive total compensation described in Article XVI, subsection 7.a.:

- i. To CFHC
- ii. By the end of the month following the month during which you receive the subaward. For example, if a subaward is obligated on any date during the month of October of a given year (i.e. between October 1 and 31), you must report any required compensation information by November 30 of that year.

c. Exemptions

- i. If, in the previous tax year, you had gross income, from all sources, under \$300,000, you are exempt from the requirements to report:
- ii. Subawards, and
- iii. The total compensation of the five most highly compensated executives.

B. Compliance with other Applicable Law.

In connection with the provision of services pursuant to this Agreement, Subrecipient agrees:

1. To comply with the Civil Rights Act of 1964 and all other federal, state, or local laws, rules, and orders prohibiting discrimination. Consistent with the foregoing, Subrecipient agrees to comply with Executive Order 11246, entitled "Equal Employment Opportunity," as amended by Executive Order 11375, and as supplemented in U.S. Department of Labor regulations (41 CFR Part 60);
2. If this Agreement is for more than \$150,000, to comply with applicable standards, orders, or regulations issued pursuant to the Clean Air Act of 1970 (42 U.S.C. § 7401 *et seq.*) and the Federal Water Pollution Control Act (33 U.S.C. § 1251 *et seq.*), as amended;
3. If this Agreement is for more than \$100,000, to comply with the Sections 102 of the Contract Work Hours and Safety Standards Act (40 U.S.C. §327 *et seq.*), as amended; and

4. To make positive efforts to utilize small businesses, minority-owned firms and women's business enterprises in connection with any subcontracted work performed hereunder, whenever possible.

C. Compliance with State and Local Laws.

Subrecipient shall comply with all applicable laws, ordinances, and codes of the state of California and local governments in the performance of the Agreement, including all licensing standards and all applicable professional standards.

**ARTICLE XVII: CERTIFICATIONS AND ACKNOWLEDGEMENTS**

A. Certifications.

Subrecipient hereby certifies:

1. That neither it, nor any of its principal employees, has been debarred, excluded or suspended from participation in Medicare, Medicaid or in federally-funded contracts, in accordance with Executive Order 12549 and Executive Order 12689, entitled "Debarment and Suspension," and any applicable implementing regulations;

2. That it has not and will not use federal funds to pay any person or organization for influencing or attempting to influence an officer or employee of any federal agency, a member of Congress, or an employee of a member of Congress in connection with obtaining any federal contract, grant, or any other award covered by 31 U.S.C. § 1342, and that it will disclose any lobbying with non-federal funds that takes place in connection with obtaining any federal contract, grant, or other award;

3. That its employees providing Title X Family Planning Services shall not be exempt from any State law requiring notification or the reporting of child abuse, child molestation, sexual abuse, rape, or incest, and that it will comply with all federal anti-trafficking laws, including the Trafficking Victims Protection Act of 2000 (Pub. L. 106-586), as amended, and 22 U.S.C. § 7104;

4. That it will encourage family participation in the decision of minors to seek Family Planning Services and that it provides counseling to minors on how to resist attempts to coerce minors into engaging in sexual activities;

5. That no Title X Award funds shall be used to perform abortions or to supplant any funds used to perform abortions;

6. That if Subrecipient also provides abortions, it has implemented CFHC's policy and procedure ("Separation Policy"), which is attached hereto as Attachment D to keep all funds provided under the Title X Award wholly separate and apart from any funds used to provide

abortions and to prevent any commingling of such funds; and

7. That it does not, and will not, during the term of this Agreement, advertise, advocate, or promote abortion as a method of family planning, or receive any fee or any other consideration as payment for referrals for abortion services.

B. Acknowledgments.

Subrecipient hereby acknowledges:

1. That any violation of certifications five (5), six (6), and/or seven (7) of this Article's Section A above will result in immediate termination of this Agreement by CFHC; and

2. That this Agreement is nonexclusive in nature, and CFHC retains the authority to contract with other parties for the delivery of Family Planning Services in Subrecipient's geographic area.

**ARTICLE XVIII: NOTICES**

All notices required to be given under this Agreement shall be in writing, and delivered in person or sent by facsimile, overnight courier or certified mail, return receipt requested, postage prepaid, or electronic mail to the following addresses:

CFHC: California Family Health Council, Inc  
Attn: Richard Reetz  
3600 Wilshire Blvd., Suite 600  
Los Angeles, CA 90010  
reetzr@cfhc.org

Subrecipient: Riverside University Health System - Public Health  
Attn: Tonya D. Geiger  
4065 County Circle Drive  
  
Riverside, CA 92513  
ckaiser@rivcocha.org

The foregoing addresses may be changed and/or additional persons may be added thereto by notifying the other Parties hereto in writing and in the manner hereinafter set forth.

**ARTICLE XIX: MISCELLANEOUS**

A. Severability. The provisions of this Agreement are not severable. In the event that any one or more provisions of this Agreement are deemed null, void, illegal or unenforceable, the Parties shall renegotiate or terminate the remaining provisions of this Agreement unless the Parties mutually agree in writing that the invalidity, illegality or unenforceability of said provision does not materially change the obligations of the Parties under this Agreement. In the event that the Parties reach such an agreement, this Agreement shall be construed in all respects as if such invalid or unenforceable provisions have been omitted.

B. Third Party Beneficiaries. This Agreement was created by the Parties solely for their benefit and is not intended to confer upon any person or entity other than the Parties any rights or remedies hereunder.

C. Assignment. The rights, obligations and responsibilities established herein shall not be assigned, subcontracted, or transferred by either Party without the express prior written consent of the other Party.

D. Entire Agreement. This Agreement represents the complete understanding of the Parties with regard to the subject matter. This Agreement supersedes any other agreements or understandings between the Parties, whether oral or written, relating to the subject matter of this Agreement. No such other agreements or understandings may be enforced by either Party or employed for interpretation purposes in any dispute involving this Agreement.

E. Amendments. Any amendment to this Agreement shall be in writing and signed by both Parties. Except for the specific provision of this Agreement which thereby may be amended, this Agreement shall remain in full force and effect after such amendment.

F. Headings and Construction. All headings contained in this Agreement are for reference purposes only and are not intended to affect in any way the meaning or interpretation of this Agreement.

G. Waiver. Performance of any obligation required of a party hereunder may be waived only by a written waiver signed by the other party, which waiver shall be effective only with respect to the specific obligations described therein. The waiver of a breach of any provision shall not operate or be construed as a waiver of any subsequent breach.

IN WITNESS WHEREOF, the Parties have executed this Agreement:

**California Family Health Council, Inc**

By: \_\_\_\_\_

Print: Brenda Flores

Title: Vice President of Finance &  
Administration

Date: \_\_\_\_\_

**County of Riverside Department of Public Health**

By: \_\_\_\_\_

Print:

Title:

Date: \_\_\_\_\_

Federal Tax ID # 956000930

Nine Digit DUNS # 072514789

DUNS Registered Name: RIVERSIDE,  
COUNTY OF

FOR APPROVED COUNTY COUNSEL  
BY: Neal R. Kipnis DATE: 6/3/16

**Attachment A: Scope of Work**

Subrecipient shall provide the services required under this Agreement, in accordance with the following Special Terms, Requirement and OPA Program Priorities for FY 2016:

Notwithstanding any other provision of law, no provider under Title X of the Public Health Service Act shall be exempt from any State law requiring notification for the reporting of child abuse, child molestation, sexual abuse, rape, or incest.

In accepting this award, the grantee certifies that it will encourage family participation in the decision of minors to seek family planning services and that it provides counseling to minors on how to resist attempts to coerce minors into engaging in sexual activities.

In order to maintain an accurate record of current Title X service sites, grantees are expected to provide timely notice to the Office of Population Affairs (OPA), as well as to the appropriate HHS regional office, of any deletions, additions, or changes to the name, location, street address and email, and contact information for Title X grantees and service sites. This database will also be used to verify eligibility for 340b program registration and recertification. You must enter your changes to the Title X database within 30 days of the change at <https://www.opa-fpclinicdb.com/>. All changes will be reviewed and approved by the relevant HHS regional office prior to being posted on the OPA website. This does not replace the prior approval requirement under HHS grants policy for changes in project scope, including clinic closures.

If you or your sub-recipient(s) enrolls in the 340B Program, you must comply with all 340B Program requirements. You may be subject to audit at any time regarding 340B Program compliance. 340B Program requirements are available at <http://www.hrsa.gov/opa/programrequirements/>

*Program Priorities:* Each year the OPA establishes program priorities that represent overarching goals for the Title X program. Program priorities derive from Healthy People 2020 Objectives and from the Department of Health and Human Services (HHS) priorities. Project plans should be developed that address the 2016 Title X program priorities, and should provide evidence of the project's capacity to address program priorities as they evolve in future years. The 2016 program priorities are as follows:

1. Assuring the delivery of quality family planning and related preventive health services, with priority for services to individuals from low-income families. This includes ensuring that grantees have the capacity to support implementation (e.g., through staff training and related systems changes) of the Title X program guidelines throughout their Title X services projects, and that project staff have received training on Title X program requirements;
2. Assessing clients' reproductive life plan as part of determining the need for family planning services, and providing preconception services as stipulated in QFP;
3. Providing access to a broad range of acceptable and effective family planning methods and related preventive health services in accordance with the Title X program requirements and the 2014 QFP. These services include, but are not limited to, contraceptive services, pregnancy testing and counseling, services to help clients achieve pregnancy, basic infertility services, STD services, preconception health services, and breast and cervical cancer screening. The broad range of services does not include

abortion as a method of family planning;

4. Ensuring that all clients receive contraceptive and other services in a voluntary, client-centered and non-coercive manner in accordance with QFP and Title X requirements.
5. Addressing the comprehensive family planning and related preventive health needs of individuals, families, and communities through outreach to hard-to-reach and/or vulnerable populations, and partnering with other community-based health and social service providers that provide needed services; and
6. Demonstrating that the project's infrastructure and management practices ensure sustainability of family planning and reproductive health services delivery throughout the proposed service area including:
  - Incorporation of certified Electronic Health Record (EHR) systems that have the ability to capture family planning data within structured fields;
  - Evidence of contracts with insurance plans and systems for third party billing as well as the ability to facilitate the enrollment of clients into private insurance and Medicaid, optimally onsite; and to report on numbers of clients assisted and enrolled; and
  - Evidence of the ability to provide comprehensive primary care services onsite or demonstration of formal robust linkages with comprehensive primary care providers.

*Key Issues:* In addition to program priorities, the following key issues have implications for Title X services projects and should be considered in developing the project plan:

- Incorporation of the 2014 Title X Program Guidelines throughout the proposed service area as demonstrated by written clinical protocols that are in accordance with Title X Requirements and QFP.
- Efficiency and effectiveness in program management and operations;
- Patient access to a broad range of contraceptive options, including long acting reversible contraceptives (LARC), other pharmaceuticals, and laboratory tests preferably on site;
- Establishment and use of performance measures to regularly perform quality assurance and quality improvement activities, including the use of measures to monitor contraceptive use;
- Establishment of formal linkages and documented partnerships with comprehensive primary care providers, HIV care and treatment providers, and mental health, drug and alcohol treatment providers;
- Incorporation of the National HIV/AIDS Strategy (NHAS) and CDC's "Revised Recommendations for HIV Testing of Adults, Adolescents and Pregnant Women in Health Care Settings;" and
- Efficient and streamlined electronic data collection (such as for the Family Planning Annual Report (FPAR)), reporting and analysis for internal use in monitoring staff or program performance, program efficiency, and staff productivity in order to improve the quality and delivery of family planning services.

Specifically, the Subrecipient shall provide the services and items set forth herein:



## Statement of Work (SOW)

### Administrative Goal and Objectives

**Administrative Goal:** Strengthen the overall quality of the Family Planning Program and its ability to meet the needs of the community.

**Objective 1:** Implement or maintain a review process of all agency functions, in order to ensure high quality Family Planning services and compliance with all Title X Guidelines by March 31, 2017, as evidenced by completion of activities 1.A through 1.I.

Number	Activity	Job Title	Evaluation
1.A	Ensure that administrative policies and procedures are in place to facilitate effective and efficient management and governance.	Medical Director Family Planning Director Program Manager Clinical Services Director Associate Medical Director	Policies and procedures maintained and reviewed at program evaluations. Desk audits determined by CFHC staff.
1.B	Review Family Planning Program policies and procedures on an annual basis. Policies and procedures must include training for clinical, program, and other designated staff on mandatory reporting of child abuse and human trafficking as per OPA Program Requirements. Providers of abortion services will provide Title X family planning services in accordance with the CFHC Separation of Family Planning and Abortion Services Policy.	Medical Director Family Planning Director Program Manager Clinical Services Director Associate Medical Director	Meeting minutes maintained and reviewed at program evaluations and desk audits.
1.C	Obtain annual systematic client feedback through client satisfaction surveys inclusive of all sites.	Family Planning Director Program Manager Clinical Services Director	Client satisfaction surveys conducted, summarized and acted upon. Reviewed at program evaluations and desk audits.
1.D	Maintain and update a community needs assessment inclusive of the Family Planning Program on a periodic basis (at least once every 5 years) to define agency's role in the community.	Family Planning Director Program Manager Epidemiologist	Community needs assessment inclusive of the Family Planning Program maintained. CNA is reviewed at program evaluations.
1.E	The Title X Family Planning Program is implemented with input from individuals representative of served community and knowledgeable of community needs.	Family Planning Director Program Manager	Community participation meeting minutes reflect community representation and is reviewed at program evaluations and desk audits.
1.F	Maintain and update current clinical and client education protocols which include but are not limited to: reproductive health care and appropriate primary care, disability, domestic violence, emergency care, pregnancy counseling and testing, birth control methods, STI/HIV and flu vaccinations.	Medical Director Family Planning Director Program Manager Clinical Services Director Associate Medical Director	Protocols maintained and staff updates are reviewed at program evaluations and desk audits.
1.G	Document procedures for the identification and referral of patients with the following problems: high blood pressure, HIV positive, domestic violence, and substance using/abusing.	Medical Director Clinical Services Director Associate Medical Director	Protocols and referral policies maintained. Reviewed during program evaluations.

<p><b>1.H</b></p>	<p>Maintain a Continuous Quality Improvement (CQI) System that will, through medical records review at each site and inclusive of all providers, determine if all essential elements of reproductive health care, medical and appropriate education and counseling services are being provided at all Title X sites. <b>CFHC Performance Measure.</b></p>	<p>Medical Director Family Planning Director Program Manager Clinical Services Director Associate Medical Director</p>	<p>Minutes of the Continuous Quality Improvement (CQI) medical team maintained. CQI is reviewed at program evaluations and desk audits.</p>
<p><b>1.I</b></p>	<p>Provide family planning data through the Centralized Data System (CDS) for the purpose of contract reporting and performance measurement.</p>	<p>Family Planning Director Program Manager Epidemiologist</p>	<p>Centralized Data System (CDS) data submitted per the contract and/or agency action plan.</p>

**Clinical Goal and Objectives**

**Clinical Goal:** Provide comprehensive clinical reproductive health services to Title X clients of reproductive age to plan and space their pregnancies.

**Objective 1:** Provide Family Planning education and medical services to eligible individuals per the Federal Poverty Guidelines, by March 31, 2017, as evidenced by completion of activities 1.A through 1.H.

Number		# of Clients	Job Title	Evaluation
1. A	Document and report the poverty status of family planning clients.	11000	Medical Director Family Planning Director Program Manager Epidemiologist	As documented in the Semi-Annual Progress Report (SPR) with sample data verified via chart audits at program evaluations.
1. B	Provide family planning education, medical services and FDA approved contraceptive methods, either on site or by referral for female clients. <b>CFHC Performance Measure.</b>	10000	Medical Director Family Planning Director Program Manager	As documented in the Semi-Annual Progress Report (SPR) with sample data verified via chart audits at program evaluations.
1. C	Provide family planning education, medical services and FDA approved contraceptive methods, either on site or by referral for male clients. <b>CFHC Performance Measure.</b>	1000	Medical Director Family Planning Director Program Manager	As documented in the Semi-Annual Progress Report (SPR) with sample data verified via chart audits at program evaluations.
1. D	Provide a Chlamydia test to at least 80% of women less than or equal to 25 years of age within a 12 month period. <b>CFHC Performance Measure.</b>		Medical Director Family Planning Director Program Manager Associate Medical Director	As documented in the Semi-Annual Progress Report (SPR) with sample data verified via chart audits at program evaluations.
1. E	All female clients with an abnormal finding on their clinical breast exam should be followed for further evaluation.		Medical Director Family Planning Director Program Manager Associate Medical Director	As documented in the Semi-Annual Progress Report (SPR) with sample data verified via chart audits at program evaluations.
1.F	The agency must attempt to notify all clients with positive STD/HIV tests within 72 hours of receiving lab results. Upon notification, counsel client regarding follow up and treatment.		Medical Director Family Planning Director Program Manager Associate Medical Director	As documented in the Semi-Annual Progress Report (SPR) with sample data verified via chart audits and lab logs reviewed during program evaluations.
1.G	All clients with an abnormal finding on their Pap smear should be followed for further evaluation. <b>CFHC Performance Measure.</b>		Medical Director Family Planning Director Program Manager Associate Medical Director	As documented in the Semi-Annual Progress Report (SPR) with sample data verified via chart audits and lab logs reviewed during program evaluations.
1.H	Incorporate routine opt-out HIV screening for all clients and testing for high risk clients in accordance with 2010 CDC HIV guidelines. <b>CFHC Performance Measure.</b>		Medical Director Family Planning Director Program Manager Associate Medical Director	As documented in the Semi-Annual Progress Report (SPR) with sample data verified via chart audits at program evaluations.

<b>Objective 2:</b>		Provide family planning education and medical services to high-risk, hard-to-reach populations by March 31, 2017, as evidenced by completion of activity 2.A.		
Number	Activity	# of Clients	Job Title	Evaluation
2. A	Provide family planning education and medical services to the following number of individuals in high-risk, hard-to-reach populations. A <u>minimum of four</u> of the following categories must be indicated:		Program Manager Program Coordinator	As documented in Semi-Annual Progress Report (SPR) and reviewed at program evaluations.
	Homeless Individuals	200		
	Substance-Using/Abusing Individuals	500		
	Individuals with Disabilities	200		
	Individuals with Limited English Proficiency (LEP)	1300		
	Migrant Workers	100		
	Males	1000		
	Adolescents (17 & under)	1500		
	<b>TOTAL Clients Served</b>	<b>4800</b>		
<p>Note for Objective 2.A:</p> <p>1. You must enter #'s into at least four(4) identified categories.</p> <p>2. Individuals may be entered into multiple populations.</p> <p>3. # of males will be prepopulated from objective 1.C.</p> <p>4. Must be able to collect valid data for all selected special populations.</p>				

### Reproductive Life Plan Goal and Objectives

**Reproductive Life Plan:** To assist family planning clients to take steps toward becoming fully healthy individuals by initiating reproductive life planning discussions and providing preconception / inter-conception care, when indicated, through March 31, 2017.

**Objective 1:** Provide preconception/inter-conception care and reproductive life planning/family planning services to Title X comprehensive exam patients through March 31, 2017 as evidenced by completion of activity 1.A.

Number	Activity	Job Title	Evaluation
1.A	Obtain reproductive life plans on patients presenting for family planning services and provide pre-conception counseling to women planning pregnancy, open to pregnancy or using less effective contraceptive methods; in particular for women with chronic medical conditions that may affect pregnancy outcomes such as obesity, diabetes, hypertension and seizure disorders, and encourage use of folic acid.	Medical Director Family Planning Director Program Manager Clinical Services Director Associate Medical Director	Document reproductive life plan counseling in client charts through 3/31/2017.

### Adolescent Services Goal and Objectives

**Adolescent Services Goal:** Provide comprehensive clinical and counseling services to adolescents.

**Objective 1:** Provide adolescent-specific counseling to all adolescent clients seeking Family Planning services by March 31, 2017, as evidenced by completion of activities 1.A through 1.D.

Number	Activity	Job Title	Evaluation
1.A	Provide adolescents with information, support and counseling to delay the initiation of sexual activity as appropriate.	Medical Director Family Planning Director Clinical Services Director Program Manager Associate Medical Director	Documentation of counseling maintained in charts. Reviewed at program evaluations.
1.B	Provide counseling to minors on how to resist coercive attempts to engage in sexual activity.	Medical Director Family Planning Director Clinical Services Director Program Manager Associate Medical Director	Protocols maintained and staff updates reviewed. Chart audits performed at program evaluations.
1.C	Provide counseling/education regarding family involvement to all adolescents less than or equal to 17 years of age seeking reproductive health services whose family is not already aware that they are seeking reproductive services.	Medical Director Family Planning Director Clinical Services Director Program Manager Associate Medical Director	Protocols maintained and reviewed. Chart audits performed at program evaluations.
1.D	Report child and sexual abuse as required by state law.	Medical Director Family Planning Director Clinical Services Director Program Manager Associate Medical Director	Protocols maintained and staff updates reviewed annually. Chart audits performed at program evaluations.

Financial Management Goal and Objectives			
<b>Financial Management Goal:</b>	Improve and maintain the Agency's financial systems to ensure contract compliance.		
<b>Objective 1:</b>	Agency will maintain a Family Planning Program that is in financial compliance with the contract requirements and Title X Guidelines, as evidenced by completion of activities 1.A through 1.E.		
Number	Activity	Job Title	Evaluation
1.A	Develop a line item budget by site for the period of April 1, 2016 to March 31, 2017 and submit modifications as necessary during designated periods.	Family Planning Director Program Manager Administrative Services Coordinator	Line item budget by site and necessary modifications submitted.
1.B	Develop and maintain financial management systems that are in compliance with the Code of Federal Regulations (CFR) and include the following: budgetary control procedures, accounting systems and reports, purchasing, inventory control, property management, charges, billing and collection procedures.	Family Planning Director Program Manager Administrative Services Coordinator	Financial management systems maintained in compliance and reviewed at program evaluations.
1.C	Develop and properly implement a sliding fee scale on an annual basis to reflect the current federal poverty guidelines.	Clinical Services Director	Sliding fee scale developed, implemented and reviewed at program evaluations.
1.D	Complete all financial reporting requirements as detailed by the contract.	Family Planning Director Program Manager Administrative Services Coordinator Fiscal Manager	All financial reports submitted on time as required.
1.E	Develop a general ledger report (GLR).	Fiscal Manager	All financial reports submitted on time as required and reviewed quarterly.

**Community Education Goal and Objectives**

**Community Education Goal:** Increase the community's knowledge and access to family planning services offered by the Agency.

**Objective 1:** Conduct marketing, community outreach and education to potential Title X eligible clients by March 31, 2017, as evidenced by completion of activities 1.A through 1.F.

Number	Activity	# of Clients	Job Title	Evaluation
1. A	Maintain and implement a Community Education and Outreach Plan that increases community knowledge of reproductive health and family planning services to the community. Activities include: general outreach, partnership activities and mass marketing (Exhibit B).	6000	Family Planning Director Program Manager Program Coordinator	Community Education and Outreach Plan maintained, updated, and reviewed at program evaluations and desk audits.
1. B	Provide general outreach to individuals as stated in the Community Education and Outreach Plan (Exhibit B, Section I).	2000	Family Planning Director Program Manager Program Coordinator	As documented in the Semi-Annual Progress Report (SPR) and verified at program evaluations.
1. C	Provide education and outreach to individuals at partnership agencies as stated in the Community and Education and Outreach Plan (Data will be automatically populated from information entered in Exhibit B, Section II).	2000	Family Planning Director Program Manager Program Coordinator	As documented in the Semi-Annual Progress Report (SPR) and verified at program evaluations.
1. D	Conduct mass marketing activities as stated in the Community Education and Outreach Plan (Exhibit B, Section III).	2000	Family Planning Director Program Manager Program Coordinator	As documented in the Semi-Annual Progress Report (SPR) and verified at program evaluations.
1. E	An Advisory Committee of 5-9 members representative of the populations to be served will review and approve new educational materials developed and made available by the agency on an annual basis.	0	Family Planning Director Program Manager Program Coordinator	Advisory Committee meeting minutes and materials review maintained and reviewed at program evaluation.
1. F	Provide education and outreach to individuals to increase utilization of free vaccination services.	0	Family Planning Director Program Manager Program Coordinator	Integration of vaccination education into the Community Education and Outreach Plan.

Agency Number: 754

Agency Name: County of Riverside Department of Public Health

**Community Education and Outreach Partnering Plan for Family Planning**

Total number of general outreach activities(Section I): 2,000

Total Number of partnering activities(Section II): 2,000

Total number of mass marketing activities (Section III): 2,000

Total Number of individuals reached in Community and Education Outreach Partnering Plan: 6,000

**Section 1: General Outreach**

# of individuals reached 2000

Type of Agency/Outreach Venue	Population Reached	Type of Educ./Presetation	Method of Evaluating Success
X Community Group	X Homeless individuals	X Abstinence	X Sign-in sheets maintained and compared to projected numbers
X Middle or High School			
X Community College or University	X Substance using individuals	X STDs/HIV	Pre and post tests to assess changes in knowledge
Faith-based organization			
X Social Service Agency	X Individuals with disabilities	X Family planning and contraceptive methods	X Post Presentation participant evaluations
X WIC Center			
X Migrant Camp or Services Organization	X Individuals with limited English proficiency	X Life Skills	X Assessment of number of people who visit clinic as a result of outreach
X Detention/Incarceration Center			
Job Training Center/Program		X Services provided/making appointments	X Regular meetings with outreach venue organization to discuss progress and challenges
Parenting Program	X migrant workers		
Business or Workplace		X Flu Vaccination	Other(specify)
X Homeless Shelter			
X Substance Abuse Treatment /Recovery Center	X males	X Reproductive Life Plan (RLP)	
X Women's Shelters			
Other (Specify)	X adolescents	Other (Specify)	



**Section 2: Partnering Plan WIC**  
**Name:**

# of individuals reached 1500

Type of Agency/Outreach Venue	Population Reached	Type of Educ./Presetation	Method of Evaluating Success
Community Group	Homeless individuals	<input checked="" type="checkbox"/> Abstinence	<input checked="" type="checkbox"/> Sign-in sheets maintained and compared to projected numbers
Middle or High School			
Community College or University	Substance using individuals	<input checked="" type="checkbox"/> STDs/HIV	Pre and post tests to assess changes in knowledge
Faith-based organization			
Social Service Agency	Individuals with disabilities	<input checked="" type="checkbox"/> Family planning and contraceptive methods	<input checked="" type="checkbox"/> Post Presentation participant evaluations
<input checked="" type="checkbox"/> WIC Center			
Migrant Camp or Services Organization	<input checked="" type="checkbox"/> Individuals with limited English proficiency	Life Skills	Assessment of number of people who visit clinic as a result of outreach
Detention/Incarceration Center			
Job Training Center/Program		<input checked="" type="checkbox"/> Services provided/making appointments	<input checked="" type="checkbox"/> Regular meetings with outreach venue organization to discuss progress and challenges
Parenting Program	migrant workers		
Business or Workplace		<input checked="" type="checkbox"/> Flu Vaccination	Other(specify)
Homeless Shelter			
Substance Abuse Treatment /Recovery Center	<input checked="" type="checkbox"/> males	<input checked="" type="checkbox"/> Reproductive Life Plan (RLP)	
Women's Shelters			
Other (Specify)	adolescents	Other (Specify)	

**Section 2: Partnering Plan Parolee**  
**Name:**

# of individuals reached 500

Type of Agency/Outreach Venue	Population Reached	Type of Educ./Presetation	Method of Evaluating Success
<input checked="" type="checkbox"/> Community Group	<input checked="" type="checkbox"/> Homeless individuals	Abstinence	<input checked="" type="checkbox"/> Sign-in sheets maintained and compared to projected numbers
Middle or High School			
Community College or University	<input checked="" type="checkbox"/> Substance using individuals	<input checked="" type="checkbox"/> STDs/HIV	Pre and post tests to assess changes in knowledge
Faith-based organization			
Social Service Agency	Individuals with disabilities	<input checked="" type="checkbox"/> Family planning and contraceptive methods	<input checked="" type="checkbox"/> Post Presentation participant evaluations
WIC Center			
Migrant Camp or Services Organization	Individuals with limited English proficiency	<input checked="" type="checkbox"/> Life Skills	Assessment of number of people who visit clinic as a result of outreach
<input checked="" type="checkbox"/> Detention/Incarceration Center			
Job Training Center/Program		<input checked="" type="checkbox"/> Services provided/making appointments	<input checked="" type="checkbox"/> Regular meetings with outreach venue organization to discuss progress and challenges
Parenting Program	migrant workers		
Business or Workplace		<input checked="" type="checkbox"/> Flu Vaccination	Other(specify)
Homeless Shelter			
Substance Abuse Treatment /Recovery Center	<input checked="" type="checkbox"/> males	<input checked="" type="checkbox"/> Reproductive Life Plan (RLP)	
Women's Shelters			
Other (Specify)	<input checked="" type="checkbox"/> adolescents	Other (Specify)	

Mass Marketing		Method of Evaluating Success
<input checked="" type="checkbox"/> Health Fairs	Print Media	<input checked="" type="checkbox"/> Distribution of Educational Materials
Street Outreach	<input checked="" type="checkbox"/> Internet Websites	Sign in Sheets
Concerts	<input checked="" type="checkbox"/> TwitterCommunity Events	<input checked="" type="checkbox"/> Estimated Audiences
<input checked="" type="checkbox"/> Radio	Twitter	
TV	<input checked="" type="checkbox"/> Facebook	

List all approved Title X-funded family planning program service sites.

Site Number: 1365

Site Name & Address: Riverside Neighborhood Health Center 7140 Indiana Avenue , Riverside CA 92504 Riverside

Zip Codes of Area Served	Type of Area Served	Services Offered	Family Planning Clinic Hours Office Hours	Projected Users in 2016	NPI Number
92501,92503,92504,92505,92506,92507,92508	<input type="checkbox"/> Rural <input checked="" type="checkbox"/> Urban <input type="checkbox"/> Suburban	<input checked="" type="checkbox"/> Medical <input type="checkbox"/> Community Education <input checked="" type="checkbox"/> Health Education (in House) <input type="checkbox"/> Admin office Only <input type="checkbox"/> Warehouse Only	Mon: 07:30 am - 05:00 pm Tue: 07:30 am - 05:00 pm Wed: 07:30 am - 05:00 pm Thu: 07:30 am - 05:00 pm Fri: 07:30 am - 05:00 pm Sat: Close Sun: Close	900	1003920943

Site Number: 1366

Site Name & Address: Indio Family Care Center 47-923 Oasis Street , Indio CA 92201 Riverside

Zip Codes of Area Served	Type of Area Served	Services Offered	Family Planning Clinic Hours Office Hours	Projected Users in 2016	NPI Number
92201,92236,92254,92274	<input type="checkbox"/> Rural <input type="checkbox"/> Urban <input checked="" type="checkbox"/> Suburban	<input checked="" type="checkbox"/> Medical <input type="checkbox"/> Community Education <input checked="" type="checkbox"/> Health Education (in House) <input type="checkbox"/> Admin office Only <input type="checkbox"/> Warehouse Only	Mon: 07:30 am - 05:00 pm Tue: 07:30 am - 05:00 pm Wed: 07:30 am - 05:00 pm Thu: 07:30 am - 05:00 pm Fri: 07:30 am - 05:00 pm Sat: Close Sun: Close	600	1023122967

Site Number: 1368

Site Name & Address: Corona Family Care Center 505 S. Buena Vista , Corona CA 92882 Riverside

Zip Codes of Area Served	Type of Area Served	Services Offered	Family Planning Clinic Hours Office Hours	Projected Users in 2016	NPI Number
92879,92880,92881,92882,92883,92860	<input type="checkbox"/> Rural <input checked="" type="checkbox"/> Urban <input type="checkbox"/> Suburban	<input checked="" type="checkbox"/> Medical <input type="checkbox"/> Community Education <input checked="" type="checkbox"/> Health Education (in House) <input type="checkbox"/> Admin office Only <input type="checkbox"/> Warehouse Only	Mon: 07:30 am - 05:00 pm Tue: 07:30 am - 05:00 pm Wed: 07:30 am - 05:00 pm Thu: 07:30 am - 05:00 pm Fri: 07:30 am - 05:00 pm Sat: Close Sun: Close	1100	1205940145

**Site Number: 1369**  
**Site Name & Address:** Hemet Family Care Center 880 N. State Street , Hemet CA 92543 Riverside

Zip Codes of Area Served	Type of Area Served	Services Offered	Family Planning Clinic Hours Office Hours	Projected Users in 2016	NPI Number
92543,92554,92545,92548,92582,92583,92596,	<input type="checkbox"/> Rual <input type="checkbox"/> Urban <input checked="" type="checkbox"/> Suburban	<input checked="" type="checkbox"/> Medical <input type="checkbox"/> Community Education <input checked="" type="checkbox"/> Health Education (in House) <input type="checkbox"/> Admin office Only <input type="checkbox"/> Warehouse Only	Mon: 07:30 am - 05:00 pm Tue: 07:30 am - 05:00 pm Wed: 07:30 am - 05:00 pm Thu: 07:30 am - 05:00 pm Fri: 07:30 am - 05:00 pm Sat: Close Sun: Close	1070	1114031051

**Site Number: 1370**  
**Site Name & Address:** Palm Springs Family Care Center 1515 N. Sunrise Way , Palm Springs CA 92262 Riverside

Zip Codes of Area Served	Type of Area Served	Services Offered	Family Planning Clinic Hours Office Hours	Projected Users in 2016	NPI Number
92258,92262,92264,92282	<input type="checkbox"/> Rual <input checked="" type="checkbox"/> Urban <input type="checkbox"/> Suburban	<input checked="" type="checkbox"/> Medical <input type="checkbox"/> Community Education <input checked="" type="checkbox"/> Health Education (in House) <input type="checkbox"/> Admin office Only <input type="checkbox"/> Warehouse Only	Mon: 07:30 am - 05:00 pm Tue: 07:30 am - 05:00 pm Wed: 07:30 am - 05:00 pm Thu: 07:30 am - 05:00 pm Fri: 07:30 am - 05:00 pm Sat: Close Sun: Close	1200	1386758225

**Site Number: 1623**  
**Site Name & Address:** Banning Family Care Center 3055 West Ramsey , Banning CA 92220 Riverside

Zip Codes of Area Served	Type of Area Served	Services Offered	Family Planning Clinic Hours Office Hours	Projected Users in 2016	NPI Number
92230,92202,92233,92549	<input type="checkbox"/> Rual <input type="checkbox"/> Urban <input checked="" type="checkbox"/> Suburban	<input checked="" type="checkbox"/> Medical <input type="checkbox"/> Community Education <input checked="" type="checkbox"/> Health Education (in House) <input type="checkbox"/> Admin office Only <input type="checkbox"/> Warehouse Only	Mon: 07:30 am - 05:00 pm Tue: 07:30 am - 05:00 pm Wed: 07:30 am - 05:00 pm Thu: 07:30 am - 05:00 pm Fri: 07:30 am - 05:00 pm Sat: Close Sun: Close	1000	1346353679

**Site Number: 1847**  
**Site Name & Address:** Jurupa Family Care Center 9415 Mission Blvd. , Riverside CA 92509 Riverside

Zip Codes of Area Served	Type of Area Served	Services Offered	Family Planning Clinic Hours Office Hours	Projected Users in 2016	NPI Number
92509,91752	<input type="checkbox"/> Rural <input type="checkbox"/> Urban <input checked="" type="checkbox"/> Suburban	<input checked="" type="checkbox"/> Medical <input type="checkbox"/> Community Education <input checked="" type="checkbox"/> Health Education (in House) <input type="checkbox"/> Admin office Only <input type="checkbox"/> Warehouse Only	Mon: 07:30 am - 05:00 pm Tue: 07:30 am - 05:00 pm Wed: 07:30 am - 05:00 pm Thu: 07:30 am - 05:00 pm Fri: 07:30 am - 05:00 pm Sat: Close Sun: Close	900	1871607713

**Site Number: 1993**  
**Site Name & Address:** Perris Family Care Center 308 E. San Jacinto , Perris CA 92570 Riverside

Zip Codes of Area Served	Type of Area Served	Services Offered	Family Planning Clinic Hours Office Hours	Projected Users in 2016	NPI Number
92567,92579,92571,92584,92585,92586,92587	<input type="checkbox"/> Rural <input checked="" type="checkbox"/> Urban <input type="checkbox"/> Suburban	<input checked="" type="checkbox"/> Medical <input type="checkbox"/> Community Education <input checked="" type="checkbox"/> Health Education (in House) <input type="checkbox"/> Admin office Only <input type="checkbox"/> Warehouse Only	Mon: 07:30 am - 05:00 pm Tue: 07:30 am - 05:00 pm Wed: 07:30 am - 05:00 pm Thu: 07:30 am - 05:00 pm Fri: 07:30 am - 05:00 pm Sat: Close Sun: Close	1415	1194839035

**Site Number: 1995**  
**Site Name & Address:** Lake Elsinore Family Care Center 2499 East Lakeshore Drive , Lake Elsinore CA 92530 Riverside

Zip Codes of Area Served	Type of Area Served	Services Offered	Family Planning Clinic Hours Office Hours	Projected Users in 2016	NPI Number
92530,92532,92595,92562,92563,92590,92591,92592	<input type="checkbox"/> Rural <input type="checkbox"/> Urban <input checked="" type="checkbox"/> Suburban	<input checked="" type="checkbox"/> Medical <input type="checkbox"/> Community Education <input checked="" type="checkbox"/> Health Education (in House) <input type="checkbox"/> Admin office Only <input type="checkbox"/> Warehouse Only	Mon: 07:30 am - 05:00 pm Tue: 07:30 am - 05:00 pm Wed: 07:30 am - 05:00 pm Thu: 07:30 am - 05:00 pm Fri: 07:30 am - 05:00 pm Sat: Close Sun: Close	1915	1396859179

Site Number: 9202

Site Name & Address: County of Riverside Department of Public Health 4065 Circle Dr. P.O. Box 7600, Riverside CA 92513 Riverside

Zip Codes of Area Served	Type of Area Served	Services Offered	Family Planning Clinic Hours Office Hours	Projected Users in 2016	NPI Number
	<input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Suburban	<input type="checkbox"/> Medical <input type="checkbox"/> Community Education <input type="checkbox"/> Health Education (in House) <input checked="" type="checkbox"/> Admin office Only <input type="checkbox"/> Warehouse Only	Mon: 07:30 am - 05:00 pm Tue: 07:30 am - 05:00 pm Wed: 07:30 am - 05:00 pm Thu: 07:30 am - 05:00 pm Fri: 07:30 am - 05:00 pm Sat: Close Sun: Close	0	

Site Number: 9204

Site Name & Address: Rubidoux Family Care Center 5256 Mission Blvd. , Riverside CA 92509 Riverside

Zip Codes of Area Served	Type of Area Served	Services Offered	Family Planning Clinic Hours Office Hours	Projected Users in 2016	NPI Number
92509,92501,91752	<input type="checkbox"/> Rural <input type="checkbox"/> Urban <input checked="" type="checkbox"/> Suburban	<input checked="" type="checkbox"/> Medical <input type="checkbox"/> Community Education <input checked="" type="checkbox"/> Health Education (in House) <input type="checkbox"/> Admin office Only <input type="checkbox"/> Warehouse Only	Mon: 07:30 am - 05:00 pm Tue: 07:30 am - 05:00 pm Wed: 07:30 am - 05:00 pm Thu: 07:30 am - 05:00 pm Fri: 07:30 am - 05:00 pm Sat: Close Sun: Close	900	1356455299

<b>Family Planning Services</b>			
<b>Budget Summary</b>			
<b>Agency Name:</b>	County of Riverside Department of Public Health		<b>Agency Number:</b> 754
<b>Budget Period:</b>	Start Date: 4/1/2016 Ending Date: 3/31/2017		
Budget Category	Total Amount Required	Source of Funds	
		Applicant and Other	Allocated From CFHC
<b>Personnel Service</b>			
Physician	749,100	749,100	0
Mid-Level Practitioners	260,366	260,366	0
Other Health Personnel	325,009	127,002	198,007
Ancillary Personnel	713,434	713,434	0
Administration Staff	97,521	83,521	14,000
Fringe Benefits	884,819	797,383	87,436
Fringe Benefits Adjustments	0	0	0
<b>Total Personnel Service</b>	<b>3,030,249</b>	<b>2,730,806</b>	<b>299,443</b>
<b>Patient Care</b>			
Clinical Services	0	0	0
Laboratory Services	700,000	700,000	0
<b>Total Patient Care</b>	<b>700,000</b>	<b>700,000</b>	<b>0</b>
<b>Equipment</b>			
Equipment	0	0	0
<b>Total Equipment</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Other Costs</b>			
Consultant	0	0	0
Medical Supplies	437,891	426,947	10,944
Office Supplies	43,442	39,656	3,786
Duplication & Printing	8,503	4,887	3,616
Health Education Supplies	13,116	9,616	3,500
Utilities & Communication	55,261	49,614	5,647
Travel Expense	34,883	24,733	10,150
Lease/Rental Expense	227,061	227,061	0
Other Expense	60,483	60,483	0
Approved Indirect Cost	187,987	167,023	20,964
<b>Total Other Costs</b>	<b>1,068,627</b>	<b>1,010,020</b>	<b>58,607</b>
<b>Total Budget</b>	<b>4,798,876</b>	<b>4,440,826</b>	<b>358,050</b>
<b>CY 2016 Approved Title X Allocation</b>			<b>358,050</b>

<b>Family Planning Services</b>	
<b>Summary of Applicant and Other</b>	
<b>Agency Number:</b> 754	
<b>Agency Name:</b> County of Riverside Department of Public Health	
Revenue Category	Total Amount
<b>Applicant Funds</b>	
General Funds (Agency Fund)	742,396
Donations (Cash or In-kind)	0
<b>Total for Applicant Funds</b>	<b>742,396</b>
<b>Family PACT</b>	
Family PACT Fee For Service	2,976,271
<b>Total for Family PACT</b>	<b>2,976,271</b>
<b>Medi-CAL</b>	
Medi-CAL	712,159
<b>Total for Medi-CAL</b>	<b>712,159</b>
<b>Other Federal Grants</b>	
Medicaid	0
Medicare (Title XVIII)	0
MCH Block Grant (Title V)	0
Bureau of Primary Health Care (330 Grant)	0
<b>Total for Other Fed Grants</b>	<b>0</b>
<b>State Government Grants</b>	
None	0
<b>Total for State Gov. Grants</b>	<b>0</b>
<b>Local Government Grants</b>	
None	0
<b>Total for Local Gov. Grants</b>	<b>0</b>
<b>Private Grants</b>	
None	0
<b>Total for Private Grants</b>	<b>0</b>
<b>Third Party Payers</b>	
Patient Fees	5,000
Private Health Insurance	5,000
<b>Total for Third Party Payers</b>	<b>10,000</b>
<b>Total Applicant and Other Sources of Revenue</b>	<b>4,440,826</b>



<b>All Sites Budget</b>	
<b>From 4/1/2016 To 3/31/2017</b>	
<b>Agency Name:</b>	County of Riverside Department of Public Health
<b>Agency Number:</b>	754
<b>Site Name:</b>	Riverside Neighborhood Health Center
<b>Site Number:</b>	1365
Budget Category	Allocated From CFHC
<b>Salaries and Wages</b>	
Primary Care Physicians	0
Mid-Level Practitioners	0
Other Health Personnel	8,098
Laboratory Staff	0
Administration Staff	0
<b>Total for Salaries and Wages</b>	<b>8,098</b>
<b>Fringe Benefits</b>	
Fringe Benefits	3,340
Fringe Benefits Adjustments	0
<b>Total for Fringe Benefits</b>	<b>3,340</b>
<b>Patient Care</b>	
Clinical Services	0
Laboratory Services	0
<b>Total for Patient Care</b>	<b>0</b>
<b>Equipment</b>	
Equipment	0
<b>Total for Equipment</b>	<b>0</b>
<b>Other Costs</b>	
Consultants	0
Medical Supplies	0
Office Supplies	0
Duplication & Printing	0
Health & Educational Supplies	0
Utilities & Communication	0
Travel Expense	150
Lease/Rental Expense	0
Other Expense	0
Approved Indirect Cost	0
<b>Total for Other Costs</b>	<b>150</b>
<b>Total CFHC Site Allocation</b>	<b>11,588</b>

<b>All Sites Budget</b>			
<b>From 4/1/2016 To 3/31/2017</b>			
<b>Agency Name:</b>	County of Riverside Department of Public Health	<b>Agency Number:</b>	754
<b>Site Name:</b>	Indio Family Care Center	<b>Site Number:</b>	1366
Budget Category		Allocated From CFHC	
<b>Salaries and Wages</b>			
Primary Care Physicians		0	
Mid-Level Practitioners		0	
Other Health Personnel		8,251	
Laboratory Staff		0	
Administration Staff		0	
<b>Total for Salaries and Wages</b>		<b>8,251</b>	
<b>Fringe Benefits</b>			
Fringe Benefits		3,403	
Fringe Benefits Adjustments		0	
<b>Total for Fringe Benefits</b>		<b>3,403</b>	
<b>Patient Care</b>			
Clinical Services		0	
Laboratory Services		0	
<b>Total for Patient Care</b>		<b>0</b>	
<b>Equipment</b>			
Equipment		0	
<b>Total for Equipment</b>		<b>0</b>	
<b>Other Costs</b>			
Consultants		0	
Medical Supplies		0	
Office Supplies		0	
Duplication & Printing		0	
Health & Educational Supplies		0	
Utilities & Communication		0	
Travel Expense		0	
Lease/Rental Expense		0	
Other Expense		0	
Approved Indirect Cost		0	
<b>Total for Other Costs</b>		<b>0</b>	
<b>Total CFHC Site Allocation</b>		<b>11,654</b>	

<b>All Sites Budget</b>	
<b>From 4/1/2016 To 3/31/2017</b>	
<b>Agency Name:</b>	County of Riverside Department of Public Health
<b>Agency Number:</b>	754
<b>Site Name:</b>	Corona Family Care Center
<b>Site Number:</b>	1368
Budget Category	Allocated From CFHC
<b>Salaries and Wages</b>	
Primary Care Physicians	0
Mid-Level Practitioners	0
Other Health Personnel	8,558
Laboratory Staff	0
Administration Staff	0
<b>Total for Salaries and Wages</b>	<b>8,558</b>
<b>Fringe Benefits</b>	
Fringe Benefits	3,529
Fringe Benefits Adjustments	0
<b>Total for Fringe Benefits</b>	<b>3,529</b>
<b>Patient Care</b>	
Clinical Services	0
Laboratory Services	0
<b>Total for Patient Care</b>	<b>0</b>
<b>Equipment</b>	
Equipment	0
<b>Total for Equipment</b>	<b>0</b>
<b>Other Costs</b>	
Consultants	0
Medical Supplies	0
Office Supplies	0
Duplication & Printing	0
Health & Educational Supplies	0
Utilities & Communication	0
Travel Expense	225
Lease/Rental Expense	0
Other Expense	0
Approved Indirect Cost	0
<b>Total for Other Costs</b>	<b>225</b>
<b>Total CFHC Site Allocation</b>	<b>12,312</b>

<b>All Sites Budget</b>	
<b>From 4/1/2016 To 3/31/2017</b>	
<b>Agency Name:</b>	County of Riverside Department of Public Health
<b>Agency Number:</b>	754
<b>Site Name:</b>	Hemet Family Care Center
<b>Site Number:</b>	1369
Budget Category	Allocated From CFHC
<b>Salaries and Wages</b>	
Primary Care Physicians	0
Mid-Level Practitioners	0
Other Health Personnel	6,246
Laboratory Staff	0
Administration Staff	0
<b>Total for Salaries and Wages</b>	<b>6,246</b>
<b>Fringe Benefits</b>	
Fringe Benefits	2,576
Fringe Benefits Adjustments	0
<b>Total for Fringe Benefits</b>	<b>2,576</b>
<b>Patient Care</b>	
Clinical Services	0
Laboratory Services	0
<b>Total for Patient Care</b>	<b>0</b>
<b>Equipment</b>	
Equipment	0
<b>Total for Equipment</b>	<b>0</b>
<b>Other Costs</b>	
Consultants	0
Medical Supplies	0
Office Supplies	0
Duplication & Printing	0
Health & Educational Supplies	0
Utilities & Communication	0
Travel Expense	225
Lease/Rental Expense	0
Other Expense	0
Approved Indirect Cost	0
<b>Total for Other Costs</b>	<b>225</b>
<b>Total CFHC Site Allocation</b>	<b>9,047</b>

<b>All Sites Budget</b>	
<b>From 4/1/2016 To 3/31/2017</b>	
<b>Agency Name:</b>	County of Riverside Department of Public Health
<b>Agency Number:</b>	754
<b>Site Name:</b>	Palm Springs Family Care Center
<b>Site Number:</b>	1370
Budget Category	Allocated From CFHC
<b>Salaries and Wages</b>	
Primary Care Physicians	0
Mid-Level Practitioners	0
Other Health Personnel	7,944
Laboratory Staff	0
Administration Staff	0
<b>Total for Salaries and Wages</b>	<b>7,944</b>
<b>Fringe Benefits</b>	
Fringe Benefits	3,276
Fringe Benefits Adjustments	0
<b>Total for Fringe Benefits</b>	<b>3,276</b>
<b>Patient Care</b>	
Clinical Services	0
Laboratory Services	0
<b>Total for Patient Care</b>	<b>0</b>
<b>Equipment</b>	
Equipment	0
<b>Total for Equipment</b>	<b>0</b>
<b>Other Costs</b>	
Consultants	0
Medical Supplies	0
Office Supplies	0
Duplication & Printing	0
Health & Educational Supplies	0
Utilities & Communication	0
Travel Expense	40
Lease/Rental Expense	0
Other Expense	0
Approved Indirect Cost	0
<b>Total for Other Costs</b>	<b>40</b>
<b>Total CFHC Site Allocation</b>	<b>11,260</b>



<b>All Sites Budget</b>			
<b>From 4/1/2016 To 3/31/2017</b>			
<b>Agency Name:</b>	County of Riverside Department of Public Health	<b>Agency Number:</b>	754
<b>Site Name:</b>	Banning Family Care Center	<b>Site Number:</b>	1623
Budget Category		Allocated From CFHC	
<b>Salaries and Wages</b>			
Primary Care Physicians		0	
Mid-Level Practitioners		0	
Other Health Personnel		5,800	
Laboratory Staff		0	
Administration Staff		0	
<b>Total for Salaries and Wages</b>		<b>5,800</b>	
<b>Fringe Benefits</b>			
Fringe Benefits		2,392	
Fringe Benefits Adjustments		0	
<b>Total for Fringe Benefits</b>		<b>2,392</b>	
<b>Patient Care</b>			
Clinical Services		0	
Laboratory Services		0	
<b>Total for Patient Care</b>		<b>0</b>	
<b>Equipment</b>			
Equipment		0	
<b>Total for Equipment</b>		<b>0</b>	
<b>Other Costs</b>			
Consultants		0	
Medical Supplies		0	
Office Supplies		0	
Duplication & Printing		0	
Health & Educational Supplies		0	
Utilities & Communication		0	
Travel Expense		225	
Lease/Rental Expense		0	
Other Expense		0	
Approved Indirect Cost		0	
<b>Total for Other Costs</b>		<b>225</b>	
<b>Total CFHC Site Allocation</b>		<b>8,417</b>	

<b>All Sites Budget</b>	
<b>From 4/1/2016 To 3/31/2017</b>	
<b>Agency Name:</b>	County of Riverside Department of Public Health
<b>Agency Number:</b>	754
<b>Site Name:</b>	Jurupa Family Care Center
<b>Site Number:</b>	1847
Budget Category	Allocated From CFHC
<b>Salaries and Wages</b>	
Primary Care Physicians	0
Mid-Level Practitioners	0
Other Health Personnel	6,535
Laboratory Staff	0
Administration Staff	0
<b>Total for Salaries and Wages</b>	<b>6,535</b>
<b>Fringe Benefits</b>	
Fringe Benefits	2,695
Fringe Benefits Adjustments	0
<b>Total for Fringe Benefits</b>	<b>2,695</b>
<b>Patient Care</b>	
Clinical Services	0
Laboratory Services	0
<b>Total for Patient Care</b>	<b>0</b>
<b>Equipment</b>	
Equipment	0
<b>Total for Equipment</b>	<b>0</b>
<b>Other Costs</b>	
Consultants	0
Medical Supplies	0
Office Supplies	0
Duplication & Printing	0
Health & Educational Supplies	0
Utilities & Communication	0
Travel Expense	150
Lease/Rental Expense	0
Other Expense	0
Approved Indirect Cost	0
<b>Total for Other Costs</b>	<b>150</b>
<b>Total CFHC Site Allocation</b>	<b>9,380</b>

<b>All Sites Budget</b>			
<b>From 4/1/2016 To 3/31/2017</b>			
<b>Agency Name:</b>	County of Riverside Department of Public Health	<b>Agency Number:</b>	754
<b>Site Name:</b>	Perris Family Care Center	<b>Site Number:</b>	1993
Budget Category		Allocated From CFHC	
<b>Salaries and Wages</b>			
Primary Care Physicians		0	
Mid-Level Practitioners		0	
Other Health Personnel		6,577	
Laboratory Staff		0	
Administration Staff		0	
<b>Total for Salaries and Wages</b>		<b>6,577</b>	
<b>Fringe Benefits</b>			
Fringe Benefits		2,712	
Fringe Benefits Adjustments		0	
<b>Total for Fringe Benefits</b>		<b>2,712</b>	
<b>Patient Care</b>			
Clinical Services		0	
Laboratory Services		0	
<b>Total for Patient Care</b>		<b>0</b>	
<b>Equipment</b>			
Equipment		0	
<b>Total for Equipment</b>		<b>0</b>	
<b>Other Costs</b>			
Consultants		0	
Medical Supplies		0	
Office Supplies		0	
Duplication & Printing		0	
Health & Educational Supplies		0	
Utilities & Communication		0	
Travel Expense		430	
Lease/Rental Expense		0	
Other Expense		0	
Approved Indirect Cost		0	
<b>Total for Other Costs</b>		<b>430</b>	
<b>Total CFHC Site Allocation</b>		<b>9,719</b>	



<b>All Sites Budget</b>	
<b>From 4/1/2016 To 3/31/2017</b>	
<b>Agency Name:</b>	County of Riverside Department of Public Health
<b>Agency Number:</b>	754
<b>Site Name:</b>	Lake Elsinore Family Care Center
<b>Site Number:</b>	1995
Budget Category	Allocated From CFHC
<b>Salaries and Wages</b>	
Primary Care Physicians	0
Mid-Level Practitioners	0
Other Health Personnel	6,824
Laboratory Staff	0
Administration Staff	0
<b>Total for Salaries and Wages</b>	<b>6,824</b>
<b>Fringe Benefits</b>	
Fringe Benefits	2,814
Fringe Benefits Adjustments	0
<b>Total for Fringe Benefits</b>	<b>2,814</b>
<b>Patient Care</b>	
Clinical Services	0
Laboratory Services	0
<b>Total for Patient Care</b>	<b>0</b>
<b>Equipment</b>	
Equipment	0
<b>Total for Equipment</b>	<b>0</b>
<b>Other Costs</b>	
Consultants	0
Medical Supplies	0
Office Supplies	0
Duplication & Printing	0
Health & Educational Supplies	0
Utilities & Communication	0
Travel Expense	430
Lease/Rental Expense	0
Other Expense	0
Approved Indirect Cost	0
<b>Total for Other Costs</b>	<b>430</b>
<b>Total CFHC Site Allocation</b>	<b>10,068</b>

<b>All Sites Budget</b>			
<b>From 4/1/2016 To 3/31/2017</b>			
<b>Agency Name:</b>	County of Riverside Department of Public Health	<b>Agency Number:</b>	754
<b>Site Name:</b>	County of Riverside Department of Public Health	<b>Site Number:</b>	9202
Budget Category		Allocated From CFHC	
<b>Salaries and Wages</b>			
Primary Care Physicians		0	
Mid-Level Practitioners		0	
Other Health Personnel		126,874	
Laboratory Staff		0	
Administration Staff		14,000	
<b>Total for Salaries and Wages</b>		<b>140,874</b>	
<b>Fringe Benefits</b>			
Fringe Benefits		58,099	
Fringe Benefits Adjustments		0	
<b>Total for Fringe Benefits</b>		<b>58,099</b>	
<b>Patient Care</b>			
Clinical Services		0	
Laboratory Services		0	
<b>Total for Patient Care</b>		<b>0</b>	
<b>Equipment</b>			
Equipment		0	
<b>Total for Equipment</b>		<b>0</b>	
<b>Other Costs</b>			
Consultants		0	
Medical Supplies		10,944	
Office Supplies		3,786	
Duplication & Printing		3,616	
Health & Educational Supplies		3,500	
Utilities & Communication		5,647	
Travel Expense		8,125	
Lease/Rental Expense		0	
Other Expense		0	
Approved Indirect Cost		20,964	
<b>Total for Other Costs</b>		<b>56,582</b>	
<b>Total CFHC Site Allocation</b>		<b>255,555</b>	

**All Sites Budget**  
**From 4/1/2016 To 3/31/2017**

**Agency Name:** County of Riverside Department of Public Health      **Agency Number:** 754  
**Site Name:** Rubidoux Family Care Center      **Site Number:** 9204

Budget Category	Allocated From CFHC
<b>Salaries and Wages</b>	
Primary Care Physicians	0
Mid-Level Practitioners	0
Other Health Personnel	6,300
Laboratory Staff	0
Administration Staff	0
<b>Total for Salaries and Wages</b>	<b>6,300</b>
<b>Fringe Benefits</b>	
Fringe Benefits	2,598
Fringe Benefits Adjustments	0
<b>Total for Fringe Benefits</b>	<b>2,598</b>
<b>Patient Care</b>	
Clinical Services	0
Laboratory Services	0
<b>Total for Patient Care</b>	<b>0</b>
<b>Equipment</b>	
Equipment	0
<b>Total for Equipment</b>	<b>0</b>
<b>Other Costs</b>	
Consultants	0
Medical Supplies	0
Office Supplies	0
Duplication & Printing	0
Health & Educational Supplies	0
Utilities & Communication	0
Travel Expense	150
Lease/Rental Expense	0
Other Expense	0
Approved Indirect Cost	0
<b>Total for Other Costs</b>	<b>150</b>
<b>Total CFHC Site Allocation</b>	<b>9,048</b>

**Cost Allocation Methodology Policy Statement**

**1. Please enter the following for your Cost Allocation:**

- i. Current calculation figures on how each line item budget was determined (Methodology provided will be tested against your application budget).
- ii. Current Indirect Cost calculation and rate; Copy of approved indirect cost rate agreement must be submitted if available.

County of Riverside Department of Public Health clinics provide Family Planning services to approximately 28% of its clients. Title X funds are used to support community outreach, partnering activities and program administration. The majority of clients are covered by Family PACT and Medi-cal. Clients who do not qualify for Family PACT may be covered under Title X based on the sliding fee scale. The funds are cost distributed to each clinic site based on the staff activities recorded on the productivity logs. All staff has time sheets delineating the hours worked each day. The staff also keeps productivity logs accounting for the time and number of clients seen at each location and program.

#### PERSONNEL SERVICES/SALARIES AND WAGES

The majority of Title X funds are allocated for salaries and benefits to support 7 FTEs that perform community outreach, partnering activities and administration duties. The Full Time Equivalent is based on a 40 hour work week and is used for salaries and benefits. Any salary and fringe benefits costs that are not covered by Title X are covered by the County or other grant sources.

- Assistant Nurse Manager (1 FTE) supervises outreach and partnering activities, is also responsible for meeting grant objectives.
- Licensed Vocational Nurse (5 FTE) provides education at WIC sites, Teen Clinics, middle schools, high schools, homeless and women shelters; participates in outreach activities and health fairs.
- Office Assistant (1 FTE) provides clerical support to Family Planning team. Enters statistical data for education, outreach and trainings.

#### OTHER COSTS/OPERATING

Any operating costs that are not covered by Title X are covered by the County or other grant sources.

- Medical supplies-covers the cost of condoms for outreach activities, WIC sites, homeless shelters and parolees for the purpose of STD and pregnancy prevention (\$1.08 per bag of one dozen condoms X 10,133 clients/bags=\$10,944). All other medical supplies for Family Planning Clinics will be covered under applicant and other.
- Office supplies-covers Family Planning personnel for basic offices supplies including but not limited to pens, pencils, paper, toner, etc. (average monthly cost fiscal year to date is \$315.00=\$3,786)
- Printing-covers the cost of flyers, brochures, client evaluations, etc. for education, outreach and partnering activities, health fairs and clients seen at the 10 clinics (average monthly cost fiscal year to date is \$301.00=\$3,616)
- Health and education supplies-is allocated for client incentives; Teen Clinics, video, dvd's and pamphlets (average monthly cost fiscal year to date is \$292.00=\$3,500.00)
- Communications-Includes cell phones for field staff, desk phones and computer lines (average\$67.23/person/month=\$5,647 per year).
- Travel-covers the cost of attending Title X business meeting, other training and conferences and mileage to education sites.
- The Title X Business meeting-\$100 is the cost of sending (2) essential staff, which includes: Ground transportation, meals and other travel related expenses.
- Travel/Mileage-\$6,285 covers private and county car mileage to outreach and education sites and the 10 County Family Planning clinics (average monthly cost fiscal year to date is \$858.00=\$10,298 per year).
- Training/Conference-\$3,765 covers cost of webinar trainings, Women's Conference and Contraceptive Technology course: includes hotel, ground transportation, meals, registration and other travel related expenses.
- Approved Indirect cost- The Indirect Cost is below the approved amount for CFHC, and it is calculated as 7% of salaries and benefits. The actual total indirect cost for County of Riverside Department of Public Health is 23.44%.

## 2. Please Describe and justify any out-of-state travel

<b>3. Does your agency provide abortions at any of your sites?</b>	
<b>TAB No</b>	<b>MAB No</b>
<b>3.a If yes, are the sites Title X funded sites? No</b>	
If Yes, please provide a brief description of how your agency maintains segregation of complete funds between abortion services and family planning:	

**FAMILY PLANNING SERVICES REPORTING REQUIREMENTS:**

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

<u>REPORT TITLE</u>	<u>FREQUENCY OF SUBMISSION</u>	<u>DUE DATE</u>
Family Planning Services Semi-Annual Progress Report (by County)  Submitted electronically at <a href="http://www.cfhc.org">www.cfhc.org</a>	Semi-Annually	25th of the month following the period reported for the data that is not submitted monthly. For January, February, March ( <b>from previous funding period</b> ), April, May and June <b><u>DUE: July 25, 2016</u></b>  For July, August, September, October, November and December <b><u>DUE: January 25, 2017</u></b>
Statement of Revenue and Expenditure Report (includes submission of General Ledger backup of Title X expenditures only)  Submitted electronically at <a href="http://www.cfhc.org">www.cfhc.org</a>	Quarterly	25th of the month following the period reported For April, May and June <b><u>DUE: July 25, 2016</u></b>  For July, August and September <b><u>DUE: October 25, 2016</u></b>  For October, November and December <b><u>DUE: January 25, 2017</u></b>  For January, February and March <b><u>DUE: April 25, 2017</u></b>
Annual External Audit and A-133 Audit if applicable Submitted to the Finance Division	Annually	30 days after completion of audit but no later than nine months after the end of the accounting period under audit
Centralized Data System (CDS) submission Submitted electronically at <a href="http://www.cfhc.org">www.cfhc.org</a>	Monthly	25th of the month following the period reported
Special Reports, surveys and questionnaires as may be requested by CFHC or its funding source	Specified Date	Specified Date
Corrective Action Plan Creation (if performance measures not met)	Annually	August 31, 2016
Corrective Action Plan Completion (if performance measures not met)	Annually	December 31, 2016

**CALIFORNIA FAMILY HEALTH COUNCIL  
SEPARATION OF FAMILY PLANNING AND ABORTION SERVICES POLICY**

In compliance with Section 1008 of the Public Health Services Act, 42 CFR 59.5 (a) (5) and Federal Register / Vol. 65, No. 128, California Family Health Council (CFHC) does not provide Title X funding at any family planning project to promote or provide abortion as a method of family planning.

CFHC and the Title X projects of Delegate Agencies receiving Title X funds are bound by the following guidelines:

**Prohibited Activities:**

1. Providing abortion as a method of family planning.
2. Counseling which directs a client to reach a decision to terminate a pregnancy.
3. Making appointments, obtaining signed consents, negotiating a fee reduction, providing transportation or taking further affirmative action to secure abortion services.
4. Promoting or advocating for an abortion within Title X program activities.

**Allowable Activities:**

1. Providing non-directive counseling to clients with positive pregnancy tests, which includes information on the following options, except with respect to any option(s) about which the pregnant woman indicates she does not wish to receive such information and counseling:
  - i. prenatal care and delivery;
  - ii. infant care, foster care, or adoption; and
  - iii. pregnancy termination
2. Providing neutral and factual information about all of the above-listed options, including abortion services.
3. Referral of a client to a provider of services of all of the above-listed options, including for an abortion.

**Procedure for Verification of Separation of Title X Funds and Abortion**

**Existing Abortion Services**

If a delegate agency provides abortion services, the following will be done at each Title X program evaluation in order to verify that Title X activities and abortion services are separate and distinct:

<b><u>Activity</u></b>	<b><u>Responsible Person</u></b>
1. Verification of financial separation of Title X family planning services funding and abortion services funding, to include funding for common costs that are properly allocated.	1. CFHC Lead Site Financial Auditor
2. Verification of the ability to separate and distinguish between Title X family planning activities and non-Title X abortion related activities within the health center.	2. CFHC Medical Specialists and CFHC Regional Program Managers



**CALIFORNIA FAMILY HEALTH COUNCIL  
SEPARATION OF FAMILY PLANNING AND ABORTION SERVICES POLICY**

Process to Initiate Abortion Services

If a new Delegate Agency provides abortion services, or if an existing Delegate Agency initiates abortion services, the following must be done:

- A. Six weeks prior to adding abortion services, the Delegate Agency will notify CFHC in writing of its intent to implement abortion services.
- B. The separation of funds between Title X family planning service and abortion service must be reflected in the budget to show separation of staff time, equipment, supplies and medications.
- C. CFHC will conduct an onsite review of the proposed abortion services health center prior to the agency's provision of such services. The review will include:
  - 1. Verification of financial separation of Title X family planning services funding and abortion service funding, to include funding for common costs that are properly allocated.
  - 2. Verification of the ability to separate and distinguish between Title X family planning services and non-Title X abortion related services within the health center.
  - 3. Verification that abortion information is not presented as a method of family planning during Title X family planning client education.
- D. CFHC will summarize any findings and recommendations in a letter that will be sent to the Delegate Agency. A timeline for correction of any findings will be established with the Delegate Agency and a follow-up review will be scheduled prior to the implementation of abortion services, if necessary.

**SUBRECIPIENT AGREEMENT  
AGREEMENT NUMBER 754-5320-71219-16-17**

This Subrecipient Agreement, also known as the Delegate Agency Agreement (“the Agreement”) is hereby entered into by and between the California Family Health Council, Inc. (“CFHC”), and **County of Riverside Department of Public Health** (“Subrecipient”) (individually “the Party” and collectively “the Parties”), to set forth the objectives, understandings, and agreements between the Parties in connection with the subaward of Title X grant funds as described herein.

**WHEREAS**, CFHC has received Grant #FPHPA096241-01 (the “Grant”) pursuant to Title X of the Public Health Services Act (“PHS”), CFDA #93.217(Family Planning Services) dated March 28, 2016, for the provision of family planning and related preventive health services to eligible clients in the State of California; and

**WHEREAS**, CFHC is authorized by the U.S. Department of Health and Human Services (“DHHS”), Office of Population Affairs (“OPA”), and desires to execute an agreement with Subrecipient to support the provision of Title X services to residents of Subrecipient’s geographic area; and

**WHEREAS**, Subrecipient is appropriately licensed and qualified and desires to enter into this Agreement with CFHC and agrees to deliver the services described herein in accordance with the terms and conditions set forth below;

**NOW THEREFORE**, in consideration of the mutual promises and covenants herein contained and intending to be legally bound hereby, CFHC and Subrecipient agree as follows:

**ARTICLE I: TYPE OF AGREEMENT**

This Agreement is a subaward of federal funds awarded by CFHC to Subrecipient. It is a cost-reimbursement agreement that will pay Subrecipient for allowable costs as provided for in the applicable cost principles issued by the Office of Management and Budget 2 CFR Part 200 Subpart E and 45 CFR Part 75 Subpart E.

**ARTICLE II: SCOPE OF WORK**

A. Scope of Services.

1. Subrecipient shall, in a manner satisfactory to CFHC, make available to all individuals the services provided under the Title X program (“Clients”), including comprehensive sexual and reproductive services, except for abortion, and such other services as are reflected in the Scope of Work, attached hereto and incorporated by reference herein as Attachment A (the “Family Planning Services”).

2. Subrecipient shall establish and implement policies and procedures governing personnel, financial management, and programmatic management, as specified more fully in 2 CFR Part 200 and 45 CFR Part 75, as applicable. Such policies and procedures shall be consistent with: (i) CFHC's Title X grant, as approved by DHHS; (ii) requirements of the Title X statute and implementing regulations, as well as all requirements of all Title X related laws and regulations; (iii) other applicable federal and State laws and regulations, including procurement laws and OMB Circulars; (iv) DHHS and/or OPA Program Guidance, including the Title X Program Requirements and Quality Family Planning Recommendations (QFP) that were issued on April 25, 2014; and (v) CFHC's policies and procedures applicable to Title X.

B. Program Modification.

Subrecipient may make changes to staff and location of its Family Planning services, provided that Subrecipient shall notify CFHC in writing within ten (10) working days of any such change in key staff or any address change or closure of a Title X clinic site location.

**ARTICLE III: FINANCIAL PROVISIONS**

A. Amount of Award.

In consideration of the services to be delivered by Subrecipient as described in Article II herein, CFHC shall pay Subrecipient a total amount not to exceed **\$358,050** (the "Title X Award") during the term of this Agreement, provided that funds are available for this purpose under the Grant. Subrecipient is only entitled to receive reimbursement for its actual, allowable costs and is not entitled to any payments over and above its actual, allowable cost of operating the Title X program provided for herein.

B. Financial Systems.

Subrecipient shall maintain financial systems in accordance with United States Generally Accepted Accounting Principles ("U.S. GAAP") and, as applicable, 2 CFR Part 200 Subpart D or 45 CFR Part 75 Subpart D

C. Budget.

1. The approved annual budget plan and cost allocation methodology statement is attached hereto and incorporated by reference herein as Attachment B: Approved Budget and Cost Allocation Methodology Statement.

2. Subrecipient may make modifications to the budget included in Attachment B, provided that such modification does not require prior approval pursuant to 2 CFR Part 200.308 or 45 CFR Part 75.308, as applicable, and that any request for modification is submitted to CFHC by April 15, 2017. Approval of a requested modification does not alter or extend the reporting due dates as set forth in Attachment C: Subrecipient Reporting Requirements, attached hereto and incorporated by reference herein.

3. If Subrecipient has an approved DHHS negotiated indirect cost rate, Subrecipient may use such rate only after it has provided current documentation of the approved rate to CFHC. If no such rate exists, a de minimis indirect cost rate of 10% may be used as defined in 2 CFR 200.414.

D. Non-Federal Share.

Pursuant to 42 CFR § 59.7, Subrecipient must provide non-federal matching share in the amount of not less than ten percent (10%) of the Title X Award ("Matching Requirement").

E. Cost Allowability.

1. Subrecipient expressly understands and agrees that the allowability of costs shall be determined in accordance with 2 CFR Part 200.400 and 45 CFR Part 75.400, as applicable. Subrecipient is liable for payment of any costs incurred by Subrecipient under this Agreement that may be disallowed by CFHC, DHHS, or other appropriate federal officials. As such, Subrecipient shall be obliged to remit to CFHC any funded amounts which were paid pursuant to this Article III and used to cover disallowed costs. If Subrecipient fails to remit such amounts within thirty (30) days, CFHC may offset such amount against future funding obligations by CFHC or take any other action available to it under law to reclaim such amount.

2. CFHC agrees that, in the event that DHHS disallows any cost incurred by Subrecipient under this Agreement, CFHC will, at Subrecipient's request and subject to CFHC's determination that the appeal will not be frivolous and will not be contrary to the best interests of CFHC, pursue appropriate administrative appeals to DHHS, provided Subrecipient agrees to pay all costs associated with the appeal and will promptly pay into an escrow account such amount as CFHC deems appropriate to cover the disallowed costs and appeal costs, including attorney's fees and interest penalties. Subrecipient agrees to cooperate fully with CFHC in providing documentation and other supporting material relevant to such a determination. If applicable, payment of questioned costs may be withheld by CFHC until the questions are resolved; however, CFHC shall issue payment of all otherwise properly documented and allowable costs not in question in accordance with Article III, Section F of this Agreement.

F. Payment.

1. Subrecipient shall furnish CFHC with reports of its costs by the 25th of the month following the end of each calendar quarter. If the 25th falls on a weekend or holiday, then the report will be due on the next business day.

2. Payment will be made based on Subrecipient's timely submission of financial and performance reports required herein, and approval by CFHC of such reports. Accordingly, within thirty (30) days of receipt and approval of such report, CFHC shall reimburse Subrecipient for properly documented and allowable costs under this Agreement.

3. This Agreement is subject to the availability of federal grant funds to CFHC. CFHC shall promptly notify Subrecipient, in writing, of any modification, payments, delays, or cancellations of said DHHS grant. The Title X Award may be reduced if DHHS reduces the Grant for any reason.

4. Notwithstanding any other provision of this Agreement, Subrecipient understands and agrees that should Subrecipient fail to expend its Title X Award, CFHC reserves the right to reallocate the Title X Award to ensure that funds are expended efficiently. CFHC shall review the Subrecipient's use of the Title X Award at the beginning of the fourth quarter of the Term, and upon determination that the Title X Award is not being expended efficiently or will not be expended fully during the Agreement's term, CFHC may, in its sole discretion, reallocate all or a portion of Subrecipient's Title X Award to another organization. Subrecipient understands and agrees that it may not carry over any non-obligated portion of its Title X Award to the next grant year.

#### **ARTICLE IV: TECHNICAL ASSISTANCE**

CFHC shall provide Subrecipient with support and technical assistance that CFHC, in its sole discretion, deems necessary and appropriate, regarding Subrecipient's responsibilities set forth in this Agreement. The provision of any technical assistance does not, however, relieve or reduce Subrecipient's responsibility for compliance with any of the terms and conditions of this Agreement. In addition, Subrecipient shall participate (one administrator and one clinician) in CFHC's annual Title X Business Meeting to be held in Los Angeles (date to be determined), as well as any other Title X-related trainings, quality assurance initiatives and service enhancements developed by DHHS, OPA, and/or CFHC, as required by CFHC.

#### **ARTICLE V: TERM**

This Agreement shall be in effect from April 1, 2016 through March 31, 2017, or unless the Agreement is terminated or suspended at an earlier date in accordance with Article X of this Agreement.

#### **ARTICLE VI: GENERAL PROGRAM REPORTING AND OTHER REQUIREMENTS**

##### **A. Reporting.**

1. Subrecipient shall maintain and furnish to CFHC financial and programmatic information and reports (in such forms as CFHC may reasonably prescribe) as required under 2 *CFR Part 200.300 or 45 CFR Part 75.300*, as applicable, and set forth herein in Attachment C.

2. Subrecipient shall cooperate with and, as reasonably requested, assist CFHC in the development and preparation of those portions of the Federal Financial Report (“FFR”), as well as other required reports, which pertain to Subrecipient’s activities under this Agreement. Such reports shall be prepared according to the timeframes established by CFHC and shall be reviewed and revised in accordance with the directives of CFHC. Such reports shall be approved, signed and submitted to DHHS, or the appropriate authorities, by CFHC.

3. Notwithstanding Article III, in the event that Subrecipient fails to deliver the required reports at the appropriate times, or otherwise comply with the terms of this Agreement, it is agreed that CFHC may, upon reasonable notice, suspend reimbursements to Subrecipient until such reports’ are delivered to and approved by CFHC or Subrecipient fully complies with the terms of this Agreement.

**B. Record Keeping and Access.**

1. Subrecipient shall maintain financial records, supporting documents, statistical records, and all other books, documents, papers or other records pertinent to this Agreement for a period of three (3) years from the date of CFHC’s submission of the annual financial report covering the funds awarded hereunder, or for such other period as may be specifically required by 2 CFR Part 200.333 and 45 CFR Part 75.361, as applicable. If an audit, litigation, or other action involving the records is started before the end of the three (3) year period, Subrecipient agrees to maintain the records until the end of the three (3) year period or until the audit, litigation, or other action is completed, whichever is later. Client medical records must be retained in accordance with state and federal regulations. Records for real property and equipment acquired with Title X funds shall be retained for three (3) years after final disposition.

2. Subrecipient shall make available to CFHC, DHHS, the Comptroller General, or any of their duly authorized representatives, upon appropriate notice, such books, records, reports, documents, and papers that are pertinent to the award for audit, examination, excerpt, transcription, and copy purposes, for as long as such records, reports, books, documents, and papers are retained. This right also includes timely and reasonable access to Subrecipient’s facility and to Subrecipient’s personnel for the purpose of interview and discussion related to such documents. Subrecipient shall, upon request, transfer certain records to the custody of CFHC or DHHS.

**C. Monitoring/Oversight/Assessment.**

1. Subrecipient agrees to permit CFHC and/or DHHS to evaluate, through inspection or other means, the quality, appropriateness, and timeliness of services delivered under this Agreement and to assess Subrecipient’s compliance with applicable legal and programmatic requirements. If CFHC identifies and notifies Subrecipient of any instances of Subrecipient non-compliance with the terms of this Agreement, or otherwise in the operation of Subrecipient’s Program, CFHC shall notify Subrecipient of such deficiencies, and may ask for a corrective action plan.

CFHC, in its sole discretion, may offer to provide technical assistance to Subrecipient in order to correct or eliminate such deficiencies. Additionally, CFHC shall grant Subrecipient a reasonable time period to correct or eliminate such deficiencies; provided that in no case shall the time allowed exceed six (6) months from the date of notice of the deficiency.

2. Subrecipient agrees to permit CFHC and DHHS to evaluate, through inspection or other means, the quality, appropriateness, and timeliness of services delivered pursuant to this Agreement. CFHC may, at its discretion, conduct periodic, announced or unannounced monitoring visits to ensure program and administrative compliance with Title X goals and the scope of work under this Agreement, and to ensure compliance with all applicable requirements.

D. Audit.

1. Annually, at the end of each Subrecipient fiscal year, Subrecipient shall have an external audit (the "Audit") performed, including of its Title X Award, in accordance with the provisions of OMB Circular A-133 for a single audit, if applicable, and U.S. GAAP.

2. Upon receipt of the report resulting from the Audit, Subrecipient shall submit to CFHC (and to any other agency, as directed by CFHC) a copy of such report by thirty (30) days of Subrecipient's receipt of the audit report(s), but no later than nine (9) months after the end of the audit period. In addition, if necessary, Subrecipient shall provide to CFHC any corrective action plan resulting from the findings of the audit. CFHC shall review and evaluate the audit results, including Subrecipient's corrective action plan, where such a plan is necessary. CFHC reserves the right to request additional information regarding Subrecipient's corrective action plan. Subrecipient agrees to promptly implement such corrective action plan, including any recommendations made by CFHC.

**ARTICLE VII: CALIFORNIA STATE BILLING REQUIREMENTS**

A. Required Billing Numbers.

Subrecipient must have all National Provider Identification ("NPI") numbers necessary to bill Family Planning Services it will provide pursuant to this Agreement. Subrecipient is required to identify both Medi-Cal and Family PACT eligible patients and bill services for these patients to the Medi-Cal and Family PACT programs, as applicable.

B. Medications Billed to Third Parties.

Funding provided by this contract may not be allocated for any medications that are also billed to a third party.

## **ARTICLE VIII: CENTRALIZED DATA SYSTEM**

### A. CFHC's Data System.

CFHC maintains a Centralized Data System ("CDS") to collect and securely store data regarding services provided to Title X Clients at clinic sites throughout California. CFHC shall maintain the CDS, monitor the quality of agency data submission, develop action plans ("CDS Action Plans"), provide data management services, and provide ongoing CDS-related support to Subrecipients.

### B. Subrecipient Responsibilities for CDS.

Subrecipient is responsible for:

1. Completion of all steps in any CDS Action Plan within a mutually agreed timeframe tailored to the Subrecipient's capabilities and resources. The CDS Action Plan may require the modification of Subrecipient's registration forms, data entry screens, and or billing instruments. The CDS Action Plan may also require modifications to the Subrecipient's payment management system ("PMS") or electronic health records ("EHR") system to identify client visit records ("CVR") of eligible Title X clients and export files in CDS-compatible formats, as well as completing Software Release Forms to enable CDS staff to work directly with agency software vendors, as applicable;
2. Submission by the 25th of the month of CVR export files, including error corrections;
3. Notification within thirty (30) days to CFHC if the CDS audit report is inconsistent with the export file;
4. Notification within thirty (30) days to CFHC of the addition, deletion, or modification of any data codes included in the agency's submission;
5. Notification to CFHC of clinic site closure(s) or changes in key personnel in accordance with Article II, Section B of this Agreement.
6. Manual updates of Semi-Annual Progress Report tables with any aggregate data not submitted through CDS.

## **ARTICLE IX: OWNERSHIP OF PROPERTY ACQUIRED UNDER THIS AGREEMENT**

### A. Equipment and Supplies.

1. Subrecipient's purchase, use and disposition of property, equipment and supplies



is governed by, 2 CFR Part 200.310 -316 and 45 CFR Part 75.317 - 323, as applicable, and related DHHS policies.

2. Subrecipient shall maintain adequate property records, as well as effective inventory, control, and maintenance procedures. Subrecipient will be responsible for replacing or repairing equipment for which it is accountable if lost, damaged or destroyed due to negligence on the part of the Subrecipient, or failure to secure appropriate insurance, or noncompliance with property management regulations or instructions of CFHC or its funding source. For the purposes of this Agreement, "equipment" is defined as any item purchased with Title X Award funds with a useful life of more than one (1) year with a per unit acquisition cost of \$5,000 or more, unless Subrecipient uses a lower limit. Subrecipient shall submit a list with the required elements from CFR Part 200.313 and 45 CFR part 75.320, as applicable, of all such equipment to CFHC if requested (the "Equipment Inventory List").

3. CFHC reserves the right to require transfer of property acquired with funds awarded under this Agreement as provided in 2 CFR Part 200.312. and 45 CFR 75.319.

**B. Copyrightable Material.**

1. If any copyrightable material is developed in the course of or under this Agreement, CFHC and DHHS shall have a royalty-free, non-exclusive and irrevocable right to reproduce, publish, and authorize others to reproduce or publish, or otherwise use such material.

2. Subrecipient must obtain CFHC's prior written approval to copyright any such material or to permit any third party to do so.

3. Subrecipient must appropriately acknowledge federal grant support (i.e., from CFHC or DHHS) in any such publication.

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

**ARTICLE X: SUSPENSION AND TERMINATION**

**A. Suspension.**

Suspension means any action by CFHC that temporarily suspends payments under this Agreement. CFHC may, after providing notice to Subrecipient, suspend this Agreement for failure to comply with reporting requirements set forth in Article VI for a period not to exceed thirty (30) days, pending corrective action by Subrecipient.

**B. Termination Without Cause.**

Either Party may terminate this Agreement for any reason by giving the other party at least thirty (30) days' written notice, unless otherwise required herein.

C. Termination by CFHC.

1. CFHC may, by giving written notice to Subrecipient specifying the effective date, terminate this Agreement, in whole or in part, for cause. The term "cause" for termination shall include, but not be limited to:

- a. Failure in any material respect, for any reason, of Subrecipient to fulfill, in a timely and proper manner, its obligations under the Agreement, including non-compliance with the approved Family Planning Services and applicable laws, regulations, policies and procedures, including reporting requirements, provided that Subrecipient shall have thirty (30) days to correct such failure (which period may be extended in the sole discretion of CFHC) after receiving notice of the failure thereof from CFHC;
- b. Submission by Subrecipient to CFHC of reports that are incorrect or incomplete in any material respect, provided that Subrecipient shall have fifteen (15) days to correct such submission (which period may be extended in the sole discretion of CFHC) after receiving notice of the defect therein from CFHC;
- c. Improper use of Title X-obligated funds, or CFHC's reasonable belief that the Title X Award paid hereunder has been or will be misappropriated, or used for the purpose of providing abortions, in which case this Agreement shall terminate immediately;
- d. Suspension or termination of the Grant under which this Agreement is made, or a portion thereof;
- e. The occurrence of, or criminal indictment for, any act or omission by Subrecipient that is reasonably determined by CFHC to be materially detrimental to the reputation, operation or activities of CFHC;
- f. The loss of required insurance by Subrecipient;
- g. The loss or suspension of any license or other authorization to do business that is necessary for Subrecipient to perform services under this Agreement;
- h. The omission or commission of any act or conduct for which a license or authorization is necessary for Subrecipient to perform its duties under this Agreement may be revoked or suspended (regardless of whether such suspension or revocation actually occurs);

- i. Any material change in the legal or financial condition of Subrecipient that reasonably indicates that Subrecipient will be unable to perform as required under this Agreement;
- j. The suspension or debarment of Subrecipient; or
- k. The good faith determination by CFHC that the health, welfare or safety of clients receiving care provided by Subrecipient is jeopardized by the continuation of the Agreement.

D. Termination by Subrecipient.

1. Subrecipient may terminate this Agreement for cause by giving written notice to CFHC specifying the effective date. The term "cause" for termination shall include, but not be limited to:

- a. Failure of CFHC to provide payment in accordance with Article III, provided that CFHC shall have fifteen (15) days to correct such breach (which period may be extended in the sole discretion of Subrecipient), and provided that all funds provided to Subrecipient pursuant to Article III have been exhausted; or
- b. Application of special terms and conditions to the Grant by DHHS or CFHC, with which Subrecipient is unable or unwilling to comply.

E. Termination Procedures.

1. Should this Agreement be terminated before the end of the Term by either party, Subrecipient agrees to comply with the following closeout procedures:

- a. Subrecipient shall submit all financial, performance and other reports as required by the terms and conditions of the Agreement. At its sole discretion, CFHC may approve or deny extensions when requested by the Subrecipient.
- b. Unless an extension is granted, Subrecipient shall liquidate all obligations incurred pursuant to this Agreement no later than ninety (90) calendar days after the funding period or date of completion as specified in the Agreement.
- c. CFHC will make payments for allowable costs incurred prior to termination only after all required documentation has been received and approved.

2. In the event of termination of this Agreement, either in whole or in part, all property, finished or unfinished documents, data, studies, and/or reports purchased or prepared by the Subrecipient under this Agreement shall, at the option of CFHC, become its property or

be disposed of and Subrecipient shall be entitled to compensation for any unreimbursed expenses necessarily incurred in satisfactory performance of this contract. Notwithstanding the above, Subrecipient shall not be relieved of liability to CFHC for damages sustained by CFHC by virtue of any breach of this Agreement by Subrecipient, and CFHC may withhold any reimbursement to Subrecipient for the purpose of offset until such time as the exact amount of damages due CFHC from Subrecipient is agreed upon or otherwise determined.

3. CFHC, by the rules and regulations set by its funding source, reserves the right to determine ownership of any and all equipment purchased by Subrecipient during the course of this Agreement. Ownership will be determined after Subrecipient has submitted an Equipment Inventory in accordance with Article IX of this Agreement.

#### **ARTICLE XI: RELATIONSHIP; INDEMNIFICATION**

##### **A. Relationship of Parties.**

1. During the term of this Agreement, CFHC and Subrecipient shall remain separate and independent entities. None of the provisions of this Agreement are intended to create, nor shall be deemed or construed to create any relationship between or among the Parties other than that of independent entities. Except as otherwise provided, neither of the Parties shall be construed to be the agent, partner, co-venturer, employee or representative of the other Party.

2. Subrecipient is an independent contractor and, therefore, is not covered by, or entitled to, any insurance (including Worker's Compensation coverage for Subrecipient's employees) or other benefits maintained by CFHC for its officers, agents, or employees.

##### **B. Indemnification.**

1. Subrecipient hereby agrees to indemnify, defend and hold harmless CFHC, its affiliates, officers, directors, employees and agents against any and all liability, loss, damages or expenses that CFHC, its affiliates, officers, directors, employees or agents may hereinafter sustain, incur or be required to pay (including court costs and attorney fees) arising from the acts or omissions of Subrecipient, its officers, employees, agents or representatives in connection with the performance of or failure to perform its obligations under this Agreement, except to the extent caused by or resulting from the negligence or willful misconduct of CFHC.

2. CFHC hereby agrees to indemnify, defend and hold harmless Subrecipient, its affiliates, officers, directors, employees and agents against any and all liability, loss, damage or expense that Subrecipient, its affiliates, officers, directors, employees or agents may hereinafter sustain, incur or be required to pay (including court costs and attorneys' fees) arising from the acts or omissions of CFHC, its officers, employees, agents or representatives in connection with the performance or failure to perform its obligations under this Agreement, except to the extent caused by or resulting from the negligence or willful misconduct of Subrecipient.

3. The obligations of this Section shall survive termination of this Agreement.

### **ARTICLE XII: DISPUTE RESOLUTION**

The Parties shall first attempt to resolve any dispute arising under this Agreement by informal discussions between the Parties, subject to good cause exceptions, including, but not limited to, disputes determined by either Party to require immediate relief (*i.e.*, circumstances which may result in a misappropriation of Title X funds). Any dispute that has not been resolved by informal discussions between the Parties within a reasonable period of time after the commencement of such discussion (not to exceed thirty (30) days), may be resolved by any means available.

### **ARTICLE XIII: INSURANCE**

#### A. Subrecipient Insurance Requirements.

1. Subrecipient agrees to secure and maintain, or cause to be secured and maintained, during the Term of this Agreement and as appropriate, the insurance coverage set forth as follows:

- a. General Liability: coverage of at least \$1,000,000 per occurrence and \$3,000,000 annual aggregate against general liability endorsed for premises-operations, products/completed operations, contractual, property damage, and personal injury liability;
- b. Workers' Compensation: in accordance with applicable law;
- c. Professional Liability: coverage of at least \$1,000,000 against professional liabilities for itself and its employed health care practitioners which may occur as a result of services provided by Subrecipient's health care practitioners; and
- d. Fidelity: coverage adequate to protect against loss due to employee dishonesty.

#### B. Additional Insurance Provisions.

1. CFHC will be named as a co-insured or additional insured on all of Subrecipient's insurance policies showing the above coverage amounts and effective dates.

2. If Subrecipient's professional liability insurance is written in a "claims made", as opposed to an "occurrence" form, Subrecipient agrees to purchase or otherwise make arrangements for a "tail" or extended disclosure period policy for all activities so insured during the course of this Agreement.

3. Within ten (10) days after execution of this Agreement, Subrecipient will provide CFHC with certificates of insurance for the above required coverages. Subrecipient shall promptly provide CFHC with written notice of any ineligibility determination, suspension, revocation or other action or change relevant to the insurance requirements set forth above. Subrecipient may provide all or a portion of the required coverage through programs of self-insurance as allowed by California law.

#### **ARTICLE XIV: CONFIDENTIALITY**

In accordance with prevailing federal and state of California confidentiality statutes, regulations, customs and usage, canons, or code of professional ethics, the Parties (and their employees, agents, and contractors) shall not disclose, except to each other, any proprietary information, professional secrets or other information, records, data and data elements (including, but not limited to, protected health information as defined by the Health Insurance Portability and Accountability Act of 1996 ("HIPAA")) collected and maintained in the course of carrying out responsibilities under this Agreement, unless either Party receives prior written authorization to do so from the other Party or as authorized or required by law; provided that, nothing contained herein shall be construed to prohibit CFHC or DHHS from obtaining, reviewing, and auditing any information, record, data, and data elements to which it is lawfully entitled. All confidential obligations contained herein (including those pertaining to information transmitted orally) shall survive termination of this Agreement.

#### **ARTICLE XV: CONFLICT OF INTEREST**

##### **A. Written Conflict of Interest Policy.**

Subrecipient shall maintain a written conflict of interest policy that includes provisions to ensure that no employee, officer, or agent shall participate in the administration of the Title X Award if a real or apparent conflict of interest would be involved. Such a conflict would arise when the employee, consultant, or member of Subrecipient's Board of Directors uses his/her position for purposes that are, or give the appearance of being, motivated by the possibility of private gain for himself, herself, or others, such as those with whom they have family, business, or personal ties.

##### **B. Subrecipient Employees.**

Subrecipient shall ensure that no employee shall be paid as a staff member and a consultant.

## ARTICLE XVI: GOVERNING LAWS

### A. Grant-Related Laws, Regulations, and Policies.

This Agreement shall be governed and construed in accordance with applicable federal and state laws, regulations, and policies, including, but not limited to:

1. The Title X Statute (42 U.S.C. § 300 *et seq.*, as amended);
2. The Title X Regulations (42 CFR part 59);
3. The terms and conditions of the Grant, as well as relevant Program Guidelines and Program Instructions issued by DHHS and OPA;
4. The Transparency Act (2 CFR Part 170);
5. 2 CFR Part 200 or 45 CFR Part 75 (DHHS Grants Administration regulations), as applicable;
6. The Consolidated Appropriations Act, 2012 (Public Law 112-74), enacted December 23, 2011, all subsequent Continuing Resolutions for FY 2013, and Continuing Resolution(s) thus far for FY 2016, impose the following statutory provisions which limit the use of funds on this Office of the Assistant Secretary for Health (OASH) grant or cooperative agreement during the current budget period.
  - a. Restrictions on Distribution of Sterile Needles (Section 523) – “Notwithstanding any other provision of this Act, no funds appropriated in this Act shall be used to carry out any program of distributing sterile needles or syringes for the hypodermic injection of any illegal drug.”
  - b. Salary Limitation (Section 203) – “None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II.” Effective January 10, 2016 the Salary Limitation is based upon the Executive Level II of the Federal Executive Pay Scale. That amount is \$185,100. For the purposes of the salary limitation, the direct salary is exclusive of fringe benefits and indirect costs. An individual’s direct salary is not constrained by the legislative provision for a limitation of salary. The rate limitation simply limits the amount that may be awarded and charged to the grant. A recipient may pay an individual’s salary amount in excess of the salary cap with non-federal funds.

- c. Anti-Lobbying (Section 503) –
  - i. “No part of any appropriation contained in this Act or transferred pursuant to section 4002 of Public Law 111-148 shall be used, other than for normal and recognized executive legislative relationships, for publicity or propaganda purposes, for the preparation, distribution, or use of any kit, pamphlet, booklet, publication, electronic communication, radio, television, or video presentation designed to support or defeat the enactment of legislations before the Congress or any State or local legislature itself, or designed to support or defeat any proposed or pending regulation, administrative action, or order issued by the executive branch of any State or local government, except in presentation to the executive branch of any State or local government itself.
  - ii. No part of any appropriation contained in this Act or transferred pursuant to section 4002 of Public Law 111-148 shall be used to pay the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before the Congress or any State government, State legislature or local legislature or legislative body, other than for normal and recognized executive-legislative relationships or participation by any agency or office of a State, local or tribal government in policymaking and administrative processes within the executive branch of that government.
  - iii. The prohibitions in subsections (a) and (b) shall include any activity to advocate or promote any proposed, pending or future Federal, State or local tax increase, or any proposed, pending, or future requirement or restriction on any legal consumer product, including its sale or marketing, including but not limited to the advocacy or promotion of gun control.”
- d. Gun Control (Section 218) – “None of the funds made available in this title may be used, in whole or in part, to advocate or promote gun control.”

7. Reporting of Total Compensation of Executives

- a. *Applicability and what to report.* Unless you are exempt as provided in Article XVI., subsection 7.c, you shall report the names and total compensation of each of your five most highly compensated executives for the preceding fiscal year if –
  - i. In the preceding fiscal year you received-
    - 80 percent or more of your annual gross revenues from Federal procurement contracts (and subcontracts) and Federal financial assistance subject to the Transparency Act, as defined at 2 CFR 170.320 (and subawards); and \$25,000,000 or more in annual gross revenues from Federal procurement contracts (and subcontracts), and Federal financial assistance subject to the Transparency Act (and subawards); and



ii. The public does not have access to information about the compensation of the executives through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. 78m(a), 78o(d) or section 6104 of the Internal Revenue Code of 1986. (To determine if the public has access to the compensation information, see the U.S. Security and Exchange Commission total compensation filings at the Executive Compensation page of the SEC website.)

- b. *Where and when to report.* You must report executive total compensation described in Article XVI, subsection 7.a.:
- i. To CFHC
  - ii. By the end of the month following the month during which you receive the subaward. For example, if a subaward is obligated on any date during the month of October of a given year (i.e. between October 1 and 31), you must report any required compensation information by November 30 of that year.
- c. Exemptions
- i. If, in the previous tax year, you had gross income, from all sources, under \$300,000, you are exempt from the requirements to report:
  - ii. Subawards, and
  - iii. The total compensation of the five most highly compensated executives.

B. Compliance with other Applicable Law.

In connection with the provision of services pursuant to this Agreement, Subrecipient agrees:

1. To comply with the Civil Rights Act of 1964 and all other federal, state, or local laws, rules, and orders prohibiting discrimination. Consistent with the foregoing, Subrecipient agrees to comply with Executive Order 11246, entitled "Equal Employment Opportunity," as amended by Executive Order 11375, and as supplemented in U.S. Department of Labor regulations (41 CFR Part 60);
2. If this Agreement is for more than \$150,000, to comply with applicable standards, orders, or regulations issued pursuant to the Clean Air Act of 1970 (42 U.S.C. § 7401 *et seq.*) and the Federal Water Pollution Control Act (33 U.S.C. § 1251 *et seq.*), as amended;
3. If this Agreement is for more than \$100,000, to comply with the Sections 102 of the Contract Work Hours and Safety Standards Act (40 U.S.C. §327 *et seq.*), as amended; and

4. To make positive efforts to utilize small businesses, minority-owned firms and women's business enterprises in connection with any subcontracted work performed hereunder, whenever possible.

C. Compliance with State and Local Laws.

Subrecipient shall comply with all applicable laws, ordinances, and codes of the state of California and local governments in the performance of the Agreement, including all licensing standards and all applicable professional standards.

**ARTICLE XVII: CERTIFICATIONS AND ACKNOWLEDGEMENTS**

A. Certifications.

Subrecipient hereby certifies:

1. That neither it, nor any of its principal employees, has been debarred, excluded or suspended from participation in Medicare, Medicaid or in federally-funded contracts, in accordance with Executive Order 12549 and Executive Order 12689, entitled "Debarment and Suspension," and any applicable implementing regulations;
2. That it has not and will not use federal funds to pay any person or organization for influencing or attempting to influence an officer or employee of any federal agency, a member of Congress, or an employee of a member of Congress in connection with obtaining any federal contract, grant, or any other award covered by 31 U.S.C. § 1342, and that it will disclose any lobbying with non-federal funds that takes place in connection with obtaining any federal contract, grant, or other award;
3. That its employees providing Title X Family Planning Services shall not be exempt from any State law requiring notification or the reporting of child abuse, child molestation, sexual abuse, rape, or incest, and that it will comply with all federal anti-trafficking laws, including the Trafficking Victims Protection Act of 2000 (Pub. L. 106-586), as amended, and 22 U.S.C. § 7104;
4. That it will encourage family participation in the decision of minors to seek Family Planning Services and that it provides counseling to minors on how to resist attempts to coerce minors into engaging in sexual activities;
5. That no Title X Award funds shall be used to perform abortions or to supplant any funds used to perform abortions;
6. That if Subrecipient also provides abortions, it has implemented CFHC's policy and procedure ("Separation Policy"), which is attached hereto as Attachment D to keep all funds provided under the Title X Award wholly separate and apart from any funds used to provide

abortions and to prevent any commingling of such funds; and

7. That it does not, and will not, during the term of this Agreement, advertise, advocate, or promote abortion as a method of family planning, or receive any fee or any other consideration as payment for referrals for abortion services.

B. Acknowledgments.

Subrecipient hereby acknowledges:

1. That any violation of certifications five (5), six (6), and/or seven (7) of this Article's Section A above will result in immediate termination of this Agreement by CFHC; and

2. That this Agreement is nonexclusive in nature, and CFHC retains the authority to contract with other parties for the delivery of Family Planning Services in Subrecipient's geographic area.

**ARTICLE XVIII: NOTICES**

All notices required to be given under this Agreement shall be in writing, and delivered in person or sent by facsimile, overnight courier or certified mail, return receipt requested, postage prepaid, or electronic mail to the following addresses:

CFHC: California Family Health Council, Inc  
Attn: Richard Reetz  
3600 Wilshire Blvd., Suite 600  
Los Angeles, CA 90010  
reetzr@cfhc.org

Subrecipient: Riverside University Health System - Public Health  
Attn: Tonya D. Geiger  
4065 County Circle Drive  
  
Riverside, CA 92513  
ckaiser@rivcocha.org

The foregoing addresses may be changed and/or additional persons may be added thereto by notifying the other Parties hereto in writing and in the manner hereinafter set forth.

**ARTICLE XIX: MISCELLANEOUS**

A. Severability. The provisions of this Agreement are not severable. In the event that any one or more provisions of this Agreement are deemed null, void, illegal or unenforceable, the Parties shall renegotiate or terminate the remaining provisions of this Agreement unless the Parties mutually agree in writing that the invalidity, illegality or unenforceability of said provision does not materially change the obligations of the Parties under this Agreement. In the event that the Parties reach such an agreement, this Agreement shall be construed in all respects as if such invalid or unenforceable provisions have been omitted.

B. Third Party Beneficiaries. This Agreement was created by the Parties solely for their benefit and is not intended to confer upon any person or entity other than the Parties any rights or remedies hereunder.

C. Assignment. The rights, obligations and responsibilities established herein shall not be assigned, subcontracted, or transferred by either Party without the express prior written consent of the other Party.

D. Entire Agreement. This Agreement represents the complete understanding of the Parties with regard to the subject matter. This Agreement supersedes any other agreements or understandings between the Parties, whether oral or written, relating to the subject matter of this Agreement. No such other agreements or understandings may be enforced by either Party or employed for interpretation purposes in any dispute involving this Agreement.

E. Amendments. Any amendment to this Agreement shall be in writing and signed by both Parties. Except for the specific provision of this Agreement which thereby may be amended, this Agreement shall remain in full force and effect after such amendment.

F. Headings and Construction. All headings contained in this Agreement are for reference purposes only and are not intended to affect in any way the meaning or interpretation of this Agreement.

G. Waiver. Performance of any obligation required of a party hereunder may be waived only by a written waiver signed by the other party, which waiver shall be effective only with respect to the specific obligations described therein. The waiver of a breach of any provision shall not operate or be construed as a waiver of any subsequent breach.

**IN WITNESS WHEREOF**, the Parties have executed this Agreement:

**California Family Health Council, Inc**

By: \_\_\_\_\_

Print: Brenda Flores

Title: Vice President of Finance & Administration

Date: \_\_\_\_\_

**County of Riverside Department of Public Health**

By: \_\_\_\_\_

Print:

Title:

Date: \_\_\_\_\_

Federal Tax ID # 956000930

Nine Digit DUNS # 072514789

DUNS Registered Name: RIVERSIDE,  
COUNTY OF

FORM APPROVED COUNTY COUNSEL  
BY: Neal R. Kipnis DATE: 5/31/16  
NEAL R. KIPNIS

**Attachment A: Scope of Work**

Subrecipient shall provide the services required under this Agreement, in accordance with the following Special Terms, Requirement and OPA Program Priorities for FY 2016:

Notwithstanding any other provision of law, no provider under Title X of the Public Health Service Act shall be exempt from any State law requiring notification for the reporting of child abuse, child molestation, sexual abuse, rape, or incest.

In accepting this award, the grantee certifies that it will encourage family participation in the decision of minors to seek family planning services and that it provides counseling to minors on how to resist attempts to coerce minors into engaging in sexual activities.

In order to maintain an accurate record of current Title X service sites, grantees are expected to provide timely notice to the Office of Population Affairs (OPA), as well as to the appropriate HHS regional office, of any deletions, additions, or changes to the name, location, street address and email, and contact information for Title X grantees and service sites. This database will also be used to verify eligibility for 340b program registration and recertification. You must enter your changes to the Title X database within 30 days of the change at <https://www.opa-fpclinicdb.com/>. All changes will be reviewed and approved by the relevant HHS regional office prior to being posted on the OPA website. This does not replace the prior approval requirement under HHS grants policy for changes in project scope, including clinic closures.

If you or your sub-recipient(s) enrolls in the 340B Program, you must comply with all 340B Program requirements. You may be subject to audit at any time regarding 340B Program compliance. 340B Program requirements are available at <http://www.hrsa.gov/opa/programrequirements/>

*Program Priorities:* Each year the OPA establishes program priorities that represent overarching goals for the Title X program. Program priorities derive from Healthy People 2020 Objectives and from the Department of Health and Human Services (HHS) priorities. Project plans should be developed that address the 2016 Title X program priorities, and should provide evidence of the project's capacity to address program priorities as they evolve in future years. The 2016 program priorities are as follows:

1. Assuring the delivery of quality family planning and related preventive health services, with priority for services to individuals from low-income families. This includes ensuring that grantees have the capacity to support implementation (e.g., through staff training and related systems changes) of the Title X program guidelines throughout their Title X services projects, and that project staff have received training on Title X program requirements;
2. Assessing clients' reproductive life plan as part of determining the need for family planning services, and providing preconception services as stipulated in QFP;
3. Providing access to a broad range of acceptable and effective family planning methods and related preventive health services in accordance with the Title X program requirements and the 2014 QFP. These services include, but are not limited to, contraceptive services, pregnancy testing and counseling, services to help clients achieve pregnancy, basic infertility services, STD services, preconception health services, and breast and cervical cancer screening. The broad range of services does not include

abortion as a method of family planning;

4. Ensuring that all clients receive contraceptive and other services in a voluntary, client-centered and non-coercive manner in accordance with QFP and Title X requirements.
5. Addressing the comprehensive family planning and related preventive health needs of individuals, families, and communities through outreach to hard-to-reach and/or vulnerable populations, and partnering with other community-based health and social service providers that provide needed services; and
6. Demonstrating that the project's infrastructure and management practices ensure sustainability of family planning and reproductive health services delivery throughout the proposed service area including:
  - Incorporation of certified Electronic Health Record (EHR) systems that have the ability to capture family planning data within structured fields;
  - Evidence of contracts with insurance plans and systems for third party billing as well as the ability to facilitate the enrollment of clients into private insurance and Medicaid, optimally onsite; and to report on numbers of clients assisted and enrolled; and
  - Evidence of the ability to provide comprehensive primary care services onsite or demonstration of formal robust linkages with comprehensive primary care providers.

*Key Issues:* In addition to program priorities, the following key issues have implications for Title X services projects and should be considered in developing the project plan:

- Incorporation of the 2014 Title X Program Guidelines throughout the proposed service area as demonstrated by written clinical protocols that are in accordance with Title X Requirements and QFP.
- Efficiency and effectiveness in program management and operations;
- Patient access to a broad range of contraceptive options, including long acting reversible contraceptives (LARC), other pharmaceuticals, and laboratory tests preferably on site;
- Establishment and use of performance measures to regularly perform quality assurance and quality improvement activities, including the use of measures to monitor contraceptive use;
- Establishment of formal linkages and documented partnerships with comprehensive primary care providers, HIV care and treatment providers, and mental health, drug and alcohol treatment providers;
- Incorporation of the National HIV/AIDS Strategy (NHAS) and CDC's "Revised Recommendations for HIV Testing of Adults, Adolescents and Pregnant Women in Health Care Settings;" and
- Efficient and streamlined electronic data collection (such as for the Family Planning Annual Report (FPAR)), reporting and analysis for internal use in monitoring staff or program performance, program efficiency, and staff productivity in order to improve the quality and delivery of family planning services.

Specifically, the Subrecipient shall provide the services and items set forth herein:

### Statement of Work (SOW)

#### Administrative Goal and Objectives

<b>Administrative Goal:</b>	Strengthen the overall quality of the Family Planning Program and its ability to meet the needs of the community.
<b>Objective 1:</b>	Implement or maintain a review process of all agency functions, in order to ensure high quality Family Planning services and compliance with all Title X Guidelines by March 31, 2017, as evidenced by completion of activities 1.A through 1.I.

Number	Activity	Job Title	Evaluation
1.A	Ensure that administrative policies and procedures are in place to facilitate effective and efficient management and governance.	Medical Director Family Planning Director Program Manager Clinical Services Director Associate Medical Director	Policies and procedures maintained and reviewed at program evaluations. Desk audits determined by CFHC staff.
1.B	Review Family Planning Program policies and procedures on an annual basis. Policies and procedures must include training for clinical, program, and other designated staff on mandatory reporting of child abuse and human trafficking as per OPA Program Requirements. Providers of abortion services will provide Title X family planning services in accordance with the CFHC Separation of Family Planning and Abortion Services Policy.	Medical Director Family Planning Director Program Manager Clinical Services Director Associate Medical Director	Meeting minutes maintained and reviewed at program evaluations and desk audits.
1.C	Obtain annual systematic client feedback through client satisfaction surveys inclusive of all sites.	Family Planning Director Program Manager Clinical Services Director	Client satisfaction surveys conducted, summarized and acted upon. Reviewed at program evaluations and desk audits.
1.D	Maintain and update a community needs assessment inclusive of the Family Planning Program on a periodic basis (at least once every 5 years) to define agency's role in the community.	Family Planning Director Program Manager Epidemiologist	Community needs assessment inclusive of the Family Planning Program maintained. CNA is reviewed at program evaluations.
1.E	The Title X Family Planning Program is implemented with input from individuals representative of served community and knowledgeable of community needs.	Family Planning Director Program Manager	Community participation meeting minutes reflect community representation and is reviewed at program evaluations and desk audits.
1.F	Maintain and update current clinical and client education protocols which include but are not limited to: reproductive health care and appropriate primary care, disability, domestic violence, emergency care, pregnancy counseling and testing, birth control methods, STI/HIV and flu vaccinations.	Medical Director Family Planning Director Program Manager Clinical Services Director Associate Medical Director	Protocols maintained and staff updates are reviewed at program evaluations and desk audits.
1.G	Document procedures for the identification and referral of patients with the following problems: high blood pressure, HIV positive, domestic violence, and substance using/abusing.	Medical Director Clinical Services Director Associate Medical Director	Protocols and referral policies maintained. Reviewed during program evaluations.

<p><b>1.H</b></p>	<p>Maintain a Continuous Quality Improvement (CQI) System that will, through medical records review at each site and inclusive of all providers, determine if all essential elements of reproductive health care, medical and appropriate education and counseling services are being provided at all Title X sites. <b>CFHC Performance Measure.</b></p>	<p>Medical Director Family Planning Director Program Manager Clinical Services Director Associate Medical Director</p>	<p>Minutes of the Continuous Quality Improvement (CQI) medical team maintained. CQI is reviewed at program evaluations and desk audits.</p>
<p><b>1.I</b></p>	<p>Provide family planning data through the Centralized Data System (CDS) for the purpose of contract reporting and performance measurement.</p>	<p>Family Planning Director Program Manager Epidemiologist</p>	<p>Centralized Data System (CDS) data submitted per the contract and/or agency action plan.</p>



Clinical Goal and Objectives				
<b>Clinical Goal:</b>	Provide comprehensive clinical reproductive health services to Title X clients of reproductive age to plan and space their pregnancies.			
<b>Objective 1:</b>	Provide Family Planning education and medical services to eligible individuals per the Federal Poverty Guidelines, by March 31, 2017, as evidenced by completion of activities 1.A through 1.H.			
Number	Activity	# of Clients	Job Title	Evaluation
1. A	Document and report the poverty status of family planning clients.	11000	Medical Director Family Planning Director Program Manager Epidemiologist	As documented in the Semi-Annual Progress Report (SPR) with sample data verified via chart audits at program evaluations.
1. B	Provide family planning education, medical services and FDA approved contraceptive methods, either on site or by referral for female clients. <b>CFHC Performance Measure.</b>	10000	Medical Director Family Planning Director Program Manager	As documented in the Semi-Annual Progress Report (SPR) with sample data verified via chart audits at program evaluations.
1. C	Provide family planning education, medical services and FDA approved contraceptive methods, either on site or by referral for male clients. <b>CFHC Performance Measure.</b>	1000	Medical Director Family Planning Director Program Manager	As documented in the Semi-Annual Progress Report (SPR) with sample data verified via chart audits at program evaluations.
1. D	Provide a Chlamydia test to at least 80% of women less than or equal to 25 years of age within a 12 month period. <b>CFHC Performance Measure.</b>		Medical Director Family Planning Director Program Manager Associate Medical Director	As documented in the Semi-Annual Progress Report (SPR) with sample data verified via chart audits at program evaluations.
1. E	All female clients with an abnormal finding on their clinical breast exam should be followed for further evaluation.		Medical Director Family Planning Director Program Manager Associate Medical Director	As documented in the Semi-Annual Progress Report (SPR) with sample data verified via chart audits at program evaluations.
1.F	The agency must attempt to notify all clients with positive STD/HIV tests within 72 hours of receiving lab results. Upon notification, counsel client regarding follow up and treatment.		Medical Director Family Planning Director Program Manager Associate Medical Director	As documented in the Semi-Annual Progress Report (SPR) with sample data verified via chart audits and lab logs reviewed during program evaluations.
1.G	All clients with an abnormal finding on their Pap smear should be followed for further evaluation. <b>CFHC Performance Measure.</b>		Medical Director Family Planning Director Program Manager Associate Medical Director	As documented in the Semi-Annual Progress Report (SPR) with sample data verified via chart audits and lab logs reviewed during program evaluations.
1.H	Incorporate routine opt-out HIV screening for all clients and testing for high risk clients in accordance with 2010 CDC HIV guidelines. <b>CFHC Performance Measure.</b>		Medical Director Family Planning Director Program Manager Associate Medical Director	As documented in the Semi-Annual Progress Report (SPR) with sample data verified via chart audits at program evaluations.

<b>Objective 2:</b>		Provide family planning education and medical services to high-risk, hard-to-reach populations by March 31, 2017, as evidenced by completion of activity 2.A.		
Number	Activity	# of Clients	Job Title	Evaluation
2. A	Provide family planning education and medical services to the following number of individuals in high-risk, hard-to-reach populations. A <u>minimum of four</u> of the following categories must be indicated:		Program Manager Program Coordinator	As documented in Semi-Annual Progress Report (SPR) and reviewed at program evaluations.
	Homeless Individuals	200		
	Substance-Using/Abusing Individuals	500		
	Individuals with Disabilities	200		
	Individuals with Limited English Proficiency (LEP)	1300		
	Migrant Workers	100		
	Males	1000		
	Adolescents (17 & under)	1500		
	<b>TOTAL Clients Served</b>	<b>4800</b>		

Note for Objective 2.A:

1. You must enter #'s into at least four(4) identified categories.
2. Individuals may be entered into multiple populations.
3. # of males will be prepopulated from objective 1.C.
4. Must be able to collect valid data for all selected special populations.

**Reproductive Life Plan Goal and Objectives**

<b>Reproductive Life Plan:</b>	To assist family planning clients to take steps toward becoming fully healthy individuals by initiating reproductive life planning discussions and providing preconception / inter-conception care, when indicated, through March 31, 2017.
<b>Objective 1:</b>	Provide preconception/inter-conception care and reproductive life planning/family planning services to Title X comprehensive exam patients through March 31, 2017 as evidenced by completion of activity 1.A.

Number	Activity	Job Title	Evaluation
1.A	Obtain reproductive life plans on patients presenting for family planning services and provide pre-conception counseling to women planning pregnancy, open to pregnancy or using less effective contraceptive methods; in particular for women with chronic medical conditions that may affect pregnancy outcomes such as obesity, diabetes, hypertension and seizure disorders, and encourage use of folic acid.	Medical Director Family Planning Director Program Manager Clinical Services Director Associate Medical Director	Document reproductive life plan counseling in client charts through 3/31/2017.

**Adolescent Services Goal and Objectives**

<b>Adolescent Services Goal:</b>	Provide comprehensive clinical and counseling services to adolescents.
<b>Objective 1:</b>	Provide adolescent-specific counseling to all adolescent clients seeking Family Planning services by March 31, 2017, as evidenced by completion of activities 1.A through 1.D.

Number	Activity	Job Title	Evaluation
1.A	Provide adolescents with information, support and counseling to delay the initiation of sexual activity as appropriate.	Medical Director Family Planning Director Clinical Services Director Program Manager Associate Medical Director	Documentation of counseling maintained in charts. Reviewed at program evaluations.
1.B	Provide counseling to minors on how to resist coercive attempts to engage in sexual activity.	Medical Director Family Planning Director Clinical Services Director Program Manager Associate Medical Director	Protocols maintained and staff updates reviewed. Chart audits performed at program evaluations.
1.C	Provide counseling/education regarding family involvement to all adolescents less than or equal to 17 years of age seeking reproductive health services whose family is not already aware that they are seeking reproductive services.	Medical Director Family Planning Director Clinical Services Director Program Manager Associate Medical Director	Protocols maintained and reviewed. Chart audits performed at program evaluations.
1.D	Report child and sexual abuse as required by state law.	Medical Director Family Planning Director Clinical Services Director Program Manager Associate Medical Director	Protocols maintained and staff updates reviewed annually. Chart audits performed at program evaluations.

<b>Financial Management Goal and Objectives</b>			
<b>Financial Management Goal:</b>	Improve and maintain the Agency's financial systems to ensure contract compliance.		
<b>Objective 1:</b>	Agency will maintain a Family Planning Program that is in financial compliance with the contract requirements and Title X Guidelines, as evidenced by completion of activities 1.A through 1.E.		
<b>Number</b>	<b>Activity</b>	<b>Job Title</b>	<b>Evaluation</b>
<b>1.A</b>	Develop a line item budget by site for the period of April 1, 2016 to March 31, 2017 and submit modifications as necessary during designated periods.	Family Planning Director Program Manager Administrative Services Coordinator	Line item budget by site and necessary modifications submitted.
<b>1.B</b>	Develop and maintain financial management systems that are in compliance with the Code of Federal Regulations (CFR) and include the following: budgetary control procedures, accounting systems and reports, purchasing, inventory control, property management, charges, billing and collection procedures.	Family Planning Director Program Manager Administrative Services Coordinator	Financial management systems maintained in compliance and reviewed at program evaluations.
<b>1.C</b>	Develop and properly implement a sliding fee scale on an annual basis to reflect the current federal poverty guidelines.	Clinical Services Director	Sliding fee scale developed, implemented and reviewed at program evaluations.
<b>1.D</b>	Complete all financial reporting requirements as detailed by the contract.	Family Planning Director Program Manager Administrative Services Coordinator Fiscal Manager	All financial reports submitted on time as required.
<b>1.E</b>	Develop a general ledger report (GLR).	Fiscal Manager	All financial reports submitted on time as required and reviewed quarterly.

<b>Community Education Goal and Objectives</b>				
<b>Community Education Goal:</b>	Increase the community's knowledge and access to family planning services offered by the Agency.			
<b>Objective 1:</b>	Conduct marketing, community outreach and education to potential Title X eligible clients by March 31, 2017, as evidenced by completion of activities 1.A through 1.F.			
<b>Number</b>	<b>Activity</b>	<b># of Clients</b>	<b>Job Title</b>	<b>Evaluation</b>
<b>1. A</b>	Maintain and implement a Community Education and Outreach Plan that increases community knowledge of reproductive health and family planning services to the community. Activities include: general outreach, partnership activities and mass marketing (Exhibit B).	6000	Family Planning Director Program Manager Program Coordinator	Community Education and Outreach Plan maintained, updated, and reviewed at program evaluations and desk audits.
<b>1. B</b>	Provide general outreach to individuals as stated in the Community Education and Outreach Plan (Exhibit B, Section I).	2000	Family Planning Director Program Manager Program Coordinator	As documented in the Semi-Annual Progress Report (SPR) and verified at program evaluations.
<b>1. C</b>	Provide education and outreach to individuals at partnership agencies as stated in the Community and Education and Outreach Plan (Data will be automatically populated from information entered in Exhibit B, Section II).	2000	Family Planning Director Program Manager Program Coordinator	As documented in the Semi-Annual Progress Report (SPR) and verified at program evaluations.
<b>1. D</b>	Conduct mass marketing activities as stated in the Community Education and Outreach Plan (Exhibit B, Section III).	2000	Family Planning Director Program Manager Program Coordinator	As documented in the Semi-Annual Progress Report (SPR) and verified at program evaluations.
<b>1. E</b>	An Advisory Committee of 5-9 members representative of the populations to be served will review and approve new educational materials developed and made available by the agency on an annual basis.	0	Family Planning Director Program Manager Program Coordinator	Advisory Committee meeting minutes and materials review maintained and reviewed at program evaluation.
<b>1. F</b>	Provide education and outreach to individuals to increase utilization of free vaccination services.	0	Family Planning Director Program Manager Program Coordinator	Integration of vaccination education into the Community Education and Outreach Plan.

<b>Agency Number:</b>	754
<b>Agency Name:</b>	County of Riverside Department of Public Health
<b>Community Education and Outreach Partnering Plan for Family Planning</b>	
<b>Total number of general outreach activities(Section I):</b>	<b>2,000</b>
<b>Total Number of partnering activities(Section II):</b>	<b>2,000</b>
<b>Total number of mass marketing activities (Section III):</b>	<b>2,000</b>
<b>Total Number of individuals reached in Community and Education Outreach Partnering Plan:</b>	<b>6,000</b>

**Section 1: General Outreach**

# of individuals reached 2000

Type of Agency/Outreach Venue	Population Reached	Type of Educ./Presetation	Method of Evaluating Success
<input checked="" type="checkbox"/> Community Group	<input checked="" type="checkbox"/> Homeless individuals	<input checked="" type="checkbox"/> Abstinence	<input checked="" type="checkbox"/> Sign-in sheets maintained and compared to projected numbers
<input checked="" type="checkbox"/> Middle or High School			
<input checked="" type="checkbox"/> Community College or University	<input checked="" type="checkbox"/> Substance using individuals	<input checked="" type="checkbox"/> STDs/HIV	Pre and post tests to assess changes in knowledge
<input checked="" type="checkbox"/> Faith-based organization			
<input checked="" type="checkbox"/> Social Service Agency	<input checked="" type="checkbox"/> Individuals with disabilities	<input checked="" type="checkbox"/> Family planning and contraceptive methods	<input checked="" type="checkbox"/> Post Presentation participant evaluations
<input checked="" type="checkbox"/> WIC Center			
<input checked="" type="checkbox"/> Migrant Camp or Services Organization	<input checked="" type="checkbox"/> Individuals with limited English proficiency	<input checked="" type="checkbox"/> Life Skills	<input checked="" type="checkbox"/> Assessment of number of people who visit clinic as a result of outreach
<input checked="" type="checkbox"/> Detention/Incarceration Center			
<input checked="" type="checkbox"/> Job Training Center/Program		<input checked="" type="checkbox"/> Services provided/making appointments	<input checked="" type="checkbox"/> Regular meetings with outreach venue organization to discuss progress and challenges
<input checked="" type="checkbox"/> Parenting Program	<input checked="" type="checkbox"/> migrant workers		
<input checked="" type="checkbox"/> Business or Workplace		<input checked="" type="checkbox"/> Flu Vaccination	Other(specify)
<input checked="" type="checkbox"/> Homeless Shelter			
<input checked="" type="checkbox"/> Substance Abuse Treatment /Recovery Center	<input checked="" type="checkbox"/> males	<input checked="" type="checkbox"/> Reproductive Life Plan (RLP)	
<input checked="" type="checkbox"/> Women's Shelters			
<input checked="" type="checkbox"/> Other (Specify)	<input checked="" type="checkbox"/> adolescents	Other (Specify)	

**Section 2: Partnering Plan WIC**  
**Name:**  
**# of individuals reached 1500**

Type of Agency/Outreach Venue	Population Reached	Type of Educ./Presetation	Method of Evaluating Success
Community Group	Homeless individuals	<input checked="" type="checkbox"/> Abstinence	<input checked="" type="checkbox"/> Sign-in sheets maintained and compared to projected numbers
Middle or High School			
Community College or University	Substance using individuals	<input checked="" type="checkbox"/> STDs/HIV	Pre and post tests to assess changes in knowledge
Faith-based organization			
Social Service Agency	Individuals with disabilities	<input checked="" type="checkbox"/> Family planning and contraceptive methods	<input checked="" type="checkbox"/> Post Presentation participant evaluations
<input checked="" type="checkbox"/> WIC Center			
Migrant Camp or Services Organization	<input checked="" type="checkbox"/> Individuals with limited English proficiency	Life Skills	Assessment of number of people who visit clinic as a result of outreach
Detention/Incarceration Center			
Job Training Center/Program		<input checked="" type="checkbox"/> Services provided/making appointments	<input checked="" type="checkbox"/> Regular meetings with outreach venue organization to discuss progress and challenges
Parenting Program	migrant workers		
Business or Workplace		<input checked="" type="checkbox"/> Flu Vaccination	Other(specify)
Homeless Shelter			
Substance Abuse Treatment /Recovery Center	<input checked="" type="checkbox"/> males	<input checked="" type="checkbox"/> Reproductive Life Plan (RLP)	
Women's Shelters			
Other (Specify)	adolescents	Other (Specify)	

**Section 2: Partnering Plan Parolee**  
**Name:**  
**# of individuals reached 500**

Type of Agency/Outreach Venue	Population Reached	Type of Educ./Presetation	Method of Evaluating Success
<input checked="" type="checkbox"/> Community Group	<input checked="" type="checkbox"/> Homeless individuals	Abstinence	<input checked="" type="checkbox"/> Sign-in sheets maintained and compared to projected numbers
Middle or High School			
Community College or University	<input checked="" type="checkbox"/> Substance using individuals	<input checked="" type="checkbox"/> STDs/HIV	Pre and post tests to assess changes in knowledge
Faith-based organization			
Social Service Agency	Individuals with disabilities	<input checked="" type="checkbox"/> Family planning and contraceptive methods	<input checked="" type="checkbox"/> Post Presentation participant evaluations
WIC Center			
Migrant Camp or Services Organization	Individuals with limited English proficiency	<input checked="" type="checkbox"/> Life Skills	Assessment of number of people who visit clinic as a result of outreach
<input checked="" type="checkbox"/> Detention/Incarceration Center			
Job Training Center/Program		<input checked="" type="checkbox"/> Services provided/making appointments	<input checked="" type="checkbox"/> Regular meetings with outreach venue organization to discuss progress and challenges
Parenting Program	migrant workers		
Business or Workplace		<input checked="" type="checkbox"/> Flu Vaccination	Other(specify)
Homeless Shelter			
Substance Abuse Treatment /Recovery Center	<input checked="" type="checkbox"/> males	<input checked="" type="checkbox"/> Reproductive Life Plan (RLP)	
Women's Shelters			
Other (Specify)	<input checked="" type="checkbox"/> adolescents	Other (Specify)	

Mass Marketing		Method of Evaluating Success
<input checked="" type="checkbox"/> Health Fairs	Print Media	<input checked="" type="checkbox"/> Distribution of Educational Materials
Street Outreach	<input checked="" type="checkbox"/> Internet Websites	Sign in Sheets
Concerts	<input checked="" type="checkbox"/> TwitterCommunity Events	<input checked="" type="checkbox"/> Estimated Audiences
<input checked="" type="checkbox"/> Radio	Twitter	
TV	<input checked="" type="checkbox"/> Facebook	



**List all approved Title X-funded family planning program service sites.**

**Site Number: 1365**

**Site Name & Address:** Riverside Neighborhood Health Center 7140 Indiana Avenue , Riverside CA 92504 Riverside

Zip Codes of Area Served	Type of Area Served	Services Offered	Family Planning Clinic Hours Office Hours	Projected Users in 2016	NPI Number
92501,92503,92504,92505,92506,92507,92508	<input type="checkbox"/> Rual <input checked="" type="checkbox"/> Urban <input type="checkbox"/> Suburban	<input checked="" type="checkbox"/> Medical <input type="checkbox"/> Community Education <input checked="" type="checkbox"/> Health Education (in House) <input type="checkbox"/> Admin office Only <input type="checkbox"/> Warehouse Only	Mon: 07:30 am - 05:00 pm Tue: 07:30 am - 05:00 pm Wed: 07:30 am - 05:00 pm Thu: 07:30 am - 05:00 pm Fri: 07:30 am - 05:00 pm Sat: Close Sun: Close	900	1003920943

**Site Number: 1366**

**Site Name & Address:** Indio Family Care Center 47-923 Oasis Street , Indio CA 92201 Riverside

Zip Codes of Area Served	Type of Area Served	Services Offered	Family Planning Clinic Hours Office Hours	Projected Users in 2016	NPI Number
92201,92236,92254,92274	<input type="checkbox"/> Rual <input type="checkbox"/> Urban <input checked="" type="checkbox"/> Suburban	<input checked="" type="checkbox"/> Medical <input type="checkbox"/> Community Education <input checked="" type="checkbox"/> Health Education (in House) <input type="checkbox"/> Admin office Only <input type="checkbox"/> Warehouse Only	Mon: 07:30 am - 05:00 pm Tue: 07:30 am - 05:00 pm Wed: 07:30 am - 05:00 pm Thu: 07:30 am - 05:00 pm Fri: 07:30 am - 05:00 pm Sat: Close Sun: Close	600	1023122967

**Site Number: 1368**

**Site Name & Address:** Corona Family Care Center 505 S. Buena Vista , Corona CA 92882 Riverside

Zip Codes of Area Served	Type of Area Served	Services Offered	Family Planning Clinic Hours Office Hours	Projected Users in 2016	NPI Number
92879,92880,92881,92882,92883,92860	<input type="checkbox"/> Rual <input checked="" type="checkbox"/> Urban <input type="checkbox"/> Suburban	<input checked="" type="checkbox"/> Medical <input type="checkbox"/> Community Education <input checked="" type="checkbox"/> Health Education (in House) <input type="checkbox"/> Admin office Only <input type="checkbox"/> Warehouse Only	Mon: 07:30 am - 05:00 pm Tue: 07:30 am - 05:00 pm Wed: 07:30 am - 05:00 pm Thu: 07:30 am - 05:00 pm Fri: 07:30 am - 05:00 pm Sat: Close Sun: Close	1100	1205940145

**Site Number: 1369**  
**Site Name & Address:** Hemet Family Care Center 880 N. State Street , Hemet CA 92543 Riverside

Zip Codes of Area Served	Type of Area Served	Services Offered	Family Planning Clinic Hours Office Hours	Projected Users in 2016	NPI Number
92543,92554,92545,92548,92582,92583,92596,	<input type="checkbox"/> Rural <input type="checkbox"/> Urban <input checked="" type="checkbox"/> Suburban	<input checked="" type="checkbox"/> Medical <input type="checkbox"/> Community Education <input checked="" type="checkbox"/> Health Education (in House) <input type="checkbox"/> Admin office Only <input type="checkbox"/> Warehouse Only	Mon: 07:30 am - 05:00 pm Tue: 07:30 am - 05:00 pm Wed: 07:30 am - 05:00 pm Thu: 07:30 am - 05:00 pm Fri: 07:30 am - 05:00 pm Sat: Close Sun: Close	1070	1114031051

**Site Number: 1370**  
**Site Name & Address:** Palm Springs Family Care Center 1515 N. Sunrise Way , Palm Springs CA 92262 Riverside

Zip Codes of Area Served	Type of Area Served	Services Offered	Family Planning Clinic Hours Office Hours	Projected Users in 2016	NPI Number
92258,92262,92264,92282	<input type="checkbox"/> Rural <input checked="" type="checkbox"/> Urban <input type="checkbox"/> Suburban	<input checked="" type="checkbox"/> Medical <input type="checkbox"/> Community Education <input checked="" type="checkbox"/> Health Education (in House) <input type="checkbox"/> Admin office Only <input type="checkbox"/> Warehouse Only	Mon: 07:30 am - 05:00 pm Tue: 07:30 am - 05:00 pm Wed: 07:30 am - 05:00 pm Thu: 07:30 am - 05:00 pm Fri: 07:30 am - 05:00 pm Sat: Close Sun: Close	1200	1386758225

**Site Number: 1623**  
**Site Name & Address:** Banning Family Care Center 3055 West Ramsey , Banning CA 92220 Riverside

Zip Codes of Area Served	Type of Area Served	Services Offered	Family Planning Clinic Hours Office Hours	Projected Users in 2016	NPI Number
92230,92202,92233,92549	<input type="checkbox"/> Rural <input type="checkbox"/> Urban <input checked="" type="checkbox"/> Suburban	<input checked="" type="checkbox"/> Medical <input type="checkbox"/> Community Education <input checked="" type="checkbox"/> Health Education (in House) <input type="checkbox"/> Admin office Only <input type="checkbox"/> Warehouse Only	Mon: 07:30 am - 05:00 pm Tue: 07:30 am - 05:00 pm Wed: 07:30 am - 05:00 pm Thu: 07:30 am - 05:00 pm Fri: 07:30 am - 05:00 pm Sat: Close Sun: Close	1000	1346353679

<b>Site Number: 1847</b>						
<b>Site Name &amp; Address:</b> Jurupa Family Care Center 9415 Mission Blvd. , Riverside CA 92509 Riverside						
Zip Codes of	Type of Area	Services	Family Planning Clinic	Projected	NPI Number	
Area Served	Served	Offered	Hours Office Hours	Users in	2016	
92509,91752	<input type="checkbox"/> Rual <input type="checkbox"/> Urban <input checked="" type="checkbox"/> Suburban	<input checked="" type="checkbox"/> Medical <input type="checkbox"/> Community Education <input checked="" type="checkbox"/> Health Education (in House) <input type="checkbox"/> Admin office Only <input type="checkbox"/> Warehouse Only	Mon: 07:30 am - 05:00 pm Tue: 07:30 am - 05:00 pm Wed: 07:30 am - 05:00 pm Thu: 07:30 am - 05:00 pm Fri: 07:30 am - 05:00 pm Sat: Close Sun: Close	900	1871607713	

<b>Site Number: 1993</b>						
<b>Site Name &amp; Address:</b> Perris Family Care Center 308 E. San Jacinto , Perris CA 92570 Riverside						
Zip Codes of	Type of Area	Services	Family Planning Clinic	Projected	NPI Number	
Area Served	Served	Offered	Hours Office Hours	Users in	2016	
92567,92579,92571,92584,92585,92586,92587	<input type="checkbox"/> Rual <input checked="" type="checkbox"/> Urban <input type="checkbox"/> Suburban	<input checked="" type="checkbox"/> Medical <input type="checkbox"/> Community Education <input checked="" type="checkbox"/> Health Education (in House) <input type="checkbox"/> Admin office Only <input type="checkbox"/> Warehouse Only	Mon: 07:30 am - 05:00 pm Tue: 07:30 am - 05:00 pm Wed: 07:30 am - 05:00 pm Thu: 07:30 am - 05:00 pm Fri: 07:30 am - 05:00 pm Sat: Close Sun: Close	1415	1194839035	

<b>Site Number: 1995</b>						
<b>Site Name &amp; Address:</b> Lake Elsinore Family Care Center 2499 East Lakeshore Drive , Lake Elsinore CA 92530 Riverside						
Zip Codes of	Type of Area	Services	Family Planning Clinic	Projected	NPI Number	
Area Served	Served	Offered	Hours Office Hours	Users in	2016	
92530,92532,92595,92562,92563,92590,92591,92592	<input type="checkbox"/> Rual <input type="checkbox"/> Urban <input checked="" type="checkbox"/> Suburban	<input checked="" type="checkbox"/> Medical <input type="checkbox"/> Community Education <input checked="" type="checkbox"/> Health Education (in House) <input type="checkbox"/> Admin office Only <input type="checkbox"/> Warehouse Only	Mon: 07:30 am - 05:00 pm Tue: 07:30 am - 05:00 pm Wed: 07:30 am - 05:00 pm Thu: 07:30 am - 05:00 pm Fri: 07:30 am - 05:00 pm Sat: Close Sun: Close	1915	1396859179	

**Site Number: 9202**  
**Site Name & Address:** County of Riverside Department of Public Health 4065 Circle Dr. P.O. Box 7600, Riverside CA 92513 Riverside

Zip Codes of Area Served	Type of Area Served	Services Offered	Family Planning Clinic Hours Office Hours	Projected Users in 2016	NPI Number
	<input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Suburban	<input type="checkbox"/> Medical <input type="checkbox"/> Community Education <input type="checkbox"/> Health Education (in House) <input checked="" type="checkbox"/> Admin office Only <input type="checkbox"/> Warehouse Only	Mon: 07:30 am - 05:00 pm Tue: 07:30 am - 05:00 pm Wed: 07:30 am - 05:00 pm Thu: 07:30 am - 05:00 pm Fri: 07:30 am - 05:00 pm Sat: Close Sun: Close	0	

**Site Number: 9204**  
**Site Name & Address:** Rubidoux Family Care Center 5256 Mission Blvd. , Riverside CA 92509 Riverside

Zip Codes of Area Served	Type of Area Served	Services Offered	Family Planning Clinic Hours Office Hours	Projected Users in 2016	NPI Number
92509,92501,91752	<input type="checkbox"/> Rural <input type="checkbox"/> Urban <input checked="" type="checkbox"/> Suburban	<input checked="" type="checkbox"/> Medical <input type="checkbox"/> Community Education <input checked="" type="checkbox"/> Health Education (in House) <input type="checkbox"/> Admin office Only <input type="checkbox"/> Warehouse Only	Mon: 07:30 am - 05:00 pm Tue: 07:30 am - 05:00 pm Wed: 07:30 am - 05:00 pm Thu: 07:30 am - 05:00 pm Fri: 07:30 am - 05:00 pm Sat: Close Sun: Close	900	1356455299

<b>Family Planning Services</b>			
<b>Budget Summary</b>			
<b>Agency Name:</b>	County of Riverside Department of Public Health		<b>Agency Number:</b> 754
<b>Budget Period:</b>	Start Date: 4/1/2016 Ending Date: 3/31/2017		
Budget Category	Total Amount Required	Source of Funds	
		Applicant and Other	Allocated From CFHC
<b>Personnel Service</b>			
Physician	749,100	749,100	0
Mid-Level Practitioners	260,366	260,366	0
Other Health Personnel	325,009	127,002	198,007
Ancillary Personnel	713,434	713,434	0
Administration Staff	97,521	83,521	14,000
Fringe Benefits	884,819	797,383	87,436
Fringe Benefits Adjustments	0	0	0
<b>Total Personnel Service</b>	<b>3,030,249</b>	<b>2,730,806</b>	<b>299,443</b>
<b>Patient Care</b>			
Clinical Services	0	0	0
Laboratory Services	700,000	700,000	0
<b>Total Patient Care</b>	<b>700,000</b>	<b>700,000</b>	<b>0</b>
<b>Equipment</b>			
Equipment	0	0	0
<b>Total Equipment</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Other Costs</b>			
Consultant	0	0	0
Medical Supplies	437,891	426,947	10,944
Office Supplies	43,442	39,656	3,786
Duplication & Printing	8,503	4,887	3,616
Health Education Supplies	13,116	9,616	3,500
Utilities & Communication	55,261	49,614	5,647
Travel-Expense	34,883	24,733	10,150
Lease/Rental Expense	227,061	227,061	0
Other Expense	60,483	60,483	0
Approved Indirect Cost	187,987	167,023	20,964
<b>Total Other Costs</b>	<b>1,068,627</b>	<b>1,010,020</b>	<b>58,607</b>
<b>Total Budget</b>	<b>4,798,876</b>	<b>4,440,826</b>	<b>358,050</b>
<b>CY 2016 Approved Title X Allocation</b>			<b>358,050</b>

<b>Family Planning Services</b>	
<b>Summary of Applicant and Other</b>	
<b>Agency Number:</b> 754	
<b>Agency Name:</b> County of Riverside Department of Public Health	
Revenue Category	Total Amount
<b>Applicant Funds</b>	
General Funds (Agency Fund)	742,396
Donations (Cash or In-kind)	0
<b>Total for Applicant Funds</b>	<b>742,396</b>
<b>Family PACT</b>	
Family PACT Fee For Service	2,976,271
<b>Total for Family PACT</b>	<b>2,976,271</b>
<b>Medi-CAL</b>	
Medi-CAL	712,159
<b>Total for Medi-CAL</b>	<b>712,159</b>
<b>Other Federal Grants</b>	
Medicaid	0
Medicare (Title XVIII)	0
MCH Block Grant (Title V)	0
Bureau of Primary Health Care (330 Grant)	0
<b>Total for Other Fed Grants</b>	<b>0</b>
<b>State Government Grants</b>	
None	0
<b>Total for State Gov. Grants</b>	<b>0</b>
<b>Local Government Grants</b>	
None	0
<b>Total for Local Gov. Grants</b>	<b>0</b>
<b>Private Grants</b>	
None	0
<b>Total for Private Grants</b>	<b>0</b>
<b>Third Party Payers</b>	
Patient Fees	5,000
Private Health Insurance	5,000
<b>Total for Third Party Payers</b>	<b>10,000</b>
<b>Total Applicant and Other Sources of Revenue</b>	<b>4,440,826</b>

<b>All Sites Budget</b>			
<b>From 4/1/2016 To 3/31/2017</b>			
<b>Agency Name:</b>	County of Riverside Department of Public Health	<b>Agency Number:</b>	754
<b>Site Name:</b>	Riverside Neighborhood Health Center	<b>Site Number:</b>	1365
<b>Budget Category</b>		<b>Allocated From CFHC</b>	
<b>Salaries and Wages</b>			
Primary Care Physicians		0	
Mid-Level Practitioners		0	
Other Health Personnel		8,098	
Laboratory Staff		0	
Administration Staff		0	
<b>Total for Salaries and Wages</b>		<b>8,098</b>	
<b>Fringe Benefits</b>			
Fringe Benefits		3,340	
Fringe Benefits Adjustments		0	
<b>Total for Fringe Benefits</b>		<b>3,340</b>	
<b>Patient Care</b>			
Clinical Services		0	
Laboratory Services		0	
<b>Total for Patient Care</b>		<b>0</b>	
<b>Equipment</b>			
Equipment		0	
<b>Total for Equipment</b>		<b>0</b>	
<b>Other Costs</b>			
Consultants		0	
Medical Supplies		0	
Office Supplies		0	
Duplication & Printing		0	
Health & Educational Supplies		0	
Utilities & Communication		0	
Travel Expense		150	
Lease/Rental Expense		0	
Other Expense		0	
Approved Indirect Cost		0	
<b>Total for Other Costs</b>		<b>150</b>	
<b>Total CFHC Site Allocation</b>		<b>11,588</b>	

<b>All Sites Budget</b>			
<b>From 4/1/2016 To 3/31/2017</b>			
<b>Agency Name:</b>	County of Riverside Department of Public Health	<b>Agency Number:</b>	754
<b>Site Name:</b>	Indio Family Care Center	<b>Site Number:</b>	1366
<b>Budget Category</b>		<b>Allocated From CFHC</b>	
<b>Salaries and Wages</b>			
Primary Care Physicians		0	
Mid-Level Practitioners		0	
Other Health Personnel		8,251	
Laboratory Staff		0	
Administration Staff		0	
<b>Total for Salaries and Wages</b>		<b>8,251</b>	
<b>Fringe Benefits</b>			
Fringe Benefits		3,403	
Fringe Benefits Adjustments		0	
<b>Total for Fringe Benefits</b>		<b>3,403</b>	
<b>Patient Care</b>			
Clinical Services		0	
Laboratory Services		0	
<b>Total for Patient Care</b>		<b>0</b>	
<b>Equipment</b>			
Equipment		0	
<b>Total for Equipment</b>		<b>0</b>	
<b>Other Costs</b>			
Consultants		0	
Medical Supplies		0	
Office Supplies		0	
Duplication & Printing		0	
Health & Educational Supplies		0	
Utilities & Communication		0	
Travel Expense		0	
Lease/Rental Expense		0	
Other Expense		0	
Approved Indirect Cost		0	
<b>Total for Other Costs</b>		<b>0</b>	
<b>Total CFHC Site Allocation</b>		<b>11,654</b>	



<b>All Sites Budget</b>	
<b>From 4/1/2016 To 3/31/2017</b>	
<b>Agency Name:</b>	County of Riverside Department of Public Health
<b>Agency Number:</b>	754
<b>Site Name:</b>	Corona Family Care Center
<b>Site Number:</b>	1368
Budget Category	Allocated From CFHC
<b>Salaries and Wages</b>	
Primary Care Physicians	0
Mid-Level Practitioners	0
Other Health Personnel	8,558
Laboratory Staff	0
Administration Staff	0
<b>Total for Salaries and Wages</b>	<b>8,558</b>
<b>Fringe Benefits</b>	
Fringe Benefits	3,529
Fringe Benefits Adjustments	0
<b>Total for Fringe Benefits</b>	<b>3,529</b>
<b>Patient Care</b>	
Clinical Services	0
Laboratory Services	0
<b>Total for Patient Care</b>	<b>0</b>
<b>Equipment</b>	
Equipment	0
<b>Total for Equipment</b>	<b>0</b>
<b>Other Costs</b>	
Consultants	0
Medical Supplies	0
Office Supplies	0
Duplication & Printing	0
Health & Educational Supplies	0
Utilities & Communication	0
Travel Expense	225
Lease/Rental Expense	0
Other Expense	0
Approved Indirect Cost	0
<b>Total for Other Costs</b>	<b>225</b>
<b>Total CFHC Site Allocation</b>	<b>12,312</b>

<b>All Sites Budget</b>			
<b>From 4/1/2016 To 3/31/2017</b>			
<b>Agency Name:</b>	County of Riverside Department of Public Health	<b>Agency Number:</b>	754
<b>Site Name:</b>	Hemet Family Care Center	<b>Site Number:</b>	1369
<b>Budget Category</b>		<b>Allocated From CFHC</b>	
<b>Salaries and Wages</b>			
Primary Care Physicians		0	
Mid-Level Practitioners		0	
Other Health Personnel		6,246	
Laboratory Staff		0	
Administration Staff		0	
<b>Total for Salaries and Wages</b>		<b>6,246</b>	
<b>Fringe Benefits</b>			
Fringe Benefits		2,576	
Fringe Benefits Adjustments		0	
<b>Total for Fringe Benefits</b>		<b>2,576</b>	
<b>Patient Care</b>			
Clinical Services		0	
Laboratory Services		0	
<b>Total for Patient Care</b>		<b>0</b>	
<b>Equipment</b>			
Equipment		0	
<b>Total for Equipment</b>		<b>0</b>	
<b>Other Costs</b>			
Consultants		0	
Medical Supplies		0	
Office Supplies		0	
Duplication & Printing		0	
Health & Educational Supplies		0	
Utilities & Communication		0	
Travel Expense		225	
Lease/Rental Expense		0	
Other Expense		0	
Approved Indirect Cost		0	
<b>Total for Other Costs</b>		<b>225</b>	
<b>Total CFHC Site Allocation</b>		<b>9,047</b>	

<b>All Sites Budget</b>			
<b>From 4/1/2016 To 3/31/2017</b>			
<b>Agency Name:</b>	County of Riverside Department of Public Health	<b>Agency Number:</b>	754
<b>Site Name:</b>	Palm Springs Family Care Center	<b>Site Number:</b>	1370
<b>Budget Category</b>		<b>Allocated From CFHC</b>	
<b>Salaries and Wages</b>			
Primary Care Physicians		0	
Mid-Level Practitioners		0	
Other Health Personnel		7,944	
Laboratory Staff		0	
Administration Staff		0	
<b>Total for Salaries and Wages</b>		<b>7,944</b>	
<b>Fringe Benefits</b>			
Fringe Benefits		3,276	
Fringe Benefits Adjustments		0	
<b>Total for Fringe Benefits</b>		<b>3,276</b>	
<b>Patient Care</b>			
Clinical Services		0	
Laboratory Services		0	
<b>Total for Patient Care</b>		<b>0</b>	
<b>Equipment</b>			
Equipment		0	
<b>Total for Equipment</b>		<b>0</b>	
<b>Other Costs</b>			
Consultants		0	
Medical Supplies		0	
Office Supplies		0	
Duplication & Printing		0	
Health & Educational Supplies		0	
Utilities & Communication		0	
Travel Expense		40	
Lease/Rental Expense		0	
Other Expense		0	
Approved Indirect Cost		0	
<b>Total for Other Costs</b>		<b>40</b>	
<b>Total CFHC Site Allocation</b>		<b>11,260</b>	

<b>All Sites Budget</b>			
<b>From 4/1/2016 To 3/31/2017</b>			
<b>Agency Name:</b>	County of Riverside Department of Public Health	<b>Agency Number:</b>	754
<b>Site Name:</b>	Banning Family Care Center	<b>Site Number:</b>	1623
<b>Budget Category</b>		<b>Allocated From CFHC</b>	
<b>Salaries and Wages</b>			
Primary Care Physicians		0	
Mid-Level Practitioners		0	
Other Health Personnel		5,800	
Laboratory Staff		0	
Administration Staff		0	
<b>Total for Salaries and Wages</b>		<b>5,800</b>	
<b>Fringe Benefits</b>			
Fringe Benefits		2,392	
Fringe Benefits Adjustments		0	
<b>Total for Fringe Benefits</b>		<b>2,392</b>	
<b>Patient Care</b>			
Clinical Services		0	
Laboratory Services		0	
<b>Total for Patient Care</b>		<b>0</b>	
<b>Equipment</b>			
Equipment		0	
<b>Total for Equipment</b>		<b>0</b>	
<b>Other Costs</b>			
Consultants		0	
Medical Supplies		0	
Office Supplies		0	
Duplication & Printing		0	
Health & Educational Supplies		0	
Utilities & Communication		0	
Travel Expense		225	
Lease/Rental Expense		0	
Other Expense		0	
Approved Indirect Cost		0	
<b>Total for Other Costs</b>		<b>225</b>	
<b>Total CFHC Site Allocation</b>		<b>8,417</b>	

<b>All Sites Budget</b>			
<b>From 4/1/2016 To 3/31/2017</b>			
<b>Agency Name:</b>	County of Riverside Department of Public Health	<b>Agency Number:</b>	754
<b>Site Name:</b>	Jurupa Family Care Center	<b>Site Number:</b>	1847
<b>Budget Category</b>		<b>Allocated From CFHC</b>	
<b>Salaries and Wages</b>			
Primary Care Physicians		0	
Mid-Level Practitioners		0	
Other Health Personnel		6,535	
Laboratory Staff		0	
Administration Staff		0	
<b>Total for Salaries and Wages</b>		<b>6,535</b>	
<b>Fringe Benefits</b>			
Fringe Benefits		2,695	
Fringe Benefits Adjustments		0	
<b>Total for Fringe Benefits</b>		<b>2,695</b>	
<b>Patient Care</b>			
Clinical Services		0	
Laboratory Services		0	
<b>Total for Patient Care</b>		<b>0</b>	
<b>Equipment</b>			
Equipment		0	
<b>Total for Equipment</b>		<b>0</b>	
<b>Other Costs</b>			
Consultants		0	
Medical Supplies		0	
Office Supplies		0	
Duplication & Printing		0	
Health & Educational Supplies		0	
Utilities & Communication		0	
Travel Expense		150	
Lease/Rental Expense		0	
Other Expense		0	
Approved Indirect Cost		0	
<b>Total for Other Costs</b>		<b>150</b>	
<b>Total CFHC Site Allocation</b>		<b>9,380</b>	

<b>All Sites Budget</b>			
<b>From 4/1/2016 To 3/31/2017</b>			
<b>Agency Name:</b>	County of Riverside Department of Public Health	<b>Agency Number:</b>	754
<b>Site Name:</b>	Perris Family Care Center	<b>Site Number:</b>	1993
<b>Budget Category</b>		<b>Allocated From CFHC</b>	
<b>Salaries and Wages</b>			
Primary Care Physicians		0	
Mid-Level Practitioners		0	
Other Health Personnel		6,577	
Laboratory Staff		0	
Administration Staff		0	
<b>Total for Salaries and Wages</b>		<b>6,577</b>	
<b>Fringe Benefits</b>			
Fringe Benefits		2,712	
Fringe Benefits Adjustments		0	
<b>Total for Fringe Benefits</b>		<b>2,712</b>	
<b>Patient Care</b>			
Clinical Services		0	
Laboratory Services		0	
<b>Total for Patient Care</b>		<b>0</b>	
<b>Equipment</b>			
Equipment		0	
<b>Total for Equipment</b>		<b>0</b>	
<b>Other Costs</b>			
Consultants		0	
Medical Supplies		0	
Office Supplies		0	
Duplication & Printing		0	
Health & Educational Supplies		0	
Utilities & Communication		0	
Travel Expense		430	
Lease/Rental Expense		0	
Other Expense		0	
Approved Indirect Cost		0	
<b>Total for Other Costs</b>		<b>430</b>	
<b>Total CFHC Site Allocation</b>		<b>9,719</b>	

<b>All Sites Budget</b>			
<b>From 4/1/2016 To 3/31/2017</b>			
<b>Agency Name:</b>	County of Riverside Department of Public Health	<b>Agency Number:</b>	754
<b>Site Name:</b>	Lake Elsinore Family Care Center	<b>Site Number:</b>	1995
<b>Budget Category</b>		<b>Allocated From CFHC</b>	
<b>Salaries and Wages</b>			
Primary Care Physicians			0
Mid-Level Practitioners			0
Other Health Personnel			6,824
Laboratory Staff			0
Administration Staff			0
<b>Total for Salaries and Wages</b>			<b>6,824</b>
<b>Fringe Benefits</b>			
Fringe Benefits			2,814
Fringe Benefits Adjustments			0
<b>Total for Fringe Benefits</b>			<b>2,814</b>
<b>Patient Care</b>			
Clinical Services			0
Laboratory Services			0
<b>Total for Patient Care</b>			<b>0</b>
<b>Equipment</b>			
Equipment			0
<b>Total for Equipment</b>			<b>0</b>
<b>Other Costs</b>			
Consultants			0
Medical Supplies			0
Office Supplies			0
Duplication & Printing			0
Health & Educational Supplies			0
Utilities & Communication			0
Travel Expense			430
Lease/Rental Expense			0
Other Expense			0
Approved Indirect Cost			0
<b>Total for Other Costs</b>			<b>430</b>
<b>Total CFHC Site Allocation</b>			<b>10,068</b>

<b>All Sites Budget</b>			
<b>From 4/1/2016 To 3/31/2017</b>			
<b>Agency Name:</b>	County of Riverside Department of Public Health	<b>Agency Number:</b>	754
<b>Site Name:</b>	County of Riverside Department of Public Health	<b>Site Number:</b>	9202
<b>Budget Category</b>		<b>Allocated From CFHC</b>	
<b>Salaries and Wages</b>			
Primary Care Physicians		0	
Mid-Level Practitioners		0	
Other Health Personnel		126,874	
Laboratory Staff		0	
Administration Staff		14,000	
<b>Total for Salaries and Wages</b>		<b>140,874</b>	
<b>Fringe Benefits</b>			
Fringe Benefits		58,099	
Fringe Benefits Adjustments		0	
<b>Total for Fringe Benefits</b>		<b>58,099</b>	
<b>Patient Care</b>			
Clinical Services		0	
Laboratory Services		0	
<b>Total for Patient Care</b>		<b>0</b>	
<b>Equipment</b>			
Equipment		0	
<b>Total for Equipment</b>		<b>0</b>	
<b>Other Costs</b>			
Consultants		0	
Medical Supplies		10,944	
Office Supplies		3,786	
Duplication & Printing		3,616	
Health & Educational Supplies		3,500	
Utilities & Communication		5,647	
Travel Expense		8,125	
Lease/Rental Expense		0	
Other Expense		0	
Approved Indirect Cost		20,964	
<b>Total for Other Costs</b>		<b>56,582</b>	
<b>Total CFHC Site Allocation</b>		<b>255,555</b>	



<b>All Sites Budget</b>	
<b>From 4/1/2016 To 3/31/2017</b>	
<b>Agency Name:</b>	County of Riverside Department of Public Health
<b>Agency Number:</b>	754
<b>Site Name:</b>	Rubidoux Family Care Center
<b>Site Number:</b>	9204
Budget Category	Allocated From CFHC
<b>Salaries and Wages</b>	
Primary Care Physicians	0
Mid-Level Practitioners	0
Other Health Personnel	6,300
Laboratory Staff	0
Administration Staff	0
<b>Total for Salaries and Wages</b>	<b>6,300</b>
<b>Fringe Benefits</b>	
Fringe Benefits	2,598
Fringe Benefits Adjustments	0
<b>Total for Fringe Benefits</b>	<b>2,598</b>
<b>Patient Care</b>	
Clinical Services	0
Laboratory Services	0
<b>Total for Patient Care</b>	<b>0</b>
<b>Equipment</b>	
Equipment	0
<b>Total for Equipment</b>	<b>0</b>
<b>Other Costs</b>	
Consultants	0
Medical Supplies	0
Office Supplies	0
Duplication & Printing	0
Health & Educational Supplies	0
Utilities & Communication	0
Travel Expense	150
Lease/Rental Expense	0
Other Expense	0
Approved Indirect Cost	0
<b>Total for Other Costs</b>	<b>150</b>
<b>Total CFHC Site Allocation</b>	<b>9,048</b>

**Cost Allocation Methodology Policy Statement**

**1. Please enter the following for your Cost Allocation:**

- i. Current calculation figures on how each line item budget was determined (Methodology provided will be tested against your application budget).
- ii. Current Indirect Cost calculation and rate; Copy of approved indirect cost rate agreement must be submitted if available.

County of Riverside Department of Public Health clinics provide Family Planning services to approximately 28% of its clients. Title X funds are used to support community outreach, partnering activities and program administration. The majority of clients are covered by Family PACT and Medi-cal. Clients who do not qualify for Family PACT may be covered under Title X based on the sliding fee scale. The funds are cost distributed to each clinic site based on the staff activities recorded on the productivity logs. All staff has time sheets delineating the hours worked each day. The staff also keeps productivity logs accounting for the time and number of clients seen at each location and program.

#### PERSONNEL SERVICES/SALARIES AND WAGES

The majority of Title X funds are allocated for salaries and benefits to support 7 FTEs that perform community outreach, partnering activities and administration duties. The Full Time Equivalent is based on a 40 hour work week and is used for salaries and benefits. Any salary and fringe benefits costs that are not covered by Title X are covered by the County or other grant sources.

- Assistant Nurse Manager (1 FTE) supervises outreach and partnering activities, is also responsible for meeting grant objectives.
- Licensed Vocational Nurse (5 FTE) provides education at WIC sites, Teen Clinics, middle schools, high schools, homeless and women shelters; participates in outreach activities and health fairs.
- Office Assistant (1 FTE) provides clerical support to Family Planning team. Enters statistical data for education, outreach and trainings.

#### OTHER COSTS/OPERATING

Any operating costs that are not covered by Title X are covered by the County or other grant sources.

- Medical supplies-covers the cost of condoms for outreach activities, WIC sites, homeless shelters and parolees for the purpose of STD and pregnancy prevention (\$1.08 per bag of one dozen condoms X 10,133 clients/bags=\$10,944). All other medical supplies for Family Planning Clinics will be covered under applicant and other.
- Office supplies-covers Family Planning personnel for basic offices supplies including but not limited to pens, pencils, paper, toner, etc. (average monthly cost fiscal year to date is \$315.00=\$3,786)
- Printing-covers the cost of flyers, brochures, client evaluations, etc. for education, outreach and partnering activities, health fairs and clients seen at the 10 clinics (average monthly cost fiscal year to date is \$301.00=\$3,616)
- Health and education supplies-is allocated for client incentives; Teen Clinics, video, dvd's and pamphlets (average monthly cost fiscal year to date is \$292.00=\$3,500.00)
- Communications-Includes cell phones for field staff, desk phones and computer lines (average\$67.23/person/month=\$5,647 per year).
- Travel-covers the cost of attending Title X business meeting, other training and conferences and mileage to education sites.
- The Title X Business meeting-\$100 is the cost of sending (2) essential staff, which includes: Ground transportation, meals and other travel related expenses.
- Travel/Mileage-\$6,285 covers private and county car mileage to outreach and education sites and the 10 County Family Planning clinics (average monthly cost fiscal year to date is \$858.00=\$10,298 per year).
- Training/Conference-\$3,765 covers cost of webinar trainings, Women's Conference and Contraceptive Technology course: includes hotel, ground transportation, meals, registration and other travel related expenses.
- Approved Indirect cost- The Indirect Cost is below the approved amount for CFHC, and it is calculated as 7% of salaries and benefits. The actual total indirect cost for County of Riverside Department of Public Health is 23.44%.

## 2. Please Describe and justify any out-of-state travel

**3. Does your agency provide abortions at any of your sites?**

**TAB No            MAB No**

**3.a If yes, are the sites Title X funded sites? No**

If Yes, please provide a brief description of how your agency maintains segregation of complete funds between abortion services and family planning:

**FAMILY PLANNING SERVICES REPORTING REQUIREMENTS:**

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

<u>REPORT TITLE</u>	<u>FREQUENCY OF SUBMISSION</u>	<u>DUE DATE</u>
Family Planning Services Semi-Annual Progress Report (by County)  Submitted electronically at www.cfhc.org	Semi-Annually	25th of the month following the period reported for the data that is not submitted monthly. For January, February, March ( <b>from previous funding period</b> ), April, May and June <b><u>DUE: July 25, 2016</u></b>  For July, August, September, October, November and December <b><u>DUE: January 25, 2017</u></b>
Statement of Revenue and Expenditure Report (includes submission of General Ledger backup of Title X expenditures only)  Submitted electronically at www.cfhc.org	Quarterly	25th of the month following the period reported For April, May and June <b><u>DUE: July 25, 2016</u></b>  For July, August and September <b><u>DUE: October 25, 2016</u></b>  For October, November and December <b><u>DUE: January 25, 2017</u></b>  For January, February and March <b><u>DUE: April 25, 2017</u></b>
Annual External Audit and A-133 Audit if applicable Submitted to the Finance Division	Annually	30 days after completion of audit but no later than nine months after the end of the accounting period under audit
Centralized Data System (CDS) submission Submitted electronically at www.cfhc.org	Monthly	25th of the month following the period reported
Special Reports, surveys and questionnaires as may be requested by CFHC or its funding source	Specified Date	Specified Date
Corrective Action Plan Creation (if performance measures not met)	Annually	August 31, 2016
Corrective Action Plan Completion (if performance measures not met)	Annually	December 31, 2016

**CALIFORNIA FAMILY HEALTH COUNCIL  
SEPARATION OF FAMILY PLANNING AND ABORTION SERVICES POLICY**

In compliance with Section 1008 of the Public Health Services Act, 42 CFR 59.5 (a) (5) and Federal Register / Vol. 65, No. 128, California Family Health Council (CFHC) does not provide Title X funding at any family planning project to promote or provide abortion as a method of family planning.

CFHC and the Title X projects of Delegate Agencies receiving Title X funds are bound by the following guidelines:

**Prohibited Activities:**

1. Providing abortion as a method of family planning.
2. Counseling which directs a client to reach a decision to terminate a pregnancy.
3. Making appointments, obtaining signed consents, negotiating a fee reduction, providing transportation or taking further affirmative action to secure abortion services.
4. Promoting or advocating for an abortion within Title X program activities.

**Allowable Activities:**

1. Providing non-directive counseling to clients with positive pregnancy tests, which includes information on the following options, except with respect to any option(s) about which the pregnant woman indicates she does not wish to receive such information and counseling:
  - i. prenatal care and delivery;
  - ii. infant care, foster care, or adoption; and
  - iii. pregnancy termination
2. Providing neutral and factual information about all of the above-listed options, including abortion services.
3. Referral of a client to a provider of services of all of the above-listed options, including for an abortion.

**Procedure for Verification of Separation of Title X Funds and Abortion**

**Existing Abortion Services**

If a delegate agency provides abortion services, the following will be done at each Title X program evaluation in order to verify that Title X activities and abortion services are separate and distinct:

<b><u>Activity</u></b>	<b><u>Responsible Person</u></b>
1. Verification of financial separation of Title X family planning services funding and abortion services funding, to include funding for common costs that are properly allocated.	1. CFHC Lead Site Financial Auditor
2. Verification of the ability to separate and distinguish between Title X family planning activities and non-Title X abortion related activities within the health center.	2. CFHC Medical Specialists and CFHC Regional Program Managers

**CALIFORNIA FAMILY HEALTH COUNCIL  
SEPARATION OF FAMILY PLANNING AND ABORTION SERVICES POLICY**

Process to Initiate Abortion Services

If a new Delegate Agency provides abortion services, or if an existing Delegate Agency initiates abortion services, the following must be done:

- A. Six weeks prior to adding abortion services, the Delegate Agency will notify CFHC in writing of its intent to implement abortion services.
- B. The separation of funds between Title X family planning service and abortion service must be reflected in the budget to show separation of staff time, equipment, supplies and medications.
- C. CFHC will conduct an onsite review of the proposed abortion services health center prior to the agency's provision of such services. The review will include:
  - 1. Verification of financial separation of Title X family planning services funding and abortion service funding, to include funding for common costs that are properly allocated.
  - 2. Verification of the ability to separate and distinguish between Title X family planning services and non-Title X abortion related services within the health center.
  - 3. Verification that abortion information is not presented as a method of family planning during Title X family planning client education.
- D. CFHC will summarize any findings and recommendations in a letter that will be sent to the Delegate Agency. A timeline for correction of any findings will be established with the Delegate Agency and a follow-up review will be scheduled prior to the implementation of abortion services, if necessary.