City and County of San Francisco Office of Contract Administration Purchasing Division

FIRST AMENDMENT

THIS AMENDMENT (this "Amendment") is made as of July 1, 2014 in San Francisco, California, by and between Edgewood Center for Children & Families ("Contractor"), and the City and County of San Francisco, a municipal corporation ("City"), acting by and through its Director of Public Health

RECITALS

WHEREAS, City and Contractor desire to modify the Agreement to increase the Agreement amount.

NOW, THEREFORE, Contractor and the City agree as follows:

1. **Definitions.** The following definitions shall apply to this Amendment:

Agreement. The term "Agreement" shall mean the Agreement dated July 1, 2010 between Contractor and City, as amended by this First Amendment.

- 2. Modifications to the Agreement. The Agreement is hereby modified as follows:
 - 2.a Section 2. Term of the Agreement

The term of this Agreement shall be from July 1, 2010 through December 31, 2015.

2.b Section 5. Compensation of the Agreement currently reads as follows:

5. COMPENSATION

Compensation shall be made in monthly payments on or before the 30th day of each month for work, as set forth in Section 4 of this Agreement, that the Director of the Department of Public Health], in his or her sole discretion, concludes has been performed as of the 30th day of the immediately preceding month. In no event shall the amount of this Agreement exceed **Twenty Nine Million One Hundred Nine Thousand Eighty Nine Dollars (\$29,109,089).** The breakdown of costs associated with this Agreement appears in Appendix B, "Calculation of Charges," attached hereto and incorporated by reference as though fully set forth herein. No charges shall be incurred under this Agreement nor shall any payments become due to Contractor until reports, services, or both, required under this Agreement are received from Contractor and approved by Department of Public Health as being in accordance with this Agreement. City may withhold payment to Contractor in any instance in which Contractor has failed or refused to satisfy any material obligation provided for under this Agreement. In no event shall City be liable for interest or late charges for any late payments.

Such section is hereby amended in its entirety to read as follows:

COMPENSATION

Compensation shall be made in monthly payments on or before the 15th day of each month for work, as set forth in Section 4 of this Agreement, that the Director of the Department of Public Health, in his or her sole discretion, concludes has been performed as of the 30th day of the immediately preceding month. In no event shall the amount of this Agreement exceed **Thirty Eight Million Eighty Three Thousand Two Hundred Eighty Three Dollars (\$38,083,283).** The breakdown of costs associated with this Agreement appears in Appendix B, "Calculation of Charges," attached hereto and incorporated by reference as though fully set forth herein. No charges shall be incurred under this Agreement nor shall any payments become due to Contractor until reports, services, or both, required under this Agreement are received from Contractor and approved by Department of Public Health as being in accordance with this Agreement. City may withhold payment to Contractor in any instance in which Contractor has failed or refused to satisfy any material obligation provided for under this Agreement. In no event shall City be liable for interest or late charges for any late payments.

- 2.C Appendices B, B-1 through B-14 dated July 1, 2014 are hereby added for FY 2014-15.
- 3. Effective Date. This Amendment shall be effective on the date of this Amendment.
- 4. Legal Effect. Except as expressly modified by this Amendment, all of the terms and conditions of the Agreement shall remain unchanged and in full force and effect.

IN WITNESS WHEREOF, Contractor and City have executed this Amendment as of the date first referenced above. CITY CONTRACTOR Recommended by: Edgewood Center for Children & Families Matt Madaus Chief Executive Officer Barbara Garcia, MPA 1801 Vicente Street Director of Health San Francisco, California 94116 Department of Public Health City vendor number: 06953 Approved as to Form: Dennis J. Herrera City Attorney southfughy 6/6/14 Deputy City Attorney

Jaci Fong

Approved:

Director of the Office of Contract Administration, and Purchaser

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Appendix B Calculation of Charges

1. Method of Payment

A. Invoices furnished by CONTRACTOR under this Agreement must be in a form acceptable to the Contract Administrator and the CONTROLLER and must include the Contract Progress Payment Authorization number or Contract Purchase Number. All amounts paid by CITY to CONTRACTOR shall be subject to audit by CITY. The CITY shall make monthly payments as described below. Such payments shall not exceed those amounts stated in and shall be in accordance with the provisions of Section 5, COMPENSATION, of this Agreement.

Compensation for all SERVICES provided by CONTRACTOR shall be paid in the following manner. For the purposes of this Section, "General Fund" shall mean all those funds which are not Work Order or Grant funds. "General Fund Appendices" shall mean all those appendices which include General Fund monies.

(1) Fee For Service (Monthly Reimbursement by Certified Units at Budgeted Unit Rates)

CONTRACTOR shall submit monthly invoices in the format attached, Appendix F, and in a form acceptable to the Contract Administrator, by the fifteenth (15th) calendar day of each month, based upon the number of units of service that were delivered in the preceding month. All deliverables associated with the SERVICES defined in Appendix A times the unit rate as shown in the appendices cited in this paragraph shall be reported on the invoice(s) each month. All charges incurred under this Agreement shall be due and payable only after SERVICES have been rendered and in no case in advance of such SERVICES.

(2) Cost Reimbursement (Monthly Reimbursement for Actual Expenditures within Budget):

CONTRACTOR shall submit monthly invoices in the format attached, Appendix F, and in a form acceptable to the Contract Administrator, by the fifteenth (15th) calendar day of each month for reimbursement of the actual costs for SERVICES of the preceding month. All costs associated with the SERVICES shall be reported on the invoice each month. All costs incurred under this Agreement shall be due and payable only after SERVICES have been rendered and in no case in advance of such SERVICES.

B. Final Closing Invoice

(1) Fee For Service Reimbursement:

A final closing invoice, clearly marked "FINAL," shall be submitted no later than forty-five (45) calendar days following the closing date of each fiscal year of the Agreement, and shall include only those SERVICES rendered during the referenced period of performance. If SERVICES are not invoiced during this period, all unexpended funding set aside for this Agreement will revert to CITY. CITY'S final reimbursement to the CONTRACTOR at the close of the Agreement period shall be adjusted to conform to actual units certified multiplied by the unit rates identified in Appendix B attached hereto, and shall not exceed the total amount authorized and certified for this Agreement.

(2) <u>Cost Reimbursement</u>:

A final closing invoice, clearly marked "FINAL," shall be submitted no later than forty-five (45) calendar days following the closing date of each fiscal year of the Agreement, and shall include only those costs incurred during the referenced period of performance. If costs are not invoiced during this period, all unexpended funding set aside for this Agreement will revert to CITY.

- C. Payment shall be made by the CITY to CONTRACTOR at the address specified in the section entitled "Notices to Parties."
- D. Upon the effective date of this Agreement, contingent upon prior approval by the CITY'S Department of Public Health of an invoice or claim submitted by Contractor, and of each year's revised Appendix A (Description of Services) and each year's revised Appendix B (Program Budget and Cost Reporting

Data Collection Form), and within each fiscal year, the CITY agrees to make an initial payment to CONTRACTOR not to exceed twenty-five per cent (25%) of the General Fund and MHSA Fund portion of the CONTRACTOR'S allocation for the applicable fiscal year.

CONTRACTOR agrees that within that fiscal year, this initial payment shall be recovered by the CITY through a reduction to monthly payments to CONTRACTOR during the period of October 1 through March 31 of the applicable fiscal year, unless and until CONTRACTOR chooses to return to the CITY all or part of the initial payment for that fiscal year. The amount of the initial payment recovered each month shall be calculated by dividing the total initial payment for the fiscal year by the total number of months for recovery. Any termination of this Agreement, whether for cause or for convenience, will result in the total outstanding amount of the initial payment for that fiscal year being due and payable to the CITY within thirty (30) calendar days following written notice of termination from the CITY.

2. Program Budgets and Final Invoice

A. Program Budgets are listed below and are attached hereto.

Budget Summary

Appendix B-1a & B-1b: Community-Based Day Treatment

Appendix B-2a & B-2b: Residentially-Based Day Treatment and Family Connections Program

Appendix B-3: School Mental Health Partnership

Appendix B-4: Behavioral Health Outpatient

Appendix B-5: Therapeutic Behavioral Services (TBS)

Appendix B-6: Wraparound

Appendix B-7: Educational Assessments

Appendix B-8: Primary Intervention Program (PIP) Mental Health Consultation

Appendix B-9: Early Childhood Mental Health Consultation Initiative

Appendix B-10: School-Based Well-Being

Appendix B-11: Youth Agency Mental Health Consultation (YAMHC)

Appendix B-12: Hospital Diversion Program

Appendix B-13: Residential-Based Services (RBS)/Family Connections Program (FCP)

Appendix B-14: Crisis Triage

B. COMPENSATION

Compensation shall be made in monthly payments on or before the 30th day after the DIRECTOR, in his or her sole discretion, has approved the invoice submitted by CONTRACTOR. The breakdown of costs and sources of revenue associated with this Agreement appears in Appendix B, Cost Reporting/Data Collection (CR/DC) and Program Budget, attached hereto and incorporated by reference as though fully set forth herein. The maximum dollar obligation of the CITY under the terms of this Agreement shall not exceed Thirty Eight Million Eighty Three Thousand Two Hundred Eighty Three Dollars (\$38,083,283) for the period of July 1, 2010 through December 31, 2015.

CONTRACTOR understands that, of this maximum dollar obligation, \$1,656,865 is included as a contingency amount and is neither to be used in Appendix B, Budget, or available to CONTRACTOR without a modification to this Agreement executed in the same manner as this Agreement or a revision to Appendix B, Budget, which has been approved by the Director of Health. CONTRACTOR further understands that no payment of any portion of this contingency amount will be made unless and until such modification or budget revision has been fully approved and executed in accordance with applicable CITY and Department of Public Health laws, regulations and policies/procedures and certification as to the availability of funds by the Controller. CONTRACTOR agrees to fully comply with these laws, regulations, and policies/procedures.

(1) For each fiscal year of the term of this Agreement, CONTRACTOR shall submit for approval of the CITY's Department of Public Health a revised Appendix A, Description of Services, and a revised Appendix B, Program Budget and Cost Reporting Data Collection form, based on the CITY's allocation of funding for SERVICES for the appropriate fiscal year. CONTRACTOR shall create these Appendices in compliance with the instructions of the Department of Public Health. These Appendices

shall apply only to the fiscal year for which they were created. These Appendices shall become part of this Agreement only upon approval by the CITY.

CONTRACTOR understands that, of the maximum dollar obligation stated above, the total amount to be used in Appendix B, Budget and available to CONTRACTOR for the entire term of the contract is as follows, not withstanding that for each fiscal year, the amount to be used in Appendix B, Budget and available to CONTRACTOR for that fiscal year shall conform with the Appendix A, Description of Services, and a Appendix B, Program Budget and Cost Reporting Data Collection form, as approved by the CITY's Department of Public Health based on the CITY's allocation of funding for SERVICES for that fiscal year.

July 1, 2010 through June 30, 2011	\$ 4,841,047
July 1, 2011 through June 30, 2012	\$ 4,878,105
July 1, 2012 through June 30, 2013	\$ 5,819,285
July 1, 2013 through June 30, 2014	\$ 7,080,772
July 1, 2014 through June 30, 2015	\$ 9,204,806
July 1, 2015 through December 31, 2015	\$ 4,602,403
Total July 1, 2010 through December 31, 2015	\$ 36,426,418

- (3) CONTRACTOR understands that the CITY may need to adjust sources of revenue and agrees that these needed adjustments will become part of this Agreement by written modification to CONTRACTOR. In event that such reimbursement is terminated or reduced, this Agreement shall be terminated or proportionately reduced accordingly. In no event will CONTRACTOR be entitled to compensation in excess of these amounts for these periods without there first being a modification of the Agreement or a revision to Appendix B, Budget, as provided for in this section of this Agreement.
- C. CONTRACTOR agrees to comply with its Budget as shown in Appendix B in the provision of SERVICES. Changes to the budget that do not increase or reduce the maximum dollar obligation of the CITY are subject to the provisions of the Department of Public Health Policy/Procedure Regarding Contract Budget Changes. CONTRACTOR agrees to comply fully with that policy/procedure.
- D. No costs or charges shall be incurred under this Agreement nor shall any payments become due to CONTRACTOR until reports, SERVICES, or both, required under this Agreement are received from CONTRACTOR and approved by the DIRECTOR as being in accordance with this Agreement. CITY may withhold payment to CONTRACTOR in any instance in which CONTRACTOR has failed or refused to satisfy any material obligation provided for under this Agreement.
 - E. In no event shall the CITY be liable for interest or late charges for any late payments.
- F. CONTRACTOR understands and agrees that should the CITY'S maximum dollar obligation under this Agreement include State or Federal Medi-Cal revenues, CONTRACTOR shall expend such revenues in the provision of SERVICES to Medi-Cal eligible clients in accordance with CITY, State, and Federal Medi-Cal regulations. Should CONTRACTOR fail to expend budgeted Medi-Cal revenues herein, the CITY'S maximum dollar obligation to CONTRACTOR shall be proportionally reduced in the amount of such unexpended revenues. In no event shall State/Federal Medi-Cal revenues be used for clients who do not qualify for Medi-Cal reimbursement.

DPH 1: Department of Public Health Contract Budget Summary

DPH 1: Department of Public Health Contract Budget Summary DMH Legal Entity Number (MH):	00273	erzyk i samelin Amerikaanse 2011;	Prenared	Rv/Phone #	Richard P St	one, 415.682.	3121	- Jan	Fiscal Year:	2014-2015
DMH Legal Entity Name (MH)/Contractor Name (SA):	Edgewood Cent	er for Children	and Families	Da Da	cument Date:	7/1/2014	7/1/2014		Appendix #:	B, Page 1
Contract Appendix Number:	B-1a	B-1b	B-2a	B-2b	B-3	B-4	B-5	B-6	B-7	B-8
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Appendix A/Program Name:	Treatment DTI	OP OP	DTI	OP	Partnership	Health OP	TBS	Wraparound		Consultation
Provider Number:	8858	8858	8858	8858	8858	8858	8858	8858	8858	8858
Program Code (formerly Reporting Unit):	88585	8858OP	88586	88584	8858ED	885814	885818	885819	NA	NA
FUNDING TERM:	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15
FUNDING USES								0.00		
Salaries & Employee Benefits:	582,416	99,675	447,909	378,869	105,612	555,130	472,904	330,600	11,144	33,431
Operating Expenses:	161,766	27,685	124,407	105,231	29,334		131,349	91,824	3,095	9,285
Capital Expenses:	28,432	4,866	21,866	18,496	5,156		23,086	16,139	544	1,632
Subtotal Direct Expenses:	772,614	132,226	594,182	502,596	140,102	736,417	627,339	438 ,563	14,783	44,348
Indirect Expenses:	115,892	19,834	89,127	75,390	21,015	110,463	94,101	65,785	2,217	6,652
Indirect %:	0.15	0.15	0.15	0.15	0.15		0.15	0.15	0.15	0.15
TOTAL FUNDING USES	888,506	152,060	683,309	577,986	161,117	846,880	721,440	504,348	17,000	51,000
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MH FED - SDMC Regular FFP (50%)	342,191	67,360	302,710	264,700	58,190	406,350	346,760	250,017	institution in the second of t	_
MH STATE - EPSDT State Match	310,071	64,536	272,439	238,230	52,371	365,715	312,084	231,997	-	-
MH STATE - Family Mosaic Capitated Medi-Cal	15,000	5,000	-	-	1	-	-		-	
MH WORK ORDER - Human Services Agency (matched)	<u> </u>	1	-	-	_	<u> </u>		17,561	-	-
MH WORK ORDER - Human Services Agency		<u> </u>	-		-	-	1 -	-	}	-
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MH WORK ORDER - Dept. Children, Youth & Families		 			_		1 -	-	-	-
MH WORK ORDER - First Five (SF Children & Family Commission)		1	1		1		 	-		-
MH WORK ORDER - First Five (SF Children & Family Commission)		 		-		<u> </u>	-		-	-
MH PRIOR YEAR - SB 163 - Children's Wrap-Around/Foster Care		 	 	-		-	 	7-	17,000	-
MH STATE - MHSA	 	 	 -			-	† -		<u> </u>	51,000
MH Realignment	32,120	2,824	1	1 -	†	1 -	-	~	-	-
MH COUNTY - General Fund (matched)	 		30,271	26,470	5,819	40,635	34,676	459		-
MH COUNTY - General Fund (unmatched)	189,124	12,340	77,889	48,586				4,051	-	1 -
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DPH 1: Department of Public Health Contract Budget Summary

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	DMH Legal Entity Number (MH): 00273 Prepared By/Phone #: Richard P. Stone, 415.682.3121 Fiscal Year: ty Name (MH)/Contractor Name (SA): Edgewood Center for Children and Families Document Date: 7/1/2014 Appendix #:					B. Page 2				
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Contract Appendix Number.	B-9	B-9a	B-9b	B-10	B-11	B-12	B-12a	B-13	D-14	Webselson Delicated transport
Appendix A/Program Name:	ECMHCI	ECMHCI	ECMHCI	School- Based Well Being	YAMHC	Hospital Diversion	Hospital Diversion	ECD (DDC)	Crisis Triage	
Appendix Av Frogram Name. Provider Number.	8858	8858	8858	8858	8858	8858	8858	8858	8858	
Program Code (formerly Reporting Unit):	NA NA	NA NA	NA	NA	NA	8858H2	8858H1	8858FC	NA NA	
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Salaries & Employee Benefits:	92,545	214,997	80,553	100,292	205,916	78,220	192,192	245,372	177,362	4,405,139
	25,704	41,715	22,374	27.856	219,603	21,726	53,381	91,761	467,451	1,809,734
Operating Expenses: Capital Expenses:	4.518	28,496	3,932	4.896	16,257	3.818	9,382	16,128	401,401	234,744
Subtotal Direct Expenses:	122,767	285,208	106,859	133,044	441,776	103,764	254,955	353,261	2,244,813	8,049,617
Indirect Expenses:	18,416	42,781	16,029	19,956	66,266	15,564	38,241	65.739	336.721	1,220,189
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MH STATE - EPSDT State Match		<u> </u>			ļ <u>-</u>		<u> </u>	226,800	ļ	20,000
MH STATE - Family Mosaic Capitated Medi-Cal	ļ <u>-</u>							 _		17,561
MH WORK ORDER - Human Services Agency (matched)	05.005			 	-	ļ		<u> </u>	ļ	301,388
MH WORK ORDER - Human Services Agency	85,265	152,174	63,949	-	<u> </u>	 	<u> </u>	<u> </u>	1,231,534	1,231,534
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MH WORK ORDER - Dept. Children, Youth & Families	55,918	109,468	41,939	<u> </u>	<u> </u>	ļ <u>.</u>		-	<u> </u>	42,066
MH WORK ORDER - First Five (SF Children & Family Commission)	ļ	34,066	8,000				 	 		
MH WORK ORDER - First Five (SF Children & Family Commission)		18,058	4,000	 				<u> </u>	 	22,058 217,000
MH PRIOR YEAR - SB 163 - Children's Wrap-Around/Foster Care	-	·	<u> </u>	-	-	<u> </u>	200,000	<u> </u>	<u> </u>	
MH STATE - MHSA		12,448		153,000	433,500		7.000	F 600		654,948 47,827
MH Realignment	ļ		<u> </u>	-	<u> </u>		7,000	5,883		
MH COUNTY - General Fund (matched)	ļ	 _		-	 -			19,317		157,647
MH COUNTY - General Fund (unmatched)	ļ	-		<u> </u>	74.540	112,328	86,196		1	637,351
MH COUNTY - General Fund CODB	<u> </u>	1 775	<u> </u>	-	74,542			-	+	74,542
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TOTAL DPH FUNDING SOURCES	141,183	327,989	122,888	153,000	508,042	119,328	293,196	419,000	1,231,534	7,919,80
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TOTAL FUNDING SOURCES (DPH AND NON-DPH)	141,183	327,989	122,888	153,000	508,042	119,328	293,196	419,000	1,231,534	7,919,800

DMH Legal Entity Name (MH)/	Contractor Name (SA):				·	Contract Appendix #:	B-1a, page 1
Distriction Courte (any)	Provider Name:	Edgewood Center	for Children and F	amiliae		Document Date:	7/1/2014
	Provider Number:		tor Ornigion on Circ	ers but of		Fiscal Year:	2014-2015
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	Program Name:	Treatment DTI		2,77	1	i i	:
Program Code (fe	ormerly Reporting Unit):	88585					
Mode/SE(C (MH) or Modality (SA)	10/85-89		 -			
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	Service Description:	#REF!	-	1	1		TOTAL
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FUNDING USES							
	s & Employee Benefits:	582,416	-	-	-	_	582,416
	Operating Expenses:	161,766					161,766
Capital Expense	s (greater than \$5,000):	28,432	~	*	- 1		28,432
Sub	total Direct Expenses:	772,614	•			······································	772,614
· · · · · · · · · · · · · · · · · · ·	Indirect Expenses:	115,892		-	-		115,892
T	OTAL FUNDING USES:	888,506	-		•		888,506
CBHS MENTAL HEALTH FUNDING SOURCES	Index Code						
MH FED - SDMC Regular FFP (50%)	HMHMCP751594	342,191		- \	o), in the control of	ngarangan Panggapapan ng Panggapan ng Panggapapan ng Panggapan ng Panggapapan ng Panggapapan ng Panggapapan ng Panggapapan ng Panggapapan ng	342,191
MH STATE - EPSDT State Match	HMHMCP751594	310,071	-				310,071
MH STATE - Family Mosaic Capitated Medi-Cal	НМНМСР8828СН	15,000				4	15,000
MH WORK ORDER - Human Services Agency (matched)	нмниснитснио	10,500	_				-
MH WORK ORDER - Human Services Agency	HMHMCHCDHSWO		-			-	-
MH Triage Grant	HMHMCHGRANTS	_		_	· · · · · · · · · · · · · · · · · · ·		
MH WORK ORDER - Dept. Children, Youth & Families	HMHMCHDCYFWO		-		_	*	-
		-	-			*	-
MH WORK ORDER - First Five (SF Children & Family Commission)	HMHMCHPFAPWO	-		- 1	-	-	-
MH PRIOR YEAR - SB 163 - Children's Wrap-Around/Foster Care	HMHNSB163ACP	-		-	-	-	-
MH STATE - MHSA - Prop 63 PEI	HMHMPROP63	-		-	**	-	-
MH Realignment	HMHMCP751594	32,120	~	-	-	-	32,120
MH COUNTY - General Fund (matched)	HMHMCP751594	1	-	T .	-	-	
MH COUNTY - General Fund (unmatched)	HMHMCP751594	189,124			-		189,124
MH COUNTY - General Fund CODB	HMHMCP751594	-	-	-	-	-	-
MH COUNTY - General Fund WO CODB	HMHMCP751594		-	-		-	
TOTAL CBHS MENTAL HEALT	H FUNDING SOURCES	888,506			-		888,506
CBHS SUBSTANCE ABUSE FUNDING SOURCES	CFDA#:				Marie Company of the		Marie State Secretary
		A PROPERTY OF THE PROPERTY OF		Andrews (Company of the Company of t	CONTROL OF THE PROPERTY OF THE PARTY OF THE		Medicini propositi de la companya de
TOTAL CBHS SUBSTANCE ABUS	E FUNDING SOURCES	1	-	*	-	-	-
OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES	CFOA#	†				The same of the sa	
		1		1			Service Control of the Control of th
TOTAL OTHER DPH-COMMUNITY PROGRAM	IS FUNDING SOURCES	-		1	-	-	-
	H FUNDING SOURCES		CONTRACTOR OF THE PROPERTY OF	***************************************			888,50
NON-DPH FUNDING SOURCES				William Control of the Control of th			
TOTAL NON-DPH FUNDING SOURCE	S	<u> </u>	†	<u> </u>	-		
TOTAL FUNDING SOURCES (DPH AND NON-DPH		888,506	Name and Control of the Control of t	· ·		ом в Регистивной в поставления в поставления в поставления в поставления в поставления в поставления в поставл В поставления в поставлени	888,50
CBHS UNITS OF SERVICE AND UNIT COST	1):	000,300		A STATE OF THE PARTY OF THE PAR	-	A STATE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN	000,000
	Purchased (if applicable		 	 	<u> </u>		
Substance Abuse Only - Non-Res 33 - ODF # of C			 	 	<u> </u>		-
Substance Abuse Only - Non-Res 33 - Opr # or C			1	}	}		
Cost Reimbursement (CR) of			 	 	<u> </u>	 	+
Cost religiousement (CR) (Units of Service			 	 	<u> </u>	
	Unit Type			1	 		
Cost Per Unit - DPH Rate (DPH FU							The state of the s
Cost Per Unit - Contract Rate (DPH & Non-DP							
	・・・ くきんきょく ひくこうくけん						A STATE OF THE PARTY OF THE PAR
	Medi-Cal Providers Only	202.43	0.00	0,00	0.00	0.00	Total UDC:

Provider Number: 8858

TOTAL SALARIES & BENEFITS

Provider Name: Edgewood Center for Children and Families
Document Date: 7/1/14

Appendix #: B-1a, page 2

\$0

		TOTAL	General Fund HMHMCP751594		Mosaic Medical HMHMCP8828CH							
Position Title	Term: FTE	7/1/14-6/30/15 Salaries	Term:	7/1/14-6/30/15 Salaries	Term:	7/1/14-6/30/15 Salaries	Term: FTE	7/1/14-6/30/15 Salaries	Term:	7/1/14-6/30/15 Salaries	Term: FTE	7/1/14-6/30/15 Salaries
rosmun nue	FIE	Salaries	FIE	Salaries	- FIE	Salaties		Salaries	ric	delaries	rie	Salaties
Regional Director	0.12	\$ 24,263.00	0.12	24,263	0.00	0	0.00	0	0,00	0	0,00	0
Medical Director	80.0	\$ 16,096.00	80.0	16,096	0.00	0	0.00	0	0.00	0	0.00	0
Clinical Supervision	0.39	\$ 31,374.00	0.39	31,374	0.00	0	0.00	0	0.00	0	0.00	0
Behavioral Health Director	0.17	\$ 20,436.00	0.17	20,436	0.00	0	0.00	0	0,00	0	0.00	0
Treatment Manager	0.58	\$ 38,215.00	0.58	38,215	0.00	o	0.00	. 0	0,00	0	0.00	0
Mental Health Specialists	2.23	\$ 95,277.00	1.88	83,738	0.35	11,539	0.00		0,00	0	0.00	0
Therapist & Care Manager	2.13	\$ 134,240.00	2.13	134,240	0.00		0,00	. 0	0.00	0	0,00	. 0
QA Manager	0.23	\$ 16,322.00	0.23	16,322	0.00	0	00,0	0	0,00	0	0.00	0
Relief Staff	0.33	\$ 12,340.00	0.33	12,340	0.00	0	0.00	0	0.00	. 0	0.00	0
Intake Director	0.13	\$ 14,961.00	0.13	14,961	0.00	0	0,00	0	0.00	0	0.00	0
Administrative Manager	0.17	\$ 11,876.00	0.17	11,876	0.00	0	0.00	0	0.00	0	0.00	0
Administrative Support	0,39	\$ 17,344.00	0.39	17,344	0.00	0	0.00	0	0.00	0	0,00	0
Day Treatment Facilities Manager	0.29	\$ 15,269.00	0.29	15,269	0.00	0	0.00	0	0.00	0	0,00	0
	0.00	\$ -	0.00	0	. 0.00	0	0.00	00	0.00	0	0.00	0
	0.00	\$	0.00	0	0.00	<u> </u>	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$	0.00	0	0.00	0	0,00	0	0.00	0	0.00	0
	0.00	\$ -	0,00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$	0.00	0	0.00	. 0	0.00	0	0,00	0	0,00	0
Testate		\$440 O40		0400 (7)		A.4						
Totals	7.24	\$448,013	6.89	\$436,474	0.35	\$11,539	0.00	\$0	0.00	\$0	0.00	\$0
Employee Fringe Benefits	: 30%	\$ 134,403.00	30%	\$130,942	30%	\$3,461	#D!V/0!	\$0	#DIV/0!	\$0	#DIV/0!	\$0

\$567,416

\$15,000

\$582,416

DPH 4: Operating Expenses Detail

Appendix #: B-1a, page 3

Provider Number: 8858

Provider Name: Edgewood Center for Children and Families

Document Date: 7/1/14

Expenditure Category		TOTAL	General Fund HMHMCP751594				
	٦	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15
Occupancy (Based on Square Feet used)	\$	71,860.00	71,860	0	0	0	0
Utilities(Elec, Water, Gas, Phone, Scavenger)	<u> \$ </u>		0	0	0	0_	
Office Supplies, Postage	\$	984.00	984	0	0	0	0
Building Maintenance Supplies and Repair	\$	-	0	0	0	0_	0
Printing and Reproduction	\$		0	0	0	0	0
Insurance	\$	-	0	0	0 \	0_	0
Staff Training	\$		0	0	0	0_	0
Staff Travel-(Local & Out of Town)	<u></u>	935.00	935	0	0	0	0
Rental of Equipment	\$		0	0	. 0	0	0
CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amounts)	\$	-	0	0	0	. 0	0
UCSF Resident Services Agreement	\$	10,525.00	10,525	0	0	0	0
SF Language Bank	\$	4,210.00	4,210	. 0	0	0	0
	I		0	0	0	0	
	\$		0	0	0	0	0
	\$	_	0	0	0	0	0
	\$		0	0	0	0	0
Other:	\$		0	0	0	0	
	\$		0	0	0	0	0
Purchased Direct Expense (Program Admin, QA, General Research)	\$	47,008.00	47,008	0	0	0	
Food	\$	16,771.00	16,771	0	0	0	0
Computer Supplies	\$	9,473.00	9,473	0	0	0	0
Client Incentives	\$ \$		0	0	. 0	0	- 0
	10					<u> </u>	
TOTAL OPERATING EXPENSE		\$161,766	\$161,766	\$0	\$0	\$0	\$0

DPH 5: Capital Expenses Detail

Provider Number: 8858

Appendix #: B-1a, page 4

Provider Name: Edgewood Center for Children and Families

Document Date: 7/1/14

1. Equipment

Item Description	Quantity	Serial #/VIN #	Funding Source [General Fund, Grant (List Title), or Work Order (List Dept.)]	Purchase Cost Each	Total Cost
Shared costs - Equipment - see DPH 7	1	tbd	General Fund	25,813	25,813
Shared costs - Equipment - see DPH 7	11	tbd	SB163	0	0
Shared costs - Equipment - see DPH 7	1	tbd	MHSA Prop 63	0	. 0
Shared costs - Equipment - see DPH 7	11	tbd	Work Order #1 HSA	0	0
Shared costs - Equipment - see DPH 7	1	tbd	Work Order #2 DCYF	0	0
Shared costs - Equipment - see DPH 7	1	tbd	Workorder #3 SFCFC	0	0
Shared costs - Equipment - see DPH 7	1	tbd	Prop 63 PEI	0	0
				0	0

Total Equipment Cost

\$25,813

2. Remodeling

			~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
Shared costs - Facilities Improvements - See DPH 7	11	tbd	General Fund	2,619	2,619
Shared costs - Facilities Improvements - See DPH 7	` 1	tbd	SB163	0	0
Shared costs - Facilities Improvements - See DPH 7	11	tbd	MHSA Prop 63	0	0
Shared costs - Facilities Improvements - See DPH 7	4	tbd	Work Order #1 HSA	0	0
Shared costs - Facilities Improvements - See DPH 7	11	tbd	Work Order #2 DCYF	0	0
Shared costs - Facilities Improvements - See DPH 7	1	tbd	Workorder #3 SFCFC	0	0

Total Remodeling Cost

\$2,619

Total	Capital	Expenditure)
(Equi	oment n	lue Ramadalii	na Coefi

	ent of Public Heath				- Mandana and a same a	Name of the Owner, where the Park of the P	
DMH Legal Entity Name (MH					C	ontract Appendix #:	B-1b, page 1
		Edgewood Center	for Children and	Document Date:	7/1/2014		
	Provider Number:		West of the second seco	Marrie Indiana Caraca Cara		Fiscal Year	2014-2015
	,	Community	Community	Community	Community	j	-
	1	Based Day	Based Day	Based Day	Based Day		
	Program Name:	Treatment OP	Treatment OP	Treatment OP	Treatment OP		
	formerly Reporting Unit):	8858OP	8858OP	8858OP	8858OP		
Mode/SF	FC (MH) or Modality (SA)	15/10-56	15/01-09	15/70-79	15/60-69		
	Conside Decembring	#REF!	#REF!	#REF1	#REF!	era di con	TOTAL
	Service Description:	1		CONTRACTOR OF THE PROPERTY OF			I V I ML
FUNDING USES	FUNDING TERM:	(/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15		
	- 0 F D 64-	04700	4 004	0.000			00.070
naisc	es & Employee Benefits:	64,788	1,994	2,990	29,903		99,675
Casital Casas	Operating Expenses:	17,994	554	831	8,306	-	27,685
Capital Expens	es (greater than \$5,000): btotal Direct Expenses:	3,163	97	146 3,967	1,460	ļ	4,866 132,226
	Indirect Expenses:	85,945 12,892	2,645 397	3,967 595	39,669 5,950	7	132,226
	Indirect Expenses: TOTAL FUNDING USES:	98,837	3,042	4,562	5,950 45,619	 	152,060
CBHS MENTAL HEALTH FUNDING SOURCES	Index Code	90,637	3,042	4,302	45,619	100 100 100 100 100 100 100 100 100 100	152,060
MH FED - SDMC Regular FFP (50%)	HMHMCP751594	The state of the s	The state of the s	A second contract to the second contract to t	Company of the compan	a Superior Company of the Company of	67,360
MH FED - SOME Regular FFP (50%) MH STATE - EPSDT State Match		43,782	1,348	2,021	20,209		
MH STATE - EPSDT State Match MH STATE - Family Mosaic Capitated Medi-Cal	HMHMCP751594 HMHMCP8828CH	41,948 3,250	1,291 100	1,936 150	19,361	<u> </u>	64,536 5,000
MH WORK ORDER - Human Services Agency (matched)	HMHMCHMTCHWO	3,250	·	150	1,500	-6	5,000
MH WORK ORDER - Human Services Agency (matched) MH WORK ORDER - Human Services Agency	HMHMCHCDHSWO	 	<u> </u>	*		 	
	HMHMCHGRANTS	-					
MH Triage Grant MH WORK ORDER - Dept, Children, Youth & Families	HMHMCHDCYFWO	 	 		-	<u> </u>	}
MH WORK ORDER - Dept. Children, Youth & Families MH WORK ORDER - First Five (SF Children & Family Commission)	HMHMCHSRIPWO	 					<u> </u>
		 	<u> </u>		 		
MH WORK ORDER - First Five (SF Children & Family Commission) MH PRIOR YEAR - SB 163 - Children's Wrap-Around/Foster Care	HMHMCHPFAPWO	<u> </u>	 	-	<u> </u>	-	<u> </u>
MH STATE - MHSA - Prop 63 PEI	HMHNSB163ACP	 			<u> </u>	<u> </u>	<u> </u>
MH Realignment	HMHMPROP63 HMHMCP751594	1,836	56	85	847	<u> </u>	2,824
MH COUNTY - General Fund (matched)	HMHMCP751594	1,030	30		041		4,024
MH COUNTY - General Fund (unmatched)	HMHMCP751594	8,021	247	370	3,702		12,340
MH COUNTY - General Fund CODB	HMHMCP751594	0,021		310	3,702	·	12,3**0
MH COUNTY - General Fund WO CODB	HMHMCP751594	 	 -	<u> </u>	 		
TOTAL CBHS MENTAL HEAL		98,837	3,042	4,562	45,619		152,060
CBHS SUBSTANCE ABUSE FUNDING SOURCES	CFDA#:						
		†					
TOTAL CBHS SUBSTANCE ABU	SE FUNDING SOURCE!	3	*	*		 	<u> </u>
OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES	CFDA#:				A THE PERSON NAMED IN COLUMN TWO		And the second second second second
		*************************************	1		† 		1
TOTAL OTHER DPH-COMMUNITY PROGRA	MS FUNDING SOURCE!	st	 		 		1
	PH FUNDING SOURCES		waterway Marian was Statement and Marian Marian	4,562	45,619		152,060
NON-DPH FUNDING SOURCES	TOTOLING SOURCE	30,037	3,042	1,204	40,013		, ve, vo
I STEPHE OVORUGE				+	 		1
TOTAL NON-DPH FUNDING SOURCE	s	1			<u> </u>		
	THE RESERVE THE PROPERTY OF TH	· ~~~~		4.562		THE RESERVE THE PROPERTY OF TH	****
TOTAL FUNDING SOURCES (DPH AND NON-DPI CBHS UNITS OF SERVICE AND UNIT COST	1)	98,837	3,042	4,302	45,619	7 · · · · · · · · · · · · · · · · · · ·	152,060
	Durahagad (if manifesh)		 		 		1000 30000 20000
Substance Abuse Only - Non-Res 33 - ODF # of	Group Sessions (classes						-
Substance Abuse Only - Non-Res 35 - ODF # 61 Substance Abuse Only - Licensed Capacity for Medi-Cal Provider			 		 		
Cost Reimbursement (CR)			FFS	FFS	FFS		
· Oost vermonoement (ort)	Units of Service						
	Unit Type						100 000 000
Cost Per Unit - DPH Rate (DPH F		2.61					
Cost Per Unit - Contract Rate (DPH & Non-DF							
	(Medi-Cal Providers Only						
	nduplicated Clients (UDC) (0.6ai 0.000.
Butter of the second state of the second state of the second state of the second secon	TAPROLOG ORGINO (ODO	/-1		And the second s	Commence of the Commence of th		· J

Provider Number: 8858
Provider Name: Edgewood Center for Children and Families
Document Date: 7/1/14

Appendix #: B-1b, page 2

		TOTAL		neral Fund IMCP751594		aic Medical MCP8828CH							- Common
Position Title	Term: FTE	7/1/14-6/30/15 Salaries	Term:	7/1/14-6/30/15 Salaries	Term: FTE	7/1/14-6/30/15 Salaries	Term:	7/1/14-6/30/15 Salaries	Term:	7/1/14-6/30/15 Salaries	Term: FTE	7/1/14-8/30/15 Salaries	
						<u> </u>				94941100	. , ,	<u> </u>	
Nurses	0.44	\$ 27,090.00	0.38	23,244	0.06	3,846	0.00	0	0.00	0	0.00	0	18262
Clinical Supervision	0.13	\$ 8,085.00	0.13	8,085	0.00	0	0.00	0	. 0.00	0	0.00	0	6401
Therapist & Care Manager	0.63	\$ 31,527.00	0.63	31,527	0.00	0 .	0.00	0	0.00	0	0.00	0	24960
QA Manager	0.06	\$ 3,514.00	0.06	3,514	0.00	0	0.00	0	0.00	. 0	0.00	0	2782
Nursing Supervisor	0.08	\$ 6,457.00	0.08	6,457	0.00		0.00	0	0.00	0	0,00	0	5112
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0,00	. 0	. 0.00	0	1
	0.00	<u> </u>	0.00	0	0,00	0	0.00	0	0.00	0	0.00	0	
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	0.00	**	0.00	<u></u>	0.00		0.00		0,00	<u>. </u>	0.00	- 0	†
Totals:	1.34	\$76,673	1.28	\$72,827	0.06	\$3,846	0.00	\$0	0.00	\$0	0.00	\$0	1

Employee Fringe Benefits:	30% \$ 23,002	00 30%	\$21,848	30%	\$1,154	#DIV/0!	\$0	#DIV/0!	\$0	#DIV/0! \$0
	*						-			
TOTAL SALARIES & BENEFITS	\$99,	75	\$94,675		\$5,000	U-G-adia-	\$0		\$0	\$0

DPH 4: Operating Expenses Detail

Provider Number: 8858
Provider Name: Edgewood Center for Children and Families
Document Date: 7/1/14

Appendix #: B-1b, page 3

Expenditure Category		TOTAL	General Fund				
		7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15
Occupancy (Based on Square Feet used)	\$	1,353.00	1,353	0	0	0	0
Utilities(Elec, Water, Gas, Phone, Scavenger)	\$	- [0	0	0	0	0
Office Supplies, Postage	\$	202.00	202	0	0	0	0
Building Maintenance Supplies and Repair	\$		0	0	0	0	0
Printing and Reproduction	\$		0	0	. 0	0	0
Insurance	\$		0	0.	0	0.	0
Staff Training	\$	-	0	0	0	0	0
Staff Travel-(Local & Out of Town)	\$. 0	0	0	0	0
Rental of Equipment	\$		0	0	0	0	0
CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amounts)	\$	-	0	0	0	00	0
UCSF Resident Services Agreement	\$	24,046.00	24,046	0	0	0	0
	\$	_	0	0	. 0	0	0
			0	0	0	. 0	00
	\$	_	0	0	0	0_	0
	\$	_	0	0	0	0	. 0
	\$		0	0	0	0	00
Other:			0	0	0	0	00
	\$		0	0	0	0	0
	\$		0	0	0	0	0
	\$		0	.0	0	0	0_
Purchased Direct Expense (Program Admin, QA, General Research)	\$	2,084.00	2,084	0	0	0	0
* .	\$		- 0	0	0	0	0
	\$				<u> </u>		
TOTAL OPERATING EXPENSE	Willian	\$27,685	\$27,685	\$0	\$0	\$0	\$0

DPH 5: Capital Expenses Detail

Provider Number: 8858

Appendix #: B-1b, page 4

Provider Name: Edgewood Center for Children and Families

Document Date: 7/1/14

1. Equipment

Item Description	Quantity	Serial #/VIN #	Funding Source [General Fund, Grant (List Title), or Work Order (List Dept.)]	Purchase Cost Each	Total Cost
Shared costs - Equipment - see DPH 7	1	tbd	General Fund	4,418	4,418
Shared costs - Equipment - see DPH 7	1	tbd	SB163	0	0
Shared costs - Equipment - see DPH 7	1	tbd	MHSA Prop 63	0	0
Shared costs - Equipment - see DPH 7	1	tbd	Work Order #1 HSA	0	0
Shared costs - Equipment - see DPH 7	1	tbd	Work Order #2 DCYF	0	0
Shared costs - Equipment - see DPH 7	1	tbd	Workorder #3 SFCFC	0	<u> </u>
Shared costs - Equipment - see DPH 7	1	tbd	Prop 63 PEI	0	0
				. 0	0

Total Equipment Cost

\$4,418

2. Remodeling

Shared costs - Facilities Improvements - See DPH 7	1	tbd	General Fund	448	448
Shared costs - Facilities Improvements - See DPH 7	1	tbd	SB163	0	0
Shared costs - Facilities Improvements - See DPH 7	1	tbd	MHSA Prop 63	0	. 0
Shared costs - Facilities Improvements - See DPH 7	11	tbd	Work Order #1 HSA	0	0
Shared costs - Facilities Improvements - See DPH 7	11	tbd	Work Order #2 DCYF	0	0
Shared costs - Facilities Improvements - See DPH 7	1	tbd	Workorder #3 SFCFC	0	0

Total Remodeling Cost

Total Capital Expenditure

\$4,866

	ent of Public Heati						D 0 4
DMH Legal Entity Name (MH)/	Contractor Name (SA):	Eagewood Center	for Children and I	-amilies		.Contract Appendix #:	
			for Children and l	-amilies		Document Date:	7/1/2014
	Provider Number:					Fiscal Year:	2014-2015
		Residential Day					
	Program Name:	Treatment DTI			1	•	
Program Code (fo	rmerly Reporting Unit):	88586					
	(MH) or Modality (SA)	10/85-89					
					······································		
	Service Description:	#REF!			·		TOTAL
	FUNDING TERM:	7/1/14-6/30/15	A STATE OF THE PARTY OF THE PAR				
Funding uses		SANSER COFF CANDULANT COME AND					850-8508-0502-050-86-0-20-0-0-
	s & Employee Benefits:	447,909	AND DESCRIPTION OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUM				447,909
Salane				<u> </u>			
0-21	Operating Expenses:	124,407					124,407
	s (greater than \$5,000):	21,866	<u> </u>		······································		21,866
Sub	total Direct Expenses:	594,182	<u> </u>	*		-	594,182
	Indirect Expenses:	89,127		_			89,127
TC	TAL FUNDING USES:	683,309		•.	-	•	683,309
CBHS MENTAL HEALTH FUNDING SOURCES	Index Code				4		
MH FED - SDMC Regular FFP (50%)	HMHMCP751594	302,710		Annual State of the Control of the C	STANIST CONTRACTOR OF THE STANISH CONTRACTOR	CONTRACTOR OF THE PROPERTY OF	302,710
MH STATE - EPSDT State Match	HMHMCP751594	272,439				-	272,439
MH STATE - Family Mosaic Capitated Medi-Cal	HMHMCP8828CH	212,700				}	2,2,700
MH WORK ORDER - Human Services Agency (matched)	HMHMCHMTCHWO						
Inter story order - timest detailes (listelles)		<u> </u>					
MH WORK ORDER - Human Services Agency	HMHMCHCDHSWO		ļ			-	
MH Triage Grant	HMHMCHGRANTS	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	
MH WORK ORDER - Dept. Children, Youth & Families	HMHMCHDCYFWO						-
MH WORK ORDER - First Five (SF Children & Family Commission)	HMHMCHSRIPWO						<u></u>
MH WORK ORDER - First Five (SF Children & Family Commission)	HMHMCHPFAPWO						-
MH PRIOR YEAR - SB 163 - Children's Wrap-Around/Foster Care	HMHNSB163ACP	-	-	L	-		-
MH STATE - MHSA - Prop 63 PEI	HMHMPROP63	-	- ·		-	-	-
MH Realignment	HMHMCP751594	-		-	-		-
MH COUNTY - General Fund (matched)	HMHMCP751594	30,271	-		-		30,271
MH COUNTY - General Fund (unmatched)	HMHMCP751594	77,889					77,889
MH COUNTY - General Fund CODB	HMHMCP751594	1	-				-
MH COUNTY - General Fund WO CODB	HMHMCP751594	<u> </u>			<u> </u>	 	
		683,309	<u> </u>		<u></u>	<u> </u>	683,309
TOTAL CBHS MENTAL HEALT		000,309			CONTRACTOR OF THE STREET		700,00 <i>0</i>
CBHS SUBSTANCE ABUSE FUNDING SOURCES	CFDA#:		The second second	I and the second second	No. of the last of	L	
	<u> </u>						
TOTAL CBHS SUBSTANCE ABUS	E FUNDING SOURCES	-	-				-
OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES	CFDA#:						
			1	T.			
TOTAL OTHER DPH-COMMUNITY PROGRAM	S FUNDING SOURCES	3 -	-	1	-	<u> </u>	1 -
	H FUNDING SOURCES		-		-		683,309
NON-DPH FUNDING SOURCES		200,000					000,000
				1			
TOTAL NON-DPH FUNDING SOURCE	-	 	 	 	 	 	
		*	*	*	*	*	<u> </u>
TOTAL FUNDING SOURCES (DPH AND NON-DPH)[683,309	-				683,309
CBHS UNITS OF SERVICE AND UNIT COST				The state of the s	The second secon	The second secon	
Number of Beds	Purchased (if applicable)]	1			1	
Substance Abuse Only - Non-Res 33 - ODF # of G			1		 		
Substance Abuse Only - Licensed Capacity for Medi-Cal Provider v				 	 	 	1
Cost Reimbursement (CR) o							
Cost Vettingisement (CN) o	Units of Service			 			
		3,3/6	-	·	<u> </u>		
Part Bartlett DDD Date (DDD Pro	Unit Type						
Cost Per Unit - DPH Rate (DPH FU	NUME SOURCES ONLY) 202.43					
Cost Per Unit - Contract Rate (DPH & Non-DPF							
Published Rate (N	fedi-Cal Providers Only		0.00				
Unc	luplicated Clients (UDC)): 1	2 0	0	C	0	1:

Provider Number: 8858

Provider Name: Edgewood Center for Children and Families Document Date: 7/1/14

#REF!

	4	TOTAL		neral Fund MCP751594						
	Term:	7/1/14-6/30/15	Term:	7/1/14-6/30/15	Term:	7/1/14-6/30/15	Term:	7/1/14-6/30/15	Term:	7/1/14-6/30/15
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
						5/46		7.50	- LINCOLD I	
Regional Director	0.08	\$ 16,272.00	0.08	16,272	0.00	0	0.00	0	0.00	0
Medical Director	0.05	\$ 10,120.00	0.05	10,120	0.00	0	0.00	0	0.00	0
Clinical Supervision	0.42	\$ 33,664.00	0.42	33,664	0.00	0	0.00	0	0.00	0
Behavioral Health Director	0.11	\$ 12,848.00	0.11	12,848	0.00	0	0.00	0	0.00	0
Treatment Manager	0.36	\$ 23,655.00	0.36	23,655	0.00	0	0.00	0	00.0	0
Mental Health Specialists	2.16	\$ 96,054.00	2.16	96,054	0.00		0.00	. 0	0.00	0
Therapist & Care Manager	1.39	\$ 87,403.00	1.39	87,403	0.00	0	0.00	0	00.00	0
QA Manager	0.12	\$ 8,210.00	0.12	8,210	0.00	0	0.00	0	0.00	0
Relief Staff	0.20	\$ 7,598.00	0.20	7,598	0.00	. 0	0.00	0	0.00	0
Intake Director	0,10	\$ 11,059.00	0.10	11,059	0.00	0	0.00	0	0.00	0
Administrative Manager	0.10	\$ 6,788.00	0.10	6,788	0.00	0	0.00	0	0.00	0
Administrative Support	0.52	\$ 23,195.00	0.52	23,195	0.00	0	0.00	0	0.00	0
Day Treatment Facilities Manager	0.14	\$ 7,679.00	0.14	7,679	0.00	0	0.00	0	0.00	. 0
	0.00	s -	0.00	0	0.00	<u> </u>	0.00	0	0.00	0
	0.00	s -	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	s	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	<u> </u>	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	s -	0.00	00	0.00	0	0.00	0	0.00	0
· · · · · · · · · · · · · · · · · · ·	. 0.00	<u>s</u> -	0.00	00	0.00	9	0.00	0	0.00	0
	0,00	\$ -	0.00	<u> </u>	0.00	. 0	0.00	0	0.00	0
					<u> </u>		<u> </u>			
Totals:	5.75	\$344,545	5.75	\$344,545	0.00	\$0	0.00	\$0	0.00	\$0_

1			***************************************			~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
			1		l .			1
	Employee Fringe Benefits: 30°	6 \$103,364	30%	\$103,364	#DIV/0!	\$0 #DIV/0!	\$0 #DIV/01	i sol

TOTAL SALARIES & BENEFITS

\$447,909

\$447,909

\$0

\$0

Appendix #: B-2a, page 2_

DPH 4: Operating Expenses Detail

Provider Number: 8858
Provider Name: Edgewood Center for Children and Families
Document Date: 7/1/14

Appendix #: B-2a, page 3

Expenditure Category		TOTAL	General Fund HMHMCP751594				
		7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15
Occupancy (Based on Square Feet used)	\$	52,003.00	52,003	0	0	0	0
Utilities(Elec, Water, Gas, Phone, Scavenger)	\$. 0	0	Ó	0	0
Office Supplies, Postage	\$	679.00	679	0	0	0	0
Building Maintenance Supplies and Repair	\$	-	0	0	0	0	0
Printing and Reproduction	\$:	0	. 0	0	. 0	0
Insurance	\$	_	0	0		0	0
Staff Training	\$	н	0	0	0	0	0
Staff Travel-(Local & Out of Town)	\$	667,00	667	. 0	0	0	0
Rental of Equipment	\$	<u>-</u>	0	0	0	0	0
CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amounts)	\$:	0	. 0	0	0	0
UCSF Resident Services Agreement	\$	7,500,00	7,500	0	0	0.	0
SF Language Bank	\$	3,000.00	3,000	0	0	0	
			0	0	0	. 0	C
	\$	-	0	. 0	0	0	
	\$	-	0	0	0	0	
	\$		0	0	0	0	
Other:			. 0	0	0	0	
	\$		0	0	0	0	C
Purchased Direct Expense (Program Admin, QA, General Research)	\$	37,930.00	37,930	.0	0	0	(
Food	\$	11,600.00	11,600	0	0	0	(
Computer Supplies	\$	6,750.00	6,750	0	0	0	
Client Incentives	\$	4,278.00	4,278	0	0	0	
	\$		0	00	0	0	
TOTAL OPERATING EXPENSE	en e	\$124,407	\$124,407	\$0	\$0	\$0	\$(

DPH 5: Capital Expenses Detail

Provider Number: 8858

Appendix #: B-2a, page 4

Provider Name: Edgewood Center for Children and Families

Document Date: 7/1/14

1. Equipment

Item Description	Quantity	Serial #/VIN #	Funding Source [General Fund, Grant (List Title), or Work Order (List Dept.)]	Purchase Cost Each	Total Cost
Shared costs - Equipment - see DPH 7	1	tbd	General Fund	19,851	19,851
Shared costs - Equipment - see DPH 7	1	tbd	SB163	0	0
Shared costs - Equipment - see DPH 7	1	tbd	MHSA Prop 63	0	0_
Shared costs - Equipment - see DPH 7	11	tbd	Work Order #1 HSA	0_	00
Shared costs - Equipment - see DPH 7	1	tbd	Work Order #2 DCYF	0	0_
Shared costs - Equipment - see DPH 7	1	tbd	Workorder #3 SFCFC	0	. 0
Shared costs - Equipment - see DPH 7	1	tbd	Prop 63 PEI	0	0
				0	0

Total Equipment Cost

\$19,851

2. Remodeling

Shared costs - Facilities Improvements - See DPH 7	1	tbd	General Fund	2,015	2,015
Shared costs - Facilities Improvements - See DPH 7	1	tbd	SB163	0	0
Shared costs - Facilities Improvements - See DPH 7	1	tbd	MHSA Prop 63	0	0
Shared costs - Facilities Improvements - See DPH 7	1	tbd	Work Order #1 HSA	0	0
Shared costs - Facilities Improvements - See DPH 7	1	tbd	Work Order #2 DCYF	0	0
Shared costs - Facilities Improvements - See DPH 7	1	tbd	Workorder #3 SFCFC	o	0

Total Remodeling Cost

\$2,015

Total Capital Expenditure (Equipment plus Remodeling Cost)

\$21,866

	nent of Public Heath					and the same of	
DMH Legal Entity Name (MH)	/Contractor Name (SA): _	Edgewood Center	for Children and	Families		Contract Appendix #:	B-2b, page 1
		Edgewood Center	for Children and	ramilies		Document Date:	7/1/2014
Managaran ya wa na managaran ya managaran wa na	Provider Number:		THE RESERVE THE PROPERTY OF TH		engra	Fiscal Year:	2014-2019
				• •	Residential Day		
		Treatment OP	Treatment OP	Treatment OP	Treatment OP		
	ormerly Reporting Unit):	88584	88584	88584	88584		
Mode/SF	C (MH) or Modality (SA)	15/10-56	15/01-09	15/70-79 ·	15/60-69		
	Service Description:	#REF!	#REF!	#REF!	#REF!		TOTAL
AND COLOR OF THE PROPERTY OF T	FUNDING TERM:	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15		
UNDING USES						**************************************	
	es & Employee Benefits:	322,038	3,031	7,199	46,601	_	378,869
	Operating Expenses:	89,446	843	1,999	12,943		105,23
Capital Expense	es (greater than \$5,000):	15,722	148	351	2,275	 	18,496
Suh	total Direct Expenses:	427,206	4,022	9,549	61,819	*	502,596
	Indirect Expenses:	64,082	603	1,432	9,273		75,390
T	OTAL FUNDING USES:	491,288	4,625	10,981	71,092		577,986
BHS MENTAL HEALTH FUNDING SOURCES	Index Code		4,023	A CONTRACTOR OF THE PROPERTY O	Constitution of the Contract o	20	
		227.000	Lacroscopy and the second seco	E 225	20 500	America Alexander constitutiva de la constitutiva d	Toward American Committee Control of Control
MH FED - SDMC Regular FFP (50%)	HMHMCP751594	224,995	2,118	······································			264,700
MH STATE - EPSDT State Match	HMHMCP751594	202,496	1,906	4,526	29,302		238,230
MH STATE - Family Mosaic Capitated Medi-Cal	HMHMCP8828CH						<u> </u>
MH WORK ORDER - Human Services Agency (matched)	HMHMCHMTCHWO	-	<u> </u>		-		
MH WORK ORDER - Human Services Agency	HMHMCHCDHSWO		-		-	-	-
MH Triage Grant	HMHMCHGRANTS	-	-		-	•	
MH WORK ORDER - Dept. Children, Youth & Families	HMHMCHDCYFWO	-	-	-	-	-	·
MH WORK ORDER - First Five (SF Children & Family Commission)	HMHMCHSRIPWO		-	~	-	-	-
MH WORK ORDER - First Five (SF Children & Family Commission)	HMHMCHPFAPWO		_	-	-	-	
MH PRIOR YEAR - SB 163 - Children's Wrap-Around/Foster Care	HMHNSB163ACP	-	-	-	-	-	-
MH STATE - MHSA - Prop 63 PEI	HMHMPROP63	1	-	~		*	
MH Realignment	HMHMCP751594	 	_	***************************************	-		
MH COUNTY - General Fund (matched)	HMHMCP751594	22,499	212	503	3,256		26,47
MH COUNTY - General Fund (unmatched)	HMHMCP751594	41,298					48,58
MH COUNTY - General Fund CODB	HMHMCP751594	17,200	-		1	<u> </u>	<u> </u>
MH COUNTY - General Fund WO CODB	HMHMCP751594						
TOTAL CBHS MENTAL HEALT		<u> </u>	4,625	10,981	71,092		577,98
CBHS SUBSTANCE ABUSE FUNDING SOURCES	CFDA#:	701,200	7,024	10,001	1 1,002		011,70
CONS SUBSTANCE ABUSE FUNDING SOURCES	Crux#:						
** A TALL AND ALL TO THE A PARTY AND A PAR	<u> </u>	<u> </u>			<u> </u>		<u> </u>
TOTAL CBHS SUBSTANCE ABUS		•	-	The second second		AND PARKET THE COLUMN TO SERVICE THE PARKET	
OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES	CFDA#:						1
		<u> </u>	<u> </u>	<u> </u>		<u> </u>	<u> </u>
TOTAL OTHER DPH-COMMUNITY PROGRAM			*	**			
	PH FUNDING SOURCES	491,288	4,62	10.981	71,092		577,98
NON-DPH FUNDING SOURCES							
TOTAL NON-DPH FUNDING SOURCE	ES		-	-			-
TOTAL FUNDING SOURCES (DPH AND NON-DP	the state of the s	491,288	4,625	10,981	71,092	2 Tourse Thomas	577,98
CBHS UNITS OF SERVICE AND UNIT COST	~-/1	401,500	. 100		2,300	The state of the s	
	Purchased (if applicable	1	 	<u> </u>			100000000000000000000000000000000000000
Substance Abuse Only - Non-Res 33 - ODF # of 0							
Substance Abuse Only - Non-Res 33 - ODF # 016 Substance Abuse Only - Licensed Capacity for Medi-Cal Provider			<u> </u>				TO STATE OF THE STATE OF THE
							5.000 0000000
Cost Reimbursement (CR) o			FFS	FFS	FFS		100000000000000000000000000000000000000
·	Units of Service		2,29	0 2,830			
	Unit Type						
Cost Per Unit - DPH Rate (DPH FL							and the second of the second second
Cost Per Unit - Contract Rate (DPH & Non-DP							- The state of the
}	Medi-Cal Providers Only				3 4.8	2 0.0	Total UDC
Un	duplicated Clients (UDC)): 1	2 1	2 1	2 1	2)

Provider Number: 8858
Provider Name: Edgewood Center for Children and Families
Document Date: 7/1/14

Appendix #: B-2b, page 2

			TOTAL		neral Fund MCP751594								
		Term:	7/1/14-6/30/15	Term:	7/1/14-6/30/15	Term:	7/1/14-6/30/15	Term;	7/1/14-8/30/15	Term:	7/1/14-6/30/15		7/1/14-8/30/15
Position Title	F	re	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
lurses		0.80	\$ 54,207.00	0.80	54,207	0.00	0	0.00	0	0.00	0	0.00	0
Clinical Supervision		0,40	\$ 28,366.00	0.40	28,366	0.00	o	0.00	0	0.00	G	0,00	0
herapist & Care Manager		0.40	\$ 21,892.00	0.40	21,892	0.00	Ó	0.00	0	0.00	0	0.00	0
)A Manager		0.12	\$ 7,027.00	0.12	. 7,027	0.00	. 0	0.00	0	0.00	0	0.00	0
lursing Supervisor		0.12	\$ 10,761.00	0.12	10,761	0.00	<u> </u>	0.00	0	0.00	0	0.00	0
care Coordinator		0.73	\$ 36,524,00	0.73	36,524	0.00	0	0.00	0	0.00	0	0,00	0
amily Specialist		3.59	\$ 126,346.00	3.59	126,346	0.00	. 0	0.00	0	0.00	0	0.00	0
ntake Director		0.06	\$ 6,315.00	0.06	6,315	0.00	0	0.00	0	0.00	0	0.00	0
		0.00	\$	0.00		0.00	0	0.00		0.00	. 0	0.00	0
		0.00	\$	0.00		0.00	0	0.00	0	0.00	0	0.00	0
		0.00	\$	0.00	0	0.00	0	0.00	<u>'0</u>	0.00	0	0.00	0
			\$ -	0.00	0	0.00	0	0,00	. 0	0,00	00	1	0
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74111		0.00	\$ -	0.00	0	0.00	0	0.00	. 0	0.00	. 0	0.00	0
	Totals:	6.22	\$291,438	6.22	\$291,438	0.00	\$0	0.00	\$0	0,00	\$0	0.00	\$0

Employee Fringe Benefits:	30%	\$ 87,431.00	30%	\$87,431	#DIV/0!	\$0	#DIV/01	\$0	#DIV/0!	\$0 #0	V/01 \$0
•				···							
TOTAL SALARIES & BENEFITS		\$378,869		\$378,869		\$0		\$0	]	\$0	\$0

## DPH 4: Operating Expenses Detail

Provider Number: 8858
Provider Name: Edgewood Center for Children and Families
Document Date: 7/1/14

Appendix #: B-2b, page 3

Expenditure Category		TOTAL	General Fund HMHMCP751594	· .	The state of the s		
		7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15
Occupancy (Based on Square Feet used)	\$	9,739.00	9,739	0	0	0	0
Utilities(Elec, Water, Gas, Phone, Scavenger)	\$	8,714.00	8,714	0	0	0	0
Office Supplies, Postage	\$	_	0	0	0	0	0
Building Maintenance Supplies and Repair	\$		0	0	. 0	. 0	0
Printing and Reproduction	\$		0	0	0	0	. 0
Insurance	\$	_	. 0	0	0	0	0
Staff Training	\$		0	0	0	0	0
Staff Travel-(Local & Out of Town)	\$	_	0	. 0	0	0	00
Rental of Equipment	\$		0	0	0	0	. 0
CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours &			,s ²				
Amounts) UCSF Resident Services Agreement	\$ \$	22,366.00	. 0	<u> </u>	0	0	
TOCOP Resident Services Agreement	<del>  3</del>	22,300.00	22,366 0	0	. 0	. 0	- 0
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	\$		0	0	0	. 0	
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<u></u>	<del>   </del>		0	0	0	0	
Other:	┪ <u>*</u>		0	o o	. 0	0	<u> </u>
Food	s	23,047.00	23,047	0	0	O	0
Computer Supplies	\ <del>\</del> s	13,412.00	13,412	0	0	0	1
Client Incentives	<del>                                    </del>	8,500.00	8,500	0	0	0	0
Purchased Direct Expense (Program Admin, QA, General Research)	<del>     </del>	19,453.00	19,453	Ö	0	Ö	0
	\$	-	0	0	l o	0	0
	\$	<u>-</u> .	0	0	0	0	
TOTAL OPERATING EXPENSE	. 09//00/00/00	\$105,231 \$0	\$105,231	\$0	\$0	\$0	\$0

## **DPH 5: Capital Expenses Detail**

Provider Number: 8858

Appendix #: B-2b, page 4

Provider Name: Edgewood Center for Children and Families

Document Date: 7/1/14

1. Equipment

Item Description	Quantity	Serial #/VIN #	Funding Source [General Fund, Grant (List Title), or Work Order (List Dept.)]	Purchase Cost Each	Total Cost
Shared costs - Equipment - see DPH 7	1	tbd	General Fund	16,792	16,792
Shared costs - Equipment - see DPH 7	11	tbd	SB163	0	0
Shared costs - Equipment - see DPH 7	111	tbd	MHSA Prop 63	0	0
Shared costs - Equipment - see DPH 7	11	tbd	Work Order #1 HSA	0	0
Shared costs - Equipment - see DPH 7	1	tbd	Work Order #2 DCYF	0	0
Shared costs - Equipment - see DPH 7	1	tbd	Workorder #3 SFCFC	0	. 0
Shared costs - Equipment - see DPH 7	1	tbd	Prop 63 PEI		0
				0	0

**Total Equipment Cost** 

\$16,792

2. Remodeling

Shared costs - Facilities Improvements - See DPH 7	1	tbd	General Fund	1,704	1,704
Shared costs - Facilities Improvements - See DPH 7	1	tbd	SB163	0	0
Shared costs - Facilities Improvements - See DPH 7	1	tbd	MHSA Prop 63	0	0
Shared costs - Facilities Improvements - See DPH 7	1	tbd	Work Order #1 HSA	0	0
Shared costs - Facilities Improvements - See DPH 7	1	tbd	Work Order #2 DCYF	0	0
Shared costs - Facilities Improvements - See DPH 7	1	tbd	Workorder #3 SFCFC	0	0

**Total Remodeling Cost** 

\$1,704

**Total Capital Expenditure** (Equipment plus Remodeling Cost)

\$18,496

DMH Legal Entity Name (MI	Ment of Public neau				THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER, THE OW	Contract Appendix #:	B-3, page 1
	Provider Name:	Edgewood Center	for Children and I	amities		Document Date:	7/1/2014
	Provider Number:					Fiscal Year:	2014-2015
	Program Name:	MH Partnership	MH Partnership	MH Partnership	MH Partnership		7041-00-00-00-00-00-00-00-00-00-00-00-00-00
Program Code	(formerly Reporting Unit):	8858ED	8858ED	8858ED	8858ED		
Mode/S	FC (MH) or Modality (SA)	15/10-56	15/01-09	15/60-69	45/20-29		
	Service Description:	#REF!	#REF!	#REF!	#REF!	A CALCULAR AND A CALC	TOTAL
Мерикан уран остору жана бай бай жана такжы жана бай жана жана жана жана жана жана жана жа	FUNDING TERM:	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15	THE PROPERTY OF THE PROPERTY O	######################################
UNDING USES							
Sala	ries & Employee Benefits:	68,923	2,112	4,224	30,353	-	105,612
	Operating Expenses:	19,143	587	1,173	8,431		29,334
Capital Expen	ses (greater than \$5,000):	3,365	103	206	1,482		5,156
	ibtotal Direct Expenses:	91,431	2,802	5,603	40,266		140,102
	Indirect Expenses:	13,714	420	841	6,040		21,015
	TOTAL FUNDING USES:	105,145	3,222	6,444	46,306		161,117
CBHS MENTAL HEALTH FUNDING SOURCES	Index Code	•					3*00
MH FED - SDMC Regular FFP (50%)	HMHMCP751594	37,975	1,164	2,327	16,724		58,190
MH STATE - EPSDT State Match	HMHMCP751594	34,178	1,047	2,095	15,051	-	52,371
MH STATE - Family Mosaic Capitated Medi-Cal	HMHMCP8828CH		-	-		-	Í -
MH WORK ORDER - Human Services Agency (matched)	HMHMCHMTCHWO		**	-		-	-
MH WORK ORDER - Human Services Agency	HMHMCHCDHSWO	-	-	-	-		-
MH Triage Grant	HMHMCHGRANTS	-	-	-	-	l	
MH WORK ORDER - Dept. Children, Youth & Families	HMHMCHDCYFWO	-			•	-	
MH WORK ORDER - First Five (SF Children & Family Commission)	HMHMCHSRIPWO	-	-	-	-	-	
MH WORK ORDER - First Five (SF Children & Family Commission)	HMHMCHPFAPWO	-	-		-	-	-
MH PRIOR YEAR - SB 163 - Children's Wrap-Around/Foster Care	HMHNSB163ACP	-	-			-	
MH STATE - MHSA - Prop 63 PEI	HMHMPROP63			-		-	
MH Realignment	HMHMCP751594	•	-				-
MH COUNTY - General Fund (matched)	HMHMCP751594	3,797	116		1,673		5,819
MH COUNTY - General Fund (unmatched)	HMHMCP751594	29,195	895		12,858		44,737
MH COUNTY - General Fund CODB	HMHMCP751594	-		-	<u> </u>	<u> </u>	<u> </u>
MH COUNTY - General Fund WO CODB	HMHMCP751594		-			<u> </u>	404 447
TOTAL CBHS MENTAL HEA	The state of the s	105,145	3,222	6,444	46,306		161,117
CBHS SUBSTANCE ABUSE FUNDING SOURCES	CFDA#:			<b>.</b>			
TOTAL CBHS SUBSTANCE AB	JSE FUNDING SOURCES	-	-	<del></del>	-	<u> </u>	<del></del>
OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES	CFDA#:						
TOTAL OTHER DPH-COMMUNITY PROGRA	AMS FUNDING SOURCES		<del> </del>	1	-	<u> </u>	
	OPH FUNDING SOURCES		3,222	6,444	46,306		161,117
NON-DPH FUNDING SOURCES			-,-		70,000		
TOTAL NON-DPH FUNDING SOURCE	SEG						
TOTAL FUNDING SOURCES (DPH AND NON-D	Particular of the Control of the Con	105,145	Annual Control of the	Secretary Commence of the Comm	46,306		161,117
CBHS UNITS OF SERVICE AND UNIT COST		100,140	wy de de la	9,774	, 40,300	**************************************	101,117
	s Purchased (if applicable		<del>                                     </del>	<del> </del>		<del>                                     </del>	
Substance Abuse Only - Non-Res 33 - ODF # o			<del> </del>	<del> </del>	<del> </del>	<del>                                     </del>	
Substance Abuse Only - Licensed Capacity for Medi-Cal Provide				1	<del> </del>	1	
Cost Reimbursement (CR			FFS	FFS	FFS	1	
	Units of Service				681	1	100
	Unit Type	#REF	! #REF				
Cost Per Unit - DPH Rate (DPH	UNDING SOURCES Only	1.67					- Committee of the Comm
Cost Per Unit - Contract Rate (DPH & Non-D	PH FUNDING SOURCES)	1.67					
	(Medi-Cal Providers Only)				68.02	2 0.00	Total UDC:
į	Induplicated Clients (UDC)				28 Classrooms	C	) 30

Provider Number: 8858
Provider Name: Edgewood Center for Children and Families
Document Date: 7/1/14

Appendix #: B-3, page 2

	The second secon	TOTAL	1	rieral Fund IMCP751594		e de la companya de l						
	Тегт:	7/1/14-6/30/15	Term:		Term:	7/1/14-6/30/15	Term:	7/1/14-6/30/15	Term:	7/1/14-8/30/15		7/1/14-6/30/15
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Clinician	1,31	\$ 73,251.00	1.31	73,251	0.00	0	0.00	0	0.00	0	0,00	0
Behavioral Health Director		\$ 7,989.00	0.08	7,989	0.00	o	0.00	0	0.00	0	. 0,00	0
	0.00		0,00	9,000	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	1	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	<del></del>	0.00	0	0.00	0	0.00	. 0	0.00	0	0,00	0
	0.00	s -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0,00	. 0	0,00	0	0,00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	. 0	0.00	0	0.00	0	0.00	0	0,00	0
	0.00	s -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	. 0.00	. 0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	. 0	0.00	0	0.00	_ 0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	. 0.00	0	0,00	0
	0,00	\$ -	0.00	0	0,00	0	0.00	0	0.00	0	0:00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	00,00	0	0.00	0
	0.00	\$	0.00	o	0.00	0	0.00		0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00		0.00	0	0,00	0
	0,00	s -	0.00	0	0.00	0	0.00	·O	0,00	0	0.00	0
	0.00	\$	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0,00	\$ .	0.00	0	0.00	0	0.00	0	0.00	. 0	0.00	0
Total	s: 1.39	\$81,240	1.39	\$81,240	0,00	\$0	0.00	\$0	0,00	\$0	0,00	\$0

 <u> </u>											
Employee Fringe Benefits:	30% \$	24,372.00	30%	\$24,372	#DIV/0!	\$0	#DIV/01	\$0	#DIV/0!	\$ 0 #DIV/01	\$0
TOTAL SALARIES & BENEFITS		\$105,612		\$105,612		\$0		\$0	]	\$ io]	\$0

## DPH 4: Operating Expenses Detail

B-3, page 3

Appendix #:

Provider Number: 8858

TOTAL OPERATING EXPENSE

Provider Name: Edgewood Center for Children and Families Document Date: 7/1/14

Expenditure Category	***************************************	OTAL	General Fund HMHMCP751594	and a control of the		on the second se	·
	7/1/	14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15
Occupancy (Based on Square Feet used)	\$	13,332.00	13,332	. 0	0	0	
Utilities(Elec, Water, Gas, Phone, Scavenger)	\$		0	0	0_	0	
Office Supplies, Postage	\$	623.00	623	0	0	0	·
Building Maintenance Supplies and Repair	\$		0	0	0	0	
Printing and Reproduction	\$	<u> </u>	O O	0	0	0	
Insurance	\$		0	0	0	0	
Staff Training	\$		0	0	0	0	
Staff Travel-(Local & Out of Town)	\$	2,498.00	2,498	0	0	0	
Rental of Equipment	\$	<del>-</del>	0	0	0_	0	
CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amounts)	\$	_	0	O_	0	0	
	\$		0	0	00	00	
	\$	_	0	0	. 0	0	
			. 0	. 0	. 0	0	
	\$		0	. 0	0	0	
	\$	_	0	.0	0	0	
	<u> </u> \$		0	0	0	0	
Other:			0	. 0	0	0	
Food	\$	874.00	874	0	0	0	E .
Telecommunication	\$	1,499.00	1,499	0	Ö	0	
Educational Supplies	\$	1,249.00	1,249	0	0	0	
Purchased Direct Expense (Program Admin, QA, General Research)	\$	9,259.00	9,259	0	0	. 0	
	\$	_	0	0	ó	0	
	\$	2	0	. 0	0	0	

\$29,334

\$0

\$29,334

## **DPH 5: Capital Expenses Detail**

Provider Number: 8858

Appendix #: B-3, page 4

Provider Name: Edgewood Center for Children and Families

Document Date: 7/1/14

1. Equipment

Item Description	Quantity	Serial #/VIN #	Funding Source [General Fund, Grant (List Title), or Work Order (List Dept.)]	Purchase Cost Each	Total Cost
Shared costs - Equipment - see DPH 7	1	tbd	General Fund	4,681	4,681
Shared costs - Equipment - see DPH 7	11	tbd	SB163	0	0
Shared costs - Equipment - see DPH 7	. 1	tbd	MHSA Prop 63	0	0
Shared costs - Equipment - see DPH 7	11	tbd	Work Order #1 HSA	0	0
Shared costs - Equipment - see DPH 7	11	tbd	Work Order #2 DCYF	0	0
Shared costs - Equipment - see DPH 7	1	tbd	Workorder #3 SFCFC	0	. 0
Shared costs - Equipment - see DPH 7	11	tbd	Prop 63 PEI	0	0
	and the state of t			0	0

**Total Equipment Cost** 

\$4,681

2. Remodeling

Shared costs - Facilities Improvements - See DPH 7	1	tbd	General Fund	475	475
Shared costs - Facilities Improvements - See DPH 7	4	tbd	SB163	0	0
Shared costs - Facilities Improvements - See DPH 7	1	tbd	MHSA Prop 63	0	0
Shared costs - Facilities Improvements - See DPH 7	4	tbd	Work Order #1 HSA	0	0
Shared costs - Facilities Improvements - See DPH 7	1.	tbd	Work Order #2 DCYF	0	0
Shared costs - Facilities Improvements - See DPH 7	1	tbd	Workorder #3 SFCFC	0	0

**Total Remodeling Cost** 

\$475

**Total Capital Expenditure** 

	nent of Public Heatr					C-Mark Samuel &	0 4 222 4
DMH Legal Entity Name (MH	)/Contractor Name (SA):	Eagewood Center	for Children and F	-amilies		Contract Appendix #: Document Date:	B-4, page 1 7/1/2014
	Provider Name: _ Provider Number:		for Children and I	·amilies			2014-2015
	Provider Number:					Fiscal Year:	2014-2013
		Behavioral	Behavioral	Behavioral	Behavioral		
	Program Name:	Health OP	Health OP	Health OP	Health OP	<del></del>	
	formerly Reporting Unit):	885814	885814	885814	885814		
Mode/SF	C (MH) or Modality (SA)	15/10-56	15/01-09	15/70-79	15/60-69		
	Service Description:	#REF!	#REF!	#REFI	#REF!		TOTAL
			The second secon	A STATE OF THE PARTY OF THE PAR		Marie and the Control of the Control	: A. L. 1. 1. 7.
	FUNDING TERM:	//1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15	Charles and the second	Maryaga palatana ang Maryaga Palatana ang Palatana ang Palatana ang Palatana ang Palatana ang Palatana ang Pal
FUNDING USES							
Salar	ies & Employee Benefits:	527,373	24,981	1,388	1,388		555,130
	Operating Expenses:	146,479	6,938	385	385 68		154,187 27,100
	es (greater than \$5,000):	25,744	1,220	68			
	btotal Direct Expenses:	699,596	33,139 4,971	1,841 276	1,841 276		736,417 110,463
	Indirect Expenses:	104,940					846,880
	OTAL FUNDING USES:	804,536	38,110	2,117	2,117		CONTRACTOR OF THE PERSON NAMED IN COLUMN 1
CBHS MENTAL HEALTH FUNDING SOURCES	Index Code			Maria Ma		***************************************	120.250
MH FED - SDMC Regular FFP (50%)	HMHMCP751594	386,032	18,286	1,016	1,016	#	406,350
MH STATE - EPSDT State Match	HMHMCP751594	347,430	16,457	914	914		365,715
MH STATE - Family Mosaic Capitated Medi-Cal	HMHMCP8828CH					<u> </u>	
MH WORK ORDER - Human Services Agency (matched)	HMHMCHMTCHWO	-				-	
MH WORK ORDER - Human Services Agency	HMHMCHCDHSWO	*				*	-
MH Triage Grant	HMHMCHGRANTS				-		*
MH WORK ORDER - Dept. Children, Youth & Families	HMHMCHDCYFWO	, , ,	<u> </u>		-	-	-
MH WORK ORDER - First Five (SF Children & Family Commission)	HMHMCHSRIPWO	-			<u> </u>		
MH WORK ORDER - First Five (SF Children & Family Commission)	HMHMCHPFAPWO						-
MH PRIOR YEAR - SB 163 - Children's Wrap-Around/Foster Care	HMHNSB163ACP	· -		**			<u> </u>
MH STATE - MHSA - Prop 63 PEI	HMHMPROP63	<u> </u>	<u> </u>				-
MH Realignment	HMHMCP751594			180		<u> </u>	40.00
MH COUNTY - General Fund (matched)	HMHMCP751594	38,602		102	102		40,635 34,180
MH COUNTY - General Fund (unmatched)	HMHMCP751594	32,472	1,538	85	85		34,100
MH COUNTY - General Fund CODB	HMHMCP751594	*		<u> </u>			<del></del>
MH COUNTY - General Fund WO CODB	HMHMCP751594	804,536	38,110	2,117	2,117		846,880
TOTAL CBHS MENTAL HEAL		604,530	30,110	4,	<b>4,</b> 111		040,000
CBHS SUBSTANCE ABUSE FUNDING SOURCES	CFDA #:				Maria Maria Maria Maria		James and the same of the same
TOTAL CBHS SUBSTANCE ABU		-				*	-
OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES	CFDA#:						1
					ļ	<del></del>	ļ
TOTAL OTHER DPH-COMMUNITY PROGRA	MS FUNDING SOURCES	-	-			and Appendix and A	-
	PH FUNDING SOURCES	804,536	38,110	2,117	2,117	, H	846,880
NON-DPH FUNDING SOURCES							
		<u> </u>			<u> </u>	<u> </u>	<u> </u>
TOTAL NON-DPH FUNDING SOURCE	TOTAL CONTRACTOR OF THE PARTY O	<u> </u>	-		-	w	_
TOTAL FUNDING SOURCES (DPH AND NON-DP	H)	804,536	38,110	2,117	2,117		846,88
CBHS UNITS OF SERVICE AND UNIT COST		<u> </u>					
	s Purchased (if applicable				Ottoba		
Substance Abuse Only - Non-Res 33 - ODF # of					and the state of t		
Substance Abuse Only - Licensed Capacity for Medi-Cal Provide				1			
Cost Reimbursement (CR)			FFS	FFS	FFS		
	Units of Service			546	. 439		
	Unit Type				! #REF		
Cost Per Unit - DPH Rate (DPH F	UNDING SOURCES Only	)] 2.61		3.88	4.82		
Cost Per Unit - Contract Rate (DPH & Non-DF							
	(Medi-Cal Providers Only		2.02	3.88			Total UDC:
( U	nduplicated Clients (UDC)						10

Provider Number: 8858

Provider Name: Edgewood Center for Children and Families Document Date: 7/1/14

#RFF!

		TOTAL	#REF!  General Fund HMHMCP751594			And the state of t	***************************************					
	Term:	7/1/14-6/30/15	Term:	7/1/14-6/30/15	Term:	7/1/14-6/30/15	Term:	7/1/14-6/30/15	Term	7/1/14-6/30/15		7/1/14-6/30/15
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Regional Director	0.13	\$ 22,706.00	0.13	22,706	0.00	0	0.00	0	0.00	0	00.00	0
Medical Director	0.16	\$ 31,432.00	0.16	31,432	0.00	0	0.00	Ō	0.00	. 0	0.00	0
Clinical Supervision	0.85	\$ 63,543.00	0.85	63,543	0.00	0	0.00	0	0,00	0	0.00	0
Family Support Director	0.21	\$ 24,184.00	0.21	24,184	0.00		0.00	0	0.00	0	0,00	0
Clinican	3,19	\$ 185,237.00	3.19	185,237	0.00	0	0,00	0	0.00	0	0.00	0
Administrative Support	08.0	\$ 44,880.00	0.80	44,880	0.00	. 0	0.00	00	0.00	0	00.00	0
Research Associate	0.30	\$ 22,354.00	0.30	22,354	0.00	0	0.00	0	0.00	0	0.00	0
QA Manager	0.53	\$ 32,687,00	0,53	32,687	0.00	0	0.00	0	0,00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0_	0,00	0	0.00	0	0.00	0
	0.00		0.00	. 0	0.00	0	0.00	0		0	0.00	0
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	0.00		0.00	0	0.00	0	0.00	0		0	0.00	
	0.00		0.00	0	0.00	0	0.00	0	1	0	00,00	<del></del>
	<u> </u>		0.00	0	0.00	0	0,00	0	1	0	0,00	
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0,00	0	0.00	0
Totals:	6.17	\$427,023	6.17	\$427,023	0.00	\$0	0,00	\$0	0.00	50	0.00	\$0

Employee Fringe Benefits:	30% \$ 128,107.00	30% \$128,107	#DIV/0!	\$0 \$	#DIV/0! \$0	#DIV/0! \$0 :	#DIV/0! \$0
	4						
TOTAL SALARIES & BENEFITS	\$555,130	\$555,130		\$0	. \$0	\$0	\$0

## **DPH 4: Operating Expenses Detail**

TOTAL OPERATING EXPENSE

Provider Number: 8858
Provider Name: Edgewood Center for Children and Families
Document Date: 7/1/14

Expenditure Category		TOTAL	General Fund HMHMCP751594	And Angular Property of the Control			
		7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15
Occupancy (Based on Square Feet used)	\$	70,766.00	70,766	0	0	0	
Jtilities(Elec, Water, Gas, Phone, Scavenger)	\$		0	0	0	0	
Office Supplies, Postage	\$	3,211.00	3,211	0	0	0	
Building Maintenance Supplies and Repair	\$		0	0	0	0	
Printing and Reproduction	\$		0	0	0	0	
Insurance	\$	_	0	0	0	0	
Staff Training	\$	15,486.00	15,486	0	0	0	
Staff Travel-(Local & Out of Town)	\$	8,495.00	8,495	0	0	0	
Rental of Equipment	\$	-	0	0	0	0	
CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amounts)	\$		0	0		0	
-	\$	-	0	0	. 0	0	
	\$	*	0	0	0	0	
			0	. 0	0	0	
·	\$	*	0	0	0	0	
	\$	*	0	0	00	. 0	
	\$	**	0	0	0	0	
Other:	\$		0	0	. 0	0	
	\$		0	0	0	0	
Purchased Direct Expense (Program Admin, QA, General Research)	\$	38,441.00	38,441	. 0	0	0	
Computer Supplies	\$	5,310.00	5,310	0	0	0	
Client Incentives/Supplies	\$	8,938.00	8,938	0	0	0	
Food	\$	3,540.00	3,540	0	0	0	
Depreciation	\$		0	0	0	0	

\$154,187

\$154,187

## **DPH 5: Capital Expenses Detail**

Provider Number: 8858

Appendix #: B-4. page 4

Provider Name: Edgewood Center for Children and Families

Document Date: 7/1/14

1. Equipment

Item Description	Quantity	Serial #/VIN #	Funding Source [General Fund, Grant (List Title), or Work Order (List Dept.)]	Purchase Cost Each	Total Cost
Shared costs - Equipment - see DPH 7	1	tbd	General Fund	24,603	24,603
Shared costs - Equipment - see DPH 7	11	tbd	SB163	0	0
Shared costs - Equipment - see DPH 7	11	tbd	MHSA Prop 63	0	0
Shared costs - Equipment - see DPH 7	11	tbd	Work Order #1 HSA	0	0
Shared costs - Equipment - see DPH 7	1	tbd	Work Order #2 DCYF	0	0
Shared costs - Equipment - see DPH 7	11	tbd	Workorder #3 SFCFC	0	0
Shared costs - Equipment - see DPH 7	1	tbd	Prop 63 PEI	0	0
		·	· · · · · · · · · · · · · · · · · · ·	0	0
Total Equipment Cost		•			\$24,603

2. Remodeling

Shared costs - Facilities Improvements - See DPH 7	1	tbd	General Fund	2,497	2,497
Shared costs - Facilities Improvements - See DPH 7	1	tbd	SB163	0	0
Shared costs - Facilities Improvements - See DPH 7	1	tbd	MHSA Prop 63	0	0
Shared costs - Facilities Improvements - See DPH 7	1	tbd	Work Order #1 HSA	0	0
Shared costs - Facilities Improvements - See DPH 7	1	tbd	Work Order #2 DCYF	0	0
Shared costs - Facilities Improvements - See DPH 7	1	tbd	Workorder #3 SFCFC	0	0
Total Remodeling Cost			•	The state of the s	\$2,497

Total Capital Expenditure

\$27,100

(Equipment plus Remodeling Cost)

				and the first statement of the statement	NATION AND STREET STREET, STRE	
)/Contractor Name (SA): I	<u> </u>	for Children and F		B-5, page 1		
		for Children and F	amilies			7/1/2014
	The state of the s		The same of the sa		Fiscal Year:	2014-2015
					<del></del>	<u> </u>
Tormerly Reporting Unit):			<del></del>			
C (MH) or Modality (SA)	10/06	15/01-09				
Service Description:	#REF!	#REF!		-		TOTAL
FUNDING TERM:	7/1/14-6/30/15	7/1/14-6/30/15		THE PERSON NAMED IN THE PE	·	
es & Employee Benefits:	468,175	4,729	-	-	*	472,904
Operating Expenses:	130,036	1,313	- 1	- 1		131,349
	22,855	231	-		*	23,086
	621,066			-	-	627,339
			-	-	-	94,101
	714,226	7,214	. *			721,440
Index Code						100000000000000000000000000000000000000
HMHMCP751594	343,293	3,467	-	-	-	346,760
	308,963	3,121	-	-	-	312,084
	-			*	-	
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	34 320	L			f	34,676
					<del></del>	27,920
		<del></del>	~		<u> </u>	
	714,226	7.214	~			721,440
CFOA#:		1		V	The same of the sa	
***************************************		Control to the second s	A TOTAL PROPERTY OF THE PARTY O	AND DESCRIPTION OF THE PERSON	dimensi izare menggapa pendananan pendanan pendanan pen	CONTRACTOR OF THE PROPERTY OF
SE FUNDING SOURCES		-	*		-	-
CFDA#:						
MS FUNDING SOURCES	-			-		
PH FUNDING SOURCES	714,226	7,214	-ai		77	721,44
	10 Met 10 Me					
	ļ		ļ	and the second		
	-	*	***			-
H)]	714,226	7,214	n	-	·	721,44
	ļ					
		<u> </u>	<u> </u>			
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes) Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program				<del></del>	<u> </u>	
					<u> </u>	
Cost Reimbursement (CR) or Fee-For-Service (FFS):					<del></del>	100000000000000000000000000000000000000
	. 213,000 . 40FF	3,3/1	1	<u> </u>		100000
UNDING SOURCES Only						
			0.00			
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):						
(Medi-Cal Providers Only)	: 2.61	2.02	0.00	0.00	0.00	Total UDC:
	Provider Name (SA): Provider Name: Provider Number: Program Name: Program Name: (formerly Reporting Unit): FC (MH) or Modality (SA) Service Description: FUNDING TERM:  Service Description: FUNDING TERM:  Service Description: FUNDING TERM:  Operating Expenses: Ses (greater than \$5,000): Stotal Direct Expenses: Indirect Expenses: Indirect Expenses: Indirect Expenses: Indirect Expenses: Index Code HMHMCP751594 HMHMCP751594 HMHMCP751594 HMHMCHCDHSWO HMHMCHCHCHSWO HMHMCHCHSRIPWO HMHMCHGRANTS HMHMCHPFAPWO HMHMCP751594 HMHMCP751595 HMHMCP751594 HMHMCP751594 HMHMCP751594 HMHMCP751594 HMHMCP751595 HMHMCP751594 HMHMCPT			Program Name:   TBS   TBS		

Provider Number: 8858
Provider Name: Edgewood Center for Children and Families
Document Date: 7/1/14

Appendix #:

		TOTAL	General Fund HMHMCP751594										
Position Title	Term:	7/1/14-6/30/15 Salaries	Term: FTE	7/1/14-6/30/15	Term:	7/1/14-6/30/15	Term: FTE	7/1/14-6/30/15 Salaries	Term:	7/1/14-6/30/15	Term:	7/1/14-8/30/15 Salarles	
Position little	FIE	Salaries	FIE	Salaries	FIE	Salaries	FIE	Salaries	FIE	Salaries	PIC	Salaries	
Family Resource Director	0.35	\$ 34,232.00	0,35	34,232	0.00	0	0.00	0	00.0	0	0.00	0	
Clinical Supervision	0.65	\$ 42,159.00	0.65	42,159	0.00	0	0.00		0.00	. 0	0.00	0	
Behaviorial Health Director	0.17	\$ 19,707.00	0.17	19,707	0.00	0	0.00	0	0.00	0	0,00	0	
TBS Manager	.0.87	\$ 43,660.00	0.87	43,660	0.00	0	0.00	0	0,00		00.00	. 0	
SR TBS Behavioral Coach	0.43	\$ 18,740.00	0.43	18,740	0.00	00	0.00	. 0	0.00	0	0.00	0	
TBS Coach	4.35	\$ 157,328.00	4.35	157,328	0.00	0	0.00	0	0.00	0	0.00	. 0	
QA Manager	0.43	\$ 23,133.00	0.43	23,133	0.00	0	0.00	0	0.00	0	00.00	0	
Research Associate	0.17	\$ 11,300.00	0.17	11,300	0.00	0	0.00	0	0.00	0	0.00	0	
Regional Director	0.09	<b>\$</b> 13,513.00	0.09	13,513	0.00	0	0.00	0	0.00	0	0.00	0	
	0.00	\$	0.00	0	0.00	. 0	0.00	0	0.00	. 0	0.00	0	
	0.00	5 -	0.00	. 0	0.00	0	0.00	0	0.00	0	0.00	0	
	0.00	\$	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	
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	0.00	\$ -	0.00	0	0,00	0	00,00	0	0.00	0	0.00	0	
	0.00	s -	0.00	0	0.00	0	0.00	0	0.00	0	0,00	0	
· · · · · · · · · · · · · · · · · · ·	0.00	\$ -	0.00	0	0.00		0.00	<u> </u>	0.00	0	0.00	0	
	0.00	\$ -	0.00	<u> </u>	0.00	0	0.00	0	0.00	0	0.00	0	
	0,00	\$	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	
<b>.</b>	7		7.51	8000									
Totals:	7.51	\$363,772	7.51	\$363,772	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$0	

		r	<del></del>					<del></del>	r	<del></del>	<del></del>	<del></del> 1
Employee Fringe Benefits:	30% \$	109,132.00	30%	\$109,132	#DIV/0!	\$0	#DIV/0!	\$0	#DIV/01	\$0	#DIV/01	\$0
TOTAL SALARIES & BENEFITS		\$472,904		\$472,904		\$0		\$0	1	\$0		\$0

Appendix #:

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Provider Number: 8858
Provider Name: Edgewood Center for Children and Families
Document Date: 7/1/14

Expenditure Category		TOTAL	General Fund HMHMCP751594			And the second s		
	<b></b>	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15	_
Occupancy (Based on Square Feet used)	\$	70,341	70,341	0	0	0	. 0	46081
Utilities(Elec, Water, Gas, Phone, Scavenger)	\$	_	. 0	0	0	0	0	
Office Supplies, Postage	\$	1,778	1,778	0	0	0	0	1165
Building Maintenance Supplies and Repair	\$		0	0	0	0	0	
Printing and Reproduction	\$		. 0	0	0	0	. 0	<u> </u>
Insurance	\$		0	0	0	0	0	
Staff Training	\$	7,831	7,831	0	0	0	. 0	5130
Staff Travel-(Local & Out of Town)	\$	8,243	8,243	0	0	0	. 0	5400
Rental of Equipment CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours &	\$		0	.0	0	0	0	
Amounts)	\$		0	. 0	0	0	. 0	
	\$	<u>:</u>	0	0	0	. 0	0	
	\$		. 0		0	0	. 0	
			0	00	0	0	. 0	
	\$	-	0	0_	0	0	. 0	
	\$	_	0	. 0	0	0	0	
	\$		0	0	0	0	0	_
Other:	\$		0	00	0	0	0	_
	\$	_	0	0	0	0	0	
Purchased Direct Expense (Program Admin, QA, General Research)	\$	24,839	24,839	0	0	0	0	1627
Client Incentives	\$	4,579	4,579	0		0	. 0	300
Food	\$	3,053	3,053		0	0	0	200
Telecommunications	\$	6,106	6,106	0	. 0	. 0	. 0	400
Computer Supplies	\$	4,579	4,579	1		0	0	300
TOTAL OPERATING EXPENSE		\$131,349	\$131,349	\$0	\$0	\$0	\$0	<b>;</b>

Provider Number: 8858

Appendix #: B-5, page 4

Provider Name: Edgewood Center for Children and Families

Document Date: 7/1/14

# 1. Equipment

Item Description	Quantity	Serial #/VIN #	Funding Source [General Fund, Grant (List Title), or Work Order (List Dept.)]	Purchase Cost Each	Total Cost
Shared costs - Equipment - see DPH 7	1	tbd	General Fund	20,959	20,959
Shared costs - Equipment - see DPH 7	1	tbd	SB163	0	0
Shared costs - Equipment - see DPH 7	1	tbd	MHSA Prop 63	0	0
Shared costs - Equipment - see DPH 7	1	tbd	Work Order #1 HSA	0	0
Shared costs - Equipment - see DPH 7	1	tbd	Work Order #2 DCYF	0	0
Shared costs - Equipment - see DPH 7	1	tbd	Workorder #3 SFCFC	0	0
Shared costs - Equipment - see DPH 7	1	tbd	Prop 63 PEI	0	0
				0	0

**Total Equipment Cost** 

\$20,959

# 2. Remodeling

Shared costs - Facilities Improvements - See DPH 7	1	tbd	General Fund	2,127	2,127
Shared costs - Facilities Improvements - See DPH 7	1	tbd	SB163		0
Shared costs - Facilities Improvements - See DPH 7	1	tbd	MHSA Prop 63	0	0
Shared costs - Facilities Improvements - See DPH 7	1	tbd	Work Order #1 HSA	0	0
Shared costs - Facilities Improvements - See DPH 7	1	tbd	Work Order #2 DCYF	0	0
Shared costs - Facilities Improvements - See DPH 7	1	tbd	Workorder #3 SFCFC	0	0

**Total Remodeling Cost** 

\$2,127

**Total Capital Expenditure** 

\$23,086

DMH Legal Entity Name (MH)	Contractor Name (SA):				SP SP 3	Cont	rac! Appendix #:	B-6, page 1
Dim Logar Entry (was)			for Children and I				Document Date:	7/1/2014
	Provider Number:		TOT COMOTEST AND	Commes			Fiscal Year:	2014-2015
	Program Name:		Wraparound	Meanaraina	Measuraling	Mongrayad	COLUMN TO THE REAL PROPERTY OF THE PARTY OF	2019-2010
Program Code /6	ormerly Reporting Unit):	885819	885819	Wraparound 885819	Wraparound 885819	Wraparound	Wraparound	
Flogram Code (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	C (MH) or Modality (SA)	15/10-56	15/01-09	15/70-79	15/60-69	885819	885819	
Caponi	C (with) or wodainy (SA)	10/10-00	13/01-08	13/10-13	10/00-09	15/07	15/57	
	Service Description:	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	TOTAL
7 N. 1915 192 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 - 1927 -	FUNDING TERM:	7/1/14-6/30/15	7/1/14-6/30/15	<b>7/1/14-6/</b> 30/15	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15	Annual Manager of the Control of the
FUNDING USES	es & Employee Benefits:	66,120	33,060	16,531	16,531	<b>6</b> 6,119	132,239	330,600
A ISBC	Operating Expenses:	18,365	9,182	4,591	4,591	18,365	36,730	91,824
Canital Evages	es (greater than \$5,000):	3,227	1,614	807	807	3,228	6,456	16,139
	total Direct Expenses:	87,712	43,856	21,929	21,929	87,712	175,425	438,563
	Indirect Expenses:	13,157	6,579	3,289	3,289	13,157	26,314	65,785
T	OTAL FUNDING USES:	100,869	50,435	25,218	25,218	100,869	201,739	504,348
CBHS MENTAL HEALTH FUNDING SOURCES	Index Code	.00,000		2012.10	-315.0	441	22777	
MH FED - SDMC Regular FFP (50%)	HMHMCP751594	50,003	25,002	12,501	12,501	50,003	100,007	250,017
MH STATE - EPSDT State Match	HMHMCP751594	46,399	23,200	11,600	11,600	46,399	92,799	231,997
MH STATE - Family Mosaic Capitated Medi-Cal	HMHMCP8828CH	- 70,000		1,,,,,,	11,000		22,122	
MH WORK ORDER - Human Services Agency (matched)	HMHMCHMTCHWO	3,513	1,756	878	878	3,512	7,024	17,561
MH WORK ORDER - Human Services Agency	HMHMCHCDHSWO	- 0,010			-	<u> </u>	- 1,22	,
MH Triage Grant	HMHMCHGRANTS				-	*		*
MH WORK ORDER - Dept. Children, Youth & Families	HMHMCHDCYFWO				<u>-</u>		-	
MH WORK ORDER - First Five (SF Children & Family Commission)	HMHMCHSRIPWO			1	-	-	-	-
MH WORK ORDER - First Five (SF Children & Family Commission)	HMHMCHPFAPWO	_	-	<del>-</del>	_		-	-
MH PRIOR YEAR - SB 163 - Children's Wrap-Around/Foster Care	HMHNSB163ACP		-		-	-	-	
MH STATE - MHSA - Prop 63 PEI	HMHMPROP63	_		-		-	-	
MH Realignment	HMHMCP751594		_	-	-		-	-
MH COUNTY - General Fund (matched)	HMHMCP751594	91	46	23	23	92	184	459
MH COUNTY - General Fund (unmatched)	HMHMCP751594	810	405	203	203	810	1,620	4,051
MH COUNTY - General Fund CODB	HMHMCP751594	-	-	-		-	-	_
MH COUNTY - General Fund WO CODB	HMHMCP751594	53				53		263
TOTAL CBHS MENTAL HEAL'		100,869	50,435	25,218	25,218	100,869	201,739	504,348
CEHS SUBSTANCE ABUSE FUNDING SOURCES	CFDA#:					Water Michigan Water State Committee		
TOTAL CBHS SUBSTANCE ABUS	SE CLINDING SOURCES	<u> </u>	<u> </u>	-		<u> </u>	<u> </u>	
OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES	CFDA#:	_	-				The state of the s	
CATALOG A SCANING AND A MARKET CHANGE SOUNGES	TOTAL TOTAL							
TOTAL OTHER DPH-COMMUNITY PROGRAM	AS FUNDING SOURCES		<del> </del>			<del> </del>		
	H FUNDING SOURCES			The same of the sa	PER	100,869	On the control of the	504,348
NON-DPH FUNDING SOURCES	T	100,000	1			1441000	The same of the sa	
			1		1			
TOTAL NON-DPH FUNDING SOURCE	S	<del>-</del>	-	*	+	<u> </u>	-	<u> </u>
TOTAL FUNDING SOURCES (DPH AND NON-DPI	1)	100,869	50,435	25,218	25,218	100,869	201,739	504.348
CBHS UNITS OF SERVICE AND UNIT COST	-21	100,000	70,700	A-0-50-1-0	~~,610	100,000	2,4,1,2,4,3 1,2,4,1,2,4,4,4,4,4,4,4,4,4,4,4,4,4,4,4,	307,040
5	Purchased (if applicable	)	1			<del> </del>		
Substance Abuse Only - Non-Res 33 - ODF # of 0			1	<del>                                     </del>	<u> </u>	1		
Substance Abuse Only - Licensed Capacity for Medi-Cal Provider			1	<del>                                     </del>	<u> </u>	1	-	
Cost Reimbursement (CR) of			FFS	FFS	FFS	FFS	FFS	
	Units of Service			6,499	5,232			
	Unit Type		#REF		#REF			
Cost Per Unit - DPH Rate (DPH FL	INDING SOURCES Only	2.6						
Cost Per Unit - Contract Rate (DPH & Non-DP								
Published Rate (	Medi-Cal Providers Only	2.61	2.02					Total UDC:
Un	duplicated Clients (UDC	): 1	5 15					1:

General Fund

HMHMCP751594

Term:

0.07

FTE

7/1/14-6/30/15

Salaries

20,202

HSA Work Order (Matched) HMHMCHMTCHWO

Term:

0

FTE

7/1/14-6/30/15

Salaries

Provider Number: 8858

Position Title

Regional Director

Provider Name: Edgewood Center for Children and Families
Document Date: 7/1/14

7/1/14-6/30/15

Salaries

20,202.00

TOTAL

Term:

0.07 \$

FTE

Appendix #: B-6, page 2

Term:

0.00

FTE

7/1/14-6/30/15

Salaries

7/1/14-6/30/15

Salaries

Term:

0.00

FTE

0

7/1/14-6/30/15

Salaries

Term:

0.00

FTE

0

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	0.00	\$	- 0.00	0	0	0	0,00	0	0.00	0	0.00	<u>_</u>
Total	s: 2.84	\$254,	308 2.56	\$240,800	\$0	\$13,508	0,00	\$0	0.00	\$0	0.00	\$0

Provider Number: 8858
Provider Name: Edgewood Center for Children and Families
Document Date: 7/1/14

Expenditure Category	-	TOTAL	General Fund HMHMCP751594				
	7/1/	14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15
Occupancy (Based on Square Feet used)	\$	36,938.00	36,938	0	0	0	. 0
Utilities(Elec, Water, Gas, Phone, Scavenger)	\$		0	0	. 0	0	0
Office Supplies, Postage	\$	1,963.00	1,963	0	0	0	0
Building Maintenance Supplies and Repair	\$		o	0	0	0	0
Printing and Reproduction	\$		0	- 0	0	0	0
Insurance	\$	**	0	0	0	0	. 0
Staff Training	\$		0	0	0	0	0
Staff Travel-(Local & Out of Town)	\$	26,184.00	26,184	0	0	0	0
Rental of Equipment	\$		. 0	. 0	0	0	0
CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amounts)	\$	-	. 0	0	0	0	0
	\$		0	0	0	0	0
	\$ -	**	. 0	0	0	0	0
	1		. 0	0	0	. 0	. 0
	\$		0	0	0	0	0
	\$		. 0	0	0	0	0
	\$		.0	0	0	<u> </u>	0
Other:	\$		0	0	0	0	0
	\$		, o	0	0	0	0.
Purchased Direct Expense (Program Admin, QA, General Research)	\$	25,648.00	25,648	0	. 0	0	0
Food	\$	1,091.00	1,091	0	0	0	0
	<del> </del>	•	. 0		<u> </u>		0
	\$		0			<del>                                     </del>	0
	\$		0	. 0	0	0	0
TOTAL OPERATING EXPENSE		\$91,824	\$91,824	\$ <b>0</b>	\$0	\$0	\$0

Provider Number: 8858

Appendix #: B-6, page 4

Provider Name: Edgewood Center for Children and Families

Document Date: 7/1/14

1. Equipment

Item Description	Quantity	Serial #/VIN #	Funding Source [General Fund, Grant (List Title), or Work Order (List Dept.)]	Purchase Cost Each	Total Cost
Shared costs - Equipment - see DPH 7	1	tbd	General Fund	14,652	14,652
Shared costs - Equipment - see DPH 7	1	tbd	SB163	0	0
Shared costs - Equipment - see DPH 7	1	tbd	MHSA Prop 63	0	0
Shared costs - Equipment - see DPH 7	1	tbd	Work Order #1 HSA	0	0
Shared costs - Equipment - see DPH 7	1	tbd	Work Order #2 DCYF	0	0
Shared costs - Equipment - see DPH 7	. 1	tbd	Workorder #3 SFCFC	0	0
Shared costs - Equipment - see DPH 7	1	tbd	Prop 63 PEI	0	0
			,	0	0

**Total Equipment Cost** 

\$14,652

2. Remodeling

Shared costs - Facilities Improvements - See DPH 7	1	tbd	General Fund	1,487	1,487
Shared costs - Facilities Improvements - See DPH 7	1	tbd	SB163	0	0
Shared costs - Facilities Improvements - See DPH 7	1	tbd	MHSA Prop 63	0	0
Shared costs - Facilities Improvements - See DPH 7	111	tbd	Work Order #1 HSA	0	0
Shared costs - Facilities Improvements - See DPH 7	1	tbd	Work Order #2 DCYF	O	0
Shared costs - Facilities Improvements - See DPH 7	111	tbd	Workorder #3 SFCFC	0	0

**Total Remodeling Cost** 

\$1,487

**Total Capital Expenditure** (Equipment plus Remodeling Cost)

\$16,139

DMH Legal Entity Name (MI	Montactor Name (SA):					Contract Appendix #:	070001
DIMIT Legal Ellity Hame (With	Tyrountiactor Ivailie (OA).	Edgewood Center	for Children and F	amilias		Contract Appendix #. Document Date:	B-7, page 1 7/1/2014
	Provider Number:		ior Cindren and r	Gissing 9		Fiscal Year:	2014-2015
	TOTAL TRANSPORT	Educational (	The same with the same and the	Augusta et al	DINGS STATE OF THE PARTY OF THE	NAMES OF THE OWNERS OF THE OWNER, WHEN PERSONS O	THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER, THE OW
· · · · · · · · · · · · · · · · · · ·	Program Name:	Assessments	1	and market			-
Program Code	(formerly Reporting Unit):	NA NA			·		
	FC (MH) or Modality (SA)	45/20-29					
(2/92/01)	Service Description:	Assessment Assessment					TOTAL
				omenenenen en e	AND THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED I	THE STREET STREET, STR	1.51.51
	FUNDING TERM:	111114-0130/15					
FUNDING USES		4444					4444
Salar	ies & Employee Benefits:	11,144		*			11,144
Carifol Every	Operating Expenses:	3,095 544					3,095
	ses (greater than \$5,000): btotal Direct Expenses:	14,783					544 14,783
30	Indirect Expenses:	2,217					2,217
······································	TOTAL FUNDING USES:	17,000					17,000
		17,000				-	CONTRACTOR OF THE PROPERTY OF THE PERSON NAMED OF THE PERSON OF THE PERS
CBHS MENTAL HEALTH FUNDING SOURCES	Index Code	*	*		•	* -	
MH FED - SDMC Regular FFP (50%)	HMHMCP751594	-					
MH STATE - EPSDT State Match	HMHMCP751594	-	<u> </u>				*
MH STATE - Family Mosaic Capitated Medi-Cal	HMHMCP8828CH						-
MH WORK ORDER - Human Services Agency (matched)	HMHMCHMTCHWO HMHMCHCDHSWO						***
MH WORK ORDER - Human Services Agency		-			.,700		· · · · · · · · · · · · · · · · · · ·
MH Triage Grant	HMHMCHGRANTS -	-					-
MH WORK ORDER - Dept. Children, Youth & Families	HMHMCHDCYFWO						
MH WORK ORDER - First Five (SF Children & Family Commission)	HMHMCHSRIPWO	<u> </u>	<u> </u>				
MH WORK ORDER - First Five (SF Children & Family Commission)	HMHMCHPFAPWO	47.000					17,000
MH PRIOR YEAR - SB 163 - Children's Wrap-Around/Foster Care	HMHNSB163ACP	17,000					17,000
MH STATE - MHSA - Prop 63 PEI	HMHMPROP63	<u> </u>					*
MH Realignment	HMHMCP751594				_ <del></del>		-
MH COUNTY - General Fund (matched)	HMHMCP751594	-	ļ				
MH COUNTY - General Fund (unmatched)	HMHMCP751594				·····		-
MH COUNTY - General Fund CODB	HMHMCP751594	<u> </u>					-
MH COUNTY - General Fund WO CODB  TOTAL CBHS MENTAL HEA	HMHMCP751594	17,000	<u> </u>				17,000
\$	CFDA #:	17,000	-				11,000
CBHS SUBSTANCE ABUSE FUNDING SOURCES	Urua 1	<u> </u>				NAMES OF THE OWNER OWNER.	***************************************
TOTAL ODUG CUROTABIOT AD	ICE ELIZABIA COMPACE	<u> </u>			-	<u></u>	
TOTAL CBHS SUBSTANCE ABI		)	-	THE RESIDENCE OF THE PARTY OF T		AND DESCRIPTION OF THE PROPERTY OF THE PROPERT	THE RESERVE OF THE PARTY OF THE
OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES	CFDA#:						
TOTAL OTHER DPH-COMMUNITY PROGRA	MC ELINDING COLIDAGE	<del></del>					1
	OPH FUNDING SOURCES		-	**	-	The state of the s	17,000
		17,000	*		nery Nation (Control or Control of Control o	AND THE RESERVE OF THE PERSON NAMED IN COLUMN 1	17,000
NON-DPH FUNDING SOURCES		<del></del>					1
TOTAL NON-DPH FUNDING SOURCE		<del></del>					<del></del>
		4=				*	47 656
TOTAL FUNDING SOURCES (DPH AND NON-DPI	7)	17,000	-	**	-	*	17,000
CBHS UNITS OF SERVICE AND UNIT COST	- Db	<del></del>					
	s Purchased (if applicable		<del> </del>				
Substance Abuse Only - Non-Res 33 - ODF # o			<u> </u>				
Substance Abuse Only - Licensed Capacity for Medi-Cal Provide			<del> </del>			<u> </u>	-
Cost Reimbursement (CR			<del> </del>				
	Units of Service		1			<u> </u>	
Cost Per Unit - DPH Rate (DPH F	Unit Type			0.00	0.00		
Cost Per Unit - DPH Rate (DPH & Non-D				0.00	0.00		
	(Medi-Cal Providers Only				0.00		Total UDC:
	Induplicated Clients (UDC		U.UU				
	mauphoated Clients (UDC	<i>J</i> .j	5 0	] 0	0	0	35

Provider Number: -8858
Provider Name: Edgewood Center for Children and Families
Document Date: 7/1/14

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			•				at .			,		
· ·		TOTAL		'	i 		SB 163	HMHNSB163ACP		-		
						•	- 10-					
	Term:	7/1/14-6/30/15	Term:	7/1/14-6/30/15	Term:	7/1/14-6/30/15	Term:	7/1/14-6/30/15	Term:	7/1/14-6/30/15		7/1/14-8/30/
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salarie
ducation Director	0.16	\$ 3,214.00	0.00	0	0.00	0	0.16	3,214	0.00	0	0.00	
ducational Specialist	0.16	\$ 5,358.00	0.00	0	0.00	0	0.16	5,358	0.00	. 0	0.00	
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	0,00	\$ <u>-</u>	0.00	0	0,00	. 0	0.00	0	0.00	0	0.00	
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	0.00	1	0.00	0	<del>1</del>	0	1	0	0,00	0	1	<del>                                     </del>
	0.00	<u> </u>	0.00	0	0.00	0	0.00	0	0.00	0	0.00	<del> </del>
Totals:	0.32	\$8,572	0.00	\$0	0.00	\$0	0.32	\$8,572	0.00	\$0	0.00	
•						-						
Employee Fringe Benefits:	30%	\$ 2,572.00	#DIV/0!	\$0	#DIV/0!	\$0	30%	\$2,572	#DfV/0!	\$0	#DIV/0!	T
			<del></del>				_		-9			
TOTAL SALARIES & BENEFITS		\$11,144	1	\$0		\$0	1	\$11,144		\$0		

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Appendix #:

Provider Number: 8858
Provider Name: Edgewood Center for Children and Families
Document Date: 7/1/14

				77.77.77.77.77.77.77.77.77.77.77.77.77.		
Expenditure Category	TOTAL	SB 163 HMHNSB163ACP			and the second s	
	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15
Occupancy (Based on Square Feet used)	\$	. 0	0	0	. 0	0
Utilities(Elec, Water, Gas, Phone, Scavenger)	-	0		0	0	.0
Office Supplies, Postage	\$	. 0	0	0	Ô	. 0
Building Maintenance Supplies and Repair	\$ -	0	. 0	0	0	0
Printing and Reproduction	\$ -	0	. 0	0_	0	. 0
Insurance	\$ -	, 0	0	0	0	0
Staff Training	\$ -	0	0	0	0	0
Staff Travel-(Local & Out of Town)	s -	0	0	0	0	0
Rental of Equipment	\$ -	0	0	0	0.	O
CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amounts)	\$ -	. 0	0	0	0	0
	\$ -	0	0	0	0	. 0.
	\$ -	0	0	. 0	0	0
		0	. 0	0	0	0
	\$	0	0	0	0	0
,	\$ -	0	0	0	0	0
		0	0	0	0	0
Other:	\$ -	0	0	0	0	C
	\$ -	0	0	0	0	0
Purchased Direct Expense (Program Admin, QA, General Research)	\$ 2,011.00	2,011	0	0	0	G
Education Supplies	\$ 1,084.00	1,084	0	0	0	
	\$ -	. 0	. 0	0	. 0	
	\$ -	0	0	0	0	C
	\$ -	T 0	0	0	0	(
	1				4	-
TOTAL OPERATING EXPENSE	\$3,095	\$3,095	\$0	\$0	\$0	\$0

Provider Number: 8858

Appendix #: B-7, page 4

Provider Name: Edgewood Center for Children and Families

Document Date: 7/1/14

1. Equipment

Item Description	Quantity	Serial #/VIN #	Funding Source [General Fund, Grant (List Title), or Work Order (List Dept.)]	Purchase Cost Each	Total Cost
Shared costs - Equipment - see DPH 7	1	tbd	General Fund	0	0
Shared costs - Equipment - see DPH 7	1	tbd	SB163	494	494
Shared costs - Equipment - see DPH 7	11	tbd	MHSA Prop 63	0	0
Shared costs - Equipment - see DPH 7	1	tbd	Work Order #1 HSA	0	. 0
Shared costs - Equipment - see DPH 7	111	tbd	Work Order #2 DCYF	00	0
Shared costs - Equipment - see DPH 7	1	tbd	Workorder #3 SFCFC	00	00
Shared costs - Equipment - see DPH 7	1	tbd	Prop 63 PEI	0	0
,				0	0

**Total Equipment Cost** 

\$494

2. Remodeling

Shared costs - Facilities Improvements - See DPH 7	1	tbd	General Fund	0	0
Shared costs - Facilities Improvements - See DPH 7	1	tbd .	SB163	50	50
Shared costs - Facilities Improvements - See DPH 7	1	tbd	MHSA Prop 63	0	0
Shared costs - Facilities Improvements - See DPH 7	1	tbd	Work Order #1 HSA	0	0
Shared costs - Facilities Improvements - See DPH 7	1	tbd	Work Order #2 DCYF	0	. 0
Shared costs - Facilities Improvements - See DPH 7	11	tbd	Workorder #3 SFCFC	0	0

**Total Remodeling Cost** 

\$50

**Total Capital Expenditure** (Equipment plus Remodeling Cost)

DMH Legal Entity Name (M	H)/Contractor Name (SA):			· · · · · · · · · · · · · · · · · · ·	5071E8781E888	Contract Appendix #:	B-8, page 1
- magai control in	Edgewood Center	for Children and F	amilies		Document Date:	7/1/2014	
	Provider Number:		TOT COMMENTER OF CALLES	341-1111/04		Fiscal Year:	2014-2015
		PIP MH	***************************************	A*************************************	and the second s		
·	Program Name:	Consultation		***************************************			
Program Code	(formerly Reporting Unit):	NA	-	1			
	SFC (MH) or Modality (SA)	45/20-29					
	Service Description:	PIP Play Sessions					TOTAL
	FUNDING TERM:	7/1/14-6/30/15				Application of the second	The state of the s
FUNDING USES						The second secon	
Sala	ries & Employee Benefits:	33,431	- 1	*		-	33,431
	Operating Expenses:	9,285	-	- 1	-		9,285
Capital Exper	ses (greater than \$5,000):	1,632	-		-	~	1,632
<u> </u>	ubtotal Direct Expenses:	44,348	i				44,348
	Indirect Expenses:	6,652	-	-	_		6,652
	TOTAL FUNDING USES:	51,000		-	*	<b>"</b>	51,000
CBHS MENTAL HEALTH FUNDING SOURCES	Index Code	•					•
MH FED - SDMC Regular FFP (50%)	HMHMCP751594	-			-	-	-
MH STATE - EPSDT State Match	HMHMCP751594	-	•	*	-	_	-
MH STATE - Family Mosaic Capitated Medi-Cal	HMHMCP8828CH	•	-	-	-	_	-
MH WORK ORDER - Human Services Agency (matched)	НМНМСНМТСНЖО		-			+	
MH WORK ORDER - Human Services Agency	HMHMCHCDHSWO	-		-	-	-	-
MH Triage Grant	HMHMCHGRANTS	-	-	-	-	-	
MH WORK ORDER - Dept. Children, Youth & Families	HMHMCHDCYFWO	-	-				
MH WORK ORDER - First Five (SF Children & Family Commission)	HMHMCHSRIPWO	-	-	**		-	<u> </u>
MH WORK ORDER - First Five (SF Children & Family Commission)	HMHMCHPFAPWO				<u> </u>		-
MH PRIOR YEAR - SB 163 - Children's Wrap-Around/Foster Care	HMHNSB163ACP	-	-		-	-	
MH STATE - MHSA - Prop 63 PEI	HMHMPROP63	51,000					51,000
MH Realignment	HMHMCP751594				-	-	-
MH COUNTY - General Fund (matched)	HMHMCP751594	<del></del>	<u> </u>	**	-		*
MH COUNTY - General Fund (unmatched)	HMHMCP751594				-	*	-
MH COUNTY - General Fund CODB	HMHMCP751594			*	-	<del> </del>	•
MH COUNTY - General Fund WO CODB  TOTAL CBHS MENTAL HEA	HMHMCP751594	E4 000	ļ <u>-</u>				51,000
		51,000	-	OZ	-		01,000
CBHS SUBSTANCE ABUSE FUNDING SOURCES	CFDA#:			-	NAME OF THE OWNER, WHEN PERSON OF	CONTRACTOR OF THE STREET	A PARTIE NAME OF THE PARTIES AND THE PARTIES A
TOTAL CBHS SUBSTANCE AB	UAT FUNDINA AGUSATA	<u> </u>					<u> </u>
OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES		-	-	•		-	-
CIMER DPR-COMMUNITY PROGRAMS FUNDING SOURCES	CFDA#:						<del>                                     </del>
TOTAL OTHER DPH-COMMUNITY PROGR	AMS FUNDING SOURCES		<u> </u>		<u> </u>		<del></del>
	DPH FUNDING SOURCES		-	*	-	de la companya della	51,000
NON-DPH FUNDING SOURCES	DI TITORDING SOURCES	91,000	<u> </u>		-		31,000
I TOTAL CHARTO OVERVES							
TOTAL NON-DPH FUNDING SOURC	FS		<b></b>	<u> </u>			<del>                                     </del>
TOTAL FUNDING SOURCES (DPH AND NON-DF		<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>			h		PA 000
	n)	51,000		~	*	***	51,000
CBHS UNITS OF SERVICE AND UNIT COST	do Durahasad (if and its abla			<u> </u>	<u> </u>		
Substance Abuse Only - Non-Res 33 - ODF # 6	ds Purchased (if applicable			<u> </u>	<del> </del>		
Substance Abuse Only - Non-Res 33 - ODF #1  Substance Abuse Only - Licensed Capacity for Medi-Cal Provid			<del>-</del>		ļ	<u> </u>	100000000000000000000000000000000000000
	er with Narcotic TX Program  R) or Fee-For-Service (FFS)		1	<del> </del>	·	<u> </u>	
Cost (terribulsement (or	Units of Service			<del> </del>			<del></del>
	Unit Type		0	<del>-</del> 0			100 100 100 100 100
Cost Per Unit - DPH Rate (DPH							
Cost Per Unit - Contract Rate (DPH & Non-I			0.00				
	e (Medi-Cal Providers Only						
	Unduplicated Clients (UDC		0				352

Provider Number: 8858

Provider Name: Edgewood Center for Children and Families
Document Date: 7/1/14

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			·			#REF!					~	
		TOTAL				ISA Prop 63 IHMPROP63						
	Term:	7/1/14-6/30/15	Term:	7/1/14-6/30/15	Term:	7/1/14-6/30/15	Term:	7/1/14-6/30/15	Term:	7/1/14-6/30/15	Term:	7/1/14-6/30/1
Position Title	FTE	Salaries	FTE	Salaries	FTE	<u>Şalaries</u>	FIE	Salaries	FTE	Salaries	FTE	Salaries
hool Based Programs Manager	0.40	\$ 23,816.00	0.00	0	0.40	23,816	0.00	0	0.00	0	0,00	
gional Manager	0.02	\$ 1,900,00	0.00	0	0.02	1,900	0.00	0	0.00	. —	0.00	
	0,00	\$ -	0.00	0	0.00	. 0	0.00	0	0.00	. 0	0.00	
	0.00	\$ -	0.00	0	0.00	0	0,00	. 0	0.00	Q_	0.00	
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Totals:	0.42	\$25,716	0.00	\$0	0.42	\$25,716	0,00	\$0	0.00	\$0	0.00	

	•			
Employee Fringe Benefits:	30% \$ 7,715.00 #DIV/0!	\$0 30% \$7,715 #D	IV/0! \$0 #DIV/0!	\$0 #Div/0! · \$0
	· ·			
TOTAL SALARIES & BENEFITS	\$33,431	\$0 \$33,431	\$0	\$0 \$0

Provider Number: 8858
Provider Name: Edgewood Center for Children and Families
Document Date: 7/1/14

Appendix #: B-8, page 3

Expenditure Category		TOTAL		MHSA Prop 63 HMHMPROP63			
	7/	1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15
Occupancy (Based on Square Feet used)	\$	2,307.00	0	2,307	0	0	0
Utilities(Elec, Water, Gas, Phone, Scavenger)	\$		0	0	0	0	0
Office Supplies, Postage	\$	213.00	0	213	0	0	0
Building Maintenance Supplies and Repair	\$	· - '	0	0	0	0	0
Printing and Reproduction	<u>  s</u>	_	0	0	. 0	0	0
Insurance	<u>  \$</u>	-	0	0	0	0	0
Staff Training	\$		o	0	0	0	0
Staff Travel-(Local & Out of Town)	\$		0	0	. 0	0	0
Rental of Equipment	\$	-	0	0	0	0	0
CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amounts)	\$		0	0	0	0	0
	\$		0	0	0	0	0
	<u>  \$</u>	-	0	0	0.	0	0
			0	. 0	. 0	0	0
	\$	-	0	0	0	0	. 0
	<u>  \$</u>	*		0	<u>  0</u>	0	0
	\$		0	0	0	Town the second	0
Other;	\$		0	0	0	0	<u> </u> O
	\$			0	0	0	0
Depreciation	<u>   \$</u>	1,509.00	.0	1,509	0	0	0
Telecommunications	\$	1,704.00	0	1,704	0		0
Purchased Direct Expense (Program Admin, QA, General Research)	\$	3,552.00	0	3,552	0		0
	\$		0	0	0		0
	<b>  \$</b>		0	0	0	<u> </u>	<u> </u>
TOTAL OPERATING EXPENSE		\$9,285	\$0	\$9,285	\$0	\$0	\$0

Provider Number: 8858

Appendix #: B-8, page 4

Provider Name: Edgewood Center for Children and Families

Document Date: 7/1/14

1. Equipment

Item Description	Quantity	Serial #/VIN #	Funding Source [General Fund, Grant (List Title), or Work Order (List Dept.)]	Purchase Cost Each	Total Cost
Shared costs - Equipment - see DPH 7	11	tbd	General Fund	0	0
Shared costs - Equipment - see DPH 7	11	tbd	SB163	0	0
Shared costs - Equipment - see DPH 7	1	tbd	MHSA Prop 63	1,482	1,482
Shared costs - Equipment - see DPH 7	1	tbd	Work Order #1 HSA	0	0
Shared costs - Equipment - see DPH 7	1	tbd	Work Order #2 DCYF	0	0
Shared costs - Equipment - see DPH 7	11	tbd	Workorder #3 SFCFC	0	0
Shared costs - Equipment - see DPH 7	1	tbd	Prop 63 PEI	0	0
	·			0	0

**Total Equipment Cost** 

\$1,482

2. Remodeling

Shared costs - Facilities Improvements - See DPH 7	1	tbd	General Fund	0	0.
Shared costs - Facilities Improvements - See DPH 7	1	tbd	SB163	0	0
Shared costs - Facilities Improvements - See DPH 7	11	tbd	MHSA Prop 63	150	150
Shared costs - Facilities Improvements - See DPH 7	1	tbd	Work Order #1 HSA	0	0
Shared costs - Facilities Improvements - See DPH 7	11	tbd	Work Order #2 DCYF	0	0
Shared costs - Facilities Improvements - See DPH 7	1	tbd	Workorder #3 SFCFC	0	0

**Total Remodeling Cost** 

\$150

**Total Capital Expenditure** 

(Equipment plus Remodeling Cost)

DMH Legal Entity Name (MH)/0		and the second second second second	······		porting/Data Vo	Market State of the Control of the C	ntract Appendix #:	8-9, page 1a
,,,,,,, .		Edgewood Center f				· ·	Document Date:	7/1/2014
	Provider Number:						Fiscal Year.	2014-2015
	Program Name:	ECMHCI (	ECMHCI	. ECMHCI	ECMHCI	ECMHCI	ÊCMHCI	ECMHCI
Program Code (fo	rmerly Reporting Unit):	NA	NA	NA.	NA NA	NA NA	NA	NA
	(MH) or Modality (SA)	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19
		Outreach Svcs	Outreach Svcs	Outreach Svcs	Outreach Svcs Staff	Outreach Svcs Parent	Outreach Svcs Early	Outreach Svcs Consultant Train/Supv
	Service Description:	Consultation Indiv	Consultation Group	Consultation Observ	Training	Tm/Supp Grp	Ref/Linkage	(10% Çap)
	FUNDING TERM:	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-8/30/15	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15
FUNDING USES								
Salaries	s & Employee Benefits.	15,270	12,216	18,509	2,313	2,036	5,090	9,254
	Operating Expenses:	4,241	3,393	5,141	643	565	1,414	2,570
	(greater than \$5,000):	. 745	596	904	113	100	248	452
Subt	otal Direct Expenses:	20,256	16,205	24,554	3,069	2,701	6,752	12,276
	Indirect Expenses:	3,039	2,431	3,683	460	405	1,013	1,842
	TAL FUNDING USES:	23,295	18,636	28,237	3,529	3,106	7,765	14,118
CBHS MENTAL HEALTH/FUNDING SOURCES	Index Code		1,000	-				
MH FED - SDMC Regular FFP (50%)	HMHMCP751594		<b>-</b>	<u>-</u>	<del>_</del>			
MH STATE - EPSDT State Match	HMHMCP751594			<u> </u>	<u> </u>	-		
MH STATE - Family Mosaic Capitated Medi-Cal	HMHMCP8828CH	-	-	-	<u> </u>			-
	HMHMCHMTCHWO	-	<u> </u>	-			_	-
	HMHMCHCDHSWO	14,069	11,255	17,053	2,131	1,876	4,690	8,526
MH Triage Grant	HMHMCHGRANTS	-						-
MH WORK ORDER - Dept. Children, Youth & Families	HMHMCHDCYFWO	9,226	7,381	11,184	1,398	1,230	3,075	5,59
MH WORK ORDER - First Five (SF Children & Family Commission)	HMHMCHSRIPWO	, -		-	-	-	-	
MH WORK ORDER - First Five (SF Children & Family Commission)	HMHMCHPFAPWO	-		-			I	-
MH PRIOR YEAR - SB 163 - Children's Wrap-Around/Foster Care	HMHNSB163ACP	-	-	T	-		<u> </u>	
MH STATE - MHSA - Prop 63 PEI	HMHMPROP63			-			-	-
MH Realignment	HMHMCP751594		-	-				<u> </u>
MH COUNTY - General Fund (matched)	HMHMCP751594		-	-	-	-		-
MH COUNTY - General Fund (unmatched)	HMHMCP751594	<u> </u>	~	<u>.</u>			-	-
MH COUNTY - General Fund CODB	HMHMCP751594	-	-	<u> </u>	-			-
MH COUNTY - General Fund WO CODB	HMHMCP751594	<u> </u>	-	<u> </u>	<u>-</u> .	-	-	-
TOTAL CBHS MENTAL HEALTH	4 FUNDING SOURCES	23,295	18,636	28,237	3,529	3,106	7,765	14,11
CBHS SUBSTANCE ABUSE FUNDING SOURCES	CFDA#:							,
TOTAL CBHS SUBSTANCE ABUSI		*			9	-		
OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES	CFDA#:							
TOTAL OTHER DPH-COMMUNITY PROGRAM				-			-	
TOTAL DP	H FUNDING SOURCES	23,295	18,636	28,237	3,529	3,106	7,765	14,11
NON-DPH FUNDING SOURCES								
TOTAL NON-DPH FUNDING SOURCES		<del></del>		<del>                                     </del>		<u> </u>	<u> </u>	-
Contract Con	The state of the s	22 22			<del>odpovenia za produce de la composición de la co</del>			-
TOTAL FUNDING SOURCES (DPH AND NON-DPH	<u> </u>	23,295	18,636	28,237	3,529	3,706	7,765	14,11
CBHS UNITS OF SERVICE AND UNIT COST	3	<del></del>	<del> </del>		<del></del>	<del> </del>	<u> </u>	<del> </del>
	Purchased (if applicable		<u> </u>		<del></del>	<del> </del>	<del> </del>	<del> </del>
Substance Abuse Only - Non-Res 33 - ODF # of G			<u> </u>	<del></del>	<del></del>	1	<del></del>	<del>                                     </del>
Substance Abuse Only - Licensed Capacity for Medi-Cal Provider v			+	<del> </del> _	+		+	<del>                                     </del>
Cost Reimbursement (CR) or			FFS	FFS 37/	FFS	FFS	FFS	FFS
	Units of Service							
Oat Ballita Bollo ta obligite	Unit Type							
Cost Per Unit - DPH Rate (DPH FUI								
Cost Per Unit - Contract Rate (DPH & Non-DPH					THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAM			
	Medi-Cal Providers Only					<del></del>		
Uno	luplicated Clients (UDC	): 40	) 40	2 4	0   40	40	) ]40	4

	THE RESIDENCE OF THE PERSON OF	UPH 2: Depart	······································	THE PROPERTY OF THE PARTY OF TH	unigiyaa vv	CONTRACTOR AND AND AND ADDRESS OF THE PROPERTY	***************************************	
DMH Legal Entity Name (MH)/							ontract Appendix #:_	8-9, page 1b
		Edgewood Center f		milies			Document Date:	7/1/2014
	Provider Number:		continued		· · · · · · · · · · · · · · · · · · ·		Fiscal Year:	2014-2015
	Program Name:	ECMHCI	ECMHCI	ECMHCI	ECMHCI	ECMHCI	ECMHCI	
	rmerly Reporting Unit):	NA NA	NA NA	NA NA	NA NA	NA NA	NA NA	
Mode/SFC	(MH) or Modality (SA)	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19	
	Service Description:	Outreach Svcs Evaluation (5% Cap)	Outreach Svcs Systems Work (5% Cap)	Outreach Sycs Early Interv Indiv	Outreach Svcs Early Interv Group (15% Cap)	Outreach Svcs MH Services Indv/Family	Outreach Svcs MH Services Group (5% Csp)	TOTAL
·			<u></u>		**************************************			IOIAL
	FUNDING TERM:	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
FUNDING USES						0.770		00.545
Salaries	s & Employee Benefits:	4,627	2,776	4,905	8,238	2,776	4,535	92,545
0.315	Operating Expenses:	1,285	771	1,362	2,288	771	1,260	25,704
	(greater than \$5,000):	226	136	239	402	136	221	4,518
Subs	otal Direct Expenses:	6,138	3,683	6,506	10,928	3,683	6,016	122,767
	Indirect Expenses:	921	552	977	1,639	552	902	18,416
	TAL FUNDING USES:	7,059	4,235	7,483	12,567	4,235	6,918	141,183
CEHS MENTAL HEALTH FUNDING SOURCES	Index Code						- 1	•
7794	HMHMCP751594	-		-		-	i	
MH STATE - EPSDT State Match	HMHMCP751594	+	-			-	-	-
MH STATE - Family Mosaic Capitated Medi-Cal	HMHMCP8828CH	-	-	-			-	
MH WORK ORDER - Human Services Agency (matched)	HMHMCHMTCHWO	-	-		_	<u> </u>		
MH WORK ORDER - Human Services Agency	HMHMCHCDHSWO	4,263	2,558	4,518	7,590	2,558	4,178	85,265
MH Triage Grant	HMHMCHGRANTS			-	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
MH WORK ORDER - Dept. Children, Youth & Families	HMHMCHDCYFWO	2,796	1,677	2,965	4,977	1,877	2,740	55,918
MH WORK ORDER - First Five (SF Children & Family Commission)	HMHMCHSRIPWO					-		
MH WORK ORDER - First Five (SF Children & Family Commission)	HMHMCHPFAPWO	-		-	<u>-</u>	-	- 1	a
MH PRIOR YEAR - SB 163 - Children's Wrap-Around/Foster Care	HMHNSB163ACP	-		<u> </u>	-	-		
MH STATE - MHSA - Prop 63 PEI	HMHMPROP63		<u> </u>		*		-	
MH Realignment	HMHMCP751594	-	-	-	-	-	-	*
MH COUNTY - General Fund (matched)	HMHMCP751594	-	-	-	*		-	
MH COUNTY - General Fund (unmatched)	HMHMCP751594		-	-	-	-		a
MH COUNTY - General Fund CODB	HMHMCP751594.	-	-	-	-		-	-
MH COUNTY - General Fund WO CODB	HMHMCP751594	-	-	-		-	-	
TOTAL CBHS MENTAL HEALTH		7,059	4,235	7,483	12,567	4,235	6,918	141,183
CBHS SUBSTANCE ABUSE FUNDING SOURCES	CFDA#:							
		1						14.14.14.14.14.14.14.14.14.14.14.14.14.1
TOTAL CBHS SUBSTANCE ABUSE	FUNDING SOURCES	_	-		-	1		
OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES	CFDA#:							
						1		
TOTAL OTHER DPH-COMMUNITY PROGRAMS	FUNDING SOURCES	-		<u> </u>	<del>                                     </del>	-		-
	FUNDING SOURCES		4,235	7.483	12,567	4,235	6,918	141,183
NON-DPH FUNDING SOURCES		.,,,,,	.,	1				
						The second secon		
TOTAL NON-DPH FUNDING SOURCES		<u> </u>	+		**	-		
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		7.059	· · · · · · · · · · · · · · · · · · ·	THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER, THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER, THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER, THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER, THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER, THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER, THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER, THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER, THE		4.235	CONTRACTOR OF THE OWNER, THE OWNE	4 & 4 & 5 &
CBHS UNITS OF SERVICE AND UNIT COST	L	7,059	4,235	7,483	12,567	4,235	6,918	141,18
			<del> </del>			<u> </u>		
	urchased (if applicable		<u> </u>	<del> </del>			<u> </u>	
Substance Abuse Only - Non-Res 33 - ODF # of G			<b> </b>	<del> </del>		<u> </u>	ļ	
Substance Abuse Only - Licensed Capacity for Medi-Cal Provider w	nn Narcouc IX Program		<del> </del>		<u> </u>	<u> </u>	<u> </u>	
Cost Reimbursement (CR) or		FFS	FFS	FFS	FFS	FFS	FFS	
	Units of Service						63	
	Unit Type							
Cost Per Unit - DPH Rate (DPH FUN	DING SOURCES Only	-75.00					110.00	
Cost Per Unit - Contract Rate (DPH & Non-DPH							110.00	
	edi-Cal Providers Only)						110.00	
Und	uplicated Clients (UDC)	100	50	80	80	100	75	<u> </u>

Provider Number: 8858
Provider Name: Edgewood Center for Children and Families
Document Date: 7/1/14

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		OTAL	MHSA Prop 63 HMHMPROP63		Work Order #1 HSA HMHMCHCDHSWO		Work Order #2 DCYF HMHMCHDCYFWO		Workorder #3 SFCFC HMHMCHSRIPW HMHMCHPFAPWO		General Fund CODB HMHMCP751594	
Position Title	Term: FTE	7/1/14-6/30/15 Salaries	Term:	7/1/14-6/30/15 Salaries	Term:	7/1/14-6/30/15 Salaries	Term:	7/1/14-6/30/15 Salaries	Term:	7/1/14-6/30/15 Salaries	Term:	7/1/14-6/30/15 Salaries
					112					Value		- Cararres
Behavioral Health Director	0,03	\$ 3,569,00	0.00	0	0.02	2,121	0.01	1,448	0.00	0	0.00	0
Director of Research	0.05	\$ 3,914.00	0.00	0	0.03	2,325	0.02	1,589	0,00	0	0.00	0
Mental Health Consultant	0.17	\$ 9,187.00	0.00	0	0,10	5,458	0.07	3,729	0.00	0	0.00	0
Mental Health Consultant	0.32	\$ 19,156.00	0.00	0	0.20	11,405	0,12	7,751	0.00	0	0.00	. 0
Clinician	0.32	\$ 17,383.00	0.00	. 0	0.20	11,004	0.12	6,379	0.00	0	0,00	0
Mental Health Consultant	0.32	\$ 17,979.00	0.00	0	0.20	10,681	0.12	7,298	00,0	0	0,00	0
	0.00	\$ -	0.00	. 0	0.00	. 0	0.00	0	0.00	0	0.00	. 0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0,00	0
	0.00	\$ -	0.00		0.00	0	0.00	0	0.00	·. 0	0.00	0
	0,00	s -	0.00		0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0,00	0	0.00	0	0,00	0	- 0.00	0
	0.00	s -	0.00		0.00	0	0.00	. 0	0.00	. 0	0.00	
	0,00	\$ -	0.00	0	1	0	0.00	0	0.00	0	0,00	0
	. 0.00	<u> </u>	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0,00	<u> </u>	0.00	0	0.00	. 0	0.00	0	0.00	0	0.00	0
	0,00	<u> </u>	0.00	0	0.00	. 0	0.00	0	0.00	. 0	0.00	0
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	0.00		0.00	0		0	<del> </del>	. 0		0	0.00	0
	0.00	<u> </u>	0.00	0		<u>D</u>	0.00	0	0.00	0	0.00	
	0.00	\$	0.00	0	1	0	<del>                                     </del>	0	1	0.	0.00	0
Totals	1.21	\$71,188	0.00	0		0 004	1	0 000 404	0.00	0	0.00	0
l	1.21	<u> </u>	0.00	\$0	0.75	\$42,994	0.46	\$28,194	0.00	\$0	0.00	\$0

Employee Fringe Benefits:	30% \$21,357 #D	V/0! \$0	30% \$12,899	30% \$8,458 #DIV/0	\$0 #DIV/0! \$0
TOTAL SALARIES & BENEFITS	\$92,545	\$0	\$55,893	\$36,662	\$0 \$0

Provider Number: 8858
Provider Name: Edgewood Center for Children and Families
Document Date: 7/1/14

Appendix #:

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Expenditure Category	TOTAL	MHSA Prop 63 HMHMPROP63	Work Order #1 HSA HMHMCHCDHSWO	Work Order #2 DCYF HMHMCHDCYFWO	Workorder #3 SFCFC HMHMCHSRIPW HMHMCHPFAPWO	General Fund CODB HMHMCP751594
	7/1/13-10/31/13	7/1/13-10/31/13	7/1/13-10/31/13	7/1/13-10/31/13	7/1/13-10/31/13	7/1/13-10/31/13
Occupancy (Based on Square Feet used)	\$ -	0	0	. 0	0	
Utilities(Elec, Water, Gas, Phone, Scavenger)	\$ -	0	0	0	0	(
Office Supplies, Postage	\$ 1,051.0	0	731	320	0	(
Building Maintenance Supplies and Repair	\$	0	0	0	Ō	(
Printing and Reproduction	\$ -	0	0	0	0	
Insurance	\$ -	0	0	. 0	0	(
Staff Training	\$ 2,261.0	0 0	1,461	800	0	
Staff Travel-(Local & Out of Town)	\$ 326.0	0	219	107	0	(
Rental of Equipment	\$	0	0	0	0	
CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amounts)	\$ -	0	0	0	0	- (
	\$ -	0	0	0	00	(
	\$	0	0	0	0	(
		0	0	0	0	
	\$ -	0	0	. 0	0	(
	\$	0	0	0	0	(
	s -	0	0	0	0	
Other:		. 0	0	0	0	
Educational Supplies	\$ 1,377.0	<del>-  </del>	950	427	0	(
Computer Purchase	\$ 4,675.0		1	1,387	Ŏ	(
Telecommunications	\$ 651.0	<u> </u>	<del></del>	213	0	(
Purchased Direct Expense (Program Admin, QA, General Research)	\$ 15,363.0		<del> </del>	6,926	0	
The state of the s	-	0	<del></del>	0	0	,
	<u> </u>	0	0	0	0	
TOTAL OPERATING EXPENSE	\$25,70	4 \$0	\$15,524	\$10,180	\$0	\$

Provider Number: 8858

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Provider Name: Edgewood Center for Children and Families

Document Date: 7/1/14

1. Equipment

Item Description	Quantity	Serial #/VIN #	Funding Source [General Fund, Grant (List Title), or Work Order (List Dept.)]	Purchase Cost Each	Total Cost
Shared costs - Equipment - see DPH 7	1	tbd	General Fund	0	0
Shared costs - Equipment - see DPH 7	1	tbd .	SB163	0	0
Shared costs - Equipment - see DPH 7	1	tbd	MHSA Prop 63	0	0
Shared costs - Equipment - see DPH 7	1	tbd	Work Order #1 HSA	2,478	2,478
Shared costs - Equipment - see DPH 7	1	tbd	Work Order #2 DCYF	1,624	1,624
Shared costs - Equipment - see DPH 7	11	tbd	Workorder #3 SFCFC	0	.0
Shared costs - Equipment - see DPH 7	1	tbd	Prop 63 PEI	0	0
				0	0

Total Equipment Cost

\$4,102

2. Remodeling

Shared costs - Facilities Improvements - See DPH 7	1	tbd	General Fund	0	0
Shared costs - Facilities Improvements - See DPH 7	1	tbd	SB163	0	0
Shared costs - Facilities Improvements - See DPH 7	1	tbd	MHSA Prop 63	0	0
Shared costs - Facilities Improvements - See DPH 7	1	tbd	Work Order #1 HSA	251	251
Shared costs - Facilities Improvements - See DPH 7	1	tbd	Work Order #2 DCYF	165	165
Shared costs - Facilities Improvements - See DPH 7	1	tbd	Workorder #3 SFCFC	0	0

**Total Remodeling Cost** 

\$416

**Total Capital Expenditure** 

\$4,518

DMH Legal Entity Name (MH)/	Contractor Name (SA)					ontract Appendix #:	B-9a, page 1
Plant redai Citatà tatille (mit)	Comidetor Name (on).	Edgewood Center	for Children and Fa	unities		Document Date:	7/1/2014
	Provider Number:		ON CHRESTON SHAFE	eranica.		Fiscal Year:	2014-2015
	And the second s		ECMHCI	ECMHCI	ECMHCI	ECMHCI	£014~2010
D	Program Name:	ECMHCI					
rogram Code (10	rmerly Reporting Unit):	NA (E)	NA 15/10 10	NA 45/40.40	NA 15/40-40	NA	
Mode/SFC	(MH) or Modality (SA)	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19	
	•			WOODWING WATER			
	Service Description:	Marie		The same of the sa	STATES OF THE PROPERTY OF THE PARTY OF THE P	<del>ČANGO NEDATITI ZANGO NA PARAMANTA</del>	TOTAL
	FUNDING TERM:	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15	
FUNDING USES							
Salarie	s & Employee Benefits:	8,160	100,914	71,756	22,330	11,837	214,997
	Operating Expenses:	1,583	19,580		4,333	2,296	41,715
	s (greater than \$5,000):	1,082	13,376	9,511		1,568	28,496
Subt	otal Direct Expenses:	10,825	133,870			15,701	285,208
	Indirect Expenses:	1,623	20.079	14,278	4,444	2,357	42,781
TO	TAL FUNDING USES:	12,448	153,949	109,468	34,066	18,058	327,989
CBHS MENTAL HEALTH FUNDING SOURCES	Index Code					*	
MH FED - SDMC Regular FFP (50%)	HMHMCP751594	-	paramona in manada de la companya de		al produces i i a companio de la companio del la companio de la co	-	
MH STATE - EPSDT State Match	HMHMCP751594	_	-	-		-	-
MH STATE - Family Mosaic Capitated Medi-Cal	HMHMCP8828CH	_	-	-	<u></u>		
MH WORK ORDER - Human Services Agency (matched)	НМНМСНМТСНОО				·	<del></del>	
MH WORK ORDER - Human Services Agency	HMHMCHCDHSWO		152,174		<u> </u>		152,174
MH Triage Grant	HMHMCHGRANTS		134,174				102,11%
MH WORK ORDER - Dept. Children, Youth & Families	HMHMCHDCYFWO	<del> </del>		109,468			109,468
MH WORK ORDER - Dept. Criticities, Youth & Families  MH WORK ORDER - First Five (SF Children & Family Commission)		-	<del>}</del>	108,400			34,066
INIT WORK ORDER - First rive (5º Children & Parminy Commission)			-	<del></del>	34,066	18,058	18,058
MH WORK ORDER - First Five (SF Children & Family Commission)	HMHMCHPFAPWO	-			-		10,030
MH PRIOR YEAR - SB 163 - Children's Wrap-Around/Foster Care	HMHNSB163ACP HMHMPROP63	10.440	-	-	<del></del>	-	50 400
MH STATE - MHSA - Prop 63 PEI		12,448		<u> </u>	<del></del>		12,448
MH Realignment	HMHMCP751594				ļ	<u> </u>	<u> </u>
MH COUNTY - General Fund (matched)	HMHMCP751594	<u> </u>		-	<u></u>	<u> </u>	<u> </u>
MH COUNTY - General Fund (unmatched)	HMHMCP751594 -			<u> </u>			
MH COUNTY - General Fund CODB	HMHMCP751594	<u> </u>	-				<u> </u>
MH COUNTY - General Fund WO CODB	HMHMCP751594	<u> </u>	1,775		-		1,775
TOTAL CBHS MENTAL HEALTH	I FUNDING SOURCES	12,448	153,949	109,468	34,066	18,058	327,989
CBHS SUBSTANCE ABUSE FUNDING SOURCES	CFDA#:						
TOTAL CBHS SUBSTANCE ABUSI	FUNDING SOURCES			-			_
OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES	CFDA#:				The second secon	The second secon	Towns and the second second
TOTAL OTHER DPH-COMMUNITY PROGRAM:	FUNDING SOURCES	-	-	T	†		-
	FUNDING SOURCES		153,949	109,468	34,066	18,058	327,989
NON-DPH FUNDING SOURCES							
				and the second s			
TOTAL NON-DPH FUNDING SOURCES	CONTRACTOR OF THE PROPERTY OF	-	*	MATERIAL PROPERTY AND ADDRESS OF THE PARTY AND		*	_
TOTAL FUNDING SOURCES (DPH AND NON-DPH	)	12,448	153,949	109,468	34,066	18,058	327,989
CBHS UNITS OF SERVICE AND UNIT COST							
Number of Beds F	urchased (if applicable	)					60.65 (80.00.00.00.00
Substance Abuse Only - Non-Res 33 - ODF # of G			<del> </del>			77777	
Substance Abuse Only - Licensed Capacity for Medi-Cal Provider w			1	1		***************************************	
Cost Reimbursement (CR) or			CR	CR	CR	CR	
- Ook Common Control Control	Units of Service				310		_
	Unit Type			#REF			
Cost Per Unit - DPH Rate (DPH FUN							-
Cost Per Unit - Contract Rate (DPH & Non-DPH							
	edi-Cal Providers Only						
	uplicated Clients (UDC)				75.00		
Ond	uproated crems (UDC)	-1 /3.00	1 75.00	/3,00	75.00	/5.00	/5,0

Provider Number: 8858
Provider Name: Edgewood Center for Children and Families
Document Date: 7/1/14

Appendix #:	B-9a, page 2	

		TOTAL	MHSA Prop	63 HMHMPROP63	нини	SA / GF CODB CHCDHSWO MCP751594		rder #2 DCYF CHDCYFWO		ler #3 SFCFC ICHSRIPW		der #4 SFCFC CHPFAPWO
	Term:	7/1/14-6/30/15	Term:	7/1/14-6/30/15	Term:	7/1/14-6/30/15	Term:	7/1/14-5/30/15	Term:	7/1/14-8/30/15	Term:	7/1/14-6/30/15
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries .	FTE	Salaries
Behavioral Health Director	0,61	\$ 26,509.00	0.02	1006.00	0,29	12445.00	0,21	. 8848,00	0.06	2751.00	0,03	1459.00
Director of Research	0.06	\$ 2,705.00	0,00	103.00	0,03	1269.00	0.02	903,00	0,01	281.00	0,00	149.00
Supervisors	0.89	\$ 24,048.00	0.03	913.00	0.42	11287,00	0.30	8026,00	0.09	2498.00	0,05	1324.00
Mental Health Consultants	0.43	\$ 12,225.00	0.02	464.00	0.20	5738.00	0.14	4080,00	0.05	1270.00	0.02	673,00
Clinicians	3.57	\$ 96,954.00	0.14	3680.00	1,67	45507.00	1.19	32359,00	0.37	10070.00	0,20	5338.00
HR Specallist	0.03	\$ 980.00	0.00	37.00	0.02	460.00	0.01	327,00	0.00	102.00	0.00	54.00
QA Specialist	0.03	\$ 980,00	0.00	37.00	0.02	460.00	0.01	327.00	0.00	102,00	0,00	54.00
IT Specialist	0,03	\$ 980.00	0.00	37.00	0.02	460.00	0.01	327,00	0.00	102.00	0,00	54.00
	0,00	\$ -	0.00	. 0.00	0.00	0.00	0.00	0.00	0,00	0.00	0,00	0.00
·	0.00	s -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	0.00	\$	0.00	0.00	0.00	00.0	0,00	0.00	0.00	0.00	0.00	0.00
	0,00	\$	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	0,00	5 -	0.00	0.00	0.00	0.00	0.00	0.00	. 0.00	0.00	0,00	0.00
	0.00	\$ -	0,00	0.00	0.00	. 0.00	0.00	0,00	0,00	0.00	0.00	0.00
	0,00	\$ -	0.00	0,00	0.00	0.00	0.00	0.00	0,00	0.00	0.00	0.00
	0.00	<u> </u>	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	0.00	\$ -	0.00	0.00	0.00	0.00	0,00	0,00	0.00	0.00	0.00	0.00
	0.00	\$ -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	. 0.00	0.00	0.00
	0.00	·	0.00	0.00	0.00	0.00	0.00	0,00	0.00	0.00	0,00	0.00
	0.00	<u> </u>	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	<del>                                     </del>	<del> </del>	<del> </del>		-		<del> </del>		<del> </del>		<u> </u>	<u> </u>
Totals	5,65	\$165,381	0.21	\$6,277	2,67	\$77,626	1.89	\$55,197	0.58	\$17,176	0,30	\$9,105

		_					•					
Employee Fringe Benefits:	30%	\$49,616	30%	\$1,883	30%	\$23,268	30%	\$16,559	30%	\$5.154	30%	\$2,732
			r		r		7		3		1.	
TOTAL SALARIES & BENEFITS		\$214,997	Ĺ	\$8,160		\$100,914		\$71,756		<u>\$22,330</u>		\$11,837

Provider Number: 8858
Provider Name: Edgewood Center for Children and Families
Document Date: 7/1/14

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Appendix #:

			V				-	
Expenditure Category	TOTAL	MHSA Prop 63 HMHMPROP63	WO#1 HSA / GF CODB HMHMCHCDHSWO HMHMCP751594	Work Order #2 DCYF HMHMCHDCYFWO	Workorder #3 SFCFC HMHMCHSRIPW	Workorder #4 SFCFC HMHMCHPFAPWO		
<u> </u>	5/31/14-6/30/14	5/31/14-6/30/14	5/31/14-6/30/14	5/31/14-6/30/14	5/31/14-6/30/14	5/31/14-6/30/14	1	
Occupancy (Based on Square Feet used)	\$ 6,342.00	242	2,985	2,125	661	329		
Utilities(Elec, Water, Gas, Phone, Scavenger)	\$ 4,225.00	161	1,990	1,417	438	219		
Office Supplies, Postage	\$ 736.00	29	355	214	71	67	300	100
Building Maintenance Supplies and Repair	\$ 5,280.00	201	2,487	1,771	547	274		
Printing and Reproduction	\$ -	0	0	0	0	0		
Insurance	\$ -	0	0	0	0	0	]	
Staff Training	\$ 1,646.00	57	711	534	177	167	750	250
Staff Travel-(Local & Out of Town)	\$ 255.00	9	107	71	. 35	33	100	50
Rental of Equipment CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours &	\$	0	0	0	0	0		
Amounts)	s -	0	00	0	0	0	-	
	s <u>-</u>	0	0	.0	0	0		
	s <u> </u>	0	. 0	0	0	0		
		. 0	0	0	0	0		-
	s -	0	0	0	0	0	]	
	<u> </u>	0	0	0	0	0	_	
	s <u>-</u>	0	0	0	0	0		
Other:		0	0	0	0	0	-	
Educational Supplies	\$ 705.00	27	332	236	73	37	400	150
Computer Purchase	\$ 6,337.00	241	2,985	2,125	657	329	1300	450
Telecommunications	\$ 5,633.00	215	2,653	1,889	584	292	200	100
Purchased Direct Expense (Program Admin, QA, General Research)	\$ 10,556.00	401	4,975	3,541	1,090	549	6492	4291
	<u></u>	0	0	0	. 0	0	]	
	<u> </u>	0	0	0	0	0	ا	
TOTAL OPERATING EXPENSE	\$41,715	\$1,583	\$19,580	\$13,923	\$4,333	\$2,296	_	

Provider Number: 8858

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Provider Name: Edgewood Center for Children and Families

Document Date: 7/1/14

1. Equipment

Item Description	Quantity	Serial #/VIN #	Funding Source [General Fund, Grant (List Title), or Work Order (List Dept.)]	Purchase Cost Each	Total Cost
Shared costs - Computer Equipment - see DPH 7	1	tbd	General Fund	0	0
Shared costs - Computer Equipment - see DPH 7	1	tbd	SB163	0	0
Shared costs - Computer Equipment - see DPH 7	1	tbd	MHSA Prop 63/GF CODB	1,045	1,045
Shared costs - Computer Equipment - see DPH 7	1 .	tbd	Work Order #1 HSA	12,921	12,921
Shared costs - Computer Equipment - see DPH 7	1	tbd	Work Order #2 DCYF	9,188	9,188
Shared costs - Computer Equipment - see DPH 7	1	tbd	Workorder #3 SFCFC	2,859	2,859
Shared costs - Computer Equipment - see DPH 7	1	tbd	Workorder #4 SFCFC	1,515	1,515
				0	. 0

**Total Equipment Cost** \$27,528

2. Remodeling

Shared costs - Facilities Improvements - See DPH 7	1	tbd	General Fund	0	0
Shared costs - Facilities Improvements - See DPH 7	1	tbd	SB163	0	0
Shared costs - Facilities Improvements - See DPH 7	1	tbd	MHSA Prop 63	37	37
Shared costs - Facilities Improvements - See DPH 7	1	tbd	Work Order #1 HSA	455	455
Shared costs - Facilities Improvements - See DPH 7	1	tbd	Work Order #2 DCYF	323	323
Shared costs - Facilities Improvements - See DPH 7	1	tbd	Workorder #3 SFCFC	100	100
Shared costs - Facilities Improvements - See DPH 7	1	tbd	Workorder #4 SFCFC	53	53

**Total Remodeling Cost** \$968

Total Capital Expenditure (Equipment plus Remodeling Cost)

\$28,496

DMH Legal Entity Name (MH)/	Marian and the second s	DPR 2: Depan		Charge work of the Control of the Co	SOLULISIONE P		ontract Appendix #:
Divin Legal Entity Name (with			for Children and Fa			£.,	I Document Date:
	Provider Number:		TOT CHILDREN AND I'C	ni iii ca			Fiscal Year
	Program Name:	ECMHCI	ECMHCI	ECMHC!	ECMHCI	T ECMHCI	ECMHCI
Program Code (fo	rrogram Name; prmerly Reporting Unit):	NA NA	NA NA	NA NA	NA NA	NA NA	NA NA
	(MH) or Modality (SA)	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19
1900000	> (311.1) D1 3310 00010 (07.1)	10/10 10		100.10	10110	303:0 :0	
		Outreach Svcs	Outreach Svcs	Outreach Svcs	Outreach Svcs Staff	Outreach Svcs Parent	Outreach Svcs Early
	Service Description:	Consultation Indiv	Consultation Group	Consultation Observ	Training	TmvSupp Grp	Ref/Linkage
	FUNDING TERM:	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15
FUNDING USES						THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TRANSPORT OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TRANSPORT NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TRANSPORT NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TRANSPORT NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TRANSPORT NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TRANSPORT	30 to 1 to
Salarie	s & Employee Benefits:	13,291	10,633	16,649	2,014	1,772	4,430
	Operating Expenses:	3,691	- 2,953	4,624	559		1,230
	s (greater than \$5,000):	649	519	813	98	86	217
Sub	total Direct Expenses:	17,631	14,105	22,086	2,671	2,350	5,877
	Indirect Expenses:	2,645	2,116	3,312	401		881
	TAL FUNDING USES:	20,276	16,221	25,398	3,072	2,703	6,758
CBHS MENTAL HEALTH FUNDING SOURCES	Index Code	•				1	State of the state
MH FED - SDMC Regular FFP (50%)	HMHMCP751594	-	,	-	-	-	
MH STATE - EPSDT State Match	HMHMCP751594		-	-	-		-
MH STATE - Family Mosaic Capitated Medi-Cai	HMHMCP8828CH			-	<u></u>	<u> </u>	<u> </u>
MH WORK ORDER - Human Services Agency (matched)	НМНМСНМТСНОО	*	-	**		-	-
MH WORK ORDER - Human Services Agency	HMHMCHCDHSWO	10,551	8,441	13,217	1,599	1,407	3,517
MH Triage Grant	HMHMCHGRANTS				-	*	
MH WORK ORDER - Dept. Children, Youth & Families	HMHMCHDCYFWO	6,920					
MH WORK ORDER - First Five (SF Children & Family Commission)	HMHMCHSRIPWO	1,320		- Current Control of the Control of			
MH WORK ORDER - First Five (SF Children & Family Commission)	HMHMCHPFAPWO	660	528	827	100	00	
MH PRIOR YEAR - SB 163 - Children's Wrap-Around/Foster Care MH STATE - MHSA - Prop 63 PEI	HMHNSB163ACP HMHMPROP63	825	660	1,033	125	110	275
MH Realignment	HMHMCP751594	- 623		1,222	123	) : 4	
MH COUNTY - General Fund (matched)	HMHMCP751594		<u> </u>		-	<u> </u>	<del>                                     </del>
MH COUNTY - General Fund (unmatched)	HMHMCP751594		<del> </del>		-	†··	<del></del>
MH COUNTY - General Fund CODB	HMHMCP751594		<del> </del>	-	<del>-</del>		+
MH COUNTY - General Fund WO CODB	HMHMCP751594		+	-	<del> </del>		-
TOTAL CBHS MENTAL HEALTI	<u> </u>	20,276	16,221	25,398	3,072	2,703	6,758
CBHS SUBSTANCE ABUSE FUNDING SOURCES	CFDA#:				1	A company	
		The second secon	†	the property and the property of the second second	Marine Commission Commission		NAME OF TAXABLE PARTY OF TAXABLE PARTY.
TOTAL CBHS SUBSTANCE ABUS	FUNDING SOURCES	_			<del>-</del>	·	
OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES	CFDA#:		4				
			T	1			
TOTAL OTHER DPH-COMMUNITY PROGRAM	S FUNDING SOURCES	-	-	*		*	1
TOTAL DP	H FUNDING SOURCES	20,276	16,221	25,398	3,072	2,703	6,758
NON-DPH FUNDING SOURCES			T				Maria adisahiran
		and the second s			1		
TOTAL NON-DPH FUNDING SOURCES	3	-	-	~		~	-
TOTAL FUNDING SOURCES (DPH AND NON-DPH	)	20,276	16,221	25,398	3,072	2,703	6,758
CBHS UNITS OF SERVICE AND UNIT COST	**************************************			The same of the sa		**************************************	·
	urchased (if applicable)				· ·		
Substance Abuse Only - Non-Res 33 - ODF # of G	roup Sessions (classes)						1
Substance Abuse Only - Licensed Capacity for Medi-Cal Provider w							)
Cost Reimbursement (CR) or		FFS	FFS	FFS	FFS	FFS	FFS
	Units of Service	270					
	Unit Type				- A		
Cost Per Unit - DPH Rate (DPH FU)							
Cost Per Unit - Contract Rate (DPH & Non-DPH		75.00					
	ledi-Cal Providers Only)	75,00		**************************************			
Und	uplicated Clients (UDC)	40	) 40	40	4(	4(,	4

DMH Legal Entity Name (	MH)/Contractor Name (SA):	B-9b, page 1a						
Dimit Logar Citing Provide (	Provider Name:	7/1/2014						
	Provider Number:	2014-2015						
	Program Name;	ECMHCI						
Program Cor	de (formerly Reporting Unit):	NA						
	e/SFC (MH) or Modality (SA)	45/10-19						
	Service Description:	Outreach Svcs Consultant Train/Supv (10% Cap)						
үүтөн жана тама _{жан} жана жана жана карында байга байга байган жана жана жана жана жана жана жана ж	FUNDING TERM:	7/1/14-6/30/15						
UNDING USES								
	alaries & Employee Benefits.	8.055						
	Operating Expenses:	, 2,237						
Capital Exp	enses (greater than \$5,000):	393						
	Subtotal Direct Expenses:	10,685						
**************************************	Indirect Expenses:	1,603						
the management of the community of the experimental of the second of the community of the community of the composition of the c	TOTAL FUNDING USES:	12,288						
BHS MENTAL HEALTH FUNDING SOURCES								
MH FED - SDMC Regular FFP (50%)	HMHMCP751594	-						
WH STATE - EPSDT State Match	HMHMCP751594							
WH STATE - Family Mosaic Capitated Medi-Cal	HMHMCP8828CH	±						
MH WORK ORDER - Human Services Agency (matched)	HMHMCHMTCHWO							
MH WORK ORDER - Human Services Agency	HMHMCHCDHSWO	6,394						
MH Triage Grant	HMHMCHGRANTS							
MH WORK ORDER - Dept. Children, Youth & Families	HMHMCHDCYFWO	4,194						
MH WORK ORDER - First Five (SF Children & Family Commission)	HMHMCHSRIPWO	800						
MH WORK ORDER - First Five (SF Children & Family Commission)	HMHMCHPFAPWO	400						
MH PRIOR YEAR - SB 163 - Children's Wrap-Around/Foster Care	HMHNSB163ACP							
MH STATE - MHSA - Prop 63 PEI	HMHMPROP63	500						
MH Realignment	HMHMCP751594							
MH COUNTY - General Fund (matched)	HMHMCP751594	_						
MH COUNTY - General Fund (unmatched)	HMHMCP751594							
MH COUNTY - General Fund CODB	HMHMCP751594	_						
MH COUNTY - General Fund WO CODB	HMHMCP751594	-						
	ALTH FUNDING SOURCES	12,288						
CBHS SUBSTANCE ABUSE FUNDING SOURCES								
TOTAL CBHS SUBSTANCE A	BUSE FUNDING SQUIDGES							
OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES		-						
CIMER UPH-COMMUNITY PROGRAMS FUNDING SOURCES	GPUA #							
TOTAL OTHER DPH-COMMUNITY PROG	RAMS FUNDING SOURCES							
	L DPH FUNDING SOURCES	12,288						
NON-DPH FUNDING SOURCES								
TOTAL NON-DPH FUNDING SOUI	RCES	-						
TOTAL FUNDING SOURCES (DPH AND NON-	-DPH)	12,288						
CBHS UNITS OF SERVICE AND UNIT COST	manufacture and the second							
	Beds Purchased (if applicable)							
Substance Abuse Only - Non-Res 33 - ODF 1								
Substance Abuse Only - Licensed Capacity for Medi-Cal Prov								
	CR) or Fee-For-Service (FFS):	FFS						
ood nongaransis (v	Units of Service:							
	Unit Type							
Cost Per Unit - DPH Rate (DPI	H FUNDING SOURCES ONLY							
Cost Per Unit - DPH Rate (DPI Cost Per Unit - Contract Rate (DPH & Non								
Cost Per Unit - Contract Rate (DPH & Non		75.00						

DMH Legal Entity Name (MH).	Contractor Name (SA)	Di II A. Depaid	Ment of the Market	Heath Coat Ite	an and the contract	energy of the common property of the common party of the common pa	, ontract Appendix #:
Divis Legal Endly Mane (with	Provider Name:		· · · · · · · · · · · · · · · · · · ·		<del></del>		Document Date:
	Provider Number:	0250	continued				Fiscal Year:
	Program Name:	ECMHCI	ECMHCI	ECMHCI	ECMHCI	ECMHCI	ECMHCI
Program Code /fr	ormerly Reporting Unit):	NA NA	NA NA	NA NA	NA NA	NA NA	NA NA
	C (MH) or Modality (SA)	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19
(1005)31		Outreach Svcs	Outreach Svcs Systems Work (5%	Outreach Svcs Early	Outreach Svcs Early Interv Group (15%	Outreach Svcs MH	Outreach Svcs MH Services Group (5%
	Service Description:	Evaluation (5% Cap)	Cap)	Interv Indiv	Cap)	Services indv/Family	Cap)
	FUNDING TERM:	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-8/30/15	7/1/14-6/30/15
FUNDING USES	- B F I B E	4.007	2.416	4,269	7.894	2.416	2.687
Salane	es & Employee Benefits: Operating Expenses:	4,027 1,119	<u>2,416</u> 671	1.186	7,894 2.193	4,410 671	748
Canital Expanse	s (greater than \$5,000):	197	118	208	385	118	131
	total Direct Expenses:	5,343	3,205	5.663	10,472	3,205	3,566
Oto Oto	Indirect Expenses:	801	481	850	1,571	481	534
TO	TAL FUNDING USES:	6,144	3,686	6,513	12.043	3,686	4,100
CBHS MENTAL HEALTH FUNDING SOURCES	Index Code	· · · · · · · · · · · · · · · · · · ·			2,000		
MH FED - SDMC Regular FFP (50%)	HMHMCP751594	<del> </del>		-	-	<del>                                     </del>	-
MH STATE - EPSDT State Match	HMHMCP751594	<u> </u>		<del> </del>		<del>                                     </del>	<del></del>
MH STATE - Family Mosaic Capitated Medi-Cal	HMHMCP8828CH	<del> </del>		<del> </del>	<u> </u>	-	-
MH WORK ORDER - Human Services Agency (matched)	HMHMCHMTCHWO	<u> </u>	_	<del> </del>		-	-
MH WORK ORDER - Human Services Agency	HMHMCHCDHSWO	3,197	1,918	3,389	6,267	1,918	2,134
MH Triage Grant	HMHMCHGRANTS	-	*	-	-	-	*
MH WORK ORDER - Dept. Children, Youth & Families	HMHMCHDCYFWO	2,097	1,258	2,223	4,110	1,258	1,399
MH WORK ORDER - First Five (SF Children & Family Commission)	HMHMCHSRIPWO.	400	240	424	784	240	
MH WORK ORDER - First Five (SF Children & Family Commission)	HMHMCHPFAPWO	200	120	212	392	120	133
MH PRIOR YEAR - SB 163 - Children's Wrap-Around/Foster Care	HMHNSB163ACP	T	-	-		-	
MH STATE - MHSA - Prop 63 PEI	HMHMPROP63	250	150		490	<u></u>	·
MH Realignment	HMHMCP751594	-	<u> </u>	<u> </u>	-		ļ
MH COUNTY - General Fund (matched)	HMHMCP751594	<u> </u>		<u> </u>	-		<u> </u>
MH COUNTY - General Fund (unmatched)	HMHMCP751594						<u> </u>
MH COUNTY - General Fund CODB	HMHMCP751594	<u> </u>		<u> </u>	<u></u>	<u> </u>	<u> -</u>
MH COUNTY - General Fund WO CODB	HMHMCP751594		2 000	0.849	- 40.040	7.500	4 400
TOTAL CBHS MENTAL HEALT		6,144	3,686	6,513	12,043	3,686	4,10
CBHS SUBSTANCE ABUSE FUNDING SOURCES	CFDA#	<u> </u>			<u> </u>	<del> </del>	ļ.,
TOTAL CBHS SUBSTANCE ABUS	E FUNDING SOURCES		-	-	-		<del>                                     </del>
OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES	CFDA#			1			Ger (de agreció) de rec
TOTAL OTHER DPH-COMMUNITY PROGRAM			-	_			-
	H FUNDING SOURCES	6,144	3,686	6,513	12.043	3,686	4,10
NON-DPH FUNDING SOURCES							
							, and the same of
TOTAL NON-DPH FUNDING SOURCE:				*			
TOTAL FUNDING SOURCES (DPH AND NON-DPH	)	6,144	3,686	6,513	12,043	3,686	4,10
CBHS UNITS OF SERVICE AND UNIT COST							
	Purchased (if applicable						
Substance Abuse Only - Non-Res 33 - ODF # of C	Froup Sessions (classes	)					<u> </u>
Substance Abuse Only - Licensed Capacity for Medi-Cal Provider v	vith Narcotic Tx Program	1	ļ.		1		
Cost Reimbursement (CR) o			FFS	FFS	FFS	FFS	FFS
<u></u>	Units of Service						
	Unit Type						<u> </u>
Cost Per Unit - DPH Rate (DPH FU							
Cost Per Unit - Contract Rate (DPH & Non-DPI					<u> </u>		
	fedi-Cal Providers Only)						
Lacino Unicipality and the second sec	duplicated Clients (UDC)	100	50	80	80	100	7

DMH Legal Entity Name	(MH)/Contractor Name (SA):	B-9b, page 1b
Divin Legal Limity Marie	Provider Name:	7/1/2014
	Provider Number:	2014-2015
	Program Name:	2017-2010
Program C	ode (formerly Reporting Unit):	
	de/SFC (MH) or Modality (SA)	
·	desarc (willy of wicodity (ans)	
	Service Description:	TOTAL
	FUNDING TERM:	garantary, and any organization of the last
UNDING USES	100000	
	Salaries & Employee Benefits:	80,553
	Operating Expenses:	22,374
Canital Fy	(penses (greater than \$5,000):	3,932
309700 20	Subtotal Direct Expenses:	106,859
	Indirect Expenses:	16,029
	TOTAL FUNDING USES:	122,888
CBHS MENTAL HEALTH FUNDING SOURCES		
WH FED - SDMC Regular FFP (50%)	HMHMCP751594	
WH STATE - EPSDT State Match	HMHMCP751594	-
MH STATE - Family Mosaic Capitated Medi-Cal	HMHMCP8828CH	
MH WORK ORDER - Human Services Agency (matched)	IHMHMCHMTCHWO	
MH WORK ORDER - Human Services Agency	HMHMCHCDHSWO	63,949
MH Triage Grant	HMHMCHGRANTS	- 60,345
MH WORK ORDER - Dept. Children, Youth & Families	HMHMCHDCYFWO	41,939
MH WORK ORDER - First Five (SF Children & Family Commission)	HMHMCHSRIPWO	8,000
MH WORK ORDER - First Five (SF Children & Family Commission)	HMHMCHPFAPWO	4,000
MH PRIOR YEAR - SB 163 - Children's Wrap-Around/Foster Care	HMHNSB163ACP	4,000
MH STATE - MHSA - Prop 63 PEI	HMHMPROP63	5,000
MH Realignment	HMHMCP751594	3,000
MH COUNTY - General Fund (matched)	HMHMCP751594	1
MH COUNTY - General Fund (unmatched)	HMHMCP751594	-
MH COUNTY - General Fund CODB	HMHMCP751594	1
MH COUNTY - General Fund WO CODB	HMHMCP751594	ļ
	IEALTH FUNDING SOURCES	122,888
	CFDA#	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
CBHS SUBSTANCE ABUSE FUNDING SOURCES	37.38	
TOTAL CBHS SUBSTANCE	ABUSE FUNDING SOURCES	ž -
OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES	CFDA#	
TOTAL OTHER DPH-COMMUNITY PRO	CDAME FUNDING SOURCES	
	AL DPH FUNDING SOURCES	
NON-DPH FUNDING SOURCES		
TOTAL NON-DPH FUNDING SOL	THE PROPERTY OF THE PROPERTY O	-
TOTAL FUNDING SOURCES (DPH AND NO	N-DPH)	122,88
CBHS UNITS OF SERVICE AND UNIT COST		
Number of	Beds Purchased (if applicable	1
Substance Abuse Only - Non-Res 33 - ODF		
Substance Abuse Only - Licensed Capacity for Medi-Cal Pro		
Cost Reimbursement	(CR) or Fee-For-Service (FFS)	
	Units of Service	
	Unit Type	£.
	PH FUNDING SOURCES Only	
Cost Per Unit - Contract Rate (DPH & No		Self-March Company of the Company of the Company
Published I	Rate (Medi-Cal Providers Only	
	Unduplicated Clients (UDC)	):[ 0

Provider Number: 8858

Provider Name: Edgewood Center for Children and Families
Document Date: 7/1/14

Appendix #: B-9b, page 2

		TOTAL		SA Prop 63 HMPROP63		Order#1 HSA ICHCDHSWO		order #2 DCYF ICHDCYFWO	HMH	der #3 SFCFC MCHSRIPW ICHPFAPWO		Fund CODB WCP751594
	Term:	7/1/14-6/30/15	Term:		Term:	7/1/14-6/30/15	Term:	7/1/14-6/30/15	Term:	7/1/14-6/30/15	Term:	7/1/14-6/30/15
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Behavioral Health Director	0.71	\$ 10,113.00	0.03	411	0.37	5,264	0.24	3,450	0.07	988	0.00	0
Director of Research	80.0	\$ 1,032.00	0.00	42	0,04	537	0.03	352	0.01	101	0.00	0
Supervisors	1.02	\$ 9,173.00	0.04	373	0.53	4,775	0,35	3,129	0.10	896	0.00	. 0
Mental Health Consultants	0.50	\$ 4,663.00	0.02	190	0.26	2,427	0.17	1,591	0.05	455	0.00	0
Clinician	4.08	\$ 36,983.00	0.17	1,505	2.12	19,251	1.39	12,615	0.40	3,612	0.00	. 0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0.	0.00	0
	0.00	\$	0.00	0	0,00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0,00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	ō	0.00	. 0
	0.00	\$ -	0.00	0	0.00	0	0.00	. 0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	. 0	0.00	0	0.00	0
	0.00	s -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	, 0.00	\$ -	0.00	0	0.00	0	0.00	. 0	0.00	0	0,00	0
·	00.00	s -	0.00	,	00.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0,00	0	0.00	0	0.00	0
	0.00	s -	0.00	0	0,00	0		0	0.00	0	0.00	0
	0.00	s	0.00	0	<u> </u>	0	<del>1</del>	0	0.00		0.00	0
	0.00	1	0.00	0	0.00	Ö	1	0	0.00	6	0.00	0
	0.00	<del>                                     </del>	0.00	,	<b> </b>	0		0	0.00	0	0.00	0
			0.00	0	<del> </del>	0		0	0.00	0	0.00	0
Totals:	6.39	\$61.964	0.26		3.32	\$32,254	2.18	\$21,137	0.63	\$6.052	0.00	\$0
										7.79.20.20		
Employee Fringe Benefits:	30%	\$18,589	30%	756	30%	\$9,676	30%	\$6,341	30%	\$1,816	#DIV/0!	\$0
TOTAL SALARIES & BENEFITS		\$80,553		\$3,277		\$41,930		\$27,478		\$7,868		\$0

Provider Number: 8858
Provider Name: Edgewood Center for Children and Families
Document Date: 7/1/14

Appendix #: B-9b, page 3

Expenditure Category	TOTAL	MHSA Prop 63 HMHMPROP63	Work Order #1 HSA HMHMCHCDHSWO	Work Order #2 DCYF HMHMCHDCYFWO	Workorder #3 SFCFC HMHMCHSRIPW HMHMCHPFAPWO	General Fund CODB HMHMCP751594
	5/31/14-6/30/14	5/31/14-6/30/14	5/31/14-6/30/14	5/31/14-6/30/14	5/31/14-6/30/14	5/31/14-6/30/14
Occupancy (Based on Square Feet used)		0	0	. 0	0	o
Utilities(Elec, Water, Gas, Phone, Scavenger)	\$ -	0	.0	0	0	0
Office Supplies, Postage	\$ 872.0	0 43	548	240	41	0
Building Maintenance Supplies and Repair	\$ -	0	0	0	00	
Printing and Reproduction	\$ -	0	0	0	0	0
Insurance	-	. 0	0	0	0	0
Staff Training	\$ 1,883.0	0 86	1,096	600	101	. 0
Staff Travel-(Local & Out of Town)	\$ 277.0	0 13	164	80	20	0
Rental of Equipment	\$	0	0	0	0	0
CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amounts)	\$ -	0	0	0	0	
Arrivants)		0		***************************************	· · · · · · · · · · · · · · · · · · ·	, , , , , , , , , , , , , , , , , , ,
	<del>                                    </del>	1 0		· · · · · · · · · · · · · · · · · · ·	<del>1</del>	0
		ō	·		<del>                                     </del>	n
	\$ -	0	<del></del>	1	<u> </u>	0
	s -	0				. 0
	s -	0	0			0
Other;		. 0	0	. 0	0	. 0
Educational Supplies	\$ 1,149.6	00 56	712	320	61	0
Computer Purchase	\$ 3,881.0	00 193	2,466	1,040	182	. 0
Telecommunications	\$ 556.0	00 26	329	160	41	0
Purchased Direct Expense (Program Admin, QA, General Research)	\$ 13,756.	00 494	6,328	5,195	1,739	0
		C		0	0	. 0
	- \$	C		0	0	0
TOTAL OPERATING EXPENSE	\$22,3	74 \$911	\$11,643	\$7,635	\$2,185	\$0

Provider Number: 8858

Appendix #: B-9b, page 4

Provider Name: Edgewood Center for Children and Families

Document Date: 7/1/14

1. Equipment

Item Description	Quantity	Serial #/VIN #	Funding Source [General Fund, Grant (List Title), or Work Order (List Dept.)]	Purchase Cost Each	Total Cost
Shared costs - Equipment - see DPH 7	11	tbd	General Fund	0	0
Shared costs - Equipment - see DPH 7	1	tbd	SB163	0	0
Shared costs - Equipment - see DPH 7	1	tbd	MHSA Prop 63	145	145
Shared costs - Equipment - see DPH 7	1	tbd	Work Order #1 HSA	1,857	1,857
Shared costs - Equipment - see DPH 7	1	tbd	Work Order #2 DCYF	1,218	1,218
Shared costs - Equipment - see DPH 7	111	tbd	Workorder #3 SFCFC	349	349
Shared costs - Equipment - see DPH 7	1	tbd	Prop 63 PEI	0	0
				0	0

**Total Equipment Cost** 

\$3,569

2. Remodeling

Shared costs - Facilities Improvements - See DPH 7	1	tbd	General Fund	0	0
Shared costs - Facilities Improvements - See DPH 7	1	tbd	SB163	0	0
Shared costs - Facilities Improvements - See DPH 7	11	tbd	MHSA Prop 63	15	15
Shared costs - Facilities Improvements - See DPH 7	11	tbd	Work Order #1 HSA	189	189
Shared costs - Facilities Improvements - See DPH 7	11	tbd	Work Order #2 DCYF	124	124
Shared costs - Facilities Improvements - See DPH 7	11	tbd	Workorder #3 SFCFC	35	35

**Total Remodeling Cost** 

\$363

**Total Capital Expenditure** (Equipment plus Remodeling Cost)

	ment of Public He	70.00000			COMPANY SPRING FOR STREET SPRINGS SPRI	The state of the s	ar and a second
DMH Legal Entity Name (MH)/Co	ntractor Name (SA): L	<u> </u>	for Children and	Families		Contract Appendix #:	B-10, page 1
	Provider Name: E Provider Number: 8		for Children and	ramilles		Document Date:	7/1/2014
	rrovider Number.		***************************************			Fiscal Year.	2014-2015
•	D N	School-Based	School-Based				• .
Program Code (form	Program Name:	Well Being	Well Being				· · · · · · · · · · · · · · · · · · ·
	MH) or Modality (SA)	NA 45/10-19	NA 45/20-29				
	Service Description:	#REF!	43/20-29 #REF!				TOTAL
	FUNDING TERM:			CONTRACTOR OF STREET,		managana ang katalah dan	: 4 : 7 L
	FUNDING IERMI	(/1/14-0/30/15)	7/1/14-6/30/15			TORRESTORIS CONTRACTOR OF THE PROPERTY OF THE	
FUNDING USES	F	750	00.540				400 202
	k Employee Benefits: Operating Expenses:	752   209	99,540 27.647			-	100,292 27,856
	greater than \$5,000):	37	4,859				4,896
	al Direct Expenses:	998	132,046				133,044
Suppor	Indirect Expenses:	150	19,806	-		· · · · · · · · · · · · · · · · · · ·	19,956
TOT	AL FUNDING USES:	1,148	151,852		<u>-</u> {	THE RESIDENCE OF THE PARTY OF T	153,000
BHS MENTAL HEALTH FUNDING SOURCES	Index Code	1,144	101,002		-		100,000
	HMHMCP751594		***************************************				
	HMHMCP751594		-			-	-
MH STATE - EPSD1 State match MH STATE - Family Mosaic Capitated Medi-Cal	HMHMCP8828CH		-	_		*	-
	HMHMCHMTCHWO				-		<u> </u>
MH WORK ORDER - Human Services Agency (matched)	HMHMCHCDHSWO	-			-	*	
MH Triage Grant	HMHMCHGRANTS			<u> </u>			
MH WORK ORDER - Dept. Children, Youth & Families	HMHMCHDCYFWO	-			-	-	
MH WORK ORDER - First Five (SF Children & Family Commission)			<u> </u>	-			
MH WORK ORDER - First Five (SF Children & Family Commission)		-	_	-			<del>-</del>
	HMHNSB163ACP			-	······································	-	
MH STATE - MHSA - Prop 63 PEI	HMHMPROP63	. 1,148	151,852	-	-	~	153,000
MH Realignment	HMHMCP751594	-		-	_	-	-
MH COUNTY - General Fund (matched)	HMHMCP751594	-	-	-	-	-	*
MH COUNTY - General Fund (unmatched)	HMHMCP751594	-	-	-	-	-	•
MH COUNTY - General Fund CODB	HMHMCP751594	-			-	~	-
MH COUNTY - General Fund WO CODB	HMHMCP751594	-				-	-
TOTAL CBHS MENTAL HEALTH	FUNDING SOURCES	1,148	151,852	<u> </u>	**	*	153,000
CBHS SUBSTANCE ABUSE FUNDING SOURCES	CFDA#:				eest of every every construction of white		
TOTAL CBHS SUBSTANCE ABUSE	L FUNDING SOURCES	<u> </u>	-	. 4		*	-
OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES	CFDA#:						
	· ·		-				
TOTAL OTHER DPH-COMMUNITY PROGRAMS				- +	-	-	-
	FUNDING SOURCES	1,148	151,852	-	4	*	153,00
NON-DPH FUNDING SOURCES							
TOTAL NON-DPH FUNDING SOURCES	s	-	<del>                                     </del>				\
TOTAL FUNDING SOURCES (DPH AND NON-DPH	Contract of the Contract of th	1,148	where the same of	original and the second se		e e	153,00
CBHS UNITS OF SERVICE AND UNIT COST	11	1,:40	101,00%	-		·	100,00
	rchased (if applicable)			<u> </u>	<u> </u>		
Substance Abuse Only - Non-Res 33 - ODF # of Gro	un Sessione (classes	1					
Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with		<del>                                     </del>	<del>                                     </del>				
Cost Reimbursement (CR) or F		FFS	<del> </del>	<del> </del>			
Oost Romanacher (Orly of F	: 41			<del>                                     </del>		1	
		#REF		† 0		0.000	
Cost Per Unit - DPH Rate (DPH FUND	Unit Type DING SOURCES Only						· · · · · · · · · · · · · · · · · · ·
Cost Per Unit - Contract Rate (DPH & Non-DPH F							······································
	di-Cal Providers Only)						- Compression of the Compression
	plicated Clients (UDC)		269				

Provider Number: 8858

Provider Name: Edgewood Center for Children and Families
Document Date: 7/1/14

Appendix #: B-10, page 2

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					Ì				* -			
	-	TOTAL			Prop 63 P	PEI HMHMPROP63						
	Term:	7/1/14-6/30/15	Term:	7/1/14-6/30/15	Term:	7/1/14-6/30/15	Term:	7/1/14-8/30/15	Term:	7/1/14-8/30/15	Term:	7/1/14-6/30/15
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Clincian	0.03	\$ 2,123.00	0.00	0	0.03	2,123	0.00	0	0.00		0.00	
Teacher Trainer	0.39	\$ 22,276.00	0.00	0	0.39	22,276	0.00	0	0.00		00.0	
Mental Health Consultant	0.20	\$ 10,928.00	0.00	. 0	0.20	10,928	0.00	0	0.00	0		
Behavioral Coach	0.47		0.00	0	0.47	18,420	0.00	. 0	0.00	0	00.0	(
PIP Child Aide	. 0,32	\$ 9,109.00	0.00	0	0.32	9,109	0.00	0	0.00	. 0	0.00	
Family Resource Coordinator	0.39	\$ 14,292.00	0,00	0	0.39	14,292	0.00	0	0.00	Q	0.00	
	0.00	\$	0.00	0	0.00	0	0.00	0	0.00	0_	0.00	
	0.00	s -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	
	0.00	s -	0.00	0	0.00	0	0.00	0	0.00		0,00	
	0.00	\$ -	0.00	. 0	0.00	0	0.00	0	0.00	0	0.00	
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	
	0.00		0.00	0	0.00		0.00	, 0	0.00	0	0,00	
	0.00	\$	0.00	0	0.00	0	0.00	0	0.00	0	0.00	
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0,00	. 0	0,00	
	0.00	\$ -	0.00	0	0.00	. 0	0.00	0	0.00	0	0.00	
	0.00	\$ -	0,00		0.00	. 0	0.00	0	0.00	0	0,00	
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	0.00	\$ -	0.00	0	0.00	<u> </u>	0.00	0	0,00	0	0.00	
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			· · · · · · · · · · · · · · · · · · ·		<u> </u>					····		
Totals:	1.80	\$77,148	0.00	\$0	1.80	\$77,148	0.00	\$0	0.00	\$0	0.00	. \$0
					,							
Employee Fringe Benefits:	30%	\$ 23,144,00	#DIV/0!	so so	30%	\$23,144	#D[V/0]	\$0	#DIV/0!	30	#DIV/01	\$
·							-					
TOTAL SALARIES & BENEFITS		\$100,292		\$0		\$100,292	]	\$0	]	\$0	] [	\$
·		Water Company of the	-	Manager of the Control of the Contro	Print.	ACCOUNT OF THE PERSON OF THE P	<b>30</b>		re 8	THE RESIDENCE THE PROPERTY OF THE PERSON NAMED IN COLUMN TWO PARTY OF THE PERSON NAMED	98 I	аталия «2000 km пеншертектовы»

Provider Number: 8858

Provider Name: Edgewood Center for Children and Families

Document Date: 7/1/14

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Appendix #:

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Prop 63 PEI **Expenditure Category** TOTAL HMHMPROP63 7/1/14-6/30/15 7/1/14-6/30/15 7/1/14-6/30/15 7/1/14-6/30/15 7/1/14-6/30/15 7/1/14-6/30/15 Occupancy (Based on Square Feet used) 0 0 0 0 Utilities(Elec, Water, Gas, Phone, Scavenger) Office Supplies, Postage 2,623.00 0 2,623 0 0 0 Ü Building Maintenance Supplies and Repair \$ 0 0 0 0 Printing and Reproduction \$ 0 0 0 Insurance Staff Training \$ 2,188.00 0 2,188 0 0 \$ 0 0 0 Staff Travel-(Local & Out of Town) Rental of Equipment
CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & \$ 0 0 0 0 0 0 0 0 0 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 Other: 0 0 0 5,689 0 0 Client Supplies and Food 5.689.00 0 0 0 0 \$ 0 0 0 0 0 17,356 0 0 Purchased Direct Expense (Program Admin, QA, General Research) 17,356.00 0 \$ 0 0 0 0 0 0 0 **TOTAL OPERATING EXPENSE** \$27,856 \$0 \$27.856 \$0

Provider Number: 8858

Appendix #: B-10, page 4

Provider Name: Edgewood Center for Children and Families

Document Date: 7/1/14

1. Equipment

Item Description	Quantity	Serial #/VIN #	Funding Source [General Fund, Grant (List Title), or Work Order (List Dept.)]	Purchase Cost Each	Total Cost
Shared costs - Equipment - see DPH 7	1	tbd	General Fund	0	0
Shared costs - Equipment - see DPH 7	1	tbd	SB163	. 0	0
Shared costs - Equipment - see DPH 7	1	tbd	MHSA Prop 63	4,445	4,445
Shared costs - Equipment - see DPH 7	1	tbd	Work Order #1 HSA	0	0
Shared costs - Equipment - see DPH 7	1	tbd	Work Order #2 DCYF	0	0
Shared costs - Equipment - see DPH 7	1	tbd	Workorder #3 SFCFC	0	0
Shared costs - Equipment - see DPH 7		tbd	Prop 63 PEI	0	0
				0	0

**Total Equipment Cost** 

\$4,445

2. Remodeling

Shared costs - Facilities Improvements - See DPH 7	1	tbd	General Fund	0	0
Shared costs - Facilities Improvements - See DPH 7	1	tbd	SB163	0	. 0
Shared costs - Facilities Improvements - See DPH 7	1	tbd	MHSA Prop 63	451	451
Shared costs - Facilities Improvements - See DPH 7	1	tbd	Work Order #1 HSA	0	0
Shared costs - Facilities Improvements - See DPH 7	11	tbd	Work Order #2 DCYF	0	0
Shared costs - Facilities Improvements - See DPH 7	1	tbd	Workorder #3 SFCFC	0	0

**Total Remodeling Cost** 

**Total Capital Expenditure** (Equipment plus Remodeling Cost)

DMH Legal Entity Name (MH)/C					The second secon	Contract Appendix #:	B-11, page 1
	Provider Name:	Edgewood Center	for Children and I	Families		Document Date:	7/1/2014
	Provider Number:	8858				Fiscal Year:	2014-2015
- Million and Lynn and Company	Program Name:	YAMHC	A THE PROPERTY OF THE PROPERTY	an was to be desired to the second of the se	тулушыншығы (АНОКМенники) Менен такса (	· ·	WHITE SALE OF THE PROPERTY OF
Program Code (for	nerly Reporting Unit):	NA NA					
	(MH) or Modality (SA)	45/10-19					
	Service Description:	Cost Reimburse	<del></del>	<u></u>		· · · · · · · · · · · · · · · · · · ·	TOTAL
Berkelin and a second and the second	THE RESERVE OF THE PARTY OF THE	in the factor of the control of the	***************************************		ero ar en estado (principa) en estado en estado en estado en entre en estado en entre en estado en entre en es		
	FUNDING TERM:	7/1/14-6/30/15					
FUNDING USES				5000000			
	& Employee Benefits:	205,916	- 1		-		205,916
	Operating Expenses:	219,603	-	_			219,603
	(greater than \$5,000):	16,257	-	*	-	. )	16,257
Subto	tal Direct Expenses:	441,776	<u>-</u>		~		441,776
	Indirect Expenses:	66,266	-	-	*	-	66,266
TOT	AL FUNDING USES:	508,042	-		-		508,042
CBHS MENTAL HEALTH FUNDING SOURCES	Index Code						
MH FED - SDMC Regular FFP (50%)	HMHMCP751594	-	-	**************************************	-	-	*
MH STATE - EPSDT State Match	HMHMCP751594	-	-	· · · · · · · · · · · · · · · · · · ·		-	-
MH STATE - Family Mosaic Capitated Medi-Cal	HMHMCP8828CH					-	**
MH WORK ORDER - Human Services Agency (matched)	НМНМСНМТСНОО	-	-		~		<del>-</del>
MH WORK ORDER - Human Services Agency	нмнмснсрнswo				<u> </u>		
MH Triage Grant	HMHMCHGRANTS					-	-
MH WORK ORDER - Dept. Children, Youth & Families	HMHMCHDCYFWO				-		-
MH WORK ORDER - First Five (SF Children & Family Commission)	HMHMCHSRIPWO				force		
				<u> </u>	<u> </u>	*	
MH WORK ORDER - First Five (SF Children & Family Commission)	HMHMCHPFAPWO		-		<u> </u>		-
MH PRIOR YEAR - SB 163 - Children's Wrap-Around/Foster Care	HMHNSB163ACP			<u> </u>	<u> </u>		
MH STATE - MHSA - Prop 63 PEI	HMHMPROP63	433,500	*		<u> </u>		433,500
MH Realignment	HMHMCP751594	-		<u> </u>		<u> </u>	
MH COUNTY - General Fund (matched)	HMHMCP751594	<u> </u>	-		<u> </u>	*	-
MH COUNTY - General Fund (unmatched)	HMHMCP751594	-	-		<u> </u>		·
MH COUNTY - General Fund CODB	HMHMCP751594	74,542	-	_	_		74,54
MH COUNTY - General Fund WO CODB	HMHMCP751594		-	-	<u> </u>	<u> </u>	-
TOTAL CBHS MENTAL HEALTH	<b>FUNDING SOURCES</b>	508,042		-	-	,	508,043
CBHS SUBSTANCE ABUSE FUNDING SOURCES	CFDA#:						
TOTAL CBHS SUBSTANCE ABUSE	FUNDING SOURCES	-	-	*		*	*
OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES	CFDA#:				1		
		1					
TOTAL OTHER DPH-COMMUNITY PROGRAMS	FINDING SOUDCES		<u> </u>		<del></del>	<del>                                     </del>	<del></del>
	FUNDING SOURCES		200000000000000000000000000000000000000	*	BI DE LOS DE LA CONTRACTOR DE LA CONTRAC	**************************************	508,04
I	I ONDING SOURCES	) J00,0-2			AND	THE PARTY OF THE P	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
NON-DPH FUNDING SOURCES		<u> </u>		<u> </u>			
TOTAL MAIN PARKET AND		<del> </del>	<u> </u>	<del> </del>	·		<u> </u>
TOTAL NON-DPH FUNDING SOURCE							-
TOTAL FUNDING SOURCES (DPH AND NON-DPF	1)	508,042		*			508,04
CBHS UNITS OF SERVICE AND UNIT COST							
Number of Beds P	urchased (if applicable	)]					
Substance Abuse Only - Non-Res 33 - ODF # of Gr	oup Sessions (classes	)					
Substance Abuse Only - Licensed Capacity for Medi-Cal Provider wi							
Cost Reimbursement (CR) or	: CR						
	: 6,240	-	-	-	1		
			0	C	0		
Cost Per Unit - DPH Rate (DPH FUN	Unit Type DING SOURCES Only						
Cost Per Unit - Contract Rate (DPH & Non-DPH							
	edi-Cal Providers Only						Total UDC:
	500	, -,,,,				500	

Provider Number:

Provider Name: Edgewood Center for Children and Families Document Date: 7/1/14

Appendix #: B-11, page 2

	ANTICO AN	TOTAL	<b>L.</b> .	HMHMPR	Prop 63 PEI ROP63/ General IMHMCP751594		PRINCESSING		галадосинировария и до	-			
	Term	: 7/1/	14-6/30/15	Term:	7/1/14-6/30/15	Term:	7/1/14-6/30/15	Term:	7/1/14-6/30/15	Term:	7/1/14-6/30/15	Term:	7/1/14-6/30/15
Position Title	FTE	s	alaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
			-										
Program Manager	0.68	3 \$	49,080.00	0.68	49,080	0.00	0	0.00	0	0.00	0	0,00	
Regional Director	0.03	5 5	5,442.00	0.05	5,442	0.00	0	0.00	0	0.00	0	0.00	
Research Director	0.08	5 \$	4,647,00	0.05	4,647	0.00	0	0.00	0	0.00	0	0.00	
Clinicians	1.2	1 \$	66,882.00	1.21	66,882	0.00	: 0	0,00	0	0.00	. 0	0,00	
Mental Health Consultant	0.4	3 \$	27,699.00	0.48	27,699	0.00	0	0.00		0.00		0.00	
Research Assistant	0.10	\$	4,647.00	0.10	4,647	0.00	. 0	0.00	. 0	0.00	0	0.00	<u> </u>
	0.0	3		0.00	0	0.00	O O	0.00	0	0.00	0	0.00	
	0.0	0 \$	-	0.00	0	0:00	0	0.00	0	0.00	0	0.00	
	0.0	0 \$		0.00	0	0.00	0	0.00	Đ	0.00	0	0.00	
	0.0	0 \$		0.00	0	0.00	0	0.00	0	0.00	0	0.00	
	0.0	0 \$		0.00	0	0.00	0	0.00	0	0.00	0	0.00	
	0.0	0 \$	_	0.00	. 0	0.00	0	0.00	0	0.00	C.	0.00	
	0.0	0 \$		0.00		0.00	0	0.00	0	0.00	0	0.00	
	0.0	0 \$		0.00	0	0.00	_ 0	0.00	0	0.00	0	0.00	<u></u>
-	0.0	0 \$	-	0.00	. 0	0.00	0	0.00	0	0.00	0	0.00	
	0.0	0 \$		0.00	0	0.00	0	0.00	0	0.00	0	0.00	
	0.0	0 \$	_	0.00	0	0.00	. 0	0,00	0	0.00	0	0.00	
	0.0	0 \$	_	0.00	0	0.00	0	. 0.00		0.00	. 0	0.00	
	0.0	0 \$		0.00	0	0.00	ō	0,00	0	0.00	0	0.00	
	0.0	0 \$		0.00	0	0.00	0	0.00	0	0.00	D	0.00	
				0.00	0	0.00	0	0.00	0	0.00	0	0,00	
	Totals: 2.5	7	\$158,397	2.57	\$158,397	0.00	\$0	0.00	\$0	0.00	\$0	0.00	

	Employee Fringe Benefits:	30%[\$ 47,519.00]	30% \$47,519 (	#DIV/0! \$0   #DIV/0!	\$0 ( #DIV/0! (	\$0   #DIV/0	\$U [
			1				
•	TOTAL SALARIES & BENEFITS	\$205,916	\$205,916	\$0	so (	\$0 i	\$0
		The state of the s	100000000000000000000000000000000000000	principal and a second section of the sect			BERNARD PARTIES

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Provider Number: 8858
Provider Name: Edgewood Center for Children and Families
Document Date: 7/1/14

Expenditure Category		TOTAL	Prop 63 PEI HMHMPRROP63/ General Fund HMHMCP751594				
	7/	1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15
FY2014 Budget							
Occupancy (Based on Square Feet used)	\$	2,000.00	2,000	0	0	0	
Utilities(Elec, Water, Gas, Phone, Scavenger)	\$	2,000.00	2,000	0	0	0	0
Office Supplies, Postage	\$	800.00	800	0	0	. 0	0
Building Maintenance Supplies and Repair	\$		0	0	0	0	0
Printing and Reproduction	\$		0	0	0	0	0
Mileage reimbursement	\$	600,00	600	Ö	0	c	. 0
Staff Training	\$	8,500.00	8,500	0	0	0	0
computer supplies	\$	2,400.00	2,400	0	0	0	0
Rental of Equipment	\$	-	0	. 0	0	0	0
CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amounts)	\$		0	0	0	0	0
Larkin Street Youth Services FY 2014 contract	\$	94,875.00	94,875	0	0	0	0
Huckleberry Youth Programs FY2014 contract	\$	94,875.00	94,875	0	0	0	0
	\$	*	0	0	0	0	0
	\$	-	. 0	. 0	0	0	0
• .	\$		0	0	0	0	0
	\$	•	. 0	Ö	0	0	. 0
Other:	\$	-	0	0	Ö	0	0
Food	s	600,00	600	0	0	8	0
Telecommunication	\$	1,200.00	1,200	0	0		D
	\$	_	0	0	0	<del></del>	n
Purchased Direct Expense (Program Admin, QA, General Research)	\$	11,753.00	11,753	0	. 0		0
	\$	-	0	<del></del>		·	. 0
TOTAL OPERATING EXPENSE		\$219,603	\$219,603	\$0	\$0	\$0	\$0

### DPH 5: Capital Expenses Detail

Provider Number: 8858

Appendix #: B-11, page 4

Provider Name: Edgewood Center for Children and Families

Document Date: 7/1/14

1. Equipment

Item Description	Quantity	Serial #/VIN #	Funding Source [General Fund, Grant (List Title), or Work Order (List Dept.)]	Purchase Cost Each	Total Cost
Shared costs - Equipment - see DPH 7	1	tbd	General Fund	2,166	2,166
Shared costs - Equipment - see DPH 7	11	tbd	SB163	S.	0
Shared costs - Equipment - see DPH 7	11	tbd	MHSA Prop 63	12,593	12,593
Shared costs - Equipment - see DPH 7	1	tbd	Work Order #1 HSA	0	0
Shared costs - Equipment - see DPH 7	1	tbd	Work Order #2 DCYF	0	0_
Shared costs - Equipment - see DPH 7	1	tbd	Workorder #3 SFCFC	0	0
Shared costs - Equipment - see DPH 7	11	tbd	Prop 63 PEI	0	0
				0	0

**Total Equipment Cost** 

\$14,759

2. Remodeling

Shared costs - Facilities Improvements - See DPH 7	1	tbd	General Fund	220	220
Shared costs - Facilities Improvements - See DPH 7	1	tbd	SB163	0	- 0
Shared costs - Facilities Improvements - See DPH 7	11	tbd	MHSA Prop 63	1,278	1,278
Shared costs - Facilities Improvements - See DPH 7	1	tbd	Work Order #1 HSA	0	0
Shared costs - Facilities Improvements - See DPH 7	. 1	tbd	Work Order #2 DCYF	0	0
Shared costs - Facilities Improvements - See DPH 7	1	tbd	Workorder #3 SFCFC	0	0

**Total Remodeling Cost** 

\$1,498

**Total Capital Expenditure** 

(Equipment plus Remodeling Cost)

\$16,257

DMH Legal Entity Name (MH)/Contractor Name (SA): Ed			titi (1800) alian anno anti-anti-anti-anti-anti-anti-anti-anti-		Contract Appendix #:	B-12, page 1
Provider Name: Ec				~	Document Date:	7/1/2014
Provider Number; 88					Fiscal Year:	2014-2015
	Hospital	Hospital	Hospital	Hospital		**************************************
Program Name:	Diversion	Diversion	Diversion	Diversion		
Program Code (formerly Reporting Unit):	8858H2	8858H2	8858H2	8858H2		
Mode/SFC (MH) or Modality (SA)	15/10-56	15/01-09	15/70-79	15/60-69	1.7	
Service Description:	#REFI	#REF!	#REF!	#REF1	***************************************	TOTAL
	7/1/14-6/30/15	7/1/14-6/30/15	#KET!	#KCL1		10176
FUNDING USES	711/14-0/30/13	1/1/14-0/30/(3				arana a see a solida a see a saa a saa
Salaries & Employee Benefits:	50,843	1,565	2,346	23,466	-	78,220
Operating Expenses:	14,121	435	652	6,518		21,726
Capital Expenses (greater than \$5,000):	2,482	76	115	1,145		3,818
Subtotal Direct Expenses:	67,446	2,076	3,113	31,129		103,764
Indirect Expenses:	10,117	311	467	4,669	-	15,564
TOTAL FUNDING USES:	77,563	2,387	3,580	35,798	*	119,328
CBHS MENTAL HEALTH FUNDING SOURCES Index Code	,	*	9,000	99,100		
MH FED - SDMC Regular FFP (50%) HMHMCP751594	4,550	140	210	2,100	-	7,000
MH STATE - EPSDT State Match HMHMCP751594			- 1	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	-	†
MH STATE - Family Mosaic Capitated Medi-Cal HMHMCP8828CH	-	,	-	*	-	-
MH WORK ORDER - Human Services Agency (matched) HMHMCHMTCHWO	-	-	- 1	-	-	-
MH WORK ORDER - Human Services Agency HMHMCHCDHSWO	-	-	-	**	-	-
MH Triage Grant HMHMCHGRANTS		<b></b>	-		-	· -
MH WORK ORDER - Dept. Children, Youth & Families HMHMCHDCYFWO		-	-	-	<u> </u>	-
MH WORK ORDER - First Five (SF Children & Family Commission)   HMHMCHSRIPWO	-	-	-	_	-	
MH WORK ORDER - First Five (SF Children & Family Commission)   HMHMCHPFAPWO	-		-	-		_
MH PRIOR YEAR - SB 163 - Children's Wrap-Around/Foster Care HMHNSB163ACP		-	_			-
MH STATE - MHSA - Prop 63 PEI HMHMPROP63	-	-	-		-	7
MH Realignment HMHMCP751594	-	-			-	-
MH COUNTY - General Fund (matched) HMHMCP751594	÷ .				<u> </u>	448.888
MH COUNTY - General Fund (unmatched) HMHMCP751594	73,013	2,247	3,370	33,698		112,328
MH COUNTY - General Fund CODB HMHMCP751594		-	-	<u> </u>	*	
MH COUNTY - General Fund WO CODB HMHMCP751594	-		9 808	-	-	119,328
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	77,563	2,387	3,580	35,798	`	115,340
CBHS SUBSTANCE ABUSE FUNDING SOURCES CFDA #:						Name and Publisher Street
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES	· =	_	-			
OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES CFDA#:						*
					1	
TOTAL OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES	*	-	-	*	-	-
TOTAL DPH FUNDING SOURCES	77,563	2,387	3,580	35,798	*	119,32
NON-DPH FUNDING SOURCES			1	**************************************		
	<u> </u>					
TOTAL NON-DPH FUNDING SOURCES	-	-				-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)	77,563	2,387	3,580	35,798		119,32
CBHS UNITS OF SERVICE AND UNIT COST						- Inspector and
Number of Beds Purchased (If applicable)		<del>                                     </del>				
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)			a   Table   Ta			
Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program				1		
Cost Reimbursement (CR) or Fee-For-Service (FFS):	FFS	FFS	FFS	FFS	1	
Units of Service:	29,718	1,182	923	7,427	-	
Unit Type:	#REF	! #REF	! #REF	#REF	(I)	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	2.61					
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):	2.61					
Published Rate (Medi-Cal Providers Only):	2.61					
Unduplicated Clients (UDC):	20	0 20	20	20	)(	) 2

#### DPH 3: Salaries & Benefits Detail

Provider Number: 8858
Provider Name: Edgewood Center for Children and Families
Document Date: 7/1/14

Appendix #: B-12, page 2

Position Title	TOTAL General Fund HMHMCP751594	Polantino production and the second s	Profite Profite Hotel Profite	
Treatment Manager			Term:	7/1/14-6/30/15
Clinician 0.04 \$ 2,162.00 0.04 2162.00 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00	FTE Salaries FTE Salaries FTE Salaries	FTE Salaries	FTE	Salaries
Family Specialist 0.35 \$ 12,611.00 0.35 12611.00 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.	0.03 \$ 2,152.00 0.03 2152.00 0.00 0 0.00 0	0.00	0.00	
Admin Support 0.04 \$ 1,554.00 0.04 1554.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	0.04 \$ 2,162.00 0.04 2162.00 0.00 0 0.00 0	0.00	0.00	
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0.00 \$ - 0.00 0 0.00 0 0.00 0 0.00	0.00 \$ - 0.00 0 0.00 0 0.00	0.00	0,00	
	0.00 \$ - 0.00 0 0.00 0 0.00	0.00	0 0.00	
	0.00 \$ - 0.00 0 0.00 0 0.00	0.00	0_0.00	
0.00 \$ - 0.00 0 0.00 0 0.00	0.00 \$ 0.00 0 0.00 0 0.00	0.00	0 0.00	
Totals: 0.68 \$60,169 0.68 \$60,169 0.00 \$0 0.00 \$0 0.00			00.0	

Employee Fringe Benefits:	30% \$ 18,051.00	30%	\$18,051 #DIV/0	1 \$0 #	DIV/0I	\$0 #DIV/0!	so #DIV	70! \$0
 · · · · · · · · · · · · · · · · · · ·				· ····		····		
TOTAL SALARIES & BENEFITS	\$78,220		\$78,220	\$0		so	\$0	\$0

Provider Number: 8858
Provider Name: Edgewood Center for Children and Families
Document Date: 7/1/14

Appendix #: B-12, page 3

Expenditure Category	THE PROPERTY OF THE PROPERTY O	TOTAL	General Fund HMHMCP751594				
	:	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-8/30/15	7/1/14-6/30/15	7/1/14-6/30/15 -	7/1/14-6/30/15
Occupancy (Based on Square Feet used)	\$	7,840.00	7,840	0	0	0	0
Utilities(Elec, Water, Gas, Phone, Scavenger)	\$	**	. 0	0	. 0	. 0	0
Office Supplies, Postage	\$	166.00	166	0	0	0	0
Building Maintenance Supplies and Repair	\$		0	0	0	0	0
Printing and Reproduction	\$	_	0	ð	0	. 0	0
Insurance	\$		0	. 0	0	0	. 0
Staff Training	\$	· ÷	0	0	0	0	0
Staff Travel-(Local & Out of Town)	\$		. 0	0	0	0	0
Rental of Equipment	\$	-	0	0	0	0	0
CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amounts)	\$		0	. 0	0	0	0
UCSF Resident Services Agreement	\$	3,920,00	3,920	0	0	0	0
	\$		0	0	0	0	0
			0	0	0	0	0
	\$	_	0	0	0	0	0
·	\$		0	0	0	0	0
	\$	_	0	0	0	0	. 0
Other:	\$_		0	0	0	0	0
Depreciation	\$	-	0	0	0	0	0
Purchased Direct Expense (Program Admin, QA, General Research)	\$	4,998.00	4,998	0	0	0	0
Food	<u>  \$</u>	2,156.00	2,156	0	0	0	. 0
Laundry and Kitchen Expense	\$	1,470.00	1,470	0	0	0	0
Client Incentives	\$	1,176.00	1,176	0	0	0	0
	\$		0	0	0	0	0
TOTAL OPERATING EXPENSE	120022000	\$21,726	\$21,726	\$0	\$0	\$0	\$0

### DPH 5: Capital Expenses Detail

Provider Number: 8858

Appendix #: B-12, page 4

Provider Name: Edgewood Center for Children and Families

Document Date: 7/1/14

1. Equipment

Item Description	Quantity	Serial #/VIN #	Funding Source [General Fund, Grant (List Title), or Work Order (List Dept.)]	Purchase Cost Each	Total Cost
Shared costs - Equipment - see DPH 7	1	tbd	General Fund	3,466	3,466
Shared costs - Equipment - see DPH 7	1	tbd	SB163	0	0
Shared costs - Equipment - see DPH 7	1	tbd	MHSA Prop 63	0	0
Shared costs - Equipment - see DPH 7	11	tbd	Work Order #1 HSA	0	0
Shared costs - Equipment - see DPH 7	1	tbd	Work Order #2 DCYF	0	0
Shared costs - Equipment - see DPH 7	1	tbd	Workorder #3 SFCFC	0	. 0
Shared costs - Equipment - see DPH 7	1	tbd	Prop 63 PEI	0	0
·		,		0	· 0.

2. Remodeling

**Total Equipment Cost** 

Shared costs - Facilities Improvements - See DPH 7	1	tbd	General Fund	352	352
Shared costs - Facilities Improvements - See DPH 7	1	tbd	SB163	0	0
Shared costs - Facilities Improvements - See DPH 7	1	tbd	MHSA Prop 63	0	0
Shared costs - Facilities Improvements - See DPH 7	11	tbd	Work Order #1 HSA	0	0
Shared costs - Facilities Improvements - See DPH 7	. 1	tbd	Work Order #2 DCYF	0	0
Shared costs - Facilities Improvements - See DPH 7	1	tbd	Workorder #3 SFCFC	0	0

**Total Remodeling Cost** 

\$352

\$3,466

Total Capital Expenditure
(Equipment plus Remodeling Cost)

\$3,818

DMH Legal Entity Name (MH)/Co	intractor Name (SA):				<u> </u>	Contract Appendix #:	B-12a page 1
Time Logar Littley Francis (IIII)	Provider Name:	Edgewood Center	for Children and F	amilies		Document Date:	4/4/2014
•	Provider Number:		,		I	Fiscal Year:	2013-2014
	***************************************	Hospital	Hospital	***************************************		www.comenworker.com	· ·
· · · · · · · · · · · · · · · · · · ·	Program Name:	Diversion	Diversion	(I)			
Program Code (forn	nerly Reporting Unit):	8858H1	8858H1				
Mode/SFC (	MH) or Modality (SA)	05/60-64	05/60-64	_			
	Service Description:	Residential Other	Residential Other		1		TOTAL
22.24.24.24. Annual control of the c	FUNDING TERM:	7/1/13-6/30/14	7/1/13-6/30/14	MARINE MARKET AND	www.marconwiniacovenania di lima	·	MICHAEL COMMANDE COM
FUNDING USES				***************************************		documentalistic views and advantation in column	A STATE OF THE STA
	Employee Benefits:	140,096	52,096	-	- 1	-	192,192
	Operating Expenses:	38,911	14,470	-	- ]		- 53,381
	greater than \$5,000):	6,839	2,543	-	_	-	9,382
Subto	al Direct Expenses:	185,846	69,109		-		254,955
	Indirect Expenses:	27,875	10,366	~			38,241
	AL FUNDING USES:	213,721	79,475 \	***************************************	-	÷	293,196
CBHS MENTAL HEALTH FUNDING SOURCES	Index Code			*		**************************************	
MH FED - SDMC Regular FFP (50%)	HMHMCP751594	_		-		*	-
MH STATE - EPSDT State Match	HMHMCP751594			-			-
MH STATE - Family Mosaic Capitated Medi-Cal	HMHMCP8828CH			-	*	-	-
MH WORK ORDER - Human Services Agency (matched)	HMHMCHMTCHWO			*			
MH WORK ORDER - Human Services Agency	HMHMCHCDHSWO			-	*		-
MH Triage Grant MH WORK ORDER - Dept. Children, Youth & Families	HMHMCHGRANTS	-	<u></u>			·	-
	HMHMCHDCYFWO	· -	-	64 WGC+2A	***************************************	·	-
MH WORK ORDER - First Five (SF Children & Family Commission) MH WORK ORDER - First Five (SF Children & Family Commission)	HMUMCHBEARMO	-			-		-
MH PRIOR YEAR - SB 163 - Children's Wrap-Around/Foster Care	HMHNSB163ACP	145,787	54,213			-	200,000
MH STATE - MHSA - Prop 63 PEI	HMHMPROP63	140,701	07,210		*	-	
MH Realignment	HMHMCP751594	5,103	1,897	-		-	7,000
MH COUNTY - General Fund (matched)	HMHMCP751594	-	-		-	*	-
MH COUNTY - General Fund (unmatched)	HMHMCP751594	62,831	23,365	-	-	~	86,196
MH COUNTY - General Fund CODB	HMHMCP751594	-	-	*	-	-	-
MH COUNTY - General Fund WO CODB	HMHMCP751594	-	<del>-</del> . ·		-	-	
TOTAL CBHS MENTAL HEALTH	FUNDING SOURCES	213,721	79,475		~	-	293,196
CBHS SUBSTANCE ABUSE FUNDING SOURCES	CFDA#:			A CONTRACTOR OF THE PARTY OF TH			
TOTAL CBHS SUBSTANCE ABUSE	FUNDING COURCE				-		-
OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES	CFDA#:	-	•	*	<u> </u>	***************************************	
CTREA DPACORIMONTT PROGRAMS FUNDING SCHROES	CPDA #.						
TOTAL OTHER DPH-COMMUNITY PROGRAMS	FUNDING SOURCES	<del>                                     </del>		<u> </u>			1
	FUNDING SOURCES		79,475	And the second s			293,196
NON-DPH FUNDING SOURCES	T TOTAL OF THE PARTY OF THE PAR	2.10,721	10,410				
TOTAL NON-DPH FUNDING SOURCES	3	<del>                                     </del>	-	10	-	*	<b>†</b>
TOTAL FUNDING SOURCES (DPH AND NON-DPH		213,721	79,475				293,196
CBHS UNITS OF SERVICE AND UNIT COST	<i>[</i> ]	1	2 43-21 0	**************************************	CONTROL ON THE PROPERTY OF THE		200,100
	rchased (if applicable	<del></del>			<u> </u>		
Substance Abuse Only - Non-Res 33 - ODF # of Gro			<u> </u>		<u> </u>		
Substance Abuse Only - Licensed Capacity for Medi-Cal Provider wit		<u> </u>		-	· · · · · · · · · · · · · · · · · · ·		
Cost Reimbursement (CR) or F		FFS	1	<u> </u>		T	
	: 356	85		<u> </u>			
	: Client Day			0			
Cost Per Unit - DPH Rate (DPH FUNI	DING SOURCES Only	) 600.00	935.00	0.00	0.00	0.00	
Cost Per Unit - Contract Rate (DPH & Non-DPH I							A CONTRACTOR OF THE PROPERTY OF THE PROPERTY OF THE PARTY
	di-Cal Providers Only)			0.00			
Undu	plicated Clients (UDC)	): 20	1	0	0		) 2

#### DPH 3: Salaries & Benefits Detail

Provider Number: 8858

Provider Name: Edgewood Center for Children and Families Document Date: 4/4/14

Appendix #: B-12a, page 2

Position Title	3,819.00	Term: FTE 0,02 0.03	7/1/14-6/30/15 Salaries 1681.00	Term; FTE	7/1/14-6/30/15 Salaries	Term:	7/1/14-6/30/15	Term:	- Participant Company of the Participant of the Par		
Treatment Manager 0.06 \$ Clinician 0.10 \$ Family Specialist 0.85 \$ Admin Support 0.10 \$ Per Diem Staff Support 0.53 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$	5,289.00 5,313.00 30,985.00 3,819.00	0.02		FIE	Salaries		Salaries T	FTE	7/1/14-6/30/15 Salaries	Term:	7/1/14-6/30/15 Salaries
Clinician         0.10         \$           Family Specialist         0.85         \$           Admin Support         0.10         \$           Per Diem Staff Support         0.00         \$           0.00         \$         0.00         \$           0.00         \$         0.00         \$           0.00         \$         0.00         \$           0.00         \$         0.00         \$           0.00         \$         0.00         \$           0.00         \$         0.00         \$           0.00         \$         0.00         \$           0.00         \$         0.00         \$           0.00         \$         0.00         \$	5,313.00 30,985.00 3,819.00		1681.00			FIE	Salaries	ric	Salaries	7"15	Salaries
Family Specialist 0.85 \$ Admin Support 0.10 \$ Per Diem Staff Support 0.53 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$	30,985.00 3,819.00	0.03		0.04	3,608	0.00	0	0.00	0	0.00	
Admin Support 0.10 \$ Per Diem Staff Support 0.53 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$	3,819.00		1689.00	0.07	3,624	0.00	0	0.00	0	0.00	
Per Diem Staff Support 0.53 \$		0.27	9849.00	0,58	21,136	0.00	0	0.00	0	0.00	
O,00   \$   O,00   O,00   \$   O,00   O,00   \$   O,00   O,00   \$   O,00   \$   O,00   \$   O,00   \$   O,00   \$   O,00   \$		0.03	1214.00	0.07	2,605	0.00	0	0.00	0	0.00	
0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$	102,434.00	0.17	32560.00	0.36	69,874	0.00	0	0.00	0	0.00	
0.00   \$	-	0.00	0	0.00	0	0.00	0	0.00	o_	0.00	
0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$   0.00   \$	-	0,00	0	0.00	0	0.00	0	0.00	0	0.00	
0,00   \$	_	0.00	. 0	0.00	0	0.00	0	0.00	0	0.00	
0,00   \$		0.00	0	0.00	0	0.00	0	0.00		0.00	
0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$		0.00	0	0.00	0	0.00	. 0	0.00	0	00.00	
0.00   \$		0.00	0	0.00	.0	0.00	0	0.00	0	0.00	
0.00     \$       0.00     \$       0.00     \$       0.00     \$		0.00	0	0.00	0	0.00	0	0.00	0	0.00	
0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$		0.00	0	0.00	0	0,00	. 0	0.00	0	0.00	
0.00 \$ 0.00 \$		0.00	<u> </u>	0.00	0	0.00	0	0.00	0	0.00	
0.00 \$		0.00	00	0.00	0	0.00	0	0.00	0	0,00	
		0.00		0.00	0	0.00	<u> </u>	0.00	. 0	0.00	
1		0.00	0	0.00	. 0	0.00	0	0.00	0	0.00	
0.00 \$	····	0.00	0		0	00,0	0	0,00	0	0.00	
0.00 \$		0.00	0		0	0.00	0	0.00	. 0	0.00	<del></del>
0.00 \$	- 1	0.00	0	0.00	<u></u>	0.00	0	0.00	0	0.00	
Totals: 1.64		0.52	\$46,993	1.12	\$100,847	0.00	\$0	0.00	\$0	0.00	

Employee Fringe Be	enefits: 30%	\$44,352	30%	\$14,098	30%	\$30,254	#DIV/0!	\$0	#DIV/0!	\$0 #D!	v/o1	\$0
<del></del>												
TOTAL SALARIES & BEN	IEFITS [	\$192,192		\$61,091		\$131,101		\$0		\$0		\$0

Provider Number: 8858
Provider Name: Edgewood Center for Children and Families
Document Date: 4/4/14

B-12a, page 3 Appendix #:__

Expenditure Category		TOTAL	General Fund HMHMCP751594	SB 163 HMHNSB163ACP			
		7/1/13-6/30/14	7/1/13-6/30/14	7/1/13-6/30/14	7/1/13-6/30/14	7/1/13-6/30/14	7/1/13-6/30/14
Occupancy (Based on Square Feet used)	\$	19,263.00	6,123	13,140	0	0	0
Utilities(Elec, Water, Gas, Phone, Scavenger)	\$	_	0	0	0.	0	0
Office Supplies, Postage	\$	408.00	130	278	. 0	. 0	0
Building Maintenance Supplies and Repair	\$	=	0	0	. 0	0	. 0
Printing and Reproduction	\$		0	0	0	0	0
Insurance	\$	_	0	0	0.	. 0	0
Staff Training	\$	<del>-</del>	0	0	0	0	0
Staff Travel-(Local & Out of Town)	\$	-	0	0	0	0	0
Rental of Equipment	\$	_	0	0	0	0	0
CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amounts)	\$	-	0	0	0	C)	0
UCSF Interns	\$	9,631.00	3,061	6,570	0	0	. 0
	\$		0	0	0	0	. 0
	\$	-	0	0	0	0	. 0
	\$		0	0	0	0	- 0
	\$	_	0	0	0	0	0
	\$	-	. 0	0	0	. 0	0
Other:	\$		. 0	0	0	0	0
Depreciation	\$	-	0	0	0	0	0
Purchased Direct Expense (Program Admin, QA, General Research)	\$	12,280.00	3,903	8,377	0	0	0
Food	\$	5,298.00	1,684	3,614	0	0	0
Laundry and Kitchen Expense	\$	3,612.00	1,148	2,464	0	0	0
Client Incentives	\$	2,889.00	918	1,971	0	0	0
	\$		0	0	0	0	0
TOTAL OPERATING EXPENSE	\$2000asaa	\$53,381	\$16,967	\$36,414	\$0	\$0	\$0

#### DPH 5: Capital Expenses Detail

Provider Number: 8858

Appendix #: B-12a, page 4

Provider Name: Edgewood Center for Children and Families

Document Date: 4/4/14

1. Equipment

Item Description	Quantity	Serial #/VIN #	Funding Source [General Fund, Grant (List Title), or Work Order (List Dept.)]	Purchase Cost Each	Total Cost
Shared costs - Equipment - see DPH 7	1	tbd	General Fund	2,707	2,707
Shared costs - Equipment - see DPH 7	1	tbd	SB163	5,810	5,810
Shared costs - Equipment - see DPH 7	. 1	tbd	MHSA Prop 63	0	0
Shared costs - Equipment - see DPH 7	11	tbd	Work Order #1 HSA	0	0
Shared costs - Equipment - see DPH 7	1	tbd	Work Order #2 DCYF	0	0
Shared costs - Equipment - see DPH 7	11	tbd	Workorder #3 SFCFC	0	0
Shared costs - Equipment - see DPH 7	11	tbd	Prop 63 PEI	0	0
				0	0

**Total Equipment Cost** 

\$8,517

2. Remodeling

Shared costs - Facilities Improvements - See DPH 7	1	tbd	General Fund	275	275
Shared costs - Facilities Improvements - See DPH 7	1	tbd	SB163	590	590
Shared costs - Facilities Improvements - See DPH 7	1	tbd	MHSA Prop 63	0	0
Shared costs - Facilities Improvements - See DPH 7	1	tbd	Work Order #1 HSA	0	0
Shared costs - Facilities Improvements - See DPH 7	1	tbd	Work Order #2 DCYF	0	0
Shared costs - Facilities Improvements - See DPH 7	. 1	tbd	Workorder #3 SFCFC	0	0

**Total Remodeling Cost** 

\$865

**Total Capital Expenditure** (Equipment plus Remodeling Cost)

\$9,382

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Capital Expenses (prester Plans 5,000)		8 F 8	047.000	000.400				4 777 369
Capital Expenses (greater than \$5,000)	Salaries	& Employee Benefits.						
Subtotal Direct Exponses: 1,070,900 1,173,913 2.244.    Indirect Exponses: 1,070,900 1,173,913 2.345.   Indirect Exponses: 160,634 1750,607 3.345.   TOTAL FUNDING USES: 1,231,534 1,360,000 2,581,281,341,341,341,341,341,341,341,341,341,34			223,000	244,451				467,451
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TOTAL FUNDING USES: 1,231,534 1,350,000 2,581,   CRISH MENTAL HEALTH FUNDING SOURCES   Index Code					<del></del>		-	
Carl S MENT AL HEALTH FUNDING SOURCES							-	336,721
MM FED - SDMC Regular FFP (50%) MM STATE - ESPDT State Match HMM-MCP751594			1,231,534	1,350,000	_	_		2,581,534
MM FED - SDMC Regular FFP (50%) MM STATE - ESPDT State Match HMM-MCP751594	CBHS MENTAL HEALTH FUNDING SOURCES					•		
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MM STATE - Family Mosaic Capitated Medi-Cal  MM WORK ORDER - Human Services Agency (matched)  MM WORK ORDER - Human Services Agency (matched)  MM WORK ORDER - Human Services Agency (matched)  MM WORK ORDER - Human Services Agency (DDB  MM WORK ORDER - Human Services Agency CODB  MM WORK ORDER - First Five (SF Children & Family Commission)  MM WORK ORDER - First Five (SF Children & Family Commission)  MM WORK ORDER - First Five (SF Children & Family Commission)  MM WORK ORDER - First Five (SF Children & Family Commission)  MM WORK ORDER - First Five (SF Children & Family Commission)  MM WORK ORDER - First Five (SF Children & Family Commission)  MM WORK ORDER - First Five (SF Children & Family Commission)  MM WORK ORDER - First Five (SF Children & Family Commission)  MM WORK ORDER - First Five (SF Children & Family Commission)  MM WORK ORDER - First Five (SF Children & Family Commission)  MM WORK ORDER - First Five (SF Children & Family Commission)  MM WORK ORDER - First Five (SF Children & Family Commission)  MM WORK ORDER - First Five (SF Children & Family Commission)  MM WORK ORDER - First Five (SF Children & Family Commission)  MM WORK ORDER - First Five (SF Children & Family Commission)  MM WORK ORDER - First Five (SF Children & Family Commission)  MM WORK ORDER - First Five (SF Children & Family Commission)  MM WORK ORDER - First Five (SF Children & Family Commission)  MM WORK ORDER - First Five (SF Children & Family Commission)  MM WORK ORDER - First Five (SF Children & Family Commission)  MM WORK ORDER - First Five (SF Children & Family Commission)  MM WORK ORDER - First Five (SF Children & Family Commission)  MM WORK ORDER - First Five (SF Children & Family Commission)  MM WORK ORDER - First Five (SF Children & Family Commission)  MM WORK ORDER			<u> </u>				-	-
MM WORK ORDER - Human Services Agency (matched)   HMM-MCHODHSWO	MH STATE - Family Mosaic Capitated Medi-Cal		<del></del>	<del></del>			~	
MH WORK ORDER - Human Services Agency			<del>}</del>	<del></del>		-	<u> </u>	-
MH WORK ORDER - Jett. Children, Youth & Families	MH WORK ORDER - Human Services Agency		<u> </u>		<del></del>		<u> </u>	-
MH WORK ORDER - Dept_Children, Youth & Families			<del></del>	<del>}</del>	<del></del>	7,5,5,5,5,5,5,5,5,5,5,5,5,5,5,5,5,5,5,5		-
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MH PRIOR YEAR - SB 163 - Children's Wrap-Around/Foster Care MH STATE - MHSA - Prop 63 PEI HMHMPROP3 HMHMPROP3 HMHMPROP3 HMHMPROP3 HMHMPROP3 HMHMPROP3 HMHMPROP3 HMHMPROP3 HMHMPROP3 HMHMPROP3 HMHMPROP3 HMHMPROP3 HMHMPROP3 HMHMPROP3 HMHMPROP3 HMHMPROP3 HMHMPROP3 HMHMPROP3 HMHMPROP3 HMHMPROP3 HMHMPROP3 HMHMPROP3 HMHMPROP3 HMHMPROP3 HMHMPROP3 HMHMPROP3 HMHMPROP3 HMHMPROP3 HMHMPROP3 HMHMPROP3 HMHMPROP3 HMHMPROP3 HMHMPROP3 HMHMPROP3 HMHMPROP3 HMHMPROP3 HMHMPROP3 HMHMPROP3 HMHMPROP3 HMHMPROP3 HMHMPROP3 HMHMPROP3 HMHMPROP3 HMHMPROP3 HMHMPROP3 HMHMPROP3 HMHMPROP3 HMHMPROP3 HMHMPROP3 HMHMPROP3 HMHMPROP3 HMHMPROP3 HMHMPROP3 HMHMPROP3 HMHMPROP3 HMHMPROP3 HMHMPROP3 HMHMPROP3 HMHMPROP3 HMHMPROP3 HMHMPROP3 HMHMPROP3 HMHMPROP3 HMHMPROP3 HMHMPROP3 HMHMPROP3 HMHMPROP3 HMHMPROP3 HMHMPROP3 HMHMPROP3 HMHMPROP3 HMHMPROP3 HMHMPROP3 HMHMPROP3 HMHMPROP3 HMHMPROP3 HMHMPROP3 HMHMPROP3 HMHMPROP3 HMHMPROP3 HMHMPROP3 HMHMPROP3 HMHMPROP3 HMHMPROP3 HMHMPROP3 HMHMPROP3 HMHMPROP3 HMHMPROP3 HMHMPROP3 HMHMPROP3 HMHMPROP3 HMHMPROP3 HMHMPROP3 HMHMPROP3 HMHMPROP3 HMHMPROP3 HMHMPROP3 HMHMPROP3 HMHMPROP3 HMHMPROP3 HMHMPROP3 HMHMPROP3 HMHMPROP3 HMHMPROP3 HMHMPROP3 HMHMPROP3 HMHMPROP3 HMHMPROP3 HMHMPROP3 HMHMPROP3 HMHMPROP3 HMHMPROP3 HMHMPROP3 HMHMPROP3 HMHMPROP3 HMHMPROP3 HMHMPROP3 HMHMPROP3 HMHMPROP3 HMHMPROP3 HMHMPROP3 HMHMPROP3 HMHMPROP3 HMHMPROP3 HMHMPROP3 HMHMPROP3 HMHMPROP3 HMHMPROP3 HMHMPROP3 HMHMPROP3 HMHMPROP3 HMHMPROP3 HMHMPROP3 HMHMPROP3 HMHMPROP3 HMHMPROP3 HMHMPROP3 HMHMPROP3 HMHMPROP3 HMHMPROP3 HMHMPROP3 HMHMPROP3 HMHMPROP3 HMHMPROP3 HMHMPROP3 HMHMPROP3 HMHMPROP3 HMHMPROP3 HMHMPROP3 HMHMPROP3 HMHMPROP3 HMHMPROP3 HMHMPROP3 HMHMPROP3 HMHMPROP3 HMHMPROP3 HMHMPROP3 HMHMPROP3 HMHMPROP3 HMHMPROP3 HMHMPROP3 HMHMPROP3 HMHMPROP3 HMHMPROP3 HMHMPROP3 HMHMPROP3 HMHMPROP3 HMHMPROP3 HMHMPROP3 HMHMPROP3 HMHMPROP3 HMHMPROP3 HMHMPROP3 HMHMPROP3 HMHMPROP3 HMHMPROP3 HMHMPROP3 HMHMPROP3 HMHMPROP3 HMHMPROP3 HMHMPROP3 HMHMPROP3 HMHMPROP3 HMHMPROP3 HMHMPROP3 HMHMPROP3 HMHMPROP3 HMHMPROP3 HMHMPROP3 HMHPROP3 HMHMPROP3 HMHMPROP3 HMHMPROP3 HMHMPROP3 HMHPROP3 HMHMPROP	WIH WORK ORDER - First Five (SF Unitation & Family Commission)				<u> </u>	<del></del>	<del> </del>	-
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TOTAL OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES 2,581  **NON-DPH FUNDING SOURCES**  **TOTAL NON-DPH FUNDING SOURCES**  **TOTAL NON-DPH FUNDING SOURCES**  **TOTAL FUNDING SOURCES (DPH AND NON-DPH)**  **TOTAL FUNDING SOURCES (DPH AND NON-DPH)**  **Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)**  **Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program**  **Cost Reimbursement (CR) or Fee-For-Service (FFS)**  **Units of Service**  **Unit Type**  **Staff Hour**  **Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)**  **Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)**  **Published Rate (Medi-Cal Providers Only)**  **Source Source**  **Double Source Source**  **Double Source Source**  **Total Unit Type**  **Staff Hour**  **Staff Hour**  **Staff Hour**  **Staff Hour**  **Staff Hour**  **Double Source Source**  **Double Source Source Source**  **Double Source Source**  **D	OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES	CFDA#:						
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TOTAL DPH FUNDING SOURCES   1,231,534   1,350,000   -   -   -   2,581	TOTAL OTHER DPH-COMMUNITY PROGRAMS	FUNDING SOURCES	<u> </u>	-			<del></del>	<u> </u>
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Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program   Cost Reimbursement (CR) or Fee-For-Service (FFS): CR CR					<u> </u>	<u> </u>	<u> </u>	
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Units of Service:   24,631   27,000   -   -   -					1	<u> </u>	<u> </u>	
Unit Type: Staff Hour   Staff Hour   0   0   0   0   0   0   0   0   0	Cost Reimbursement (CR) or				1			
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)         50.00         50.00         0.00         0.00         0.00           Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):         50.00         50.00         0.00         0.00         0.00         0.00         0.00         0.00         Total Ut           Published Rate (Medi-Cal Providers Only):         50.00         50.00         0.00         0.00         0.00         Total Ut						<del>}</del>		
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)         50.00         50.00         0.00         0.00         0.00           Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):         50.00         50.00         0.00         0.00         0.00         0.00         0.00         0.00         Total Utility           Published Rate (Medi-Cal Providers Only):         50.00         50.00         0.00         0.00         0.00         Total Utility		Unit Type	: Staff Hou	r Staff Hou	r 0	0	0	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):         50.00         50.00         0.00         0.00         0.00         0.00         0.00         Total UI	Cost Per Unit - DPH Rate (DPH FUN			50.00	0.00	0.00	0.00	
Published Rate (Medi-Cal Providers Only): 50.00 50.00 0.00 0.00 Total U								
	<u> </u>						<u></u>	Total UDC:
Unduplicated Clients (UDC): 200 200						1 0.00	1 0.00	20

### DPH 3: Salaries & Benefits Detail

Appendix #: 14, page 2

Provider Number: 8858
Provider Name: Edgewood Center for Children and Families
Document Date: 7/1/14

:		TOTAL		НМНМС	HGRANTS	HMHMC	:P751594						
	Term:	7/1/14	-6/30/15	Term:	7/1/14-6/30/15	Term:	7/1/14-6/30/15	Term:	7/1/14-6/30/15	Term:	7/1/14-6/30/15	Term:	7/1/14-6/30/15
Position Title	FTE	Sal	laries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Directors .	2.44		5,453.00	1.16	117094.00	1.28	128,359						
Supervisors	2.50		1,580.00	1.19	96165.00	1.31	105,415						
Team Leads	3.17	\$ 18	39,326.00	1.51	90319.00	1.66	99,007						
Counselors	5.22	\$ 23	84,633.00	2.49	111933.00	2.73	122,700						
Clinicians	6.93	\$ 27	6,383.00	3.31	131850.00	3,62	144,533						
Nursing	1.19	\$ 9	5,683.00	0.57	45,646	0,62	. 50,037						
Trainers	1.59	\$ 7	9,760.00	0.76	38,050	0.83	41,710						
HR specialists	0.06	\$	6,896.00	0.03	3,290	0.03	3,606						
IT specialists	0.46	\$ 3	37,488.00	0.22	17,884	0.24	19,604						
	0.00	\$	•	0.00	0	0.00	0						
	0.00	\$	-	0.00	0	0.00	0						
	0.00	\$		- 0.00	0	0.00	0						
	0.00	\$	-	0.00	0	0.00	0						
	0.00	\$	*	0.00	0	0.00	0						
	0.00	\$	-	0.00	0	0,00	0						
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	0.00	\$		0.00	0	0.00	0						
197 d. B.		1	4 007 000	1	4 4050 004	40.00	A-446-4	<u> </u>		1 200	1	- 200	<del></del>
Totals:	23.56	\$	1,367,202	11.24	\$652,231	12.32	<u>  \$714,971</u>	0.00	\$0	0.00	\$0	0.00	\$0

Employee Fringe Benefits:	30%	\$410,160	30%	\$195,669	30%	\$214,491	#DIV/0!	\$0	#DIV/0!	\$0	#DIV/0!	\$0
										,	Andrews William Street William Street Street Street Street Street Street Street Street Street Street Street St	
TOTAL SALARIES & BENEFITS	\$	1,777,362		\$847,900		\$929,462		\$0		\$0		\$0]

Appendix #: B-14, page 3

Provider Number: 8858

Provider Name: Edgewood Center for Children and Families Document Date: 7/1/14

Expenditure Category		TOTAL	HMHMCHGRANTS	HMHMCP751594	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	A CANADA MANAGAMAN AND AND AND AND AND AND AND AND AND A	
	7/1/	14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15
Occupancy	\$	251,542.00	120,000	131,542	м		
Utilities(Elec, Water, Gas, Phone, Scavenger)	\$	25,154.00	12,000	13,154			
Office Supplies, Postage	\$	2,096.00	1,000	1,096			
Building Maintenance Supplies and Repair	\$	20,962.00	10,000	10,962			
Printing and Reproduction	\$	8,385.00	4,000	4,385			
Insurance	\$	10,481.00	5,000	5,481		or and a second	
Staff Training	\$	_	0	0			
Staff Travel-(Local & Out of Town)	\$	-	0	0		NA.	
Rental of Equipment	\$	6,289.00	3,000	3,289			
				The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the 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CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amounts)	\$_	<u>-</u>	0	0	TO COLUMN TO THE TOTAL PROPERTY AND THE TOTAL PROPERTY AND THE TOTAL PROPERTY AND THE TOTAL PROPERTY AND THE TOTAL PROPERTY AND THE TOTAL PROPERTY AND THE TOTAL PROPERTY AND THE TOTAL PROPERTY AND THE TOTAL PROPERTY AND THE TOTAL PROPERTY AND THE TOTAL PROPERTY AND THE TOTAL PROPERTY AND THE TOTAL PROPERTY AND THE TOTAL PROPERTY AND THE TOTAL PROPERTY AND THE TOTAL PROPERTY AND THE TOTAL PROPERTY AND THE TOTAL PROPERTY AND THE TOTAL PROPERTY AND THE TOTAL PROPERTY AND THE TOTAL PROPERTY AND THE TOTAL PROPERTY AND THE TOTAL PROPERTY AND THE TOTAL PROPERTY AND THE TOTAL PROPERTY AND THE TOTAL PROPERTY AND THE TOTAL PROPERTY AND THE TOTAL PROPERTY AND THE TOTAL PROPERTY AND THE TOTAL PROPERTY AND THE TOTAL PROPERTY AND THE TOTAL PROPERTY AND THE TOTAL PROPERTY AND THE TOTAL PROPERTY AND THE TOTAL PROPERTY AND THE TOTAL PROPERTY AND THE TOTAL PROPERTY AND THE TOTAL PROPERTY AND THE TOTAL PROPERTY AND THE TOTAL PROPERTY AND THE TOTAL PROPERTY AND THE TOTAL PROPERTY AND THE TOTAL PROPERTY AND THE TOTAL PROPERTY AND THE TOTAL PROPERTY AND THE TOTAL PROPERTY AND THE TOTAL PROPERTY AND THE TOTAL PROPERTY AND THE TOTAL PROPERTY AND THE TOTAL PROPERTY AND THE TOTAL PROPERTY AND THE TOTAL PROPERTY AND THE TOTAL PROPERTY AND THE TOTAL PROPERTY AND THE TOTAL PROPERTY AND THE TOTAL PROPERTY AND THE TOTAL PROPERTY AND THE TOTAL PROPERTY AND THE TOTAL PROPERTY AND THE TOTAL PROPERTY AND THE TOTAL PROPERTY AND THE TOTAL PROPERTY AND THE TOTAL PROPERTY AND THE TOTAL PROPERTY AND THE TOTAL PROPERTY AND THE TOTAL PROPERTY AND THE TOTAL PROPERTY AND THE TOTAL PROPERTY AND THE TOTAL PROPERTY AND THE TOTAL PROPERTY AND THE TOTAL PROPERTY AND THE TOTAL PROPERTY AND THE TOTAL PROPERTY AND THE TOTAL PROPERTY AND THE TOTAL PROPERTY AND THE TOTAL PROPERTY AND THE TOTAL PROPERTY AND THE TOTAL PROPERTY AND THE TOTAL PROPERTY AND THE TOTAL PROPERTY AND THE TOTAL PROPERTY AND THE TOTAL PROPERTY AND THE TOTAL PROPERTY AND THE TOTAL PROPERTY AND THE TOTAL PROPERTY AND THE TOTAL PROPERTY AND THE TOTAL PROPERTY AND THE TOTAL PROPERTY AND THE TOTAL	minera victora va productiva prod	And the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of th
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Other:	\$	•	0	0		A Company	
Depreciation	\$	·	0	_l	1		
Purchased Direct Expense (Program Admin, QA	\$	94,329.00	45,000	49,329			
Food	\$	31,443.00	15,000	16,443		- Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Cons	
Laundry and Kitchen Expense	\$	6,289.00	3,000	3,289			
Client Incentives	\$	10,481.00	5,000	5,481			
	\$	-	0	0		TATAL MANAGEMENT AND AND AND AND AND AND AND AND AND AND	
TOTAL OPERATING EXPENSE		\$467,451	\$223,000	\$244,451	\$0	\$0	· \$(

## **DPH 6: Contract-Wide Indirect Detail**

Contractor Name

Center for Children and Families 7/1/2014

Document Date:

1. SALARIES & BENEFITS	FTE	Total	
Position Title			
CEO	0.37	\$	111,884
CFO	0.32		93,236
Director of IT	0.32	Accompany to the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	73,311
IT Administrator	0.32		41,786
Administrative Assistant	0.32		22,164
HR Director	0.32		53,763
HR Generalist	0.32		27,161
TOperations Manager	0.32		41,786
HR Assistant	0.32		21,729
Controller	0.32		47,010
Finance Analyst	0.32		36,563
AP Associate	0.32	3933130	24,587
Payroll Accountant	0.32		26,858
Accounting Manager	0.32		33,563
Collections Clerk	0.32		24,374
Billing Specialist	0.32		30,726
Software Engineer	0.32		41,786
IT Help Desk	0.32		85,411
Accountant .	0.00		-
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EMPLOYEE FRINGE BENEFI	30.0%	\$	251,309
TOTAL SALARIES & BENEFITS	5	\$	1,089,007

### 2. OPERATING COSTS

Expenditure Category		
Accounting/Audit Fees	Boundage out on the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second sec	39,826
Insurance	GENTACON CHILD SERVICE CONTROL	29,298
Bank/Payroli Fees	,	39,826
Software Fees/Expense		22,232
	this was the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second sec	ew
TOTAL OPERATING COSTS		131,182
TOTAL INDIRECT COSTS	\$	1,220,189
(Colorina & Bonofite & Operating Costs)		,

(Salaries & Benefits + Operating Costs)

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## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 7/2/2013

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES

BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S). AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER. IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in fleu of such endorsement(s). CONTACT Susan McDarby
NAME: Susan McDarby
PHONE
(A/C, No, Exi); (415) 512-3607
E-MAIL Susan McDarby Commercial Lines - (415) 541-7900 (AC, No): (877) 302-0977 Wells Fargo Insurance Services USA, Inc. - CA Lic#: 0D08408 Susan.McDarby@wellsfargo.com 45 Fremont Street, Suite 800 INSURER(S) AFFORDING COVERAGE NAIC # San Francisco, CA 94105-2259 Nonprofits Insurance Alliance of California 11845 INSURER A 19682 VSHIPEN Hartford Fire Insurance Company INSURER 8 Edgewood Center for Children and Families INSURER C 1801 Vicente Street INSURER D : INSURER E 3an Francisco, CA 94116 MISURER F CERTIFICATE NUMBER: 6317871 **OVERAGES** REVISION NUMBER: See below THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS ADDLISUER POLICY EXP POLICY EFF (MM/DD/YYYY) TYPE OF INSURANCE POLICY NUMBER INSR WVD GENERAL LIABILITY EACH OCCURRENCE 1,000,000 \$ X 2013-05523-NPO 7/1/2013 7/1/2014 DAMAGE TO RENTED Х COMMERCIAL GENERAL LIABILITY 500,000 PREMISES (Ea occurrence) \$ CLAIMS-MADE X OCCUR MED EXP (Any one person) \$ 20,000 1,000,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG 2,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: \$ X Loc POLICY COMBINED SINGLE LIMIT (Ea accident) AUTOMOBILE LIABILITY 2013-05523-NPO 7/1/2013 7/1/2014 1,000,000 Х BODILY INJURY (Per person) ANY AUTO ALL OWNED SCHEDULED **BODILY INJURY (Per accident)** \$ AUTOS NON-OWNED AUTOS PROPERTY DAMAGE Х HIRED AUTOS (Per accident) £ UMBRELLA LIAB Х 10,000,000 OCCUR 2013-05523-UMB-NPO 7/1/2013 7/1/2014 **EACH OCCURRENCE** EXCESS LIAB 10,000,000 CLAIMS-MADE AGGREGATE DED X RETENTION \$ 10,000 WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? E.L. EACH ACCIDENT

CRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

2013-005523-NPO

NIA

ie City and County of San Francisco, DPH, CSAS, their officers, agents, and employees are named as additional insured under General Liability per ached CG 2026.

Day cancellation notice applies.

If yes, describe under DESCRIPTION OF OPERATIONS below

Improper Sexual Conduct

RTIFICATE	HOL	DER
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(Mandatory in NH)

Occurrence

Aggregate

y and County of San Francisco partment of Public Health 80 Howard Street, 4th Floor n Francisco CA 94103

#### CANCELLATION

07/01/2013 | 07/01/2014

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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E.L. DISEASE - EA EMPLOYEE

E.L. DISEASE - POLICY LIMIT

\$1,000,000

\$2,000,000





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 4/11/2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

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	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A				ĺ	Ì			
	If yes, describe under							E.L. DISEASE - EA EMPLOYEE		
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$1,000	,000
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	City and County of S			cisco	IN ACCOMPANIES IN THE POLICE PROVISIONS.					
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1380 Howard Street, 4th Floor						AUTHORIZED REPRESENTATIVE				
San Francisco CA 94103						Brich der				
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#### THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## ADDITIONAL INSURED - DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Any person or organization that you are required to add as an additional insured on this policy, under a written contract or agreement currently in effect, or becoming effective during the term of this policy. The additional insured status will not be afforded with respect to liability arising out of or related to your activities as a real estate manager for that person or organization.

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

Section II - Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

- A. In the performance of your ongoing operations; or
- B. In connection with your premises owned by or rented to you.

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