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 Six Million Nine Hundred Fifty Eight Thousand Five Hundred Twenty Eight Dollars (\$36,958,528).** 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.

sexply 6/6/14

CITY

Recommended by:

Barbara Garcia, MPA Director of Health

Department of Public Health

CONTRACTOR

Edgewood Center for Children & Families

Matt Madaus

Chief Executive Officer

1801 Vicente Street

San Francisco, California 94116

City vendor number: 06953

Approved as to Form:

Dennis J. Herrera City Attorney

By:

Kathy Murphy

Deputy City Attorney

Approved:

LJaci Fong

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

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 Six Million Nine Hundred Fifty Eight Thousand Five Hundred Twenty Eight Dollars (\$36,958,528)** for the period of **July 1, 2010** through **December 31, 2015**.

CONTRACTOR understands that, of this maximum dollar obligation, \$434,610 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.

(2) 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	\$ 9,269,806
July 1, 2015 through December 31, 2015	\$ 4,634,903
Total July 1, 2010 through December 31, 2015	\$ 36,523,918

- (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.

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DPH 1: Department of Public Health Contract Budget Summary

DMH Legal Entity Number (MH):					Richard P. Sto	one, 415.682.	3121		Fiscal Year:	2014-15
DMH Legal Entity Name (MH)/Contractor Name (SA):	Edgewood Co	enter for Child	ren and Famil	es Do	cument Date:	7/1/2014			Appendix #:	B, Page 2
Contract Appendix Number:	B-9	B-9a	B-9b	B-10	B-11	B-12	B-12a	B-13	B-14	
				School- Based Well		Hospital	Hospital			
Appendix A/Program Name:	ECMHCI	ECMHCI	ECMHCI	Being	YAMHC	Diversion	Diversion	FCP (RBS)	Crisis Triage	
Provider Number:	8858	8858	8858	8858	8858	8858	8858	8858	8858	
Program Code (formerly Reporting Unit):	NA	NA	NA	NA	NA	8858H2	8858H1	8858FC	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	TOTAL
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Salaries & Employee Benefits:	92,545	214,997	80,553	100,292	205,916	78,220	192,192	245,372	1,777,362	6,005,139
Operating Expenses:	25,704	41,715	22,374	27,856	219,603	21,726	53,381	91,761	467,451	1,809,734
Capital Expenses:	4,518	28,496	3,932	4,896	16,257	3,818	9,382	16,128		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
Indirect %:	0,15	0.15	0.15	0.15	0.15	0.15	0.15	0.19		0.1
TOTAL FUNDING USES	141,183	327,989	122,888	153,000	508,042	119,328	293,196	419,000		9,269,806
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MH FED - SDMC Regular FFP (50%)	-	- 12 13 15 15 15 15 15 15 15 15 15 15 15 15 15	5 5 5 5 7 5 B		- Arbeit Ald Mary SM 15	7,000	- 10 No 1400 page 4 To 25	167,000		2,212,278
MH STATE - EPSDT State Match	<u>-</u> -	<u> </u>			-		-	226,800		2,074,243
MH STATE - Family Mosaic Capitated Medi-Cal	<u> </u>		-					-	_	20,000
MH WORK ORDER - Human Services Agency (matched)	<u> </u>	<u> </u>					<u>-</u> -			17,561
MH WORK ORDER - Human Services Agency	85.265	152,174	63,949		 	 				301,388
MH Triage Grant	03,203	102,174	- 00,040	<u> </u>	· · · · · ·				1,231,534	1,231,534
MH WORK ORDER - Dept. Children, Youth & Families	55,918	109,468	41,939		-	-		 	1,201,004	207,328
MH WORK ORDER - First Five (SF Children & Family Commission)	- 00,510	34,066	8,000	-	-		-	 	-	42,060
MH WORK ORDER - First Five (SF Children & Family Commission)	-	18,058	4,000			-	-			22,05
MH PRIOR YEAR - SB 163 - Children's Wrap-Around/Foster Care	_	10,000	- 1,200	_			200,000			217,000
MH STATE - MHSA	-	12,448	5,000	153,000	433,500	-			-	654,94
MH Realignment		1.271.12		-	-		7,000	5,883		47,82
MH COUNTY - General Fund (matched)	-		-	-	<u> </u>			19,317		1,507,64
MH COUNTY - General Fund (unmatched)				-		112,328	86,196	10,017	-	637,35
MH COUNTY - General Fund CODB		 	 	-	74,542	- 112,020	50,100	-	T	74,54
MH COUNTY - General Fund WO CODB		1.775			- 1,0 /2	-		 	 	2.03
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	141,183	327,989	122,888	153.000	508.042	119,328	293,196	419.000	2,581,534	9.269.80
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NON-DPH FUNDING SOURCES									2,301,334	
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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	2,581,534	9,269,80

DPH 1: Department of Public Health Contract Budget Summary

DPH 1: Department of Public Health Contract Budget Summary			_							==
DMH Legal Entity Number (MH):			Prepared	By/Phone #:					Fiscal Year:	2014-15
DMH Legal Entity Name (MH)/Contractor Name (SA):					cument Date:	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
		Community	Residential	Residential						
	Community	Based Day	Day	Day						
w	Based Day	Treatment	Treatment	Treatment	MH	Behavioral			Educational	PIP MH
Appendix A/Program Name:	Treatment DTI	OP	DTI	OP	Partnership	Health OP	TBS	Wraparound	Assessments	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						·····································	勢成化力	Ley The		痛, 多地
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	154,187	131,349	91,824	3,095	9,285
Capital Expenses:	28,432	4,866	21,866	18,496	5,156	27,100	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		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		721,440		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	-	
MH STATE - EPSDT State Match	310,071	64,536	272,439	238,230	52,371	365,715	312,084	231,997		<u> </u>
MH STATE - Family Mosaic Capitated Medi-Cal	15,000	5,000		-	•	0.00	-	<u> </u>		-
MH WORK ORDER - Human Services Agency (matched)		-	-			-	-	17,561	1-	-
MH WORK ORDER - Human Services Agency	-				-	-	-	-	-	-
MH Triage Grant		-	-	<u> </u>	-		-	-	-	-
MH WORK ORDER - Dept. Children, Youth & Families	-	-	-	-	-	-			-	-
MH WORK ORDER - First Five (SF Children & Family Commission)	=:	-	=	-	-	-	-	-	-	-
MH WORK ORDER - First Five (SF Children & Family Commission)	-	-	- '	·	-		-		-	-
MH PRIOR YEAR - SB 163 - Children's Wrap-Around/Foster Care	-	·-	-	-	-	-		-	17,000	-
MH STATE - MHSA	-	-	-	-	-	-	-	17-2	n = a	51,000
MH Realignment	32,120	2,824			<u> </u>	<u> </u>		-	<u> </u>	<u> </u>
MH COUNTY - General Fund (matched)			30,271	26,470						-
MH COUNTY - General Fund (unmatched)	189,124	12,340	77,889	48,586	44,737		27,920	4,051		-
MH COUNTY - General Fund CODB		<u> </u>			-	-			-	
MH COUNTY - General Fund WO CODB	-	450.000	-	F== -	161,117	846,880	721,440	263 504,348	17,000	51,000
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TOTAL DPH FUNDING SOURCES	888,506									51,000
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TOTAL NON-DPH FUNDING SOURCES		-	-	-			-	-	-	
TOTAL FUNDING SOURCES (DPH AND NON-DPH)	888,506	152,060	683,309	577,986	161,117	846,880	721,440	504,348	17,000	51,000

DMH Legal Entity Name (MH)/	rument of Public He Contractor Name (SA):				'	Contract Appendix #:	B-1a, page 1
2	Provider Name:	Edgewood Center	for Children and F	amilies		Document Date:	7/1/201
	Provider Number:					Fiscal Year:	2014-201
		Community					
		Based Day		1			3
	Program Name:	Treatment DTI					
Program Code (fo	rmerly Reporting Unit):	88585					
	(MH) or Modality (SA)	10/85-89					
	V / 2 /		:				
	Service Description:	#REF!					TOTAL
	FUNDING TERM:	7/1/14-6/30/15					
UNDING USES			V			[1] [1] [1] [1] [1] [1] [1] [1] [1] [1]	
	s & Employee Benefits:	582,416	-	_	-	-	582,41
	Operating Expenses:	161,766	-		-		161,76
Capital Expense:	s (greater than \$5,000):	28,432	-		-		28,43
Subi	total Direct Expenses:	772,614					772,61
	Indirect Expenses:	115,892					115,89
ŤC	TAL FUNDING USES:	888,506	•				888,50
BHS MENTAL HEALTH FUNDING SOURCES	Andex Code					100 311 10 310	了这点 <i>在</i> 数据
//H FED - SDMC Regular FFP (50%)	HMHMCP751594	342,191	-	-			342,19
MH STATE - EPSDT State Match	HMHMCP751594	310,071				 	310,07
MH STATE - Family Mosaic Capitated Medi-Cal	HMHMCP8828CH	15,000				 	15,00
MH WORK ORDER - Human Services Agency (matched)	HMHMCHMTCHWO	15,000				 	13,00
MH WORK ORDER - Human Services Agency (matched) MH WORK ORDER - Human Services Agency	HMHMCHCDHSWO					 	
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MH WORK ORDER - Dept. Children, Youth & Families MH WORK ORDER - First Five (SF Children & Family Commission)							-
WH WORK ORDER - First Five (SF Children & Family Commission)		-		-			
WH PRIOR YEAR - SB 163 - Children's Wrap-Around/Foster Care	HMHNSB163ACP	 		-	 	 	-
MH STATE - MHSA - Prop 63 PEI	HMHMPROP63	 		-	<u> </u>		
	HMHMCP751594	32,120				-	32,12
MH Realignment MH COUNTY - General Fund (matched)	HMHMCP751594	32,120		 	<u>-</u>		32,12
MH COUNTY - General Fund (matched)	HMHMCP751594	189,124	<u> </u>	 		 	189,12
MH COUNTY - General Fund CODB	HMHMCP751594	109,124	 				103,1
MH COUNTY - General Fund CODB MH COUNTY - General Fund WO CODB		<u> </u>					
TOTAL CBHS MENTAL HEALT	HMHMCP751594	200 500					888.5
			•		Harris and Company of the Company		
OBHS SUBSTANCE ABUSE FUNDING SOURCES	CFDA#			- 1 - 300 a 0 - 31 - 4 - 4	A STATE OF THE PARTY	the approximation of	
TOTAL OPUIC AUDITANOS ADUIG	T TUNDULG GOLDON		 				1
TOTAL CBHS SUBSTANCE ABUS			•	•	•		
oxide: a delikcommuni paero e raws e undine so uno estade	CFDA 8						
TATAL ATUST THE AND	A FUNDAMA AGUIDAFA		·		 	 	
TOTAL OTHER DPH-COMMUNITY PROGRAM				<u> </u>			
	H FUNDING SOURCES	888,506	•		-	•	888,5
NON-DIPH FUNDING SOURCES	N F. RUS. F W	* * * * * * * * * * * * * * * * * * *	1.14				· 等"特别的说话"
TOTAL NON POLLEUNDING SOURCE		 					
TOTAL NON-DPH FUNDING SOURCE		 			-	· · ·	+
TOTAL FUNDING SOURCES (DPH AND NON-DPH	1)	888,506	-			<u> </u>	888,5
CBHS UNITS OF SERVICE AND UNIT COST				360		<u> </u>	CE1431 2345
	Purchased (if applicable						[数数数数]
Substance Abuse Only - Non-Res 33 - ODF # of C							
Substance Abuse Only - Licensed Capacity for Medi-Cal Provider				<u> </u>			China Ligar
Cost Reimbursement (CR) of							
	Units of Service			-			1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Unit Type						
Cost Per Unit - DPH Rate (DPH FU							
Cost Per Unit - Contract Rate (DPH.& Non-DPI	H FUNDING SOURCES						
	Medi-Cal Providers Only						
· Unc	duplicated Clients (UDC): 3	0 0	0		0	0

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: FTE	7/1/14-6/30/15 Salaries	Term: FTE	7/1/14-6/30/15 Salaries	Term: FTE	7/1/14-6/30/15 Salaries	Term: FTE	7/1/14-6/30/15 Salaries	Term: FTE	7/1/14-8/30/1 Salaries
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	0.08	\$ 16,096.00	0.08	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	0	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	0.00	0	0.00	
Therapist & Care Manager	2.13	\$ 134,240.00	2.13	134,240	0.00	. 0	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	0.00	0	0.00	c
Relief Staff	0.33	\$ 12,340.00	0.33	12,340	0.00	0	0.00	0	0.00	0	0.00	
Intake Director	0.13	\$ 14,961.00	0.13	14,961	0.00	0	0.00	. 0	0.00	0	0.00	
Administrative Manager	0.17	\$ 11,876.00	0.17	11,876	0.00	0	0.00	0	0.00	0	0.00	c
Administrative Support	0,39	\$ 17,344.00	0.39	17,344	0.00	0	0.00	. 0	0.00	0	0.00	
Day Treatment Facilities Manager	0.29	\$ 15,269.00	0.29	15,269	0.00	0	0.00	0	0.00	0	0,00	
	0.00	\$	0.00	0	0.00	0	0.00		0.00	0	0.00	
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	1
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0,00	. 0	0.00	
	0.00	\$	0.00	Ō	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	1
	0.00	s -	0.00	0	0.00	0	0.00	0	0.00	. 0	0.00	
Totals:	7.24	\$448,013	6.89	\$436,474	0.35	\$11,539	0,00	\$0	0.00	\$0	0.00	\$
		_										
Employee Fringe Benefits:	30%	\$ 134,403.00	30%	\$130,942	30%	\$3,461	#DIV/0!	\$0	#DIV/0!	\$0	#DIV/0!	\$(

\$567,416

\$15,000

\$582,416

DPH 4: Operating Expenses Detail

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

Appendix #: B-1a, page 3

Expenditure Category	TOTAL	General Fund HMHMCP751594				
U	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
Utilitles(Elec, Water, Gas, Phone, Scavenger)	\$ -	0	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)	\$ 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
		.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
	\$ -	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	\$ 9,473.0	9,473	0	0	0	0
Client Incentives	\$ -	0	0	0	0	. 0
	\$ -			<u> </u>		
TOTAL OPERATING EXPENSE	\$161,76	\$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	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

\$25,813

2. Remodeling

Shared costs - Facilities Improvements - See DPH 7	1	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	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

\$2,619

Total Capital	Expenditure "
(Equipment of	us Remodeling Cost)

\$28,432

	nent of Public Heath					ntend Appendicate	D 16 1
DMH Legal Entity Name (M	H)/Contractor Name (SA):	Edgewood Center	for Children and	-amilies	Co	ntract Appendix #:	B-1b, page 1
		Edgewood Center	for Children and	amilies		Document Date:	7/1/2014
	Provider Number:			O-market I	0	Fiscal Year.	2014-201
		Community	Community	Community	Community		
		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/	SFC (MH) or Modality (SA)	15/10-56	15/01-09	15/70-79	15/60-69		
Ya	Service Description:	#REFI	#REF!	#REF!	#REF!		TOTAL
· · · · · · · · · · · · · · · · · · ·	FUNDING TERM:		7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15		
UNDING USES	2. 建物的 安全是建筑的				1478		
	aries & Employee Benefits:	64,788	1,994	2,990	29,903	-	99,67
	Operating Expenses:	17,994	554	831	8,306		27,68
Capital Expe	nses (greater than \$5,000):	3,163	97	146	1,460	-	4,86
	Subtotal Direct Expenses:	85,945	2,645	3,967	39,669		132,22
	Indirect Expenses:	12,892	397	595	5,950	-	19,83
	TOTAL FUNDING USES:	98,837	3,042	4,562	45,619	-	152,06
BHS MENTAL HEALTH FUNDING SOURCES	Index Code		Jr. 1. 12 58		。 中华大学的基础		
IH FED - SDMC Regular FFP (50%)	HMHMCP751594	43,782	1,348	2,021	20,209		67,36
IH STATE - EPSDT State Match	HMHMCP751594	41,948	1,291	1,936	19,361	-	64,53
MH STATE - Family Mosaic Capitated Medi-Cal	НМНМСР8828СН	3,250	100	150	1,500	-	5,00
IH WORK ORDER - Human Services Agency (matched)	HMHMCHMTCHWO		-		•	-	
IH WORK ORDER - Human Services Agency	HMHMCHCDHSWO		-	-	•		
/IH 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	· · · · · ·	 	-	-		
MH Realignment	HMHMCP751594	1,836	56	85	847		2,82
MH COUNTY - General Fund (matched)	HMHMCP751594	- 1,500		-			
MH COUNTY - General Fund (unmatched)	HMHMCP751594	8,021	247		3,702		12,3
MH COUNTY - General Fund CODB	HMHMCP751594	- 5,027			*****		
MH COUNTY - General Fund WO CODB	HMHMCP751594	 	 			· · · · · · ·	
TOTAL CBHS MENTAL HE		98,837	3,042	4,562	45,619		152,00
CBHS SUBSTANCE ABUSE FUNDING SOURCES	GFDA.			THE R. P. LEWIS CO., Lawrence, etc., in succession,		Springer Street Section	
		1					
TOTAL CBHS SUBSTANCE AS	USE FUNDING SOURCES	3		•			
OTHER DETECTION UNITY PROGRAMS RUNDING SOURCES	CFDA #		a gradual regulation for		1		《诗》 "人" 。
TOTAL OTUGO DOLL COMMUNICACIONE					ļ		ļ
TOTAL OTHER DPH-COMMUNITY PROGR	DPH FUNDING SOURCES		3,042	4,562	45,619	 	152,0
NON-DPH FUNDING SOURCES		2 10 10 10 10 10 10 10 10 10 10 10 10 10					
TOTAL NON-DPH FUNDING SOUR		•		-	-		
TOTAL FUNDING SOURCES (DPH AND NON-D	98,837	3,042	4,562	45,619	-	152,0	
CBHS UNITS OF SERVICE AND UNIT COST							Section of the section of
	eds Purchased (if applicable						1994
Substance Abuse Only - Non-Res 33 - ODF #							
Substance Abuse Only - Licensed Capacity for Medi-Cal Provide						1	The William
Cost Reimbursement (C	R) or Fee-For-Service (FFS		FFS	FFS	FFS		Separation of the
	Units of Service		1,500	1,176	9,465		
	Unit Type) PREMARK
Cost Per Unit - DPH Rate (DPH							
Cost Per Unit - Contract Rate (DPH & Non-							
	e (Medi-Cal Providers Only		2.02			2 0.00	
	Unduplicated Clients (UDC): 30	10	10	20	3 1	

Provider Number: 8858

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

Appendix #: B-1b, page 2

#REF!

S ₁ =		TOTAL General Fund HMHMCP751594				alc Medical NCP8828CH		•					
Position Title	Term: FTE	7/1/14-6/30/15 Salaries	Term: FTE	7/1/14-6/30/15 Salaries	Term; FTE	7/1/14-6/30/15 Salaries	Term: FTE	7/1/14-6/30/15 Salaries	Term: FTE	7/1/14-6/30/15 Salaries	Term: FTE	7/1/14-8/30/15 Salaries	
		·											4
lurses	0.44		0.38	23,244	0.06	3,846	0.00	0	0.00	0	0.00	<u>o</u>	18:
Clinical Supervision	0.13	\$ 8,085.00	0.13	8,085	0.00	0	0.00	. 0	0.00	0	0.00	0	닉
herapist & Care Manager	0.63	\$ 31,527.00	0.63	31,527	0.00	0	0.00	. 0	0.00	0	0.00	0	24
QA Manager	0.06	\$ 3,514.00	0.06	3,514	0.00	0	0.00	0	0.00	. 0	. 0.00	0	7
Nursing Supervisor	0.08	\$ 6,457.00	80.0	6,457	0.00		0.00	0	. 0.00	. 0	0.00	0	<u> </u>
	0.00	\$	0.00	0	0.00	0	0.00	0	0.00	0	. 0.00	0	긱
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	0.00	\$ -	0.00	0	0.00	. 0	0.00	0	0.00	0	0.00	0	2
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	0.00		0.00	0	0.00	. 0	0.00	0		. 0	0.00	0	0
Totals:	1.34	\$76,673	1.28	\$72,827	0.06	\$3,846	0.00	\$0	0.00	\$0	0.00	\$0	+

	Employee Fringe Benefits:	30% \$	23,002.00	30%	\$21,848	30%	\$1,154	#DIV/0!	\$0	#DIV/0!	\$0	#DIV/0!	\$0
A.	TOTAL SALARIES & BENEFITS		\$99,675		\$94,675		\$5,000	[\$0		\$0] [\$0

DPH 4: Operating Expenses Detail

	Provider Number: 8	8858				Appendix #:_	B-1b, page 3
	Provider Name: E	Edgewood Center for	Children and Families		a a		
	Document Date: 7	7/1/14					
- A							
**							
Expenditure Category	1	TOTAL	General Fund				
	_ <			25		18	
	·	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
Jtilities(Elec, Water, Gas, Phone, Scavenger)	·	\$ -	0	0	0	0	0
Office Supplies, Postage	v	\$ 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

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	o	o
UCSF Resident Services Agreement	\$ 24,046.00	24,046	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
	\$ •	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
	\$	2				
76						

TOTAL OPERATING EXPENSE \$27,685 \$0 \$0 \$0 \$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	11	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

\$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	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

\$448

Total Capital Expenditure

(Equipment plus Remodeling Cost)

DMH Legal Entity Name (MH	nent of Public Heati)/Contractor Name (SA):	Edgewood Center	for Children and I	amilies		Contract Appendix #:	B-2a, page 1
	Provider Name:	Edgewood Center	for Children and I	amilies		Document Date:	7/1/2014
*	Provider Number:					Fiscal Year:	2014-2015
		Residential Day		· · · · · · · · · · · · · · · · · · ·			
	Program Name:	Treatment DTI					
Program Code	formerly Reporting Unit):	88586					
Mioue/oi	C (MH) or Modality (SA)	10/00-09					
	Service Description:	#REF!					TOTAL
	FUNDING TERM:						
PILIPIERA I REPA	FUNDING TERM:	1/1/14-0/30/13					
FUNDING USES					(, +s, !! -\$']	70.72-17334-4250	and the second course
Salar	ies & Employee Benefits:	447,909					447,909
	Operating Expenses:		<u> </u>	-			124,407
	ses (greater than \$5,000):					-	21,866
Su Su	btotal Direct Expenses:		-	-		•	594,182
	Indirect Expenses:	89,127	-				89,127
	TOTAL FUNDING USES:					•	683,309
CBHS MENTAL HEALTH FUNDING SOURCES	Index Code				and the state of the state of		
MH FED - SDMC Regular FFP (50%)	HMHMCP751594	302,710	-	-	-	-	302,710
MH STATE - EPSDT State Match	HMHMCP751594	272,439	-				272,439
MH STATE - Family Mosaic Capitated Medi-Cal	HMHMCP8828CH	-		-			-
MH WORK ORDER - Human Services Agency (matched)	HMHMCHMTCHWO					-	
MH WORK ORDER - Human Services Agency	HMHMCHCDHSWO			<u> </u>			-
MH Triage Grant	HMHMCHGRANTS		<u>-</u>			<u> </u>	
MH WORK ORDER - Dept. Children, Youth & Families							
MIN WORK ORDER - Dept. Children, 1 outs & Families	HMHMCHDCYFWO HMHMCHSRIPWO	-					<u>-</u>
MH WORK ORDER - First Five (SF Children & Family Commission)		-	-				
MH WORK ORDER - First Five (SF Children & Family Commission)	HMHMCHPFAPWO	ļ		-		-	•
MH PRIOR YEAR - SB 163 - Children's Wrap-Around/Foster Care	HMHNSB163ACP						
MH STATE - MHSA - Prop 63 PEI	HMHMPROP63	-				ļ	<u> </u>
MH Realignment	HMHMCP751594	-	-			<u> </u>	
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		•	-	-	-	-
MH COUNTY - General Fund WO CODB	HMHMCP751594	-	-	-	-		
TOTAL CBHS MENTAL HEAL	TH FUNDING SOURCES	683,309			-		683,30
CEHS SUBSTANCE ABUSE FUNDING SOURCES	CFDA &	计算经验的对应性 。例		The state of	SAL No all the		
TOTAL CBHS SUBSTANCE ABU	SE FUNDING SOURCES	3 -		-			-
OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES			Andrew St.	499 CHARLES	rights of early glass of a	Some to strand a comme	2 1/2
		1,1				, , , , , , , , , , , , , , , , , , ,	
TOTAL OTHER DPH-COMMUNITY PROGRA	MS ELINDING SOURCES	5		 			
	PH FUNDING SOURCES		 	-		 	683,30
		the second se			•		
NGN-OPH FUNDING SOURCES		And the residu	The state of the state of	A CONTRACTOR	Contraction of		State of the second
			· · · · · ·		 		ļ
TOTAL NON-DPH FUNDING SOURC			-				<u> </u>
TOTAL FUNDING SOURCES (DPH AND NON-DI	PH)	683,309	<u> </u>		-		683,30
CBHS UNITS OF SERVICE AND UNIT COST					,		15. 1837. P
	s Purchased (if applicable	9)					The state of the s
Substance Abuse Only - Non-Res 33 - ODF # of							\$ 5" of 18 \$ 50.00
Substance Abuse Only - Licensed Capacity for Medi-Cal Provide			 	T			THE STATE OF THE
Cost Reimbursement (CR)			1				· jartin in a
	Units of Service		-			-	Fried Co
	Unit Type			0		1	
Cost Per Unit - DPH Rate (DPH F						0.00	
Cost Per Unit - Contract Rate (DPH & Non-DI							
	(Medi-Cal Providers Only						
	nduplicated Clients (UDC): ZUZ.43): 12	0.00	0.00		0.00	
U U	nouplicated Clients (ODC	7-1	1	<u> </u>	1(,	1

Provider Number: 8858

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

#REF!

Appendix #: B-2a, page 2

		TOTAL	General Fund HMHMCP751594				,			
	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
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	0.00	0
Mental Health Specialists	2.16	\$ 96,054.00	2.16	96,054	0.00	0	0.00	. 0	0.00	0
Therapist & Care Manager	1.39	\$ 87,403.00	1.39	87,403	0.00	0	0.00	0	0.00	
QA Manager	0.12	\$ 8,210.00	0.12	8,210	0.00	0	0.00	0	0.00	
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		0.00	0	0.00	
Administrative Manager	0.10	\$ 6,788.00	0.10	6,788	0.00	0	0.00	0	0.00	
Administrative Support	0.52	\$ 23,195.00	0.52	23,195	0.00	0	0.00	0	0.00	
Day Treatment Facilities Manager	0.14	\$ 7,679.00	0.14	7,679	0.00	0	0.00	0	0.00	ė <u>(</u>
0	0.00	\$ -	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	s · -	0.00	0	0.00	O	0.00	0	0.00	
	0.00	\$ -	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	0.00	0	0.00	0	0.00	
	0.00		0.00	0	0.00	0	0.00	0	0.00	
		ş =	ļ							
Totals:	5.75	\$344,545	5.75	\$344,545	0.00	\$0	0.00	\$0	0.00	\$

	Employee Fringe Benefits: 30	%] \$103,364 	30% \$103,	64 #DIV/0!	\$0	#DIV/0! \$0]	#DIV/0! \$0
	h						ù.
			141			10	
101	'AL SALARIES & BENEFITS	\$447,909	\$447,	09	\$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-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		. 0	
Office Supplies, Postage	\$ 679.00	679	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	\$ -	0	0	0	0	(
Staff Travel-(Local & Out of Town)	\$ 667.00	667	. 0	0	0	
Rental of Equipment	\$. 0	0		0	
CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amounts)	\$ <u>-</u>	0	0	0	0	
UCSF Resident Services Agreement	\$ 7,500.00	7,500	0	0	0	
SF Language Bank	\$ 3,000.00	3,000	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	
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	
	\$ 	<u> </u>	0	0	0	
TOTAL OPERATING EXPENSE	\$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	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

\$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	0	0

Total Remodeling Cost

\$2,015

Total Capital Expenditure

\$21,866

DMH Legal Entity Name (MH	nent of Public Heath					Contract Amounting the	D 2h nogo 1
Divin Legal Entity Name (Min	Contractor Name (SA):	Edgewood Center	for Children and	ramines Comition		Contract Appendix #:	B-2b, page 1 7/1/2014
	Provider Number:		for Children and	Families		Document Date:	2014-2015
			Desides #al Dev	Desidential Day	Davidson to 1 David	Fiscal Year:	2014-2015
		Residential Day		Residential Day			
····	Program Name:	Treatment OP	Treatment OP	Treatment OP	Treatment OP		
Program Code (formerly 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!	#REFI	#REF!	#REF!		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		
FUNDING USES				S. S. (1) S. V. S. S.	100		
Salar	es & Employee Benefits:	322,038	3,031	7,199	46,601		378,869
	Operating Expenses:	89,446	843	1,999	12,943	-	105,231
Capital Expens	es (greater than \$5,000):	15,722	148	351	2,275	-	18,496
Su	btotal Direct Expenses:	427,206	4,022	9,549	61,819	•	502,596
	Indirect Expenses:	64,082	603	1,432	9,273	-	75,390
	OTAL FUNDING USES:	491,288	4,625	10,981	71,092		577,986
CBHS MENTAL HEALTH FUNDING SOURCES	Index Code	All Care Sections	全部人类国际企业	30 - N		entrick growth a 🖭	
MH FED - SDMC Regular FFP (50%)	HMHMCP751594	224,995	2,118	5,029	32,558	-	264,700
MH STATE - EPSDT State Match	HMHMCP751594	202,496	1,906	4,526		-	238,230
MH STATE - Family Mosaic Capitated Medi-Cal	HMHMCP8828CH	•	-	-	-	-	
MH WORK ORDER - Human Services Agency (matched)	НМНМСНМТСНWO		-	-	-	-	-
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	•	I	-	-		
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	22,499	212	503	3,256		26,470
MH COUNTY - General Fund (unmatched)	HMHMCP751594	41,298	389	923	5,976		48,586
MH COUNTY - General Fund CODB	HMHMCP751594	-	-	-	-		-
MH COUNTY - General Fund WO CODB	HMHMCP751594	-	-	-		-	
TOTAL CBHS MENTAL HEAL	TH FUNDING SOURCES	491,288	4,625	10,981	71,092		577,986
CBHS SUBSTANCE ABUSE FUNDING SOURCES	CFDA #	以然是新聞歌					NAME OF TAXABLE PARTY.
	A Second			·			
TOTAL CBHS SUBSTANCE ABU	SE FUNDING SOURCES	-	-	-	•	-	-
OTHER OPPLEOMINUNITY PROGRAMS FUNDING SOURCES	CPDA#:	131 A 54 TA					
						J	
TOTAL OTHER DPH-COMMUNITY PROGRA			<u> </u>	-		<u> </u>	-
	PH FUNDING SOURCES						577,980
NON-OPH FUNDING SOURCES			By Branch	Sale Sections			
TOTAL NON-DPH FUNDING SOURCE		<u> </u>	-			-	<u> </u>
TOTAL FUNDING SOURCES (DPH AND NON-D	PH)	491,288	4,625	10,981	71,092	2	577,98
CBHS UNITS OF SERVICE AND UNIT COST							Jan Sanda San San
	s Purchased (if applicable						
Substance Abuse Only - Non-Res 33 - ODF # of							1. J. F. S. J. S.
Substance Abuse Only - Licensed Capacity for Medi-Cal Provide						4	
Cost Reimbursement (CR)			FFS	FFS	FFS		
	Units of Service		3 2,29	2,830	0 14,749	-	
	Unit Type	#REF	! #REI	#REI	F! #REI	F! C	
Cost Per Unit - DPH Rate (DPH F				3.8	8 4.8	2 0.00	Carlo Carlo
Cost Per Unit - Contract Rate (DPH & Non-DF							the street bearing the second
Published Rate	(Medi-Cal Providers Only)	2.61	2.0	2 3.8	8 4.8	2 0.00	Total UDC:
	nduplicated Clients (UDC)						1

Provider Number: 8858

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

Appendix #: B-2b, page 2

		TOTAL		neral Fund IMCP751594	ä	t		,					- 1
Position Title	Term: FTE	7/1/14-6/30/15 Salaries	Term: FTE	7/1/14-8/30/15 Salaries									
Nurses	0.80	\$ 54,207.00	0.80	54,207	0.00	. 0	0.00	0	0.00	0	0.00	0	618
Clinical Supervision	0.40	\$ 28,366.00	0.40	28,366	0.00	0	0.00	0	0.00	0	0.00	0	323
Therapist & Care Manager	0.40	\$ 21,892.00	0.40	21,892	0.00	Ó	0.00	0	0.00	0	0.00	0	249
QA Manager	0.12	\$ 7,027.00	0.12	7,027	0.00	0	0.00	. 0	0.00	0	0.00	0	80
Nursing Supervisor	0.12	\$ 10,761.00	0.12	10,761	0.00	0	0.00	0	0,00	0	0.00	0	122
Care Coordinator	0.73	\$ 36,524.00	0,73	36,524	0.00	0	0.00	0	0.00	0	0.00	0	4164
Family Specialist	3.59	\$ 126,346.00	3.59	126,346	0.00	. 0	0.00	0	0.00	0	0.00	. 0	1440
Intake Director	0.06	\$ 6,315.00	0.06	6,315	0.00	0	0.00	0	0.00	0	0.00	0	72
	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	х :
	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	1
	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	4
	0.00	\$	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	4
	0.00	s -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	4
	- 0.00	5 -	0.00	0	0.00	. 0	0.00	0	0.00		0.00		4
	0.00	\$ -	0.00	. 0	0.00	0	0.00	0	0.00	0	0.00	0	4
	0.00	\$	0.00	0	0.00	0	0.00	0	0.00	. 0	0,00		4
													1
Totals:	6.22	\$291,438	6.22	\$291,438	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$0	<u>1</u>
Employee Fringe Benefits:	30%	\$ 87,431.00	30%	\$87,431	#DIV/0!	\$0	#D{V/01	\$0	#DIV/0!	\$0	#DIV/01	\$0	<u>, </u>
			i		1		1		1		7	\$(7
TOTAL SALARIES & BENEFITS		\$378,869		\$378,869		\$0	1	\$0		\$0		30	11

DPH 4: Operating Expenses Detail

Appendix #: B-2b, page 3

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

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Expenditure Category	TOTAL	General Fund HMHMCP751594	ş	31		
	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	
Office Supplies, Postage	\$ -	0	0	. 0	0	.0
Building Maintenance Supplies and Repair	\$ -	0	0	0	0	
Printing and Reproduction	\$.	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	0	0
UCSF Resident Services Agreement	\$ 22,366.00	22,366	0	0	0	o
	-	0	0	0	0	0
		0	0	0	. 0	0
	\$ -	0	0	0	0	0
	s -	0	0	0	0	. 0
	\$ -	0	0	. 0	0	. 0
Other:		. 0	0	. 0	. 0	0
Food	\$ 23,047.00	23,047	0	0	0	. 0
Computer Supplies	\$ 13,412.00	13,412	0	0	0	0
Client Incentives	\$ 8,500.00	8,500	0	0	0	0
Purchased Direct Expense (Program Admin, QA, General Research)	\$ 19,453.00	19,453	0	0	0	0.
	\$ -	0	0	0	0	0
	\$ -	0	0	0	0	0
TOTAL OPERATING EXPENSE	\$105,231	\$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	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
			180	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 (MH)/0	ent of Public Heath					Contract Appendix #:	B-3, page 1
DIVITILEGAL ETILLY Name (WIT)/	Provider Name; E	dgewood Center	for Children and F	amilies		Document Date:	
	Provider Number: 8		to officient and i	annics		Fiscal Year:	
	Program Name	MH Partnershin I	MH Partnership	MH Partnership	MH Partnershin	11000110011	20112010
Program Code (for	merly Reporting Unit):	8858ED	8858ED	8858ED	8858ED		
Mode/SFC	(MH) or Modality (SA)	15/10-56	15/01-09	15/60-69	45/20-29		
modo-cr	thirty of theading (or ty						
	Service Description:	#REF!	#REF!	#REF!	#REF!		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		
			かれらごで等な 別	AND SECTION			
Salaries	& Employee Benefits:	68,923	2,112	4,224	30,353	-	105,612
·	Operating Expenses:	19,143	587	1,173	8,431	-	29,334
	(greater than \$5,000):	3,365	103	206	1,482	-	5,156
Subt	otal Direct Expenses:	91,431	2,802	5,603	40,266		140,102
	Indirect Expenses:	13,714	420	841	6,040	<u> </u>	21,015
	TAL FUNDING USES:	105,145	3,222	6,444	46,306	-	161,117
CBHS MENTAL HEALTH FUNDING SOURCES	Index Code			the American		and the contract of	Contraction Africa
MH FED - SDMC Regular FFP (60%)	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					-	
MH WORK ORDER - Human Services Agency (matched)	HMHMCHMTCHWO				<u>-</u>	-	
MH WORK ORDER - Human Services Agency	HMHMCHCDHSWO HMHMCHGRANTS						
MH Triage Grant		·		-			
MH WORK ORDER - Dept. Children, Youth & Families	HMHMCHDCYFWO						-
MH WORK ORDER - First Five (SF Children & Family Commission)	HMHMCHSRIPWO HMHMCHPFAPWO			 			+
MH WORK ORDER - First Five (SF Children & Family Commission)					<u>-</u>	-	-
MH PRIOR YEAR - SB 163 - Children's Wrap-Around/Foster Care MH STATE - MHSA - Prop 63 PEI	HMHNSB163ACP HMHMPROP63		 	 	<u>-</u> -		
MH Realignment	HMHMCP751594		 	 			
MH COUNTY - General Fund (matched)	HMHMCP751594	3,797	116		1,673		5,819
MH COUNTY - General Fund (unmatched)	HMHMCP751594	29,195			12,858		44,737
MH COUNTY - General Fund CODB	HMHMCP751594	20,100		1,100	- 12,000	 	77,701
MH COUNTY - General Fund WO CODB	HMHMCP751594		· -	-			-
TOTAL CBHS MENTAL HEALT		105,145	3,222	6,444	46,306		161,117
CBHS SUBSTANCE ABUSE FUNDING SOURCES	CFDA#:	line the second of	in the second			AMPLICATION FOR	
						1	
TOTAL CBHS SUBSTANCE ABUS	E FUNDING SOURCES	-		·	· · · · · · · · · · · · · · · · · · ·	 	-
OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES	STATE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN			The Arthurston	· 是象型的现在分词	ting the section of the	Francisco I Francisco I
			A STATE OF THE STA	Anna Anna Anna Anna Anna Anna Anna Anna			
TOTAL OTHER DPH-COMMUNITY PROGRAM	S FUNDING SOURCES		-			•	•
TOTAL DP	H FUNDING SOURCES	105,145	3,222	6,444	46,306	-	161,117
NON-DPH FUNDING SCURGES		空以 整位和24000			The State of State		- Carlot 18
TOTAL NON-DPH FUNDING SOURCE	S		-				
TOTAL FUNDING SOURCES (DPH AND NON-DPH	0	105,145	3,222	6,444	46,306	-	161,117
CBHS UNITS OF SERVICE AND UNIT COST			1 .				X' and are to what
Number of Beds	Purchased (if applicable)						ેમાત કરો છેલ્લા 🛋
Substance Abuse Only - Non-Res 33 - ODF # of G							
Substance Abuse Only - Licensed Capacity for Medi-Cal Provider v			<u></u>				
Cost Reimbursement (CR) o			FFS	FFS	FFS		· 经产品的
	Units of Service						
	Unit Type						0 2000,000
Cost Per Unit - DPH Rate (DPH FU							0
Cost Per Unit - Contract Rate (DPH & Non-DPH							0
	ledi-Cal Providers Only)						
Unc	duplicated Clients (UDC)	: 3	0 2		28 Classroom	S .	0 3

Provider Number: 8858

Provider Name: Edgewood Center for Children and Families

Document Date: 7/1/14

Appendix #: B-3, 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:	7/1/14-6/30/15	Term:	7/1/14-6/30/15		7/1/14-6/30/1
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
lehavioral Health Director	0.08	\$ 7,989.00	0,08	7,989	0.00	0	0.00	0	0.00	0	. 0.00	
	0.00	s -	0.00		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
	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	s -	0.00	. 0	0.00	0	0.00	0	0.00	Ö	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	0.00		0.00	0	0.00	0	0.00	
	0.00	\$ -	00.0	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	0	0.00	0	0.00		0.00	0		
	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		0.00	0	0,00	0	0,00	0	0.00	0	1	
	0.00		0.00	0	0.00	0	0.00	0		0		
	0,00	-	0.00	0	0,00	0	0.00	0	0.00	0	0.00	
Totals:	1.39	\$81,240	1.39	\$81,240	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$

30% \$ \$0 #DIV/0! \$0 #DIV/01 24,372.00 30% \$24,372 #DIV/0! \$0 #DIV/0! Employee Fringe Benefits: \$105,612 \$0 \$0 **TOTAL SALARIES & BENEFITS** \$105,612 . \$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-3, 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)	\$ 13,332.00	13,332	. 0	0	0	0
Utilities(Elec, Water, Gas, Phone, Scavenger)	\$. 0	. 0	0	0	0
Office Supplies, Postage	\$ 623.00	623	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)	\$ 2,498.00	2,498	0	0	0	0
Rental of Equipment	·\$	0	0	0	0	0
CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amounts)	\$ -	0	0	0	0	0
	\$ -	o o	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	
Food	\$ 874.00	874	0	0	0	
Telecommunication	\$ 1,499.00	1,499	0	Ö		
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	
	\$ -	0	0	0	0	
TOTAL OPERATING EXPENSE	\$29,334	\$29,334	\$0	\$0	\$0	\$

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	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

\$4,681

2. Remodeling

Shared costs - Facilities Improvements - See DPH 7	1	tbd	General Fund	475	475
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

\$475

Total Capital Expenditure

\$5,156

DMH Legal Entity Name (MH	Nent of Public Heath					Contract Appendix #:	B-4, page 1
Divit Logar Littly (tallio (init	Provider Name: I	Edgewood Center	for Children and F	amilies		Document Date:	7/1/2014
	Provider Number:		TOT OTHIGION GITG T	Litimoo		Fiscal Year:	2014-2015
	Trovider Humber.	Behavioral	Behavioral	Behavioral	Behavioral	Tiodal Toda.	20112010
	Program Name:	Health OP	Health OP	Health OP	Health OP		
Program Code /		885814	885814	885814	885814		
Program Code (formerly Reporting Unit):						
Mode/Si	C (MH) or Modality (SA)	15/10-56	15/01-09	15/70-79	15/60-69		
	Service Description:	#REF!	#REFI	#REF!	#REF!		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		
UNDING USES	Mary Congression	A		Salar Salar			
Salar	ies & Employee Benefits:	527,373	24,981	1,388	1,388	-	555,130
	Operating Expenses:	146,479	6,938	385	385	-	154,187
Capital Expens	es (greater than \$5,000):	25,744	1,220	68	68	-	27,100
	btotal Direct Expenses:	699,596	33,139	1,841	1,841	-	736,417
	Indirect Expenses:	104,940	4,971	276	276	-	110,463
	OTAL FUNDING USES:	804,536	38,110	2,117	2,117	•	846,880
CBHS MENTAL HEALTH FUNDING SOURCES	Index Code		14 (14 4 47 1 2 1		Surface States		
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		-	-	-		
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		-				
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	38,602		102	102		40,635
MH COUNTY - General Fund (unmatched)	HMHMCP751594	32,472	1,538	85	85		34,180
MH COUNTY - General Fund CODB	HMHMCP751594	- 32,472	- 1,000			7.	
MH COUNTY - General Fund WO CODB	HMHMCP751594		 	-	-		
TOTAL CBHS MENTAL HEAL			38,110	2,117	2,117		846,880
CBHS SUBSTANCE ABUSE FUNDING SOURCES	CROALE		00,110 4,110 (1)11 (1) \$2.4			。 表表表表示。 1	
OSIB SUBSIARIOE ABOUT FURDING SOURCES	CION D				4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(1 A ₂) 15/35 A 33 C4	a de la companya de l
TOTAL CBHS SUBSTANCE ABU	SE FUNDING SOURCES	-	-		• .	-	
	CFDA#:		· 人名英格兰克拉斯				
					1		
TOTAL OTHER DPH-COMMUNITY PROGRA	MS FUNDING SOURCES	-	-		-		
	PH FUNDING SOURCES		38,110	2,117	2,117		846,880
NON-DPH FUNDING SOURGES	Mary Nie was				the state of the s		AND THE STATE OF
TOTAL NON-DPH FUNDING SOURC	ES	•	-	-	-	-	-
TOTAL FUNDING SOURCES (DPH AND NON-DP	HI	804,536	38,110	2,117	2,117	-	846,88
CBHS UNITS OF SERVICE AND UNIT COST				 	 		200 A
	s Purchased (if applicable	5	1			1	Same of the same
Substance Abuse Only - Non-Res 33 - ODF # of			1.				
Substance Abuse Only - Licensed Capacity for Medi-Cal Provide					T	1	ne - probleme y .
Cost Reimbursement (CR)	or Fee-For-Service (FFS)	FFS	FFS	FFS	FFS		
Total Control (Control	Units of Service						
	Unit Type						
Cost Per Unit - DPH Rate (DPH F	UNDING SOURCES Only	2.61	2.02			0.00	
Cost Per Unit - Contract Rate (DPH & Non-DI	PH FUNDING SOURCES	2.61					
	(Medi-Cal Providers Only)						the state of the s
	nduplicated Clients (UDC)	100	10	10	15	5	

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

Appendix #: B-4, page 2

				#REF!								
		TOTAL		neral Fund IMCP751594					8			
Position Title	Term: FTE	7/1/14-6/30/15 Salaries	Term: FTE	7/1/14-6/30/15 Salaries	Term: FTE	7/1/14-6/30/15 Salaries	Term: FTE	7/1/14-6/30/15 Salaries	Term: FTE	7/1/14-6/30/15 Salarles	Term: FTE	7/1/14-6/30/15 Salaries
Regional Director	0.13	\$ 22,706.00	0.13	22,706	0.00	0	0.00		0.00	0	0.00	0
Medical Director	0.16	\$. 31,432.00	0.16	31,432	0.00	0	0.00	0	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	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	0,80	\$ 44,880.00	0.80	44,880	0.00	. 0	0.00	0	0.00	0	0.00	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		0.00	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		0.00	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		0.00	0	0.00	0	0.00	0	0,00	0
	0.00	\$ -	0.00	0	0,00		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
											<u> </u> -	
Totals	6.17	\$427,023	6.17	\$427,023	0.00	\$0	0.00	\$0	0,00	\$0	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
20 1 · O · O · O · O · O · O · O · O · O ·						-							
	TOTAL SALARIES & BENEFITS		\$555,130	Γ	\$555,130		\$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-4, page 3

Expenditure Category		TOTAL	General Fund HMHMCP751594				ż
	_	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	0
Utilities(Elec, Water, Gas, Phone, Scavenger)	\$	-	0	0	0	0	0-
Office Supplies, Postage	\$	3,211.00	3,211	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	\$	15,486.00	15,486	. 0	. 0	0	. 0
Staff Travel-(Local & Out of Town)	\$	8,495.00	8,495	0	0	0	. 0
Rental of Equipment	\$		0	0	. 0	. 0	0
CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amounts)	\$	a 4	0	0	0	0	0
•	\$	<u> </u>		0	. 0	0	. 0
0	\$. 0	0	0	0	0
			. 0	0	0	0	. 0
	\$		0		0	0	. 0
	\$	<u> </u>	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)	\$	38,441.00	38,441	. 0		0	0
Computer Supplies	\$	5,310.00	5,310	0	0	0	0
Client Incentives/Supplies	\$	8,938.00	8,938	0	0	0	0
Food	\$	3,540.00	3,540	0	0	0	
Depreciation	\$		0	0	0	0	0
TOTAL OPERATING EXPENSE	_	\$154,187	\$154,187	\$0	\$0	\$0	\$0
		\$Ó					

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	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	11	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

\$2,497

Total Capital Expenditure

\$27,100

(Equipment plus Remodeling Cost)

DMH Legal Entity Name (M	tment of Public Heath					Contract Appendix #:	B-5, page 1
Dim Logar Linky Harro (in	Provider Name	Edgewood Center	for Children and Fa	Document Date:	7/1/2014		
X.	Provider Number:		TOI CHINGEET AND I	attinics		Fiscal Year:	2014-2015
			TDO			ristal feat.	2014-2013
	Program Name:	TBS	TBS				
Program Code	(formerly Reporting Unit):	885818	885818				
Mode/S	FC (MH) or Modality (SA)	15/58	15/01-09				
	Service Description:						TOTAL
<u> </u>		7/1/14-6/30/15	7/1/14-6/30/15		27		
Unding uses						10.884.10至月以北南美丽	
Sala	ries & Employee Benefits:	468,175	4,729			-	472,904
	Operating Expenses:	130,036	1,313	-	-	-	131,349
	ses (greater than \$5,000):	22,855	231		-	-	23,086
	ubtotal Direct Expenses:	621,066	6,273		<u> </u>	<u> </u>	627,339
	Indirect Expenses:	93,160	941	-		-	94,101
	TOTAL FUNDING USES:	714,226	7,214				721,440
CBHS MENTAL HEALTH FUNDING SOURCES THE FOR THE SECOND SECOND	index Code		9 4 4	Attended the first			
MH FED - SDMC Regular FFP (50%)	HMHMCP751594	343,293	3,467	-	-	-	. 346,760
MH STATE - EPSDT State Match	HMHMCP751594	308,963	3,121	-	-	-	312,084
MH STATE - Family Mosaic Capitated Medi-Cal	HMHMCP8828CH	-		_			
MH WORK ORDER - Human Services Agency (matched)	HMHMCHMTCHWO	- 7				-	-
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		-				
MH Realignment	HMHMCP751594						-
MH COUNTY - General Fund (matched)	HMHMCP751594	34,329				 	34,676
MH COUNTY - General Fund (unmatched)	HMHMCP751594	27,641	279			 	27,920
MH COUNTY - General Fund CODB	HMHMCP751594	27,041	213			 	21,320
MH COUNTY - General Fund WO CODB	HMHMCP751594	 	-				
TOTAL CBHS MENTAL HEA		714,226	7,214		<u>-</u> -	 	721,440
		114,220			Fortune - View Co. Inc.		
CBHS SUBSTANCE ABUSE FUNDING SOURCES	CFDA#:		[2] [2] [4]			Security To Security of Security (
TOTAL CBHS SUBSTANCE AB	USE FUNDING SOURCES		-	•			-
OTHER DPH-GOMPHUNITY PROGRAMS FUNDING SOURCES	THE RESERVE THE PARTY OF THE PA	Seated States		100 mg 5 kg \$40 kg	20 54年4月2日本	2月16日, 阿斯 克斯斯斯	
		The state of the s					
TOTAL OTHER DPH-COMMUNITY PROGR	AMS FUNDING SOURCES		-	-	•	-	
	DPH FUNDING SOURCES		7,214				721,440
NON-DAH FUNDING SOURCES	AND PROPERTY OF THE PARTY OF TH		A Company of	The state of the state of	STATE OF S	THE PROPERTY THE P	
		1			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	7 323.23	N. C. A. C.
TOTAL NON-DPH FUNDING SOUR	CES	 	<u>-</u> -			† · · · · · ·	
		744.555			 	 	704 444
TOTAL FUNDING SOURCES (DPH AND NON-D	rnji	714,226	7,214	-		 	721,440
CBHS UNITS OF SERVICE AND UNIT COST	do D			-			-0
	ds Purchased (if applicable		-		· · · · · ·	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	1.0
Substance Abuse Only - Non-Res 33 - ODF # 6							
Substance Abuse Only - Licensed Capacity for Medi-Cal Provid			FFE				124
Cost Reimbursement (CF) or Fee-For-Service (FFS)	: FFS	FFS				figures .
	Units of Service		3,571		<u> </u>		
	Unit Type						
Cost Per Unit - DPH Rate (DPH				0.00			
Cost Per Unit - Contract Rate (DPH & Non-L				0.00	0.0		
	e (Medi-Cal Providers Only)		2.02	0.00			Total UDC:
	Unduplicated Clients (UDC)): 4	5 45	. 0) 4

Provider Númber: 8858

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

Appendix #: B-5, page 2

	TOTAL		General Fund HMHMCP751594									
Position Title	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:	7/1/14-6/30/15 Salaries	Term;	7/1/14-6/30/15 Salaries
Position (itie	_ FIE	Salaries	FIE	Salaries	FIE	Salaries	FIE	Salaries	- FIE	Salaries	FIE	Salaries
Family Resource Director	0.35	\$ 34,232.00	0.35	34,232	0.00	0	0.00	0	0.00	0	0.00	0
Clinical Supervision	0.65	\$ 42,159.00	0.65	42,159	0.00	0	0.00	0	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	0	0.00	. 0
SR TBS Behavioral Coach	0.43	\$ 18,740.00	0.43	18,740	0.00	0	0.00	0	0.00	· o	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	0.00	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	\$ 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	\$ -	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	\$ -	0.00	0	0.00		0.00	Ò	0.00	0	0.00	0
3	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		0.00		0.00	0	0.00	0
	0.00	\$ -	. 0.00	0	0.00	0	0.00	. 0	0,00		0.00	0
	0.00	\$ -	0.00		0.00	0	0.00		0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
											<u> </u>	
Totals:	7.51	\$363,772	7.51	\$363,772	0.00	\$0	0.00	\$0	0,00	\$0	0.00	\$0

Employee Fringe Benefits:	30%	109,132.00	30%	\$109,132	#DIV/0I	\$0	#DIV/0!	\$0	#DIV/0!	\$0	#DIV/0!	\$0
TOTAL SALARIES & BENEFITS		\$472,904		\$472,904	×	\$0		\$0]	\$0		\$0

Appendix #:

B-5, page 3

Provider Number: 8858

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

Expenditure Category	TOTAL	General Fund HMHMCP751594	s .		a g		- "
	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	4608
Utilities(Elec, Water, Gas, Phone, Scavenger)	\$ -	. 0	0	0.	0	0	
Office Supplies, Postage	\$ 1,778	1,778	0	0	0	0	116
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	\$ 7,831	7,831	0	. 0	0	. 0	513
Staff Travel-(Local & Out of Town)	\$ 8,243	8,243	0	0	0	· 0	540
Rental of Equipment	5 -	. 0	.0	. 0	0	0	
CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amounts)	s -	0	0		0	0	
	\$:	0	. 0	0	0	. 0	1
	\$ -	. 0	. 0	0	0	. 0	1
		0	0	0	. 0	. 0	_
		0	0	. 0	0	. 0	1
	-	0	, 0	0	0	0]
	\$ -		0	. 0	0	0	1
Other:	\$ -	0	0	. 0	0	0	_
	\$ <u> </u>	0	. 0	0	0	0	
Purchased Direct Expense (Program Admin, QA, General Research)	\$ 24,83	9 24,839	0	. 0	0	0	1627
Client Incentives	\$ 4,57	9 4,579	0	0	O	. 0	300
Food	\$ 3,05	3,053	0	0	0	0	201
Telecommunications	\$ 6,10	6,106	0	0	. 0	. 0	40
Computer Supplies	\$ 4,57	9 4,579	0	0	0	0	300
TOTAL OPERATING EXPENSE	\$131,34	9 \$131,349	\$0	\$0	\$0	\$0	

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
·	3	,	2	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	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

	Contractor Name (SA)				JC)	0		B-6, page 1	
DMH Legal Entity Name (MH)/	Contractor Name (SA):	Edgewood Center for Children and Families Contract Appendix #: Edgewood Center for Children and Families Document Date:							
	Provider Number:		for Children and	Document Date:	7/1/2014				
							Fiscal Year:	2014-2015	
	Program Name:	Wraparound	Wraparound	Wraparound	Wraparound	Wraparound	Wraparound		
	ormerly Reporting Unit):	885819	885819	885819	885819	885819	885819		
Mode/SFC	(MH) or Modality (SA)	15/10-56	15/01-09	15/70-79	15/60-69	15/07	15/57		
* /	Service Description:	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	TOTAL	
			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	FORDING TERM.	771714-0/30713	77 (714-0750715	771714-0/30/13	771714-0/30/13			\$ 1 <u></u>	
	s & Employee Benefits:	66,120	33,060	16,531	16,531	66,119	132,239	330,600	
Salarie	Operating Expenses:	18,365	9,182	4,591	4,591	18,365	36,730	91,824	
Conital Evanna	s (greater than \$5,000):	3,227	1,614	807	807	3,228	6,456	16,139	
	total Direct Expenses:								
Sub		87,712	43,856	21,929 3,289	21,929	87,712	175,425	438,563	
· · · · · · · · · · · · · · · · · · ·	Indirect Expenses:	13,157	6,579		3,289	13,157	26,314	65,785	
	OTAL FUNDING USES:	100,869	50,435	25,218	25,218	100,869	201,739	504,348	
CBHS MENTAL HEALTH FUNDING SOURCES	Index Code			And the second	The same and the same				
MH FED - SDMC Regular FFP (50%)	HMHMCP751594	50,003	25,002	12,501	12,501		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	<u> </u>	-	-		-	-		
MH WORK ORDER - Human Services Agency (matched)	HMHMCHMTCHWO	3,513	1,756	878	878		7,024	17,561	
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			-					
MH Realignment	HMHMCP751594	-	-	•	•		-		
MH COUNTY - General Fund (matched)	HMHMCP751594	91		23	23	92	184	459	
MH COUNTY - General Fund (unmatched)	HMHMCP751594	810	405	203	203	810	1,620	4,05	
MH COUNTY - General Fund CODB	HMHMCP751594	-	-	-	-		-		
MH COUNTY - General Fund WO CODB	HMHMCP751594	53	26	13	13	53	105	26	
TOTAL CBHS MENTAL HEALT	H FUNDING SOURCES	100,869	50,435	. 25,218	25,218	100,869	201,739	504,34	
CBHS SUBSTANCE ABUSE FUNDING SOURCES	GFDA#	设布的信息			the new man	The Mark	。但是他们们是"自然	Continue Programme	
TOTAL CBHS SUBSTANCE ABUS	E ELINDING SOLIDGES	-	1	ļ	ļ <u>-</u> -				
OTHER OPH-COMMUNITY PROGRAMS FUNDING SOURCES	CFDA#								
O FREN DELL'OURNOUNT L'ENCORPAINS FORCING SOURCES	CFUA#		$J = J + \frac{J}{J} = \frac{J}{J$	100					
TOTAL OTHER DELL COMMUNITY PROCESS	IN SUMPLING COURSE	 				 	ļ		
TOTAL OTHER DPH-COMMUNITY PROGRAM	IS FUNDING SOURCES	-				100.000	504 700		
IOIAL DE	H FUNDING SOURCES							504,34	
NON-DEH FUNDING SOURCES							1.35		
TOTAL NON-DPH FUNDING SOURCE	s	-	 		 	 			
TOTAL FUNDING SOURCES (DPH AND NON-DPH		100,869	50,435	25,218	25,218	100,869	201,739	504,34	
CBHS UNITS OF SERVICE AND UNIT COST	71	100,002	30,433	23,210	20,210	100,003	201,735	304,34	
	Durchaged (if an-tin-Li-			 	 		 		
	Purchased (if applicable				 				
Substance Abuse Only - Non-Res 33 - ODF # of C			1	 -	 	 			
Substance Abuse Only - Licensed Capacity for Medi-Cal Provider			+	FE6	FFC	- FEG	FFA	The state of the s	
Cost Reimbursement (CR) of			FFS	FFS 6 400	FFS	FFS	FFS 77 205	edi i	
	Units of Service		7 24,968		5,232	49,935	77,295		
Cost Doctor DDU D-4- (DDU E)	Unit Type						#KEF		
Cost Per Unit - DPH Rate (DPH FU							2.61	The state	
Cost Per Unit - Contract Rate (DPH & Non-DPI							2.61		
	Medi-Cal Providers Only								
Un	duplicated Clients (UDC): 1	15 15	5 15	5 19	5 1	5 15	1	

Provider Number: 8858

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

Appendix #: B-6, page 2

		TOTAL		neral Fund MCP751594		Order (Matched) CHMTCHWO		e .	N 62 20	**		
	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	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Regional Director	0.07	\$ 20,202.00	0.07	20,202	o	0	0.00	0	0.00	0	0.00	0
Family Specialist	0.59	\$ 34,329.00	0.59	34,329	0	0	0.00	0	0.00	0_	0.00	0
Care Coordinator	1.03	\$ 80,512.00	0.75	67,004	0	13,508	0.00	0	0.00	0	0.00	
Family Partner	0.46	\$ 23,327.00	0.46	23,327	0	.0	0.00		0.00	0	0.00	0
Clinical Supervisor	0.69	\$ 95,938.00	0.69	95,938	0	0	0.00	0	0.00	. 0	0.00	
	0.00	\$ -	0.00	0	0	0	0.00	0	6.00	. 0	0.00	c
9.	0.00	\$ -	0.00	0	0	0	0.00	0	0.00	0	0.00	
	0.00	\$ -	0.00	0	0	0	0.00	0	0.00	0	0.00	
	0.00	\$ -	0.00	0	0	0	0.00	0	0.00	0	0.00	
	0.00	\$	0.00	0	0	0	. 0.00	0	0.00	0	0.00	
	.0.00	\$ -	0.00	. 0	. 0	. 0	0.00	0	0.00		0.00	
**	0.00	\$ -	0.00	. 0	0	. 0	0.00	0	0.00	0	0.00	
	0.00	\$ -	0.00	0	0	0	0.00	0	0.00	0	0.00	
	0.00	\$ -	0.00	0	0	. 0	0.00	0	0.00	00	0.00	
94	0.00	s -	0.00	. 0	_ 0	0	0.00	0	0.00	0	0:00	
	0.00	\$ -	0.00	0	0	0	0.00	0	0.00	0	0.00	
	0.00	\$	0.00	0	0	0	0.00	0	0.00	0	0.00	
	0.00	\$ -	0.00	0	0	0	0.00	0	0.00	0	0.00	.)
	0.00	\$ -	0.00	. 0	O	0	0.00	0	0.00	0	0.00	
	0.00	\$ -	0.00	0	0	0	0.00	0	0.00	0	0.00	
Totals:	2.84	\$254,308	2.56	\$240,800	\$0	\$13,508	0.00	\$0	0.00	\$0	0.00	\$
Employee Fringe Benefits:	30%	\$ 78,292.00	30%	\$72,240	30%	\$4,052	#DIV/0!	\$0	#DIV/0!	\$0	#DIV/0!	\$
TOTAL SALARIES & BENEFITS		\$330,600	1	\$313,040	1 1	\$17,560	1	\$0	1	\$0	1	\$

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

Appendix #: ___ B-6, page 3

Expenditure Category	TOTAL	General Fund HMHMCP751594				X E
	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	\$ -	0	0	0	0	0
Printing and Reproduction	\$ -	,O	- 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
8	\$ -	0	0	0	0	0
8		. 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	0.
Purchased Direct Expense (Program Admin, QA, General Research)	\$ 25,648.00	25,648	0	. 0	0	. 0
Food	\$ 1,091.00		0	0	0	0
		. 0	0	. 0	. 0	0
	\$ -	0	0	0	0	0
	\$ -		0	0	0	0
TOTAL OPERATING EXPENSE	\$91,824	\$91,824	\$0	\$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	Dijantity Sarial #/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
Shared costs - Equipment - see DPH 7	1	tbd	Prop 63 PEI	0	.0
			1	0	0

Total Equipment Cost

\$14,652

2. Remodelina

Shared costs - Facilities Improvements - See DPH 7	11	tbd	General Fund	1,487	1,487
Shared costs - Facilities Improvements - See DPH 7	11	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

\$1,487

Total Capital Expenditure

\$16,139

	nent of Public Heath					=	
DMH Legal Entity Name (MH)/Contractor Name (SA):	Edgewood Center	r for Children and F	amilies		Contract Appendix #:	B-7, page 1
			for Children and I	-amilies		Document Date:	7/1/2014
	Provider Number:				w	Fiscal Year:	2014-2015
		Educational	,				•
	Program Name:	Assessments					
Program Code	formerly Reporting Unit):	NA					
Mode/S	C (MH) or Modality (SA)						
	Service Description:	Assessment					TOTAL
•	FUNDING TERM:	7/1/14-6/30/15					
FUNDING USES TO GET A COLD TO SELECT A SELECT AND A COLD TO SELECT		garron kigamataka			and and thing		经验的
Salar	ies & Employee Benefits:	11,144	-	•		- "	11,144
	Operating Expenses:	3,095	-	•	-		3,095
Capital Expens	es (greater than \$5,000):	544	-	-	-	•	544
Si	btotal Direct Expenses:	14,783	-		-	•	14,783
	Indirect Expenses:	2,217		-	-	-	2,217
	TOTAL FUNDING USES:	17,000	-		-	•	17,000
CBHS MENTAL HEALTH FUNDING SOURCES	Index Code		Carrier 18 - Carre			and the state of the	
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	-				20	-
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	17,000					17,000
MH STATE - MHSA - Prop 63 PEI	HMHMPROP63	-					-
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	-					T
TOTAL CBHS MENTAL HEA		17,000		-	-	•	17,000
CBHS SUBSTANCE ABUSE FUNDING SOURCES	CFDA#:			1940年 海南岛	05.37000000	100000000000000000000000000000000000000	
	AND RESIDENCE OF THE PROPERTY	TWO INC. IS INC. OF STREET	1				
TOTAL CBHS SUBSTANCE AB	ISE FUNDING SOURCES	-		-	-		
OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES	CONTRACTOR OF THE PROPERTY OF			· 秦生的性态的数			
TOTAL OTHER DPH-COMMUNITY PROGRA	MIS FUNDING SOURCES	-	-		-		
	OPH FUNDING SOURCES		-	·	-	-	17,00
NON-DPH:FUNDING-SOURCES	S. 1466			N NA 11916 E. C. S.	100	Santa de la companya	
			See Williams		3.3		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
TOTAL NON-DPH FUNDING SOURCE	s		 -	 -		 	
TOTAL FUNDING SOURCES (DPH AND NON-DP		17.000					47.00
	1)	17,000		<u> </u>			17,00
CBHS UNITS OF SERVICE AND UNIT COST		,				-	8. 36
	s Purchased (if applicable						
Substance Abuse Only - Non-Res 33 - ODF # o			+	 			
Substance Abuse Only - Licensed Capacity for Medi-Cal Provide			 	 		 	10 m
Cost Reimbursement (CR			, 				30.10 (-5.05)
	Units of Service						
Cost Postlett DRUP 4 (DRUP	Unit Type					0.00	1912 (NEW L)
Cost Per Unit - DPH Rate (DPH Part Part Part (DPH Part Part Part Part Part Part Part Part						0.00	
Cost Per Unit - Contract Rate (DPH & Non-D							
	(Medi-Cal Providers Only)		0.00				
	nduplicated Clients (UDC)): 3	5 0	0	1	0 0	

TOTAL SALARIES & BENEFITS

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

Appendix #: B-7, page 2

\$11,144

* g	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	TOTAL		9		al.	SB 163	HMHNSB163ACP				el .
Position Title	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:	7/1/14-6/30/15 Salaries	Term: FTE	7/1/14-6/30/15 Salaries
Position (file		Jaiaties	FIE	Salaries	FIE	Salaries		Salaries	_ FIE	Salaties		Salaries
Education Director	0.16	\$ 3,214.00	0.00	0	0.00	0	0.16	3,214	0.00	0	0.00	0
Educational Specialist	0.16	\$ 5,358.00	0.00	0	0.00	0	0.16	5,358	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		0.00		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	s -	0.00		0.00	0	0.00	0	0.00	0	Ò.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	Ò	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		0.00	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	0.00		0.00	. 0	0.00		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		0.00	0	0.00	0	0.00	0
Totals	0.32	\$8,572	0.00	\$0	0.00	\$0	0.32	\$8,572	0.00	\$0	0.00	\$0
Employee Fringe Benefits	30%	\$ 2,572.00	#D[V/0]	\$0	#DIV/01	\$0	30%	\$2,572	#DIV/0!	\$0	#DIV/0!	\$0

\$11,144

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

Appendix #: ___ B-7, page 3

Expenditure Category	TOTAL	SB 163 HMHNSB163ACP			v	×
	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
Jtilities(Elec, Water, Gas, Phone, Scavenger)	\$	0	0	0	. 0	.0
Office Supplies, Postage	\$. 0	0	0		. 0
Building Maintenance Supplies and Repair	\$ -	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	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	
	\$ -	0	0	0	0	0
Purchased Direct Expense (Program Admin, QA, General Research)	\$ 2,011.0		0	0	0	. 0
Education Supplies	\$ 1,084.0	1,084	0	0	0	O C
·	\$ -	. 0	0	0	. 0	
	\$ -	. 0			·	
	- ,	0	0	0	0) C
TOTAL OPERATING EXPENSE	\$3,09	5 \$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	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

\$494

2. Remodeling

Shared costs - Facilities Improvements - See DPH 7	11	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	1	tbd	Workorder #3 SFCFC	0	. 0

Total Remodeling Cost

\$50

Total Capital Expenditure

(Equipment plus Remodeling Cost)

	tment of Public Heath 1H)/Contractor Name (SA):					Contract Appendix #:	D 9 page 1
DMIT Legal Elluty Name (N	Provider Name:	Edgewood Center	for Children and F	anilles		Document Date:	B-8, page 1
	Provider Number:		Tor Crinoren and r	ammes		The state of the s	7/1/2014
	Provider Number.					Fiscal Year:	2014-2015
		PIP MH					
	Program Name:	Consultation					
Program Cod	(formerly Reporting Unit):	NA .					
Mode	SFC (MH) or Modality (SA)	45/20-29					
	Service Description:						TOTAL
	FUNDING TERM:						
Funding uses							
Sa	aries & Employee Benefits:	33,431		-	-		33,431
	Operating Expenses:	9,285	1-	-	-		9,285
	nses (greater than \$5,000):	1,632	·	-	-	-	1,632
	Subtotal Direct Expenses:	44,348		-	-	-	44,348
	Indirect Expenses:	6,652		-		· -	6,652
	TOTAL FUNDING USES:	51,000			-		51,000
CBHS MENTAL REALTH FUNDING SOURCES	Index Code				"一个人"的问题 是		
MH FED - SDMC Regular FFP (50%)	HMHMCP751594	- 0	•				
MH STATE - EPSDT State Match	HMHMCP751594	-		-		•	•
MH STATE - Family Mosaic Capitated Medi-Cal	НМНМСР8828СН	-	-	-			
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	-	-	•			
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	51,000	-	-		-	51,000
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 HE		51,000		-			51,000
CBHS SUBSTANCE ABUSE FUNDING SOURCES	CFDA#	THE CHARLES		18 March 1-150	A CAN BOAR	15 (4.44-14) (4.24) (4.24)	
			T-APPRIL PROPERTY				
TOTAL CBHS SUBSTANCE A	BUSE FUNDING SOURCES		-	_	-		·
OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES	The same of the sa	"我来来看你你是我			REPORT BOTH	(1) (M. 1) (M. 1) (M. 1) (M. 1)	Agrical Commence
		S Negatable S N Marie S				3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	12x 121 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1
TOTAL OTHER DPH-COMMUNITY PROG	RAMS FUNDING SOURCES	-	-	-			
	DPH FUNDING SOURCES					t	51,00
NON-OPH FUNDING SOURCES		e lettere parent and		A 4 5 6 4 7 8 10 14 18	135 KE 12 1-487-48 13		
	namin de de la companya de la compan			1		3 (44-1) 38 (41) 3 (42-1) 3 (
TOTAL NON-DPH FUNDING SOURCE	Fe					 	
			-			 	l
TOTAL FUNDING SOURCES (DPH AND NON-D	PH)[51,000	-			•	51,00
CBHS UNITS OF SERVICE AND UNIT COST						ļ <u></u>	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
	eds Purchased (if applicable					 	
Substance Abuse Only - Non-Res 33 - ODF #			ļ			<u> </u>	Jan Salah Jan Sa
Substance Abuse Only - Licensed Capacity for Medi-Cal Provi	per with Narcotic Tx Program	ni eeo	 	<u> </u>			
Cost Reimbursement (C	R) or Fee-For-Service (FFS)					 	Physical Control
· · · · · · · · · · · · · · · · · · ·	Units of Service						
0-4P-11-1 PRUS / /PRUS	Unit Type						
Cost Per Unit - DPH Rate (DPH							
Cost Per Unit - Contract Rate (DPH & Non-					0.00		
Published Ra	te (Medi-Cal Providers Only						
	Unduplicated Clients (UDC): 352	0	. 0	0	0	352

Provider Number: 8858

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

Appendix #: B-8, page 2

Document Date:	771714											
			· · · · ·			#REF!		-				95
		TOTAL	je			ISA Prop 63 HMPROP63				e,	÷	
	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	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
School Based Programs Manager	0.40	\$ 23,816.00	0.00	. 0	0.40	23,816	- 0.00	0	0.00	0	0.00	. 0
Regional Manager	0.02	\$ 1,900.00	0.00	0	0.02	1,900	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	
	0.00		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
	0.00	\$ -	0.00	0	0.00	0	0.00		0.00	0	0.00	0
	0,00	\$ <u>-</u>	0,00	0	0,00	0	0.00	0	0.00	0	0.00	
	0.00	\$ -	0.00	0		0	0.00	0	0.00	0	0.00	
· · · · · · · · · · · · · · · · · · ·	0.00	\$	0.00		0.00		0.00	0	0.00	0	0.00	
	0.00	\$ -	0.00	0		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		0	0.00		0.00	
	0.00		0.00	0		0		. 0	0.00	. 0	0.00	
	0.00	s -	0.00	0		0		. 0	0.00	0	0.00	
	0.00		0.00	0		0		0	0.00	0	0.00	
	5.50	· · · · · · · ·	0.00		0,00		5,50	<u>`</u>	0.00	1	5.55	· · · · · · · · · · · · · · · · · · ·
Totals:	0.42	\$25,716	0.00	\$0	0,42	\$25,716	0.00	\$0	0.00	\$0	0.00	\$(
		t ii				V.						
Employee Fringe Benefits:	30%	\$ 7,715.00	#DIV/0!	\$0	30%	\$7,715	#DIV/0!	\$0	#DIV/0!	\$0	#DIV/0!	\$1
								0				
TOTAL SALARIES & BENEFITS		\$33,431]	.\$0		\$33,431]	\$0		\$0		\$

Appendix #:

B-8, page 3

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

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	7/1/14-6/30/16	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	\$ 213.0	0	213	0	0	0
Building Maintenance Supplies and Repair	\$ -	<u>'</u> 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	\$ -	<u> </u>	Q	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	0		0	. 0
	\$	0	0	0	0	0
	\$ -	0	. 0	0	. 0	0
Other:	\$ -	0	0	0	0	0
	\$ -	0	0	0	0	. 0
Depreciation	\$ 1,509.0	0 -0	1,509	0	0	0
Telecommunications	\$ 1,704.0	0 0	1,704	0	0	0
Purchased Direct Expense (Program Admin, QA, General Research)	\$ 3,552.0	0 0	3,552	0	0	. 0
	\$ -	0	0	0	0	0.
	-	0	0	0	. 0	0
TOTAL OPERATING EXPENSE	\$9,2	\$5 \$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	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	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	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

\$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	.1	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	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

\$150

Total Capital Expenditure

\$1,632

DMH Legal Entity Name (MH)				milies			ontract Appendix #:	B-9, page 1a
			or Children and Fa				Document Date:	7/1/2014
	Provider Number:	B858			340		Fiscal Year:	2014-2015
	Program Name:	ECMHCI	ECMHCI	. ECMHCI	ECMHCI	ECMHCI	ECMHCI	ECMHCI
Program Code (fe	ormerly Reporting Unit):	NA	NA	NA	NA	NA	NA	NA
Mode/SF	C (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
	Service Description:	Outreach Svcs Consultation Indiv	Outreach Svcs Consultation Group	Outreach Svcs Consultation Observ	Outreach Svcs Staff Training	Outreach Svcs Parent Trn/Supp Grp	Outreach Svcs Early Ref/Linkage	Outreach Svcs Consultant Train/Supv (10% 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	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15
FUNDING USES		, 20 N	· 生物。为"农"。公理		Carrier to	\$ 1070 A. A. A. A.		HARAGE CONTRACTOR
	es & 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
Capital Expense	es (greater than \$5,000):	745	596	904	. 113	100	248	452
	total 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
	OTAL FUNDING USES:	23,295	18,636	28,237	3,529	3,106	7,765	14,118
CBHS MENTAL HEALTH FUNDING SOURCES	incen Code	, it		A 4	The Standard		College Victoria	美 野山岛区 6 多年
MH FED - SDMC Regular FFP (50%)	HMHMCP751594	•	-:	<u> </u>		-	I	
MH STATE - EPSDT State Match	HMHMCP751594			-			<u> </u>	-
MH STATE - Family Mosaic Capitated Medi-Cal	HMHMCP8828CH	•		-				
MH WORK ORDER - Human Services Agency (matched)	HMHMCHMTCHWO	-			-		-	-
MH WORK ORDER - Human Services Agency	HMHMCHCDHSWO	14,069	11,255			1,876		
MH Triage Grant	HMHMCHGRANTS		•			-	-	
MH WORK ORDER - Dept. Children, Youth & Families	HMHMCHDCYFWO	9,226	7,381	11,184				
MH WORK ORDER - First Five (SF Children & Family Commission)	HMHMCHSRIPWO		-			-,		<u> </u>
MH WORK ORDER - First Five (SF Children & Family Commission)	HMHMCHPFAPWO	-	· ·		•	<u> </u>	<u> </u>	
MH PRIOR YEAR - SB 163 - Children's Wrap-Around/Foster Care	HMHNSB163ACP		<u> </u>					
MH STATE - MHSA - Prop 63 PEI	HMHMPROP63		 				 	
MH Realignment	HMHMCP751594	-	 	· 				
MH COUNTY - General Fund (matched) MH COUNTY - General Fund (unmatched)	HMHMCP751594 HMHMCP751594				:		 	
MH COUNTY - General Fund CODB	HMHMCP751594		-	 	 	 	 	
MH COUNTY - General Fund WO CODB	HMHMCP751594	-	 	 	+ - -	 	 	
TOTAL CBHS MENTAL HEALT		23,295	18,636		3,529	3,106	7,765	14,118
CBHS SUBSTANCE ABUSE FUNDING SOURCES	C-DA #	dente temperatura	III SAUGARIO DE PROPERTO DE LA COMPANSIONE DEL COMPANSIONE DE LA C	20,20,	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		· "是说是这种行动。"	
opita addo i nivota - nova: anoing sounds	C, SP II	MINISTER ALL SERVICES	S ASSESSMENT OF THE SAME		A 14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			11
TOTAL CBHS SUBSTANCE ABUS	SE FLINDING SOLIBCES		· · · · ·	 	 	+	 	
OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES			PARTICIPATE TO THE				- 1.5° 6' 1.5° 1.45 1.11	a Little Per Unite
ON HER OF THE OWN HOLD BY A WORLD STORY OF THE STORY OF T		A A A SA DE SA	四十世 (中国共和国)		188 I 188 18	1622 4		
TOTAL OTHER DPH-COMMUNITY PROGRAM	AS FUNDING SOURCES			 	· · · · · · · · · · · · · · · · · · ·	 	 	
	PH FUNDING SOURCES					3,106	7,76	14,118
NON-DPH FUNDING SOURCES	MINISTRA GOUNCES	20,250	10,030		4400 A 6 6 7		A Grand Control	
NORTH TONOR SOURCES		The state of the s		200				100000000000000000000000000000000000000
TOTAL NON-DPH FUNDING SOURCE	S		 		-	-	-	· · ·
TOTAL FUNDING SOURCES (DPH AND NON-DP		23,295	18,636	28.237	3,529		7.76	5 14,118
CBHS UNITS OF SERVICE AND UNIT COST	7/	23,233	10,030	20,237	3,323	3,100	1,10	1-9,110
	Purchased (if applicable	1	 	 		 -	·	
Substance Abuse Only - Non-Res 33 - ODF # of				-	 	1		
Substance Abuse Only - Licensed Capacity for Medi-Cal Provider								
Cost Reimbursement (CR)			FFS	FFS	FFS	FFS	FFS	FFS
	Units of Service		1 24	8 376				
	Unit Type	#REF						
Cost Per Unit - DPH Rate (DPH FL								
Cost Per Unit - Contract Rate (DPH & Non-DP	H FUNDING SOURCES	75.00						
	Medi-Cal Providers Only							
Ur	iduplicated Clients (UDC)): 40	0 4	0 4	0 4	0 4	0 4	0 40

		DPH 2: Departr			orting/Data Co			
DMH Legal Entity Name (MH)/						C	ontract Appendix #: _	B-9, page 1b
		Edgewood Center f		nilies			Document Date:	7/1/2014
• · · · · · · · · · · · · · · · · · · ·	Provider Number:	5707-7800	continued				Fiscal Year:	2014-2015
	Program Name:	ECMHCI	ECMHCI	ECMHCI	ECMHCI	ECMHCI	ECMHCI	
	ormerly Reporting Unit):	NA 45140.40	NA AFIA	NA 45/49.40	NA 45/40.40	NA 45(40,40	NA 45/10-19	
Mode/SFG	C (MH) or Modality (SA)	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 Svcs Early	Outreach Svcs Early Interv Group (15% Cap)	Outreach Svcs MH Services Indv/Family	Outreach Svcs MH Services Group (5% Cap)	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	7/1/14-6/30/15	
FUNDING USES	TONDING TERMS	771714 0700(10		*	等的。超過100mm。 140mm 140mm。 140mm	1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Section Services	Standard C
- Management depleasable Administration of the Company of the Comp	s & Employee Benefits:	4.627	2,776	4,905	8,238	2,776	4,535	92.545
	Operating Expenses:	1,285	771	1,362	2.288	771	1,260	25,704
Capital Expense	s (greater than \$5,000):	226	136	239	402	136	221	4,518
	total 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
70	TAL FUNDING USES:	7,059	4,235	7,483	12,567	4,235	6,918	141,183
CBHS MENTAL HEALTH FUNDING SOURCES	Index Code			1 1 (m) 1 (m		· 1000年		3. 机分类的 3.14
MH FED - SDMC Regular FFP (50%)	HMHMCP751594	-	-	-	-	-		
MH STATE - EPSDT State Match	HMHMCP751594	-			-			-
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	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	1,677	2,740	55,918
MH WORK ORDER - First Five (SF Children & Family Commission)	HMHMCHSRIPWO	-		ļ			•	
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 MH Realignment	HMHMPROP63 HMHMCP751594	-		-				
MH COUNTY - General Fund (matched)		-	-		ļ — — —	-	-	
MH COUNTY - General Fund (matched) MH COUNTY - General Fund (unmatched)	HMHMCP751594 HMHMCP751594	ļ		-	<u>-</u>	-	-	
MH COUNTY - General Fund CODB	HMHMCP751594					<u> </u>	-	
MH COUNTY - General Fund WO CODB	HMHMCP751594		-	 		 	 	
TOTAL CBHS MENTAL HEALTI			4,235			4,235	6,918	141,183
CBHS SUBSTANCE ABUSE BUNDING SOURCES	GFDA#:	7,000	Inches de la constante de	1,403	12,001 C- 12,001		1 11 11 11 11 11 11	141,103
OSTA TOP IN THOSE POSSES CONTINUES CONTINUES	V125V4							
TOTAL CBHS SUBSTANCE ABUS	F FUNDING SOURCES				 	 	-	
OTHER DPH-COMMUNITY PROGRAMS PUNDING SOURCES		and to Resemble Feet surface	# 10 F 20 5 W		THE RESERVE TO SERVE THE SERVE	r gart Eller All	A CONTRACTOR AND THE	8.28.64.25.64
			A 8.84					
TOTAL OTHER DPH-COMMUNITY PROGRAM	S FUNDING SOURCES		-	-	-		•	
	H FUNDING SOURCES		4,235	7,483	12,567	4,235	6,918	141,183
NON-DPH-FUNDING SOURCES		ica and have	- Y	(as 1 s s	AND TO PORT	9807 Markey	Control Name	a thirth of the
TOTAL NON-DPH FUNDING SOURCES	3	-			İ	-		
TOTAL FUNDING SOURCES (DPH AND NON-DPH)	7,059	4,235	7,483	12,567	4,235	6,918	141,183
CBHS UNITS OF SERVICE AND UNIT COST				<u> </u>	 	T		医动物 医乳头科
Number of Beds	Purchased (if applicable)						
Substance Abuse Only - Non-Res 33 - ODF # of G			<u> </u>					
Substance Abuse Only - Licensed Capacity for Medi-Cal Provider v	vith Narcotic Tx Program	n						
Cost Reimbursement (CR) o			FFS	FFS	FFS	FFS	FFS	1.00 C
	Units of Service							
	Unit Type							
Cost Per Unit - DPH Rate (DPH FUI								
Cost Per Unit - Contract Rate (DPH & Non-DPH								J. J. G. S. W. J. J. J.
	Medi-Cal Providers Only							-
Und	luplicated Clients (UDC)	: 100	50	80	80	100	75	L

Provider Number: 8858

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

Appendix #: B-9, page 2

9	. т	TOTAL		IHSA Prop 63 MHMPROP63	Work Order #1 HSA HMHMCHCDHSWO		Work Order #2 DCYF HMHMCHDCYFWO		Workorder #3 SFCFC HMHMCHSRIPW HMHMCHPFAPWO		General Fund CODB HMHMCP751594	
Position Title	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	Term:	7/1/14-6/30/15 Salaries
T data in the		Calaries		Odlanes		Calaries		Caldiles	- 112	Valaries	115	Odianes
Behavioral Health Director	0.03	\$ 3,569,00	0.00	0	0.02	2,121	0.01	1,448	0.00	0	0.00	
Director of Research	0.05	\$ 3,914.00	0.00	0	0.03	2,325	0.02	1,589	0.00		0.00	
Mental Health Consultant	0.17	\$ 9,187.00	0.00	0	0,10	5,458	0.07	3,729	0.00	0	0.00	
Mental Health Consultant	0.32	\$ 19,156.00	0.00	0	0.20	11,405	0.12	7,751	0.00		0.00	
Clinician	0.32	\$ 17,383.00	0.00	. 0	0.20	11,004	0.12	6,379	0.00	0	0.00	
Mental Health Consultant	0.32	\$ 17,979.00	0.00	0	0.20	10,681	0.12	7,298	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	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	<u> </u>
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	0.00	\$ -	0.00		0.00	0	0.00	0	0.00	0	0.00	
	ļ <u>.</u>		0.00		-	0	0.00			0		
Totals	1.21	\$71,188	0.00	\$0	0.75	\$42,994	0.46	\$28,194	. 0.00	\$0	0.00	

Er	mployee Fringe Benefits:	30%	\$21,357 #[D[V/0!	\$0	30%	\$12,899	30%	\$8,458	#DIV/0!	\$0	#DIV/01	\$0
TOTAL	SALARIES & BENEFITS		\$92,545	¥1	\$0	7	\$55,893		\$36,652		\$0]	\$0

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

Appendix #: _ B-9, 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
	. 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	0
Utilities(Elec, Water, Gas, Phone, Scavenger)	\$		0	0	0	0	0
Office Supplies, Postage	\$	1,051.00	0	731	320	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	\$	2,261.00	0	1,461	800	0	0
Staff Travel-(Local & Out of Town)	\$,	326.00	0	219	107	0	0
Rental of Equipment 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
Other:				0	0	0	0
Educational Supplies	\$	1,377.00	. 0	950	427	0	. 0
Computer Purchase	\$	4,675.00	0	3,288	1,387	0	0
Telecommunications	\$	651.00	0	438	213	0	0
Purchased Direct Expense (Program Admin, QA, General Research)	\$	15,363.00	0	8,437	6,926	0	0
	\$		0	0	0	. 0	. 0
	\$		0	0	0	<u> </u>	0
TOTAL OPERATING EXPENSE		\$25,704	\$0	\$15,524	\$10,180	\$0	\$0

Provider Number: 8858

Appendix #: B-9, 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	0	0
Shared costs - Equipment - see DPH 7	11	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	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

\$4,102

2. Remodeling

Shared costs - Facilities Improvements - See DPH 7	1	tbd	General Fund	0	0
Shared costs - Facilities Improvements - See DPH 7	111	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	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

Provider Number: Edgewood Centre for Children and Families		rtment of Public H						
Provider Number: 2858	DMH Legal Entity Name (MH)/0	Contractor Name (SA):	Edgewood Center	for Children and Fa	milies	C		B-9a, page 1
Program Code (formerly Reporting Unit) SA				for Children and Fa	milies			7/1/2014
Program Code (formerly Reporting Unit)		Provider Number:						2014-2015
ModelSEC (MH) or Modelly (SA)		Program Name:	ECMHCI	ECMHCI	ECMHCI	ECMHCI	ECMHCI	
Savide Description: Program Devolument Progra	Program Code (for	merly Reporting Unit):	NA	NA	NA	NA		
FUNDING USES Salares & Employee Benefins: PRIVED THE ASSOCIATION OF T	Mode/SFC	(MH) or Modality (SA)	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19	
Salaries & Employee Benefits Salaries & Salaries & Employee Benefits Salaries & Sal		Service Description:	Program Development					TOTAL
Salaries & Employee Benefits							//1/14-6/30/15	
Capital Expenses (greater than \$5.000): 1.082 13.376 9.511 2.989 1.586 28.					the same of the sa	Design the second secon		
Capital Expenses (greater than \$5,000): 1,082 13,376 9,510 29,822 15,701 286,	Salanes	& Employee Benefits:						
Subtotal Direct Expenses: 10,825 133,870 95,190 29,822 15,701 225,	Control	Operating Expenses:						
Indirect Expenses 1,823 20,079 14,276 4,444 2,377 42,75 12,448 153,949 109,468 34,066 13,058 227,75 2								
TOTAL FUNDING USES: 12,448 153,949 109,468 34,066 15,055 327, CRBS MENTAL HEALTH FUNDING SOURCES Index Cope	Subt							42,781
CBHS MENTAL HEALTH FUNDING SOURCES Index Gede		Indirect Expenses.						
MH FIRST STATE MATCH. MH STATE - FSPIS STATE MATCH. MH WORK ORDER - Human Services Agency MH WORK ORDER - Human Services Agency MH WORK ORDER - Human Services Agency MH STATE - FSPIS STATE MATCH. MH WORK ORDER - Human Services Agency MH STATE - FSPIS STATE MATCH. MH WORK ORDER - Human Services Agency MH STATE - MATCH. MH WORK ORDER - SPIS STATE - MATCH. MH WORK ORDER - FIRST STATE STATE - MATCH. MH WORK ORDER - FIRST STATE STATE STATE STATE STATE - MATCH. MH WORK ORDER - FIRST STATE STA								
MH STATE - EPSOT State Match MH STATE - Family Mosale Capitated Modi-Cal HM-MCR CRUBER - Human Services Agency (matched) HM-MCR CRUBER - Human Services Agency MH WORK CRUBER - Human Services Agency HM-MCR CRU					1			
MH STATE - Family Mosalc Capitated Medi-Cal HM-IMCP8828CH								•
MH WORK ORDER - Human Services Agency (matched)			-	•		-		-
MH WORK ORDER - Human Services Agency			-		 	<u> </u>		-
HMI-MCREGRER - Dept. Children, Youth & Families HMI-MCHGCFKVO			-					
MH WORK ORDER - Flort Five (SF Children, Youth & Families HMHMCHDCYFWO - 109,468 - - 109, Will 100, Will			-	152,174	<u> </u>	-	-	152,174
MH WORK ORDER - First Five (5F Children & Family Commission) HM-HMCH-PFAWO	MH Triage Grant		-					-
MIH WORK ORDER - First Five (SF Children & Family Commission) MIH-MICHEPAPWO	MH WORK ORDER - Dept. Children, Youth & Families			-	109,468			109,468
MM PRIOR YEAR - SB 183 - Children's Wrap-Around/Foster Care HMHNSB163ACP	MH WORK-ORDER - First Five (SF Children & Family Commission)	HMHMCHSRIPWO	-	-				34,066
MH STATE - MH3A - Prop 63 PE				-				18,058
MH REDIGHT HMHMCP751594 -	MH PRIOR YEAR - SB 163 - Children's Wrap-Around/Foster Care							40.440
MH COUNTY - General Fund (unmatched)			12,448	-		ļ <u>-</u> -	ļ <u>.</u>	12,448
MH COUNTY - General Fund (unmatched) HMHMCP751594	MH Realignment		<u> </u>				 	
MH COUNTY - General Fund CODB					 	+		
MH COUNTY - General Fund WO CODB	MH COUNTY - General Fund (unmatched)			-	<u> </u>			•
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES 12,448 153,949 109,468 34,066 18,058 327,						-	-	•
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES							-	1,775
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES CFDA #: TOTAL OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES TOTAL OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES TOTAL DPH FUNDING SOURCES 12,448 153,949 109,468 34,066 18,058 327, NON-DPH FUNDING SOURCES TOTAL FUNDING SOURCES TOTAL FUNDING SOURCES 12,448 153,949 109,468 34,066 18,058 327, CBHS UNITS OF SERVICE AND UNIT COST Number of Beds Purchased (if applicable) 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: 113 1,400 995 310 164 Unit Type: #REFI			12,448					327,989
TOTAL OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
TOTAL OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES			-		1			
TOTAL DPH FUNDING SOURCES 12,448 153,949 109,468 34,066 18,058 327,	OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES	CFDA#:					· 表现的数据。	(A) (A) (A)
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TOTAL NON-DPH FUNDING SOURCES TOTAL FUNDING SOURCES TOTAL FUNDING SOURCES (DPH AND NON-DPH) T12,448 T153,949 T109,468					-		-	
TOTAL NON-DPH FUNDING SOURCES TOTAL FUNDING SOURCES TOTAL FUNDING SOURCES (DPH AND NON-DPH) T12,448 T153,949 T109,468						THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN	THE RESERVE THE PERSON NAMED IN COLUMN TWO	327,989
TOTAL FUNDING SOURCES (DPH AND NON-DPH) 12,448 153,949 109,468 34,066 18,058 327,								
CBHS UNITS OF SERVICE AND UNIT COST Number of Beds Purchased (if applicable) 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: 113 1,400 995 310 164 Unit Type: #REFI #REFI Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only) 110.00	TOTAL NON-DPH FUNDING SOURCES	3		<u> </u>	-	-		-
Number of Beds Purchased (if applicable) 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): CR CR CR CR CR Units of Service: 113 1,400 995 310 164 Unit Type: #REFI Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only) 110.00 110.00 110.00 110.00 110.00 Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES): 110.00 110.00 110.00 110.00 110.00	TOTAL FUNDING SOURCES (DPH AND NON-DPH)	12,448	153,949	109,468	34,066	18,058	327,989
Number of Beds Purchased (if applicable) 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): CR CR CR CR CR Units of Service: 113 1,400 995 310 164 Unit Type: #REFI Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only) 110.00 110.00 110.00 110.00 110.00 Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES): 110.00 110.00 110.00 110.00 110.00	CBHS UNITS OF SERVICE AND UNIT COST							43.24 (Special trans
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)		urchased (if applicable)		1			
Cost Reimbursement (CR) or Fee-For-Service (FFS): CR CR </td <td></td> <td></td> <td></td> <td>1</td> <td></td> <td></td> <td></td> <td></td>				1				
Cost Reimbursement (CR) or Fee-For-Service (FFS): CR CR </td <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>								
Units of Service: 113 1,400 995 310 164		Fee-For-Service (FFS)	: CR	CR			CR	
Unit Type: #REF! #		Units of Service	: 113					
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only) 110.00			#REF		! #REF	! #REF		
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES): 110.00 110.00 110.00 110.00 110.00	Cost Per Unit - DPH Rate (DPH FUN							
	Cost Per Unit - Contract Rate (DPH & Non-DPH	FUNDING SOURCES	110.00					
Unduplicated Clients (UDC): 75.00 75	Undi	uplicated Clients (UDC)	75.00					

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

		TOTAL	MHSA Proj	P 63 HMHMPROP63	нмнме	SA / GF CODB CHCDHSWO MCP751594		rder #2 DCYF CHDCYFWO		er #3 SFCFC ICHSRIPW		ier #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:	7/1/14-6/30/15	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	0.61	\$ 26,509.00	0.02	1006.00	0.29	12445.00	0.21	8848.00	0.06	2751.00	0.03	1459.0
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	149.0
Supervisors	0.89	\$ 24,048.00	0.03	913.00	0.42	11287.00	0.30	8026.00	0.09	2498.00	0.05	1324.0
viental 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	673.0
Clinicians	3,57	\$ 96,954.00	0.14	3680.00	1.67	45507,00	1.19	32359.00	0.37	10070.00	0.20	5338.0
HR Specailist	0.03	\$ 980.00	0.00	37.00	0.02	460.00	0.01	327.00	0.00	102.00	0.00	54.0
QA Specialist	0.03	\$ 980,00	0.00	37.00	.0.02	460.00	0,01	327,00	0.00	102.00	0.00	54.0
T Specialist	0.03	\$ 980.00	0.00	37.00	0.02	460.00	. 0.01	327.00	0.00	102.00	0,00	54.0
	0.00	\$ -	0.00	0.00	0,00	0.00	0.00	0.00	0.00	0.00	0.00	0.0
	0.00	s -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.0
	0.00	\$ -	0,00	. 0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.0
	0.00	\$ -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.0
	0.00	\$ -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	. 0.00	0.0
	0.00	s -	0.00.	0.00	0.00	0.00	0.00	0,00	0.00	0,00	0.00	0.0
	0.00	s	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0,00	0.00	0.0
	0.00	·	0.00	0.00		0.00	0.00	0.00	0.00	0,00	0.00	0.0
	0.00		0.00	0.00		0.00		0.00	0.00	0,00	0.00	0,1
	0.00		0.00	0.00		0.00		0,00	0.00	0.00	0.00	0.0
 	0.00		0.00			0.00		0.00	0.00	0.00	0.00	0.
	0.00		0.00			0.00		0.00	0.00	0.00	0.00	0.1
	0.00	-	0.00	0,00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0,1
Totals	5.65	\$165,381	0,21	\$6,277	2,67	\$77,626	1.89	\$55,197	0.58	\$17,176	0,30	\$9,1

Employee Fringe Benefits:	30%	\$49,616	30%	\$1,883	30%	\$23,288	30%	\$16,559	30%	\$5,154	30%	\$2,732
TOTAL SALARIES & BENEFITS		\$214,997		\$8,160		\$100,914		\$71,756	[\$22,330		\$11,837

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

Appendix #: ___ B-9a, page 3

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		
	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)	\$ 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	\$ -	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	p	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		
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
	\$ -	0	0	0	. 0	0	1	
	\$ -	0	0]0	0	0	J	
TOTAL OPERATING EXPENSE	\$41,715	\$1,583	\$19,580	\$13,923	\$4,333	\$2,296	_	9

Provider Number: 8858

Appendix #: B-9a, 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 - 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	11	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	11	tbd	Workorder #4 SFCFC	53	53
Total Damedalian Ocat					***

Total Remodeling Cost

\$968

Total Capital Expenditure

\$28,496

DMU Local Calls, Norwa (AUD)	/O				porting/Data Ci	ollection (CRDC	
DMH Legal Entity Name (MH)		Edgewood Center				<u> </u>	ontract Appendix #: Document Date:
,	Provider Number:		for Children and Fa	milles			Fiscal Year:
			ECMHCI	FOULD	FORMIO	I FOMUOI	ECMHCI
Decree Onto 15	Program Name:			ECMHCI	ECMHCI	ECMHCI	
	ormerly Reporting Unit):	NA 45/40.40	NA 45/10.45	NA 45/40.40	NA	NA 45/40.40	NA 45/40.40
Mode/SF	C (MH) or Modality (SA)	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19
		0.1.10					
	Candas Description	Outreach Svcs Consultation Indiv	Outreach Svcs Consultation Group	Outreach Svcs Consultation Observ	Outreach Svcs Staff Training	Outreach Svcs Parent Tm/Supp Grp	Outreach Svcs Early Ref/Linkage
	Service Description:						
	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		4、11.00mm。		位置第二页的			
Salarie	s & Employee Benefits:	13,291	10,633	16,649	2,014		4,430
	Operating Expenses:	3,691	2,953		559		1,230
	es (greater than \$5,000):	649	519		98		217
Sub	total Direct Expenses:		14,105		2,671		5,877
	Indirect Expenses:	2,645	2,116		401		881
	TAL FUNDING USES:		16,221		3,072		6,758
CBHS MENTAL HEALTH FUNDING SOURCES	Index Code	[1] (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	The same of the same				
MH FED - SDMC Regular FFP (50%)	HMHMCP751594	-	-				* *
MH STATE - EPSDT State Match	HMHMCP751594	-	-	-	-	-	-
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	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	5,536	8,668	1,048	922	2,306
MH WORK ORDER - First Five (SF Children & Family Commission)	HMHMCHSRIPWO	1,320	1,056	1,653	200	176	440
MH WORK ORDER - First Five (SF Children & Family Commission)	HMHMCHPFAPWO	660	528	827	100	88	220
MH PRIOR YEAR - SB 163 - Children's Wrap-Around/Foster Care	HMHNSB163ACP	-	-	-		-	-
MH STATE - MHSA - Prop 63 PEI	HMHMPROP63	825	660	1,033	125	110	275
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 HEALT	H FUNDING SOURCES	20,276	16,221	25,398	3,072	2,703	6,758
CBHS SUBSTANCE ABUSE FUNDING SOURCES	CEDA#		100		A CASTRACE, CONTRACTOR OF		
TOTAL CBHS SUBSTANCE ABUS	E FUNDING SOURCES	-			† -	_	
OTHER OPH-COMMUNITY PROGRAMS FUNDING SOURCES			24.6		No. of the contract	· · · · · · · · · · · · · · · · · · ·	to the later of the later of the
TOTAL OTHER DPH-COMMUNITY PROGRAM	S ELINDING SOURCES	-	 	 	 		·
	H FUNDING SOURCES			1			6,75
NON-DPH FUNDING SOURCES							
NON-DER FUNDING SCIENCES			1 1 1 7 7 7			4 (1 (4 kg) 1 (4 kg)	
TOTAL NON-DPH FUNDING SOURCE		ļ			 	 	
		•	•			 	<u> </u>
TOTAL FUNDING SOURCES (DPH AND NON-DPH)	20,276	16,221	25,398	3,072	2,703	6,75
CBHS UNITS OF SERVICE AND UNIT COST							
	Purchased (if applicable				<u> </u>		·
Substance Abuse Only - Non-Res 33 - ODF # of C	Froup Sessions (classes)					
Substance Abuse Only - Licensed Capacity for Medi-Cal Provider v	with Narcotic Tx Program	n .		1			ļ <u>.</u>
Cost Reimbursement (CR) of			FFS	FFS	FFS	FFS	FFS
	Units of Service						
	Unit Type						
Cost Per Unit - DPH Rate (DPH FU							
Cost Per Unit - Contract Rate (DPH & Non-DPH		The second secon		1	A CONTRACTOR OF THE PARTY OF TH		
Published Rate (N	Medi-Cal Providers Only			75.00	75.00	75.00	75.0
Unc	duplicated Clients (UDC)): 40	40	40	40	40	4

DMH Legal Entity Name	e (MH)/C	ontractor Name (SA):	B-9b, page 1a
. 1		Provider Name:	7/1/2014
		Provider Number:	2014-2015
	-:	Program Name:	ECMHCI
Program C	Code (form	nerly Reporting Unit):	NA
Mo	de/SFC	(MH) or Modality (SA)	45/10-19
		, , , , , ,	Outreach Svcs Consultant Train/Supr
		Service Description: FUNDING TERM:	(10% Cap)
			7/1/14-6/30/15
UNDING USES:	Caladaa		(j. 4)
		& Employee Benefits: Operating Expenses:	8,055 2,237
Conital E		(greater than \$5,000):	393
Capital E.		tal Direct Expenses:	10,685
	Junto	Indirect Expenses:	1,603
	TOT	AL FUNDING USES:	12,288
BH'S MENTAL HEALTH FUNDING SQURCES.			
MH FED - SDMC Regular FFP (50%)		IMHMCP751594	3. 2 · · · · · · · · · · · · · · · · · ·
WH STATE - EPSDT State Match		MHMCP751594 HMHMCP751594	
WH STATE - EASOT State Match WH STATE - Family Mosaic Capitated Medi-Cal		HMHMCP8828CH	
MH WORK ORDER - Human Services Agency (matched)		HMHMCHMTCHWO	
MH WORK ORDER - Human Services Agency (matched) MH WORK ORDER - Human Services Agency		HMHMCHCDHSWO	6,394
MH Triage Grant		HMHMCHGRANTS	0,394
MH WORK ORDER - Dept. Children, Youth & Families		HMHMCHDCYFWO	4,194
		HMHMCHSRIPWO	800
MH WORK ORDER - First Five (SF Children & Family Commission)		HMHMCHPFAPWO	400
MH WORK ORDER - First Five (SF Children & Family Commission)		HMHNSB163ACP	400
MH PRIOR YEAR - SB 163 - Children's Wrap-Around/Foster Care MH STATE - MHSA - Prop 63 PEI		HMHMPROP63	500
MH STATE - MHSA - Prop 63 PEI		HMHMCP751594	- 500
MH COUNTY - General Fund (matched)		HMHMCP751594	
MH COUNTY - General Fund (marched)		HMHMCP751594	
MH COUNTY - General Fund CODB		HMHMCP751594	-
MH COUNTY - General Fund WO CODB		HMHMCP751594	
TOTAL CBHS MENTAL I			12,28
CHIS SUBSTANCE ABUSE FUNDING SOURCES			
TOTAL CBHS SUBSTANCE	ABUSE	FUNDING SOURCES	-
OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES			
TOTAL OTHER DPH-COMMUNITY PRO	GRAMS	FUNDING SOURCES	-
		FUNDING SOURCES	
NUM-DELIFUNDING SOURCES A	IN THE STATE OF		
TOTAL NON-DPH FUNDING SO	URCES		
TOTAL FUNDING SOURCES (DPH AND NO	N-DPH)		12,28
CBHS UNITS OF SERVICE AND UNIT COST	/1		
Number o	f Beds Pi	urchased (if applicable)
Substance Abuse Only - Non-Res 33 - OD	F#of Gr	oup Sessions (classes)
Substance Abuse Only - Licensed Capacity for Medi-Cal Pr	ovider wit	th Narcotic Tx Progran	ni .
		Fee-For-Service (FFS)	: FFS
		Units of Service	: 16
		Unit Type	: #RE
Cost Per Unit - DPH Rate (D		DING SOURCES Only	75.0
Cost Per Unit - Contract Rate (DPH & N			
Published		edi-Cal Providers Only)	
	Undu	plicated Clients (UDC)	4

		Di II Z. Depart	Helit of Fublic	reath oost hep	orungibata co	llection (CRDC	
DMH Legal Entity Name (MH)						Cı	ontract Appendix #:
	Provider Name:						Document Date:
	Provider Number:		continued				Fiscal Year:
	Program Name:	ECMHCI	ECMHCI	ECMHCI	ECMHCI	ECMHCI	ECMHCI
	ormerly Reporting Unit):	NA	NA	NA	NA	NA NA	NA
Mode/SF	C (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 Svcs Early Interv Indiv	Outreach Svcs Early Interv Group (15% Cap)	Outreach Svcs MH Services Indv/Family	Outreach Svcs MH Services Group (5% 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	7/1/14-6/30/15	7/1/14-6/30/15
FUNDING USES	FUNDING IERMI.	77 17 14-0/30/13		7/1/14-0/30/13	711/14-0/30/13	771714-0/30713	771714-0/30/13
	es & Employee Benefits:	4,027	2.416	4.269	7,894	2,416	2,687
Salark	Operating Expenses:	1,119	671	1,186	2,193	671	748
Co-Hel Europe	es (greater than \$5,000):	1,119	118	208	385	118	131
	ototal Direct Expenses:	5,343	3,205	5,663	10,472	3,205	3,566
Suc	Indirect Expenses:	5,343 801	3,205	850	1,571	481	534
T1	OTAL FUNDING USES:	6,144	3,686	6,513	12,043	3,686	4,100
CBHS MENTAL HEALTH FUNDING SOURCES	Index Code	6,144 (E45) P.C.E. (E45)	3,000	0,513	12,045	3,000	7,100
MH FED - SDMC Regular FFP (50%)	IHMHMCP751594						-
MH STATE - EPSDT State Match	HMHMCP751594		-				
MH STATE - EPSDT State Match MH STATE - Family Mosaic Capitated Medi-Cal							<u> </u>
MH WORK ORDER - Human Services Agency (matched)	HMHMCP8828CH HMHMCHMTCHWO			-	-		
		3.197	100	3,389	6,267	1,918	2,134
MH WORK ORDER - Human Services Agency	HMHMCHCDHSWO	3,197	1,918	3,389	0,267	1,916	2,134
MH Triage Grant	HMHMCHGRANTS	2.097	1,258	2,223	4.110	1,258	1,399
MH WORK ORDER - Dept. Children, Youth & Families	HMHMCHDCYFWO		1,258	424	784	240	1,399
MH WORK ORDER - First Five (SF Children & Family Commission)	HMHMCHSRIPWO	400			392	120	133
MH WORK ORDER - First Five (SF Children & Family Commission)	HMHMCHPFAPWO	200	120	212		120	133
MH PRIOR YEAR - SB 163 - Children's Wrap-Around/Foster Care	HMHNSB163ACP		150	265	490	150	167
MH STATE - MHSA - Prop 63 PEI	HMHMPROP63	250					107
MH Realignment	HMHMCP751594	<u> </u>	· ·			·	
MH COUNTY - General Fund (matched)	HMHMCP751594		-	ļ	· · ·		
MH COUNTY - General Fund (unmatched)	HMHMCP751594				· · · · · ·	-	
MH COUNTY - General Fund CODB	HMHMCP751594		·	<u> </u>		ļ <u>-</u>	<u> </u>
MH COUNTY - General Fund WO CODB	HMHMCP751594				1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		
TOTAL CBHS MENTAL HEALT		6,144	3,686		12,043		4,100
CBHS SUBSTANCE ABUSE FUNDING SCURCES	CFDA州			1. 1. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.	2 推翻 全計 4 年 3 年		
TOTAL CBHS SUBSTANCE ABUS				-	-		•
OTHER DPHECOMM INITY PROGRAMS PUNDING SOURCES	CPDA#.		学的特色型的系统				
	1				ļ	ļ	ļ
TOTAL OTHER DPH-COMMUNITY PROGRAM			•				-
	H FUNDING SOURCES			6,513			4,100
NON-DPH PUNDING SOURCES							
		1850					
TOTAL NON-DPH FUNDING SOURCE		•	-		-		-
TOTAL FUNDING SOURCES (DPH AND NON-DPH	1)	6,144	3,686	6,513	12,043	3,686	4,100
CBHS UNITS OF SERVICE AND UNIT COST			1 .				
THE PARTY COME AND THE PARTY OF THE PARTY CONTROL O	Purchased (if applicable))					
Substance Abuse Only - Non-Res 33 - ODF # of 0				T	1	1	1
Substance Abuse Only - Licensed Capacity for Medi-Cal Provider			1.				
Cost Reimbursement (CR) of			FFS	FFS	FFS	FFS	FFS
	Units of Service						
	Unit Type						
Cost Per Unit - DPH Rate (DPH FU							110.0
Cost Per Unit - Contract Rate (DPH & Non-DPI							
And the second s	Medi-Cal Providers Only)						110.00
	duplicated Clients (UDC)			80	80	100	75

	//H)/Contractor Name (SA):	B-9b, page 1b
	Provider Name:	7/1/2014
	Provider Number:	2014-2015
	Program Name:	
Program Code	e (formerly Reporting Unit):	
Mode/	SFC (MH) or Modality (SA)	
	Service Description:	TOTAL
TRESILES TISSES	FUNDING TERM:	
UNDING USES	laries & Employee Benefits:	80,553
Sai	Operating Expenses:	22,374
Canital Eyna	enses (greater than \$5,000):	3,932
	Subtotal Direct Expenses:	106,859
	Indirect Expenses:	16,029
	TOTAL FUNDING USES:	122,888
SHE MENTAL REACTH FUNDING SOURCES		
MH FED - SDMC Regular FFP (50%)	HMHMCP751594	
MH STATE - EPSDT State Match	HMHMCP751594	- -
	HMHMCP751594 HMHMCP8828CH	•
MH STATE - Family Mosaic Capitated Medi-Cal		•
MH WORK ORDER - Human Services Agency (matched)	HMHMCHMTCHWO	
MH WORK ORDER - Human Services Agency	HMHMCHCDHSWO	63,949
MH Triage Grant	HMHMCHGRANTS	77 544
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	<u> </u>
MH STATE - MHSA - Prop 63 PEI	HMHMPROP63	5,000
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 HEA		122,888
CBHS SUBSTANGE ABUSE FUNDING SOURCES	CEDA#	*
TOTAL CRHS SUBSTANCE AR	BUSE FUNDING SOURCES	
TOTAL CBHS SUBSTANCE AB		
TOTAL CBHS SUBSTANCE AR OTHER DPH-COMPUNITY PROGRAMS FUNDING SOURCES		
OTHER DPH-COMPUNITY PROGRAMS FUNDING SOURCES TOTAL OTHER DPH-COMMUNITY PROGRAMS	CFDAS:	-
OTHER DPH-COMPUNITY PROGRAMS FUNDING SOURCES TOTAL OTHER DPH-COMMUNITY PROGRAMS TOTAL	CFDA #: RAMS FUNDING SOURCES DPH FUNDING SOURCES	122,888
OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES TOTAL OTHER DPH-COMMUNITY PROGRAMS TOTAL	CFDA #: RAMS FUNDING SOURCES DPH FUNDING SOURCES	122,888
OTHER DPH-COMPUNITY PROGRAMS FUNDING SOURCES TOTAL OTHER DPH-COMMUNITY PROGR	CFDA & RAMS FUNDING SOURCES DPH FUNDING SOURCES	122,888
OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES TOTAL OTHER DPH-COMMUNITY PROGR TOTAL NON-DPH-FUNDING SOURCES TOTAL NON-DPH FUNDING SOUR	RAMS FUNDING SOURCES DPH FUNDING SOURCES	122,884
OTHER DPH-COMPUNITY PROGRAMS FUNDING SOURCES TOTAL OTHER DPH-COMMUNITY PROGR TOTAL NON-DPH FUNDING SOURCES TOTAL NON-DPH FUNDING SOUR TOTAL FUNDING SOURCES (DPH AND NON-DPH	RAMS FUNDING SOURCES DPH FUNDING SOURCES	122,88
OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES TOTAL OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES TOTAL NON-DPH FUNDING SOURCES TOTAL NON-DPH FUNDING SOURCES (DPH AND NON-COMMUNITS OF SERVICE AND UNIT COST	CFDA & RAMS FUNDING SOURCES DPH FUNDING SOURCES CCES DPH)	122,88
TOTAL OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES TOTAL OTHER DPH-COMMUNITY PROGRAMS TOTAL NON-DPH FUNDING SOURCES TOTAL NON-DPH FUNDING SOUR TOTAL FUNDING SOURCES (DPH AND NON-E CBHS UNITS OF SERVICE AND UNIT COST	CFDA # RAMS FUNDING SOURCES DPH FUNDING SOURCES CCES DPH) eds Purchased (if applicable)	122,888 122,88
TOTAL OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES TOTAL OTHER DPH-COMMUNITY PROGRAMS TOTAL NOTICE TOTAL TOTAL NON-DPH FUNDING SOURCES TOTAL FUNDING SOURCES (DPH AND NON-E CBHS UNITS OF SERVICE AND UNIT COST Number of Be Substance Abuse Only - Non-Res 33 - ODF #	CFDA # RAMS FUNDING SOURCES DPH FUNDING SOURCES CCES DPH) eds Purchased (if applicable) of Group Sessions (classes)	122,888
TOTAL OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES TOTAL OTHER DPH-COMMUNITY PROGRAMS TOTAL NOTICE TOTAL NON-DPH FUNDING SOURCES TOTAL NON-DPH FUNDING SOURCES TOTAL FUNDING SOURCES (DPH AND NON-E CBHS UNITS OF SERVICE AND UNIT COST Number of Be Substance Abuse Only - Non-Res 33 - ODF # Substance Abuse Only - Licensed Capacity for Medi-Cal Provice	CFDA # RAMS FUNDING SOURCES DPH FUNDING SOURCES BCES DPH) Beds Purchased (if applicable) of Group Sessions (classes) der with Narcotic Tx Program	122,88 122,88
TOTAL OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES TOTAL OTHER DPH-COMMUNITY PROGRAMS TOTAL NON-DPH FUNDING SOURCES TOTAL NON-DPH FUNDING SOUR TOTAL FUNDING SOURCES (DPH AND NON-E CBHS UNITS OF SERVICE AND UNIT COST Number of Be Substance Abuse Only - Non-Res 33 - ODF # Substance Abuse Only - Licensed Capacity for Medi-Cal Provice	CFDA # RAMS FUNDING SOURCES DPH FUNDING SOURCES CCES DPH) eds Purchased (if applicable) of Group Sessions (classes) der with Narcotic Tx Program R) or Fee-For-Service (FFS):	122,888
TOTAL OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES TOTAL OTHER DPH-COMMUNITY PROGRAMS TOTAL NON-DPH FUNDING SOURCES TOTAL NON-DPH FUNDING SOUR TOTAL FUNDING SOURCES (DPH AND NON-E CBHS UNITS OF SERVICE AND UNIT COST Number of Be Substance Abuse Only - Non-Res 33 - ODF # Substance Abuse Only - Licensed Capacity for Medi-Cal Provice	CFDA # RAMS FUNDING SOURCES DPH FUNDING SOURCES CCES DPH) eds Purchased (if applicable) of Group Sessions (classes) der with Narcotic Tx Program R) or Fee-For-Service (FFS) Units of Service	122,888
TOTAL OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES TOTAL OTHER DPH-COMMUNITY PROGRAMS TOTAL NON-DPH FUNDING SOURCES TOTAL NON-DPH FUNDING SOURCES TOTAL FUNDING SOURCES (DPH AND NON-DEM SOURCES (DPH AND NON-DEM SUBSTANCE AND UNIT COST Number of Be Substance Abuse Only - Non-Res 33 - ODF # Substance Abuse Only - Licensed Capacity for Medi-Cal Provided Cost Reimbursement (Cleans and Capacity for Medi-Cal Provided Cost Reimbursement (Cleans and Capacity for Medi-Cal Provided Cost Reimbursement (Cleans and Capacity for Medi-Cal Provided Capacity for Me	CFDA & RAMS FUNDING SOURCES DPH FUNDING SOURCES CES DPH) eds Purchased (if applicable) of Group Sessions (classes) der with Narcotic Tx Program R) or Fee-For-Service (FFS): Units of Service: Unit Type	122,88
TOTAL OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES TOTAL OTHER DPH-COMMUNITY PROGRAMS TOTAL NON-DPH FUNDING SOURCES TOTAL NON-DPH FUNDING SOURCES TOTAL FUNDING SOURCES (DPH AND NON-DETERMINE) CBHS UNITS OF SERVICE AND UNIT COST Number of Be Substance Abuse Only - Non-Res 33 - ODF # Substance Abuse Only - Licensed Capacity for Medi-Cal Provic Cost Reimbursement (CI	CFDA & RAMS FUNDING SOURCES DPH FUNDING SOURCES CCES DPH) eds Purchased (if applicable) of Group Sessions (classes) der with Narcotic Tx Program R) or Fee-For-Service (FFS): Unit Type: FUNDING SOURCES Only)	122,888
TOTAL OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES TOTAL OTHER DPH-COMMUNITY PROGRAMS TOTAL NON-DPH FUNDING SOURCES TOTAL NON-DPH FUNDING SOURCES TOTAL FUNDING SOURCES (DPH AND NON-DETERMINE) TOTAL FUNDING SOURCES (DPH AND NON-DETERMINE) Number of Be Substance Abuse Only - Non-Res 33 - ODF # Substance Abuse Only - Licensed Capacity for Medi-Cal Provic Cost Reimbursement (CI Cost Per Unit - DPH Rate (DPH & Non-DPH Cost Per Unit - Contract Rate (DPH & Non-DPH Cost Per Unit - C	CFDA & RAMS FUNDING SOURCES DPH FUNDING SOURCES CCES DPH) eds Purchased (if applicable) of Group Sessions (classes) der with Narcotic Tx Program R) or Fee-For-Service (FFS): Unit Type: FUNDING SOURCES Only)	122,888

Provider Name: Edge

Appendix #: B-9b, page 2

Document Date:	7/1/14
ocoment Date.	771/14

		TOTAL	MHSA Prop 63 HMHMPROP63		Work Order #1 HSA HMHMCHCDHSWO		Work Order #2 DCYF HMHMCHDCYFWO		Workorder #3 SFCFC HMHMCHSRIPW HMHMCHPFAPWO		General Fund CODB HMHMCP751594	
	Term:	7/1/14-6/30/15	Term:		Term:		Term:	7/1/14-6/30/15	Term:	7/1/14-6/30/15	Term: FTE	7/1/14-6/30/15 Salaries
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FIE	Salaries	FIE	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	0.08	\$ 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		0.00	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	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	S -	0.00	0	0.00		0.00	0.	0.00	0	0.00	0
	0,00	\$ -	0.00	0	0.00	Ŏ	0.00	0	0.00	0	0.00	. 0
1	0.00	s -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	
			0.00		0.00	0		0	0.00	0	0.00	0
Totals:	6.39	\$61,964	0.26	\$2,521	3.32	\$32,254	2.18	\$21,137	0.63	\$6,052	0.00	\$0

Employee Fringe Benefits:	30% \$	8,589	30% 756	30%	\$9,676	30%	\$6,341	30%	\$1,816	#DIV/0!	\$0
TOTAL SALARIES & BENEFITS	\$	0,553	\$3,277	¥	\$41,930		\$27,478	Į.	\$7,868		\$0

Appendix #:

B-9b, page 3

Provider Number: 8858

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

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	0
Utilities(Elec, Water, Gas, Phone, Scavenger)	\$ _	0	.0	. 0	0	0
Office Supplies, Postage	\$ 872.00	43	548	240	41	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	\$ 1,883.00	86	1,096	600	101	. 0
Staff Travel-(Local & Out of Town)	\$ 277.00	13	164	80	20	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
		0	0	0	0	0
	\$ 	0	0	0	0	0
	\$ 7.00	0	0	0	. 0	. 0
	\$ -	0	0	0	0	0
Other:		0	0	. 0	0	. 0
Educational Supplies	\$ 1,149.00	56	712	320	61	. 0
Computer Purchase	\$ 3,881.00	193	2,466	1,040	182	. 0
Telecommunications	\$ 556,00	26	329	160	41	. 0
Purchased Direct Expense (Program Admin, QA, General Research)	\$ 13,756.00	494	6,328	5,195	1,739	
	\$. 0	. 0	0	. 0	. 0
	\$ <u> </u>	0	0	0	0	0
TOTAL OPERATING EXPENSE	\$22,374	\$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	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	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	1	tbd	Workorder #3 SFCFC	349	349
Shared costs - Equipment - see DPH 7	1	tbd	Prop 63 PEI	0	0
	2			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	. 1	tbd	MHSA Prop 63	15	15
Shared costs - Facilities Improvements - See DPH 7	1	tbd	Work Order #1 HSA	189	189
Shared costs - Facilities Improvements - See DPH 7	. 1	tbd	Work Order #2 DCYF	124	124
Shared costs - Facilities Improvements - See DPH 7	1	tbd	Workorder #3 SFCFC	35	35

Total Remodeling Cost

\$363

Total Capital Expenditure

\$3,932

DMH Legal Entity Name (Mi	1)/Contractor Name (SA):	Edgewood Center	for Children and F	amilies		Contract Appendix #:	B-10, page 1
			for Children and F	amilies		Document Date:	7/1/2014
	Provider Number:					Fiscal Year:	2014-2019
		School-Based	School-Based	Ter T	1		
	Program Name:	Well Being	Well Being			, ,	
Program Code	(formerly Reporting Unit):	NA	NA				
Mode/S	FC (MH) or Modality (SA)	45/10-19	45/20-29				
	Service Description:	#REF!	#REF!			,	TOTAL
	FUNDING TERM:	7/1/14-6/30/15	7/1/14-6/30/15	a 6			
UNDING USES	TANESTO STEPP STOR						4.47 1.43
	ries & Employee Benefits:	752	99,540	_	-	-	100,29
	Operating Expenses:	209	27,647	-			27,85
Capital Expen	ses (greater than \$5,000):	37	4,859		_		4,89
	btotal Direct Expenses:	998	132,046		-		133,04
	Indirect Expenses:	150	19,806		-		19,95
	TOTAL FUNDING USES:	1,148	151,852				153,00
CBHS MENTAL HEALTH FUNDING SOURCES				on the second		CARAGO SURA PER	
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						
MH WORK ORDER - Human Services Agency (matched)	HMHMCHCDHSWO				<u>-</u> -		<u> </u>
MH Triage Grant	HMHMCHGRANTS			•			
MH WORK ORDER - Dept. Children, Youth & Families	HMHMCHDCYFWO						- :
MH WORK ORDER - First Five (SF Children & Family Commiss	HIMHMCHERIPWO	-	-			 	
							
MH WORK ORDER - First Five (SF Children & Family Commiss		-	•			-	-
MH PRIOR YEAR - SB 163 - Children's Wrap-Around/Foster Ca			454.050		-	-	452.00
MH STATE - MHSA - Prop 63 PEI	HMHMPROP63	1,148	151,852		-	-	153,00
MH Realignment	HMHMCP751594					<u> </u>	-
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 HEA		1,148	151,852	•	-	•	153,00
CBHS SUBSTANCE ABUSE FUNDING SOURCES	CFDA #:	BOSE WITH			の対象を対象	されたに なるかいべい	18 1 18 1 18 1 18 1 18 1 18 1 18 1 18
TOTAL CBHS SUBSTANCE AB	ILCE ETHINDING COLLEGES						
	CFDA #:	HOUSE BEAUTIFUL STORY					Paga Salata Sancia
	VIIVA D	NATIONAL PROPERTY OF THE				197	2 34 34 17 15 15 15
TOTAL OTHER DPH-COMMUNITY PROGRA	AMS FUNDING SOURCES	-			-		-
	DPH FUNDING SOURCES		151,852				153,00
NON-DPH FUNDING SQUIRGES		A Commission of the		。 高级 1.5 (1845·15	Action to the second	经验证的 通过的	
			200				
TOTAL NON-DPH FUNDING SOU			<u> </u>			-	
TOTAL FUNDING SOURCES (DPH AND NON-	DPH)	1,148	151,852	-	-	-	153,00
CBHS UNITS OF SERVICE AND UNIT COST							
	Is Purchased (if applicable			L			
Substance Abuse Only - Non-Res 33 - ODF # o							V
Substance Abuse Only - Licensed Capacity for Medi-Cal Provide					*		1 2 101
Cost Reimbursement (CR	or Fee-For-Service (FFS)		FFS				2007 (4.5) 37.5
	Units of Service						
	Unit Type						
Cost Per Unit - DPH Rate (DPH						0.00	we the grant of
Cost Per Unit - Contract Rate (DPH & Non-D					0.00	0.00	
	(Medi-Cal Providers Only)						Total UDC
	Induplicated Clients (UDC)): 269	269	0	0	. 0	269

Provider Number: 8858

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

Appendix #: B-10, page 2

#REFI

						1			18.7			
		TOTAL			Prop 63 P	EI HMHMPROP63				-		
	Term:	7/1/14-6/30/15	Term:	7/1/14-6/30/15	Term:	7/1/14-6/30/15	Term:	7/1/14-6/30/15	Term:	7/1/14-6/30/15	Term:	7/1/14-6/30/15
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salarles	FTE	Salaries	FTE	Salaries	FTE	Salaries
Clincian	0.03	\$ 2,123.00	0.00	0	0.03	2,123	0.00		0.00	0	0.00	0
Teacher Trainer	0.39	\$ 22,276.00	0.00	0	0.39	22,276	0.00	. 0	0,00	0	0.00	0
Mental Health Consultant	0.20	\$ 10,928.00	0.00	. 0	0.20	10,928	0.00	0	0.00	0	0.00	0
Behavioral Coach	0.47	\$ 18,420.00	0.00	0	0.47	18,420	0.00	0	0.00	0	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	0
Family Resource Coordinator	0.39	\$ 14,292.00	0.00	0	0.39	14,292	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
	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	
	0.00	\$ -	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	
N	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		0.00	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	s -	0.00	0	0.00	0	0.00	_0	0.00	0	0.00	
Totals	: 1.80	\$77,148	0.00	\$0	1.80	\$77,148	0,00	\$0	0,00	\$0	0.00	. \$
Totalo	1	, V/7,140	0.00	, , ,	1.00	¥11,140	0.50	Ψ	1 0.50			· · · · · ·
	,			1 		 -		r		r	r	
Employee Fringe Benefits	: 30%	\$ 23,144.00	#DIV/0!	\$0	30%	\$23,144	#DIV/0!	\$0	#DIV/0!	\$0	#DIV/0!	\$
TOTAL SALARIES & BENEFITS	ì	\$100,292	1	\$0	7	\$100,292		\$0	1	\$0	1	\$
TO THE SHEARING & BENEFITS		\$100,232	4	- 30	_	4100,202	1	40	_	40		

Provider Number: 8858

Provider Name: Edgewood Center for Children and Families

Document Date: 7/1/14

#REF!

Appendix #: B-10, page 3

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) Utilities(Elec, Water, Gas, Phone, Scavenger) \$ Office Supplies, Postage \$ 2,623.00 2,623 \$ Building Maintenance Supplies and Repair Printing and Reproduction \$ Insurance \$ 2,188 Staff Training 2.188.00 Staff Travel-(Local & Out of Town) \$ \$ Rental of Equipment CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amounts) \$ Other: Client Supplies and Food 5,689.00 5,689 \$ 17,356 Purchased Direct Expense (Program Admin, QA, General Research) 17,356.00 \$ \$0 **TOTAL OPERATING EXPENSE** \$27,856 \$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	1	tbd	Prop 63 PEI	0	0
			y	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	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

\$451

Total Capital Expenditure

(Equipment plus Remodeling Cost)

DMH Legal Entity Name (MH)/C	ontractor Name (SA): I	Edgewood Center	orting/Data Co for Children and F	amilies		Contract Appendix #:	B-11, page 1
	Provider Name: I	Edgewood Center	for Children and F	amilies		Document Date:	7/1/2014
	Provider Number: 8	8858				Fiscal Year:	2014-2015
	Program Name:	YAMHC					
Program Code (forr	nerly Reporting Unit):	NA					
Mode/SFC ((MH) or Modality (SA)	45/10-19					
	Service Description:	Cost Reimburse					TOTAL
	FUNDING TERM:	7/1/14-6/30/15					
FUNDING USES						VALUE NAME OF THE OWNER OF	
	& Employee Benefits:	205,916					205,916
	Operating Expenses:	219,603			····		
	(greater than \$5,000):	16,257				-	219,603 16,257
Subto	tal Direct Expenses:	441,776				<u>-</u> -	441,776
Subto	Indirect Expenses:	66,266					66,266
TOT	AL FUNDING USES:	508,042					508,042
CBHS MENTAL HEALTH FUNDING SOURCES		300,042		- स्ट्राइट सम्बद्धम्स्ट्रिक् ८५		Artist as a second second	300,042
MH FED - SDMC Regular FFP (50%)	HMHMCP751594						
MH STATE - EPSDT State Match	HMHMCP751594						
MH STATE - Family Mosaic Capitated Medi-Cai	HMHMCP8828CH		<u>-</u>				
MH WORK ORDER - Human Services Agency (matched)	HMHMCHMTCHWO						
MH WORK ORDER - Human Services Agency	HMHMCHCDHSWO						<u>-</u> -
MH Triage Grant	HMHMCHGRANTS		-				
MH WORK ORDER - Dept. Children, Youth & Families	HMHMCHDCYFWO						
	HMHMCHSRIPWO	-			-	-	
					-	-	
MH PRIOR YEAR - SB 163 - Children's Wrap-Around/Foster Care	HMHNSB163ACP				-	-	
MH STATE - MHSA - Prop 63 PEI	HMHMPROP63	433,500					433,50
MH Realignment	HMHMCP751594	400,000					400,000
MH COUNTY - General Fund (matched)	HMHMCP751594	 		-		-	
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	74,542					14,54
TOTAL CBHS MENTAL HEALTH			· · · · · · · · ·		- -		508,04
CBHS SUBSTANCE ABUSE FUNDING SQURGES		diameter to the second		Sit With property of		de reneralis	
			34.1.2.10		V		
· TOTAL CBHS SUBSTANCE ABUSE	FUNDING SOURCES	-					-
OTHER DPN-COMMUNITY PROGRAMS FUNDING SOURCES							建筑设置的
				2		2	A CONTRACTOR OF THE PARTY OF TH
TOTAL OTHER DPH-COMMUNITY PROGRAMS	FUNDING SOURCES	-	•	-	-		-
	FUNDING SOURCES		-				508,04
NON-DPH FUNDING SOURCES	Andraga St. March	4 3	A SHOP IN THE	a store of stake is	(434) 金融建筑	AND THE PROPERTY OF THE PROPER	
TOTAL NON-DPH FUNDING SOURCE				-	-	•	-
TOTAL FUNDING SOURCES (DPH AND NON-DPH))	508,042	-		-	-	508,04
CBHS UNITS OF SERVICE AND UNIT COST							March 1975
	urchased (if applicable)		<u> </u>				100
Substance Abuse Only - Non-Res 33 - ODF # of Gn							11 4 4 4 5 M - 1 1 5 M
Substance Abuse Only - Licensed Capacity for Medi-Cal Provider wit			-				ENTREAD OF
Cost Reimbursement (CR) or	Units of Service		 		<u> </u>		
	Unit Type			0	- 0		150 m
Cost Per Unit - DPH Rate (DPH FUN				0.00	0.00		the state of the s
Cost Per Unit - Contract Rate (DPH & Non-DPH				0.00			
	edi-Cal Providers Only)						And the state of t
	plicated Clients (UDC)		0.00				

Provider Number:

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

Appendix #: B-11, page 2

		TOTAL	HMHMPR	Prop 63 PEI HMHMPRROP63/ General Fund HMHMCP751594						3		
Position Title	Term:	7/1/14-6/30/15 Salaries	Term: FTE	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:	7/1/14-6/30/15 Salaries
T COLLEGE TIME	1.5	Salaries		Salailes	- 112	Salaties	TIL	Salaries	715	Jaianes		Jaianes
Program Manager	0.68	\$ 49,080.00	0,68	49,080	0.00	0	0.00	0	0.00	0	0.00	0
Regional Director	0.05	\$ 5,442.00	0.05	5,442	0.00	0	0.00	0	0.00	0	0.00	. 0
Research Director	0.05	\$ 4,647.00	0.05	4,647	0.00	0	0.00	0	0.00	0	0.00	0
Clinicians	1.21	\$ 66,882.00	1.21	66,882	0.00	. 0	0.00	0	0.00	0	0.00	0
Mental Health Consultant	0.48	\$ 27,699.00	0.48	27,699	0.00	0.	0.00	. 0	0.00	0	0.00	0
Research Assistant	0.10	\$ 4,647.00	0,10	4,647	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	7	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
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	0.00	1	0.00	0	0.00	0	0.00	0	0.00	. 0	0.00	
	0,00		0.00	0		0		0	0.00	0	0.00	
	0.00		0.00	0		0		0	0.00	0	0.00	0
			0.00	0		0		0	0.00	0	0.00	0
Totals	2.57	\$158,397	2.57	\$158,397	0.00	\$0		. \$0	0.00	\$0	0.00	\$0
Employee Fringe Benefits	: 30%	\$ 47,519.00	30%	\$47,519	#DIV/0!	. \$0	#DIV/0!	\$0	#DIV/0!	\$0	#DIV/0!	\$0

DPH 4: Operating Expenses Detail

Appendix #: B-11, page 3

\$0

Provider Number: 8858

TOTAL OPERATING EXPENSE

Provider Name: Edgewood Center for Children and Families

Document Date: 7/1/14

Prop 63 PEI HMHMPRROP63/ **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 FY2014 Budget 0 Occupancy (Based on Square Feet used) \$ 2,000.00 2,000 0 \$ 2,000 0 0 0 Utilities(Elec, Water, Gas, Phone, Scavenger) 2,000.00 0 Office Supplies, Postage \$ 800.00 800 0 0 0 **Building Maintenance Supplies and Repair** \$. 0 0 0 \$ 0 0 0 0 Printing and Reproduction 600 0 0 0 Mileage reimbursement 600.00 Staff Training 8,500.00 8,500 0 0 0 \$ 2,400 0 computer supplies. 2,400.00 0 0 0 Rental of Equipment \$ 0 0 0 0 CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amounts) \$ 0 0 0 0 0 0 94,875.00 94,875 Larkin Street Youth Services FY 2014 contract \$ 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 Other: \$ 0 0 Ö 0 Food \$ 800.00 600 0 0 0 Telecommunication 1,200 \$ 1,200.00 0 0 0 \$ 0 0 0 0 0 Purchased Direct Expense (Program Admin, QA, General Research) 11,753 11,753,00 0 0 0 0 Ò 0

\$219,603

\$219,603

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	1	tbd	SB163	0	0
Shared costs - Equipment - see DPH 7	* 1	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	, O
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

\$14,759

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	1	tbd	MHSA Prop 63	1,278	1,278
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

\$1,498

Total Capital Expenditure

DPH 2: Department of Public Heath Cost Reporting/Data Collection (CRDC)

DMH Legal Entity Name (MH)/Co	ment of Public H				')	Contract Appendix #:	B-12, page 1
DIMA Legal Entity Name (MA)/Ci	Drovider Name:	Edgewood Center	for Children and F	amilies		Document Date:	7/1/2014
	Provider Number:		ior Children and I	arrines		Fiscal Year:	2014-2015
	Trovider Humber.	Hospital	Hospital	Hospital	Hospital	risodi (cai.	2011-2010
	Program Name:	Diversion	Diversion	Diversion	Diversion		
Program Code (form	nerly Reporting Unit):	8858H2	8858H2	8858H2	8858H2		
Mode/SFC (MH) or Modality (SA)	15/10-56	15/01-09	15/70-79	15/60-69		
	, , , , , , , , , , , , , , , , , , , ,						
	Service Description:	#REF!	#REF!	#REF!	#REF!		TOTAL
	FUNDING TERM:	7/1/14-6/30/15	7/1/14-6/30/15				
Funding uses				是一块 ⁵⁰ 种。为400			
	& 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
Subto	tal Direct Expenses:	67,446	2,076	3,113	31,129		103,764
TOT	Indirect Expenses:	10,117	311	3,580	4,669	-	15,564
CBHS MENTAL HEALTH FUNDING SOURCES	AL FUNDING USES:		2,387	THE RESERVE THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER, THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER,	35,798	• (150 = 110%, 17 = 136# • #g).	119,328
MH FED - SDMC Regular FFP (50%)	HMHMCP751594	4,550	140	210	2,100		7,000
MH STATE - EPSDT State Match	HMHMCP751594	4,550	140	210	2,100		7,000
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		-				
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					-	
MH COUNTY - General Fund (unmatched)	HMHMCP751594	73,013	2,247	3,370	33,698	-	112,328
MH COUNTY - General Fund CODB	HMHMCP751594	-	-		-	•	
MH COUNTY - General Fund WO CODB TOTAL CBHS MENTAL HEALTH	HMHMCP751594	77,563	2,387	3.580	35,798		119,328
CEHS BURSTANCE ABUSE FUNDING SOURCES	CFDA #:	Section with the second section of the section of the second section of the section	Z,JOI				S 52 " 400
CBMS apria (Matte Alaba): Ferrolina Sociaces	OF DA 4.	NAME OF TAXABLE PARTY.	ASSESSMENT OF THE PARTY OF THE		9 1 N A A		1.00 C.15
TOTAL CBHS SUBSTANCE ABUSE	FUNDING SOURCES	3					-
OTHER OPLECOMMUNITY PROGRAMS FUNDING SOURCES	CFDA #		District Service of	4	tiggs and the party of the		\$45.738.6EP
	OI DITE	188 . A					
TOTAL OTHER DPH-COMMUNITY PROGRAMS	FUNDING SOURCE	5 -		-	-	-	
	FUNDING SOURCE		2,387	3,580	35,798		119,32
NON-OPH RUNDING SOURCES THE RESERVE THE RE	阿爾尼斯斯(24年)		1 维(集的类)。		"Auch)" (To These	4 - 4 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -	1000年100日
TOTAL NON-DPH FUNDING SOURCE	S	-	•		-	-	-
TOTAL FUNDING SOURCES (DPH AND NON-DPH	1)	77,563	2,387	3,580	35,798	-	119,32
CBHS UNITS OF SERVICE AND UNIT COST		1.	1 8				404
	urchased (if applicable						
Substance Abuse Only - Non-Res 33 - ODF # of Gr							
Substance Abuse Only - Licensed Capacity for Medi-Cal Provider wi							
Cost Reimbursement (CR) or			FFS	FFS	FFS		
	Units of Service		1,182	923	7,427	<u>-</u>	
Cost Per Unit - DPH Rate (DPH FUN	Unit Type				#REF		
Cost Per Unit - Contract Rate (DPH & Non-DPH	FINDING SOURCES UNI) 2.61): 2.61			4.82		
	しいれいいい さいしていこう	Z.01	4.02	3.00	1 4.04	. , 0.00	2 11 12 1 14
	edi-Cal Providers Only				4.82	0.00	Total UDC:

DPH 3: Salarles & Benefits Detail

Provider Number: 8858

Provider Name: Edgewood Center for Children and Families

Appendix #: B-12, page 2

Floride Name,	Lugewood	Center for	Children and	rannines	
Document Date:	7/1/14				

		TOTAL		eral Fund MCP751594								
Position Title	Term:	7/1/14-6/30/15 Salaries	Term: FTE	7/1/14-6/30/15 Salaries								
Treatment Manager	0.03	\$ 2,152.00	0.03	2152.00	0,00	0	0.00	0	0.00	0.	0.00	0
Clinician	0.04	\$ 2,162.00	0.04	2162.00	0.00	0	0,00	0	0.00	0	0.00	0
Family Specialist	0,35	\$ 12,611.00	0.35	12611.00	0.00	0	0.00	0	0.00	0	0.00	0
Admin Support	0.04	\$ 1,554.00	0.04	1554.00	0.00	. 0	0.00	0	0.00	0	0.00	0
Per Diem Staff Support	0.22	\$ 41,690.00	0.22	41690.00	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	\$ -	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	c
	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	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	c
	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	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		0.00	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	0.00	
Totals:	0.68	\$60,169	0.68	\$60,169	0.00	\$0	0.00	\$0	0,00	\$0	0.00	\$0

Employee Fringe Benefits:	30% \$	18,051.00	30%	\$18,051	#DIV/0!	\$0	#DIV/0!	\$0	#DIV/0!	\$0	#DIV/0!	\$0
TOTAL CALADIES & DEMERITS		\$78.220		\$79.225	ì	en.		en	ľ	•		en

DPH 4: Operating Expenses Detail

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

Appendix #: B-12, page 3

Expenditure Category		TOTAL	General Fund HMHMCP751594		*1		
	1	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)	\$	7,840.00	7,840	0	0	0	0
Utilities(Elec, Water, Gas, Phone, Scavenger)	\$	- 1	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	0	0	0	0
Insurance	\$		0	0	0	0	0
Staff Training	\$	* 4	0	0	0	0	0
Staff Travel-(Local & Out of Town)	\$	E.,	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	o	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	\$	2,156.00	2,156	0	0	0	0
Laundry and Kitchen Expense	\$	1,470.00	1,470	0.	0	0	
Client Incentives	\$	1,176.00	1,176	0	0	0	C
	\$		0	0	0	0	C
TOTAL OPERATING EXPENSE			-			700 PROCESS TO TO TO	400 300 2000 2000

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	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

\$3,466

2. Remodeling

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	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

\$352

Total Capital Expenditure

\$3,818

DPH 2: Department of Public Heath Cost Reporting/Data Collection (CRDC)

DMH Legal Entity Name (MH)/C	ontractor Name (SA):	Edgewood Center	for Children and F	amilies		Contract Appendix #:	
		Edgewood Center	for Uniteren and F	amnies		Document Date:	4/4/2014
	Provider Number:					Fiscal Year:	2013-2014
		Hospital	Hospital				
	Program Name:	Diversion	Diversion				
	nerly Reporting Unit):	8858H1	8858H1				
Mode/SFC	MH) or Modality (SA)	05/60-64	05/60-64	70			
	Service Description:	Residential Other	Residential Other				TOTAL
	FUNDING TERM:	7/1/13-6/30/14	7/1/13-6/30/14				
FUNDING USES		ne save to the same of		and the second second		영화선 사람이 불을 받는데?	Can helikuwa Presiden
	& Employee Benefits:	140,096	52,096	-	-	-	192,192
	Operating Expenses:	38,911	14,470	-		-	- 53,381
Capital Expenses	(greater than \$5,000):	6,839	2,543				9,382
	tal Direct Expenses:	185,846	69,109			-	254,955
	Indirect Expenses:	27,875	10,366				38,241
TO1	AL FUNDING USES:	213,721	79,475	-	•	•	293,196
CBHS MENTAL HEALTH FUNDING SOURCES	Index Code				n, tak in		Hall Tells and G.
MH FED - SDMC Regular FFP (50%)	HMHMCP751594	_	_				The state of the s
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	HMHMCHGRANTS	-	-	-	-	-	-
MH WORK ORDER - Dept. Children, Youth & Families	HMHMCHDCYFWO	•					-
MH WORK ORDER - First Five (SF Children & Family Commission		-	- 1			<u> </u>	
MH WORK ORDER - First Five (SF Children & Family Commission							
MH PRIOR YEAR - SB 163 - Children's Wrap-Around/Foster Care	HMHNSB163ACP	145,787	54,213	<u> </u>	<u> </u>		200,000
MH STATE - MHSA - Prop 63 PEI	HMHMPROP63				-		
MH Realignment	HMHMCP751594	5,103	1,897			-	7,000
MH COUNTY - General Fund (matched)	HMHMCP751594	-	<u> </u>	-	-	-	-
MH COUNTY - General Fund (unmatched)	HMHMCP751594	62,831	23,365	-			86,196
MH COUNTY - General Fund CODB	HMHMCP751594		-		<u> </u>		-
MH COUNTY - General Fund WO CODB	HMHMCP751594			-	-	•	
TOTAL CBHS MENTAL HEALTH	FUNDING SOURCES	213,721	79,475	•			293,196
CBHS SUBSTANCE ABUSE FUNDING SOURCES	CFDA #:	This had been a second			2000 C	[10] [10] [10] [10] [10] [10] [10] [10]	ALTERNATION AND
TOTAL CBHS SUBSTANCE ABUSE	FUNDING SOURCES	-	-		-		
OTHER OPE COMMUNITY PROGRAMS FUNDING SOURCES	CFDA'#	Y PV POSE	建设的设计图				SUBSTRUCT
						253 271 22	
TOTAL OTHER DPH-COMMUNITY PROGRAMS	FUNDING SOURCES	-	-				-
	FUNDING SOURCES		79,475		-		293,19
NON-OPP FUNDING SOURCES		A SALES AND THE		Religios de la Graci	g iging Digitalis		
		<u> </u>			3.4-11		
TOTAL NON-DPH FUNDING SOURCE	s	 	·		-	· -	·····
						<u> </u>	900 40
TOTAL FUNDING SOURCES (DPH AND NON-DPH	<u>''</u>	213,721	79,475		-	ļ	293,19
CBHS UNITS OF SERVICE AND UNIT COST	-,						
	urchased (if applicable						
Substance Abuse Only - Non-Res 33 - ODF # of Gr							
Substance Abuse Only - Licensed Capacity for Medi-Cal Provider wi							
Cost Reimbursement (CR) or			FFS				
	Units of Service				-	-	1797年中,1947年
·	Unit Type						Address of the last of the las
Cost Per Unit - DPH Rate (DPH FUN				0.00			
Cost Per Unit - Contract Rate (DPH & Non-DPH				0.00			
	edi-Cal Providers Only)		0.00	0.00	0.00	0.00	Total UDC:
Undu	plicated Clients (UDC)						

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

	*	TOTAL		eral Fund MCP751594	SB 163	HMHNSB163ACP	ź					
Position Title	Term; FTE	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 Salarles	Term: FTE	7/1/14-6/30/15 Salaries	Term: FTE	7/1/14-6/30/15 Salaries
Position (Itte	FIE	Salaries	FIE	Salaries	FIE	Salaries	-FIE	Salaries	FIE	Salaties	FIL	Salaties
reatment Manager	0.06	\$ 5,289.00	0.02	1681.00	0.04	3,608	0.00	0	0.00	0	0.00	(
linician	0.10	\$ 5,313,00	0.03	1689.00	0.07	3,624	0.00	0	0.00	. 0	0.00	
amily Specialist	0.85	\$ 30,985.00	0.27	9849.00	0.58	21,136	0.00	0	0.00	0	0.00	
dmin Support	0.10	\$ 3,819.00	0.03	1214.00	0.07	2,605	0.00	0	0.00	0	0.00	
er Diem Staff Support	0.53	\$ 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	0	0.00	
	0.00	\$	0.00	0	0.00	0	0.00	0	0.00	0	0.00	
9	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	\$	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	a.
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	, o	0,00	
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	
r	. 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	
4.5	0.00	s -	. 0.00	0	0.00	0	0.00	0	0.00	. 0	0.00	
<u></u>	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	0.00	
	0,00	\$ -	0.00	0	0,00	0	0.00	0	0.00	. 0	0.00	
	0.00	s <u> </u>	0.00	0	0.00	0	0.00	0	0.00		0.00	
												
Totals:	1.64	\$147,840	0.52	\$46,993	1.12	\$100,847	0.00	\$0	0.00	\$0	0.00	\$
Employee Fringe Benefits:	30%	\$44,352	30%	\$14,098	30%	\$30,254	#DIV/0!	\$0	#DIV/0!	\$0	#DIV/0!	
TOTAL SALARIES & BENEFITS		\$192,192]	\$61,091]	\$131,101]	\$0] .	\$0]	

DPH 4: Operating Expenses Detail

Appendix #: B-12a, page 3

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

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	\$ <u>-</u>	. 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>	0	0	0	0	0
Rental of Equipment	\$	Ö	0	. 0	0	
CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amounts)	\$ -	0	0	0	0	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	\$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	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
	200000			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

\$9,382

DPH 2: Department of Public Heath Cost Reporting/Data Collection (CRDC)

DMH Legal Entity Name (MH)/Co				ra Collection ((ONDO)	Cont	ract Appendix #:	B-13
			for Children and				Document Date:	7/1/2014
	Provider Number:						Fiscal Year.	2014-2015
	Residential Day	Residential Day	Residential Day	Residential Day	Residential Day	Residential Day		
						Treatment &	Treatment &	
	Program Name:	Treatment & FCP OP	Treatment & FCP OP	Treatment & FCP OP	Treatment & FCP OP	FCP OP	FCP OP	
Program Code (form	merly Reporting Unit):	8858FC	8858FC	8858FC	8858FC	8858FC	8858FC	·
	(MH) or Modality (SA)	15/10-56	15/01-09	15/70-79	15/60-69	15/07	15/57	
Illidad of O	(Willy Of Wiodality (SA)	10/10-00	10/01-03	10/10-10	10/00-00	10/07	10/07	
	V*							
	Service Description:	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	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	7/1/14-6/30/15	
FUNDING USES	ASI VISING TOURS IN THE		STORE NEW YORK OF THE	A SECTION AS		The state of the state of	1 m 2 m 2 m 2 m 2 m 2 m 2 m 2 m 2 m 2 m	AND THE STATE OF THE STATE OF
	& Employee Benefits:	61,344	24,537	24,537	49,074	24,537	61,343	245,372
	Operating Expenses:	22,941	9,176	9,176	18,352	9,176	22,940	91,761
	(greater than \$5,000):	4,031	1,613		3,226	1,613	4,032	16,128
	tal Direct Expenses:	88,316	35,326		70,652	35,326	88,315	353,261
Subto			6,574		13,148	6,574	16,435	65,739
701	Indirect Expenses: TAL FUNDING USES:	16,434	41,900		83,800	41,900	104,750	419,000
		104,750		41,900	83,000	The same of the sa	THE RESERVE THE PERSON NAMED IN COLUMN TWO	
COHS MENTAL HEALTH FUNDING SOURCES	Index Code		40 700	S	and the same of th	46.700	The second secon	
MH FED - SDMC Regular FFP (50%)	HMHMCP751594	41,750	16,700		33,400	16,700	41,750	167,000
MH STATE - EPSDT State Match	HMHMCP751594	56,700	22,680	22,680	45,360	22,680	56,700	226,800
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		<u> </u>	-	<u> </u>	•	<u> </u>	-
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)			-	-	-		-	
MH PRIOR YEAR - SB 163 - Children's Wrap-Around/Foster Care	HMHNSB163ACP		<u> </u>	-			-	-
MH STATE - MHSA - Prop 63 PEI	HMHMPROP63		•	-	·	•	-	
MH Realignment	HMHMCP751594	1,47.1	588	588	1,177	588	1,471	5,883
MH COUNTY - General Fund (matched)	HMHMCP751594	4,829	1,932	1,932	3,863	1,932	4,829	19,317
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	104,750	41,900	41,900	83,800	41,900	104,750	419,000
CBHS SUBSTANCE ABI ME FUNDING SOURCES	CFDA #	New State of the S		100	有限企业 会分		1.81ge 1.00m	1 1186
	A STATE OF THE PARTY OF THE PAR							
TOTAL CBHS SUBSTANCE ABUSE	FUNDING SOURCES				-			
OTHER PPH-COMMUNITY PROGRAMS FUNDING SOURCES	CFDA #	· 图像是18.4000图像图	同国信用规则指由 企	1111111111111		TO THE PROPERTY OF THE	1 1945 18 15 15 15 15 15 15 15 15 15 15 15 15 15	Street, Commen
	-1381111		A CONTRACTOR OF THE PERSON OF			of a Street of Street or street		
TOTAL OTHER DPH-COMMUNITY PROGRAMS	FUNDING SOURCES	3 -	· -		-		-	-
	FUNDING SOURCES		41,900	41,900	83,800	41,900	104,750	419,000
NON-DELI-TUNDING SOURCES	Land The State of	1 122-200 NONE 2010 N						ng ragin and a
	E SO NOSKO DOS EUROS							2 2 3 1 1 1 1
TOTAL NON-DPH FUNDING SOURCE	s	 	+	 -	 		 	
			 			+		40.55
TOTAL FUNDING SOURCES (DPH AND NON-DPH	<u> </u>	104,750	41,900	0 41,900	83,800	41,900	104,750	
CBHS UNITS OF SERVICE AND UNIT COST				<u> </u>	 	 		
Number of Beds P			ļ				· · · · · · · · · · · · · · · · · · ·	
Substance Abuse Only - Non-Res 33 - ODF # of Gr		<u> </u>						
Substance Abuse Only - Licensed Capacity for Medi-Cal Provider wi					+		U760 6.40	
Cost Reimbursement (CR) or		FFS	FFS	FFS	FFS	FFS		
	2: 48,270					48,276		
	#REI					F! #REF		
Cost Per Unit - DPH Rate (DPH FUN							2 2.61	
Cost Per Unit - Contract Rate (DPH & Non-DPH							2 2.6	
Published Rate (Me	edi-Cal Providers Only): 2.6	1 2.0			2.03	2 2.6	Total UDC:
Undi	plicated Clients (UDC):	20 . 2	0 20	20	20	0 20	20

DPH 2: Department of Public Heath Cost Reporting/Data Collection (CRDC)

DMH Legal Entity Name (MH)/C						Appendix #:	
	Provider Name:		er for Children an	d Families		ument Date: Fiscal Year:	7/1/2014 2014-2015
	Provider Number. 8 Program Name:						
	Triage	Triage					
Program Code (for	tbd	tbd			G-		
Mode/SFC	(MH) or Modality (SA)	05/60-64	05/60-64				
	Service Description:						
	FUNDING TERM:	7/1/14-6/30/15	7/1/14-6/30/15				
UNDING USES	(#. 19.19.44), (#. 19.19.47)		CITED NOVEL				
	& Employee Benefits:	847,900	929,462	•	-	_	1,777,362
	Operating Expenses:	223,000	244,451		-		467,451
Capital Evpanger	(greater than \$5,000):	220,000	277,701				401,401
	otal Direct Expenses:	1,070,900	1,173,913				2,244,813
Subt		160,634	176,087	-	-		336,721
1.07	Indirect Expenses:					-	2,581,534
	TAL FUNDING USES:	1,231,534	1,350,000				
CBHS MENTAL HEALTH FUNDING SOURCES	Index Code				* 1		
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	-		-	1	-	
MH WORK ORDER - Human Services Agency	HMHMCHCDHSWO	-					-
MH WORK ORDER - Human Services Agency CODB	HMHMCP751594			-	-	-	-
MH WORK ORDER - Dept. Children, Youth & Families	HMHMCHCDHSWO		-	-			-
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 Triage Grant	HMHMCHGRANTS	1,231,534	-			-	1,231,534
MH Realignment	HMHMCP751594	- 4,201,004		 	-	-	1,201,00
MH COUNTY - General Fund (matched)			 	 		 	
	HMHMCP751594		1 050 000				- 4 0 - 0 0 0 0
MH COUNTY - General Fund (unmatched)	HMHMCP751594	<u> </u>	1,350,000	-	-	-	1,350,000
MH COUNTY - General Fund CODB	HMHMCP751594					-	
MH COUNTY - General Fund WO CODB	HMHMCP751594	-	-				
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES		1,231,534	1,350,000	-	-	-	2,581,534
CBHS SUBSTANCE ABUSE FUNDING SOURCES 11	GFDA#			A CONTRACTOR		4.5	
			 	 	 		
TOTAL CBHS SUBSTANCE ABUSE		-	-	-			-
OTHER DPH-COMMUNITY PROGRAMS: FUNDING SOURCES	GFDA #	建设 (2013年) 1923年				4.	7
TOTAL OTHER DPH-COMMUNITY PROGRAMS	FUNDING SOURCES	-	-	-	-	-	
TOTAL DPH	FUNDING SOURCES	1,231,534	1,350,000	†		· ·	2,581,53
NON-OPH FUNDING SOURCES:					177	100	
ICAN-OF IT STEDITE GOLDINGS.	12.24.5	***		1 1 1 1	1	1250 342 4 3	2 3 2 2 3 2 3 2 3
TOTAL NON-DPH FUNDING SOURCES	 	 	 	-	1	 	
		4 002 522	4 250 200	1		+	2 = 5 = 5
TOTAL FUNDING SOURCES (DPH AND NON-DPH	/	1,231,534	1,350,000	-	<u> </u>	<u> </u>	2,581,53
CBHS UNITS OF SERVICE AND UNIT COST		ļ		ļ	ļ <i>i</i>	4	
Number of Beds P		 	ļ. —	 		Same John Co.	
Substance Abuse Only - Non-Res 33 - ODF # of Gr		-	ļ		_	A. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	
Substance Abuse Only - Licensed Capacity for Medi-Cal Provider wi					 		
Cost Reimbursement (CR) or	CR	CR		ļ	_		
	24,631			-	-		
	Unit Type		r Staff Hou			0	
0-45-U-# PPU B-4 (PPU FUM)	50,00	50.00	0.00	0.00	0.00		
Cost Per Unit - DPH Rate (DPH FUN	Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only) Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):						
Cost Per Unit - DPH Rate (DPH FUN Cost Per Unit - Contract Rate (DPH & Non-DPH			50.00		0.00	0.00	
Cost Per Unit - Contract Rate (DPH & Non-DPH		50.00		0.00	107,020,732		Fr 19 \$ 14 1 1

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	НМНМС	P751594						
	Term:	7/1/14-6/30/15										
Position Title	FTE	Salaries										
		2									•	
Directors	2.44	\$ 245,453.00	1.16	117094.00	1.28	128,359						
Supervisors	2.50	\$ 201,580.00	1.19	96165.00	1.31	105,415						
Team Leads	3.17	\$ 189,326.00	1.51	90319.00	1.66	99,007						
Counselors	5.22	\$ 234,633.00	2.49	111933.00	2.73	122,700	и					
Clinicians	6.93	\$ 276,383.00	3.31	131850.00	3.62	144,533						
Nursing	1.19	\$ 95,683.00	0.57	45,646	0.62	50,037						
Trainers	1.59	\$ 79,760.00	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	\$ 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						2
	0.00	\$ -	0.00	Ö	0.00	0			1			
	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					9	
	0.00	\$ -	0.00	0	0.00	0						
	0.00	\$ -	0.00	0	0.00	0						
	0.00	\$ -	0.00	0	0.00	0						
Totals:	23.56	\$1,367,202	11.24	\$652,231	12.32	\$714,971	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
										9		
TOTAL SALARIES & BENEFITS		\$1,777,362		\$847,900	[\$929,462		\$0		\$0		\$0

DPH 4: Operating Expenses Detail

Provider Number: 8858

Appendix #: B-14, page 3

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

Expenditure Category		TOTAL	HMHMCHGRANTS	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	\$	251,542.00	120,000	131,542			
Itilities(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			1
nsurance	\$	10,481.00	5,000	5,481			
Staff Training	\$	-	0	0			
Staff Travel-(Local & Out of Town)	\$		0	0		1	
Rental of Equipment	\$	6,289.00	3,000	3,289			
			5	7			*
CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amounts)	\$		0	0			
**	\$		0	1			
	\$	-	0		J		
,			. 0				
	\$		0				
	\$	=	0	0			
	\$	=	. 0	. 0			
Other:	\$		0	0			
Depreciation	\$		0	1			
Purchased Direct Expense (Program Admin, QA	\$	94,329.00	45,000			, .	
Food	\$	31,443.00	15,000				
Laundry and Kitchen Expense	\$	6,289.00	3,000	3,289			
Client Incentives	\$	10,481.00	5,000	5,481			
 	\$		0		T	1	

DPH 6: Contract-Wide Indirect Detail

Center for Children and Families 7/1/2014 Contractor Name

Document Date:

1. SALARIES & BENEFITS	FTE	Total	
Position Title			
CEO	0.37	\$	111,884
CFO	0.32		93,236
Director of IT	0.32		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
IT Operations 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		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		н
	0.00		-
	0.00		-
	0.00		_
	0.00		-
	0.00		-
	0.00		-
EMPLOYEE FRINGE BENEFI	30.0%	\$	251,309
TOTAL SALARIES & BENEFIT	rs	\$	1,089,007

2. OPERATING COSTS

Expenditure Category		
Accounting/Audit Fees		39,826
Insurance		29,298
Bank/Payroll Fees		39,826
Software Fees/Expense		22,232
		. •
15 41	-,	<u> </u>
TOTAL OPERATING COSTS	\$	131,182
TOTAL INDIRECT COSTS	\$	1,220,189

(Salaries & Benefits + Operating Costs)

*



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 8/14/2014

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(les) 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).

CONTACT Susan McDarby						
	302-0977					
Susan.McDarby@wellsfargo.com						
INSURER(S) AFFORDING COVERAGE	NAIC#					
ER A: Nonprofits Insurance Alliance of California	11845					
ER B : Philadelphia Insurance Company	23850					
ER C: Hartford Fire Insurance Company	19682					
ERD:						
ER E :						
ER F:						
REVISION NUMBER: See beid	W.					
1112	IE NO. Ext): (415) 512-3607 FAX (A/C, No): (877) ILL ESS: Susan.McDarby@wellsfargo.com INSURER(S) AFFORDING COVERAGE RER A: Nonprofits Insurance Alliance of California RER B: Philadelphia Insurance Company RER C: Hartford Fire Insurance Company RER D: RER E: RER F:					

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.

	ACEUSIONO AND CONDITIONS OF SOCIE						·	
INSR LTR	TYPE OF INSURANCE	INSD	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	rs
A	X COMMERCIAL GENERAL LIABILITY	X		PHPK1197884	7/1/2014	7/1/2015	EACH OCCURRENCE	\$ 1,000,000
1	CLAIMS-MADE X OCCUR			*			PREMISES (Ea occurrence)	\$ 1,000,000
				~			MED EXP (Any one person)	\$ 20,000
					ļ	,	PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,000
	POLICY PRO- X LOC						PRODUCTS - COMP/OP AGG	\$ 2,000,000
	OTHER:							\$
Α	AUTOMOBILE LIABILITY			PHPK1197884	7/1/2014	7/1/2015	COMBINED SINGLE LIMIT (Es accident)	\$ 1,000,000
	X ANY AUTO						BODILY INJURY (Per person)	\$
	ALL OWNED SCHEDULED AUTOS			A			BODILY INJURY (Per accident)	\$
	X HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$
								.\$
Α	X UMBRELLA LIAB X OCCUR		-	PHPK1197884	7/1/2014	7/1/2015	EACH OCCURRENCE	\$ 4,000,000
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$ 4,000,000
	DED X RETENTION\$ 10,000							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						PER OTH- STATUTE ER	
1	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A				· ·	E.L. EACH ACCIDENT	\$
- 1	(Mandatory In NH)		Í				E.L. DISEASE - EA EMPLOYEE	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
В	Social Service Professional Occurrence			201305523NPO	07/01/2014	07/01/2015	\$1,000,000	
	Aggregate			8		. 1	\$2,000,000	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Certificate holder is included as additiona insured with respect to the operations of the named insured per form attached. Workers Compensation coverage excluded, evidence only.

CERTIFICATE HOLDER	CANCELLATION
City & County of San Francisco 1380 Howard Street San Francisco, CA 94103	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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Certificate of Insurance (Con't)

OTHER	Coverage
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INSR LTR	TYPE OF INSURANCE	INSR	SUBR	POLICY NUMBER	(MM/DD/YY)	EXPIRATION DATE (MM/DD/YY)	LIMIT
В	Social Service Professional		-	201305523NPO	07/01/2014	07/01/2015	
	Occurrence						\$1,000,000
	Aggregate						\$2,000,000
С	Employee Theft			00 FA 0228815-14	07/01/2014	07/01/2015	\$1,200,000
	Deductible			2		180	\$10,000

Fidelity Bond

Certificate of Insurance-Con't



POLICY NUMBER: PHPK1197884

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED ENDORSEMENT

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE ONLY

In consideration of the premium charged, it is understood and agreed that the following is added as an additional insured:

City and County of San Francisco Department of Public Health 1380 Howard Street, 4th Floor San Francisco CA 94103

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

But only as respects a legally enforceable contractual agreement with the Named Insured and only for liability arising out of the Named Insured's negligence and only for occurrences of coverages not otherwise excluded in the policy to which this endorsement applies.

It is further understood and agreed that irrespective of the number of entities named as insureds under this policy, in no event shall the company's limits of liability exceed the occurrence or aggregate limits as applicable by policy definition or endorsement.

POLICY NUMBER: PHPK1197884

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

Name Of Additional Insured Person(s) Or Organization(s)

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.



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(les) 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). CONTACT Cindy Bane PRODUCER Intercare Insurance Solutions PHONE IAC. No. Ext): 858-373-6908 FAX (A/C, No): 858-366-0067 5375 Mira Sorrento Place, Ste 400 San Diego CA 92121 cbane@intercaresolutions.com CUSTOMER ID #: EDGEW-1 INSURER(S) AFFORDING COVERAGE NAIC # INSURED INSURER A: Quality Comp Inc. Edgewood Center for Children INSURER B: and Families 1801 Vicente Street INSURER C San Francisco CA 94116 INSURER D : INSURER E : INSURER F : **CERTIFICATE NUMBER: 2008295807** COVERAGES **REVISION NUMBER:** 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. ADDL SUBR TYPE OF INSURANCE LIMITS POLICY NUMBER GENERAL LIABILITY EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR MED EXP (Any one person) PERSONAL & ADV INJURY \$ GENERAL AGGREGATE s PRODUCTS - COMPIOP AGG GEN'L AGGREGATE LIMIT APPLIES PER: \$ PRO-POLICY \$ COMBINED SINGLE LIMIT AUTOMOBILE LIABILITY \$ (Ea accident) ANY AUTO BODILY INJURY (Per person) S ALLOWNED AUTOS BODILY INJURY (Per accident) SCHEDULED AUTOS PROPERTY DAMAGE \$ (Per accident) HIRED AUTOS \$ NON-OWNED AUTOS \$ UMBRELLA LIAB EACH OCCURRENCE \$ OCCUR EXCESS LIAB CLAIMS-MADE AGGREGATE \$ S DEDUCTIBLE RETENTION \$ WORKERS COMPENSATION 0150340711 1/1/2014 1/1/2015 AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT \$1,000,000 DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) Please find attached additional information. CANCELLATION CERTIFICATE HOLDER SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. City and County of San Francisco

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Bring year

Department of Public Health 1380 Howard Street, 4th Floor

San Francisco CA 94103

AUTHORIZED REPRESENTATIVE





WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS

Quality Comp, Inc. is a Group Self-Insurance Program authorized by the Office of Self-Insurance Plans to provide workers' compensation to approved members. The Board of Directors of Quality Comp, Inc. has authorized the Program Administrator to waive rights of subrogation in certain instances.

This change in coverage, effective 12:01 AM January 1, 2014, forms part of the member's coverage in Self-Insurance Group No. 4515.

Issued to Edgewood Center for Children & Families

By Quality Comp, Inc.

The Program has the right to recover our payments from anyone liable for an injury covered by this employer. We will not enforce our right against the person or organization named in the Schedule. (This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.)

The additional premium for this change shall be \$250.00.

Schedule

Person or Organization

City and County of San Francisco Human Services Agency P.O. Box 7988 San Francisco, CA 94120 **lob Description**

Provides Mental Health & Substance Abuse Services to families in San Francisco

Countersigned by

.1,

Jacqueline Harris, Program Administrator, Authorized Representative





THIS DOCUMENT CHANGES THE PARTICIPANT'S LEGAL RIGHTS OF MEMBERSHIP. PLEASE READ IT CAREFULLY.

Change No. 002

This change, effective 12:01 AM January 1, 2014
Forms a part of Self-Insured Group No. 4515
Issued to Edgewood Center for Children & Families
Expiration: December 31, 2014

NOTICE TO MEMBER

This change modifies coverage provided under this Workers' Compensation and Employer's Liability Self-Insured Group.

Additional contribution due from the member for this change in coverage is: \$250.00 This contribution may be adjusted at final audit.

Jacqueline Harris, Program Administrator, Authorized Representative

acqueline Harris