

**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:

5. 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.

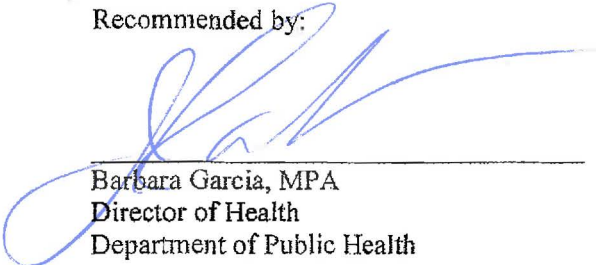
3. Effective Date. This Amendment shall be effective on the date of this Amendment.

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.


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

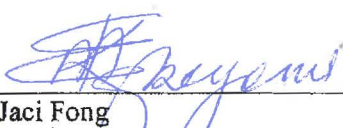
Approved as to Form:

Dennis J. Herrera
City Attorney

By:


Kathy Murphy
Deputy City Attorney

Approved:


Jaci 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) Cost 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 costs incurred during the referenced period of performance. If costs are not invoiced during this period, all unexpended funding set aside for this Agreement will revert to CITY.

C. Payment shall be made by the CITY to CONTRACTOR at the address specified in the section entitled "Notices to Parties."

D. Upon the effective date of this Agreement, contingent upon prior approval by the CITY'S Department of Public Health of an invoice or claim submitted by Contractor, and of each year's revised Appendix A (Description of Services) and each year's revised Appendix B (Program Budget and Cost Reporting

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

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

2. Program Budgets and Final Invoice

- A. Program Budgets are listed below and are attached hereto.
- Budget Summary
 - Appendix B-1a & B-1b: Community-Based Day Treatment
 - Appendix B-2a & B-2b: Residentially-Based Day Treatment and Family Connections Program
 - Appendix B-3: School Mental Health Partnership
 - Appendix B-4: Behavioral Health Outpatient
 - Appendix B-5: Therapeutic Behavioral Services (TBS)
 - Appendix B-6: Wraparound
 - Appendix B-7: Educational Assessments
 - Appendix B-8: Primary Intervention Program (PIP) Mental Health Consultation
 - Appendix B-9: Early Childhood Mental Health Consultation Initiative
 - Appendix B-10: School-Based Well-Being
 - Appendix B-11: Youth Agency Mental Health Consultation (YAMHC)
 - Appendix B-12: Hospital Diversion Program
 - Appendix B-13: Residential-Based Services (RBS)/Family Connections Program (FCP)
 - Appendix B-14: Crisis Triage

B. COMPENSATION

Compensation shall be made in monthly payments on or before the 30th day after the DIRECTOR, in his or her sole discretion, has approved the invoice submitted by CONTRACTOR. The breakdown of costs and sources of revenue associated with this Agreement appears in Appendix B, Cost Reporting/Data Collection (CR/DC) and Program Budget, attached hereto and incorporated by reference as though fully set forth herein. The maximum dollar obligation of the CITY under the terms of this Agreement shall not exceed **Thirty 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, notwithstanding 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.

DPH 1: Department of Public Health Contract Budget Summary

DMH Legal Entity Number (MH): 00273		Prepared By/Phone #: Richard P. Stone, 415.682.3121						Fiscal Year: 2014-15		
DMH Legal Entity Name (MH)/Contractor Name (SA): Edgewood Center for Children and Families		Document 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	
Appendix A/Program Name:	ECMHCI	ECMHCI	ECMHCI	School-Based Well Being	YAMHC	Hospital Diversion	Hospital 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	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	TOTAL
FUNDING USES										
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	0.15	0.15	0.15
TOTAL FUNDING USES	141,183	327,989	122,888	153,000	508,042	119,328	293,196	419,000	2,581,534	9,269,806
Employee Fringe Benefits %:										0.30
CBHS MENTAL HEALTH FUNDING SOURCES										
MH FED - SDMC Regular FFP (50%)	-	-	-	-	-	7,000	-	167,000	-	2,212,278
MH STATE - EPSDT State Match	-	-	-	-	-	-	-	226,800	-	2,074,243
MH STATE - Family Mosaic Capitated Medi-Cal	-	-	-	-	-	-	-	-	-	20,000
MH WORK ORDER - Human Services Agency (matched)	-	-	-	-	-	-	-	-	-	17,561
MH WORK ORDER - Human Services Agency	85,265	152,174	63,949	-	-	-	-	-	-	301,388
MH Triage Grant	-	-	-	-	-	-	-	-	1,231,534	1,231,534
MH WORK ORDER - Dept. Children, Youth & Families	55,918	109,468	41,939	-	-	-	-	-	-	207,325
MH WORK ORDER - First Five (SF Children & Family Commission)	-	34,066	8,000	-	-	-	-	-	-	42,066
MH WORK ORDER - First Five (SF Children & Family Commission)	-	18,058	4,000	-	-	-	-	-	-	22,058
MH PRIOR YEAR - SB 163 - Children's Wrap-Around/Foster Care	-	-	-	-	-	-	200,000	-	-	217,000
MH STATE - MHSA	-	12,448	5,000	153,000	433,500	-	-	-	-	654,948
MH Realignment	-	-	-	-	-	-	7,000	5,883	-	47,827
MH COUNTY - General Fund (matched)	-	-	-	-	-	-	-	19,317	1,350,000	1,507,647
MH COUNTY - General Fund (unmatched)	-	-	-	-	-	112,328	86,196	-	-	637,351
MH COUNTY - General Fund CODB	-	-	-	-	74,542	-	-	-	-	74,542
MH COUNTY - General Fund WO CODB	-	1,775	-	-	-	-	-	-	-	2,038
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	9,269,806
CBHS SUBSTANCE ABUSE FUNDING SOURCES										
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES	-	-	-	-	-	-	-	-	-	-
OTHER DPH COMMUNITY PROGRAMS FUNDING SOURCES										
TOTAL OTHER DPH COMMUNITY PROGRAMS FUNDING SOURCES	-	-	-	-	-	-	-	-	-	-
TOTAL DPH FUNDING SOURCES	141,183	327,989	122,888	153,000	508,042	119,328	293,196	419,000	2,581,534	9,269,806
NON-DPH FUNDING SOURCES										
TOTAL NON-DPH FUNDING SOURCES	-	-	-	-	-	-	-	-	-	-
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	9,269,806

DPH 1: Department of Public Health Contract Budget Summary

DMH Legal Entity Number (MH): 00273					Prepared By/Phone #:					Fiscal Year: 2014-15	
DMH Legal Entity Name (MH)/Contractor Name (SA): Edgewood Center for Children and Families					Document 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
Appendix A/Program Name:		Community Based Day Treatment DTI	Community Based Day Treatment OP	Residential Day Treatment DTI	Residential Day Treatment OP	MH Partnership	Behavioral Health OP	TBS	Wraparound	Educational Assessments	PIP MH 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											
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	110,463	94,101	65,785	2,217	6,652
Indirect %:		0.15	0.15	0.15	0.15	0.15	0.15	0.15	0.15	0.15	0.15
TOTAL FUNDING USES		888,506	152,060	683,309	577,986	161,117	846,880	721,440	504,348	17,000	51,000
							Employee Fringe Benefits %:			0.30	
CBHS MENTAL HEALTH FUNDING SOURCES											
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	-	-
MH STATE - Family Mosaic Capitated Medi-Cal		15,000	5,000	-	-	-	-	-	-	-	-
MH WORK ORDER - Human Services Agency (matched)		-	-	-	-	-	-	-	17,561	-	-
MH WORK ORDER - Human Services Agency		-	-	-	-	-	-	-	-	-	-
MH Triage Grant		-	-	-	-	-	-	-	-	-	-
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		-	-	-	-	-	-	-	-	-	51,000
MH Realignment		32,120	2,824	-	-	-	-	-	-	-	-
MH COUNTY - General Fund (matched)		-	-	30,271	26,470	5,819	40,635	34,676	459	-	-
MH COUNTY - General Fund (unmatched)		189,124	12,340	77,889	48,586	44,737	34,180	27,920	4,051	-	-
MH COUNTY - General Fund CODB		-	-	-	-	-	-	-	-	-	-
MH COUNTY - General Fund WO CODB		-	-	-	-	-	-	-	263	-	-
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES		888,506	152,060	683,309	577,986	161,117	846,880	721,440	504,348	17,000	51,000
CBHS SUBSTANCE ABUSE FUNDING SOURCES											
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES		-	-	-	-	-	-	-	-	-	-
OTHER DPH COMMUNITY PROGRAMS FUNDING SOURCES											
TOTAL OTHER DPH COMMUNITY PROGRAMS FUNDING SOURCES		-	-	-	-	-	-	-	-	-	-
TOTAL DPH FUNDING SOURCES		888,506	152,060	683,309	577,986	161,117	846,880	721,440	504,348	17,000	51,000
NON-DPH FUNDING SOURCES											
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

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

DMH Legal Entity Name (MH)/Contractor Name (SA): Edgewood Center for Children and Families Provider Name: Edgewood Center for Children and Families Provider Number: 8858					Contract Appendix #: B-1a, page 1 Document Date: 7/1/2014 Fiscal Year: 2014-2015	
Program Name: Community Based Day Treatment DTI						
Program Code (formerly Reporting Unit): 88585						
Mode/SFC (MH) or Modality (SA): 10/85-89						
Service Description: #REF!						TOTAL
FUNDING TERM: 7/1/14-6/30/15						
FUNDING USES						
Salaries & Employee Benefits:		582,416	-	-	-	582,416
Operating Expenses:		161,766	-	-	-	161,766
Capital Expenses (greater than \$5,000):		28,432	-	-	-	28,432
Subtotal Direct Expenses:		772,614	-	-	-	772,614
Indirect Expenses:		115,892	-	-	-	115,892
TOTAL FUNDING USES:		888,506	-	-	-	888,506
CBHS MENTAL HEALTH FUNDING SOURCES						
	Index Code					
MH FED - SDMC Regular FFP (50%)	HMHMCP751594	342,191	-	-	-	342,191
MH STATE - EPSDT State Match	HMHMCP751594	310,071	-	-	-	310,071
MH STATE - Family Mosaic Capitated Medi-Cal	HMHMCP8828CH	15,000	-	-	-	15,000
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)	HMHMCHFPAPWO	-	-	-	-	-
MH PRIOR YEAR - SB 163 - Children's Wrap-Around/Foster Care	HMHNSB163ACP	-	-	-	-	-
MH STATE - MHSA - Prop 63 PEI	HMHMPROP63	-	-	-	-	-
MH Realignment	HMHMCP751594	32,120	-	-	-	32,120
MH COUNTY - General Fund (matched)	HMHMCP751594	-	-	-	-	-
MH COUNTY - General Fund (unmatched)	HMHMCP751594	189,124	-	-	-	189,124
MH COUNTY - General Fund CODB	HMHMCP751594	-	-	-	-	-
MH COUNTY - General Fund WO CODB	HMHMCP751594	-	-	-	-	-
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES		888,506	-	-	-	888,506
CBHS SUBSTANCE ABUSE FUNDING SOURCES						
CFDA #:						
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES		-	-	-	-	-
OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES						
CFDA #:						
TOTAL OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES		-	-	-	-	-
TOTAL DPH FUNDING SOURCES		888,506	-	-	-	888,506
NON-DPH FUNDING SOURCES						
TOTAL NON-DPH FUNDING SOURCES		-	-	-	-	-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		888,506	-	-	-	888,506
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):		FFS				
Units of Service:		4,389	-	-	-	-
Unit Type:		#REF!	0	0	0	0
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)		202.43	0.00	0.00	0.00	0.00
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):		202.43	0.00	0.00	0.00	0.00
Published Rate (Medi-Cal Providers Only):		202.43	0.00	0.00	0.00	0.00
Unduplicated Clients (UDC):		30	0	0	0	30

Document Date: 7/1/14

Appendix #: B-1a, page 2[illegible]

Employee Fringe Benefits:	30%	\$	134,403.00	30%	\$130,942	30%	\$3,461	#DIV/0!	\$0	#DIV/0!	\$0	#DIV/0!	\$0
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TOTAL SALARIES & BENEFITS

\$582,416

\$567,416

\$15,000

\$0

\$0

\$0

DPH 4: Operating Expenses Detail

Provider Number: 8858

Appendix #: B-1a, page 3

Provider Name: Edgewood Center for Children and Families

Document Date: 7/1/14

Expenditure Category	TOTAL	General Fund HMHMCP751594				
	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15
Occupancy (Based on Square Feet used)	\$ 71,860.00	71,860	0	0	0	0
Utilities(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	0
Purchased Direct Expense (Program Admin, QA, General Research)	\$ 47,008.00	47,008	0	0	0	0
Food	\$ 16,771.00	16,771	0	0	0	0
Computer Supplies	\$ 9,473.00	9,473	0	0	0	0
Client Incentives	\$ -	0	0	0	0	0
	\$ -					
TOTAL OPERATING EXPENSE	\$161,766	\$161,766	\$0	\$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	1	tbd	Workorder #3 SFCFC	0	0

Total Remodeling Cost

\$2,619

Total Capital Expenditure

(Equipment plus Remodeling Cost)

\$28,432

0

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

DMH Legal Entity Name (MH)/Contractor Name (SA): Edgewood Center for Children and Families					Contract Appendix #: B-1b, page 1
Provider Name: Edgewood Center for Children and Families					Document Date: 7/1/2014
Provider Number: 8858					Fiscal Year: 2014-2015
Program Name:	Community Based Day Treatment OP	Community Based Day Treatment OP	Community Based Day Treatment OP	Community Based Day Treatment OP	
Program Code (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	
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	
FUNDING USES					
Salaries & Employee Benefits:	64,788	1,994	2,990	29,903	99,675
Operating Expenses:	17,994	554	831	8,306	27,685
Capital Expenses (greater than \$5,000):	3,163	97	146	1,460	4,866
Subtotal Direct Expenses:	85,945	2,645	3,967	39,669	132,226
Indirect Expenses:	12,892	397	595	5,950	19,834
TOTAL FUNDING USES:	98,837	3,042	4,562	45,619	152,060
CBHS MENTAL HEALTH FUNDING SOURCES					
	Index Code				
MH FED - SDMC Regular FFP (50%)	HMHMCP751594	43,782	1,348	2,021	20,209
MH STATE - EPSDT State Match	HMHMCP751594	41,948	1,291	1,936	19,361
MH STATE - Family Mosaic Capitated Medi-Cal	HMHMCP8828CH	3,250	100	150	1,500
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	1,836	56	85	847
MH COUNTY - General Fund (matched)	HMHMCP751594	-	-	-	-
MH COUNTY - General Fund (unmatched)	HMHMCP751594	8,021	247	370	3,702
MH COUNTY - General Fund CODB	HMHMCP751594	-	-	-	-
MH COUNTY - General Fund WO CODB	HMHMCP751594	-	-	-	-
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES		98,837	3,042	4,562	45,619
CBHS SUBSTANCE ABUSE FUNDING SOURCES					
	CFDA #				
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES		-	-	-	-
OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES					
	CFDA #				
TOTAL OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES		-	-	-	-
TOTAL DPH FUNDING SOURCES		98,837	3,042	4,562	45,619
NON-DPH FUNDING SOURCES					
TOTAL NON-DPH FUNDING SOURCES		-	-	-	-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		98,837	3,042	4,562	45,619
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):	FFS	FFS	FFS	FFS	
Units of Service:	37,869	1,506	1,176	9,465	-
Unit Type:	#REF!	#REF!	#REF!	#REF!	0
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	2.61	2.02	3.88	4.82	0.00
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):	2.61	2.02	3.88	4.82	0.00
Published Rate (Medi-Cal Providers Only):	2.61	2.02	3.88	4.82	0.00
Unduplicated Clients (UDC):	30	10	10	28	0
					30

DPH 3: Salaries & Benefits Detail

Provider Number: 8858

Provider Name: Edgewood Center for Children and Families

Document Date: 7/1/14

Appendix #: B-1b, page 2

#REF!

[illegible]

Employee Fringe Benefits:	30%	\$	23,002.00	30%	\$21,848	30%	\$1,154	#DIV/0!	\$0	#DIV/0!	\$0	#DIV/0!	\$0
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TOTAL SALARIES & BENEFITS

\$99,675

\$94,675

\$5,000

\$0

\$0

\$0

DPH 4: Operating Expenses Detail

Provider Number: 8858

Provider Name: Edgewood Center for Children and Families

Document Date: 7/1/14

Appendix #: B-1b, page 3

Expenditure Category	TOTAL	General Fund				
	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15
Occupancy (Based on Square Feet used)	\$ 1,353.00	1,353	0	0	0	0
Utilities(Elec, Water, Gas, Phone, Scavenger)	\$ -	0	0	0	0	0
Office Supplies, Postage	\$ 202.00	202	0	0	0	0
Building Maintenance Supplies and Repair	\$ -	0	0	0	0	0
Printing and Reproduction	\$ -	0	0	0	0	0
Insurance	\$ -	0	0	0	0	0
Staff Training	\$ -	0	0	0	0	0
Staff Travel-(Local & Out of Town)	\$ -	0	0	0	0	0
Rental of Equipment	\$ -	0	0	0	0	0
CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amounts)	\$ -	0	0	0	0	0
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	0
	\$ -					
TOTAL OPERATING EXPENSE	\$27,685	\$27,685	\$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	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

\$4,418

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)

\$4,866

0

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

DMH Legal Entity Name (MH)/Contractor Name (SA): Edgewood Center for Children and Families					Contract Appendix #: B-2a, page 1	
Provider Name: Edgewood Center for Children and Families					Document Date: 7/1/2014	
Provider Number: 8858					Fiscal Year: 2014-2015	
Program Name:	Residential Day Treatment DTI					
Program Code (formerly Reporting Unit):	88586					
Mode/SFC (MH) or Modality (SA):	10/85-89					
Service Description:	#REF!					TOTAL
FUNDING TERM:	7/1/14-6/30/15					
FUNDING USES						
Salaries & Employee Benefits:	447,909	-	-	-	-	447,909
Operating Expenses:	124,407	-	-	-	-	124,407
Capital Expenses (greater than \$5,000):	21,866	-	-	-	-	21,866
Subtotal Direct Expenses:	594,182	-	-	-	-	594,182
Indirect Expenses:	89,127	-	-	-	-	89,127
TOTAL FUNDING USES:	683,309	-	-	-	-	683,309
CBHS MENTAL HEALTH FUNDING SOURCES						
MH FED - SDMC Regular FFP (60%)	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	-	-	-	-	-
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	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 HEALTH FUNDING SOURCES	683,309	-	-	-	-	683,309
CBHS SUBSTANCE ABUSE FUNDING SOURCES						
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES						
OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES						
TOTAL OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES						
TOTAL DPH FUNDING SOURCES	683,309	-	-	-	-	683,309
NON-DPH FUNDING SOURCES						
TOTAL NON-DPH FUNDING SOURCES						
TOTAL FUNDING SOURCES (DPH AND NON-DPH)	683,309	-	-	-	-	683,309
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):	FFS					
Units of Service:	3,376	-	-	-	-	
Unit Type:	#REF!	0	0	0	0	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	202.43	0.00	0.00	0.00	0.00	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):	202.43	0.00	0.00	0.00	0.00	
Published Rate (Medi-Cal Providers Only):	202.43	0.00	0.00	0.00	0.00	
Unduplicated Clients (UDC):	12	0	0	0	0	12

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

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#REF!

	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	0
QA Manager	0.12	\$ 8,210.00	0.12	8,210	0.00	0	0.00	0	0.00	0
Relief Staff	0.20	\$ 7,598.00	0.20	7,598	0.00	0	0.00	0	0.00	0
Intake Director	0.10	\$ 11,059.00	0.10	11,059	0.00	0	0.00	0	0.00	0
Administrative Manager	0.10	\$ 6,788.00	0.10	6,788	0.00	0	0.00	0	0.00	0
Administrative Support	0.52	\$ 23,195.00	0.52	23,195	0.00	0	0.00	0	0.00	0
Day Treatment Facilities Manager	0.14	\$ 7,679.00	0.14	7,679	0.00	0	0.00	0	0.00	0
	0.00	\$ -	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	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	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
	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
Totals:	5.75	\$344,545	5.75	\$344,545	0.00	\$0	0.00	\$0	0.00	\$0

Employee Fringe Benefits:	30%	\$103,364	30%	\$103,364	#DIV/0!	\$0	#DIV/0!	\$0	#DIV/0!	\$0
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TOTAL SALARIES & BENEFITS

\$447,909

\$447,909

\$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 HMMCP751594				
	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	0	0
Office Supplies, Postage	\$ 679.00	679	0	0	0	0
Building Maintenance Supplies and Repair	\$ -	0	0	0	0	0
Printing and Reproduction	\$ -	0	0	0	0	0
Insurance	\$ -	0	0	0	0	0
Staff Training	\$ -	0	0	0	0	0
Staff Travel-Local & Out of Town)	\$ 667.00	667	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	\$ 7,500.00	7,500	0	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	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)	\$ 37,930.00	37,930	0	0	0	0
Food	\$ 11,600.00	11,600	0	0	0	0
Computer Supplies	\$ 6,750.00	6,750	0	0	0	0
Client Incentives	\$ 4,278.00	4,278	0	0	0	0
	\$ -	0	0	0	0	0
TOTAL OPERATING EXPENSE	\$124,407	\$124,407	\$0	\$0	\$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

(Equipment plus Remodeling Cost)

\$21,866

0

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

DMH Legal Entity Name (MH)/Contractor Name (SA): Edgewood Center for Children and Families					Contract Appendix #: B-2b, page 1	
Provider Name: Edgewood Center for Children and Families					Document Date: 7/1/2014	
Provider Number: 8858					Fiscal Year: 2014-2015	
Program Name:	Residential Day Treatment OP	Residential Day Treatment OP	Residential Day Treatment OP	Residential Day Treatment OP		
Program Code (formerly Reporting Unit):	88584	88584	88584	88584		
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	7/1/14-6/30/15	7/1/14-6/30/15		
FUNDING USES						
Salaries & Employee Benefits:	322,038	3,031	7,199	46,601	-	378,869
Operating Expenses:	89,446	843	1,999	12,943	-	105,231
Capital Expenses (greater than \$5,000):	15,722	148	351	2,275	-	18,496
Subtotal Direct Expenses:	427,206	4,022	9,549	61,819	-	502,596
Indirect Expenses:	64,082	603	1,432	9,273	-	75,390
TOTAL FUNDING USES:	491,288	4,625	10,981	71,092	-	577,986
CBHS MENTAL HEALTH FUNDING SOURCES						
	Infer Code					
MH FED - SDMC Regular FFP (50%)	HMHMC751594	224,995	2,118	5,029	32,558	284,700
MH STATE - EPSDT State Match	HMHMC751594	202,496	1,906	4,526	29,302	238,230
MH STATE - Family Mosaic Capitated Medi-Cal	HMHMC8828CH	-	-	-	-	-
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	HMHMC751594	-	-	-	-	-
MH COUNTY - General Fund (matched)	HMHMC751594	22,499	212	503	3,256	26,470
MH COUNTY - General Fund (unmatched)	HMHMC751594	41,298	389	923	5,976	48,586
MH COUNTY - General Fund CODB	HMHMC751594	-	-	-	-	-
MH COUNTY - General Fund WO CODB	HMHMC751594	-	-	-	-	-
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES		491,288	4,625	10,981	71,092	577,986
CBHS SUBSTANCE ABUSE FUNDING SOURCES						
	CFDA #					
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES		-	-	-	-	-
OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES						
	CFDA #					
TOTAL OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES		-	-	-	-	-
TOTAL DPH FUNDING SOURCES		491,288	4,625	10,981	71,092	577,986
NON-DPH FUNDING SOURCES						
TOTAL NON-DPH FUNDING SOURCES		-	-	-	-	-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		491,288	4,625	10,981	71,092	577,986
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):	FFS	FFS	FFS	FFS		
Units of Service:	188,233	2,290	2,830	14,749	-	
Unit Type:	#REF!	#REF!	#REF!	#REF!	0	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	2.61	2.02	3.88	4.82	0.00	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):	2.61	2.02	3.88	4.82	0.00	
Published Rate (Medi-Cal Providers Only):	2.61	2.02	3.88	4.82	0.00	Total UDC:
Unduplicated Clients (UDC):	12	12	12	12	0	12

DPH 3: Salaries & Benefits Detail

Provider Number: 8858

Provider Name: Edgewood Center for Children and Families

Document Date: 7/1/14

Appendix #: B-2b, page 2

[illegible]

Employee Fringe Benefits:	30%	\$	87,431.00	30%	\$87,431	#DIV/0!	\$0	#DIV/0!	\$0	#DIV/0!	\$0	#DIV/0!	\$0
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TOTAL SALARIES & BENEFITS

\$378,869

\$378,869

\$0

\$0

\$0

\$0

DPH 4: Operating Expenses Detail

Provider Number: 8858

Appendix #: B-2b, page 3

Provider Name: Edgewood Center for Children and Families

Document Date: 7/1/14

0

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)	\$ 9,739.00	9,739	0	0	0	0
Utilities(Elec, Water, Gas, Phone, Scavenger)	\$ 8,714.00	8,714	0	0	0	0
Office Supplies, Postage	\$ -	0	0	0	0	0
Building Maintenance Supplies and Repair	\$ -	0	0	0	0	0
Printing and Reproduction	\$ -	0	0	0	0	0
Insurance	\$ -	0	0	0	0	0
Staff Training	\$ -	0	0	0	0	0
Staff Travel-(Local & Out of Town)	\$ -	0	0	0	0	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	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
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
	\$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	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

\$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

0

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

DMH Legal Entity Name (MH)/Contractor Name (SA): Edgewood Center for Children and Families					Contract Appendix #:	B-3, page 1
Provider Name: Edgewood Center for Children and Families					Document Date:	7/1/2014
Provider Number: 8858					Fiscal Year:	2014-2015
Program Name:	MH Partnership	MH Partnership	MH Partnership	MH Partnership		
Program Code (formerly Reporting Unit):	8858ED	8858ED	8858ED	8858ED		
Mode/SFC (MH) or Modality (SA):	15/10-56	15/01-09	15/60-69	45/20-29		
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		
FUNDING USES						
Salaries & Employee Benefits:	68,923	2,112	4,224	30,353	-	105,612
Operating Expenses:	19,143	587	1,173	8,431	-	29,334
Capital Expenses (greater than \$5,000):	3,365	103	206	1,482	-	5,156
Subtotal Direct Expenses:	91,431	2,802	5,603	40,266	-	140,102
Indirect Expenses:	13,714	420	841	6,040	-	21,015
TOTAL FUNDING USES:	105,145	3,222	6,444	46,306	-	161,117
CBHS MENTAL HEALTH FUNDING SOURCES						
	Index Code					
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	-	-	-	-	-
MH WORK ORDER - Human Services Agency	HMHMCHCDHSWO	-	-	-	-	-
MH Trilage 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	3,797	116	233	1,673	5,819
MH COUNTY - General Fund (unmatched)	HMHMCP751594	29,195	895	1,789	12,858	44,737
MH COUNTY - General Fund CODB	HMHMCP751594	-	-	-	-	-
MH COUNTY - General Fund WO CODB	HMHMCP751594	-	-	-	-	-
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES		105,145	3,222	6,444	46,306	161,117
CBHS SUBSTANCE ABUSE FUNDING SOURCES						
	CFDA #:					
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES		-	-	-	-	-
OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES						
	CFDA #:					
TOTAL OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES		-	-	-	-	-
TOTAL DPH FUNDING SOURCES		105,145	3,222	6,444	46,306	161,117
NON-DPH FUNDING SOURCES						
TOTAL NON-DPH FUNDING SOURCES		-	-	-	-	-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		105,145	3,222	6,444	46,306	161,117
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):	FFS	FFS	FFS	FFS		
Units of Service:	62,961	2,983	1,545	681	-	
Unit Type:	#REF!	#REF!	#REF!	#REF!	0	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	1.67	1.08	4.17	68.02	0.00	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):	1.67	1.08	4.17	68.02	0.00	
Published Rate (Medi-Cal Providers Only):	1.67	1.08	4.17	68.02	0.00	
Unduplicated Clients (UDC):	30	20	4	28 Classrooms	0	30

DPH 3: Salaries & Benefits Detail

Provider Number: 8858

Provider Name: Edgewood Center for Children and Families

Document Date: 7/1/14

Appendix #: B-3, page 2[illegible]

Employee Fringe Benefits:	30%	\$	24,372.00	30%	\$24,372	#DIV/0!	\$0	#DIV/0!	\$0	#DIV/0!	\$0	#DIV/0!	\$0
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TOTAL SALARIES & BENEFITS

\$105,612

\$0

\$105,612

\$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-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
	\$ -	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
Food	\$ 874.00	874	0	0	0	0
Telecommunication	\$ 1,499.00	1,499	0	0	0	0
Educational Supplies	\$ 1,249.00	1,249	0	0	0	0
Purchased Direct Expense (Program Admin, QA, General Research)	\$ 9,259.00	9,259	0	0	0	0
	\$ -	0	0	0	0	0
	\$ -	0	0	0	0	0
TOTAL OPERATING EXPENSE	\$29,334	\$29,334	\$0	\$0	\$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

(Equipment plus Remodeling Cost)

\$5,156

0

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

DMH Legal Entity Name (MH)/Contractor Name (SA): Edgewood Center for Children and Families					Contract Appendix #: B-4, page 1
Provider Name: Edgewood Center for Children and Families					Document Date: 7/1/2014
Provider Number: 8858					Fiscal Year: 2014-2015
Program Name:	Behavioral Health OP	Behavioral Health OP	Behavioral Health OP	Behavioral Health OP	
Program Code (formerly Reporting Unit):	885814	885814	885814	885814	
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	7/1/14-6/30/15	7/1/14-6/30/15	
FUNDING USES					
Salaries & Employee Benefits:	527,373	24,981	1,388	1,388	555,130
Operating Expenses:	146,479	6,938	385	385	154,187
Capital Expenses (greater than \$5,000):	25,744	1,220	68	68	27,100
Subtotal Direct Expenses:	699,596	33,139	1,841	1,841	736,417
Indirect Expenses:	104,940	4,971	276	276	110,463
TOTAL FUNDING USES:	804,536	38,110	2,117	2,117	846,880
CBHS MENTAL HEALTH FUNDING SOURCES					
	Index Code				
MH FED - SDMC Regular FFP (50%)	HMHMCP751594	386,032	18,286	1,016	406,350
MH STATE - EPSDT State Match	HMHMCP751594	347,430	16,457	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	1,829	102	40,635
MH COUNTY - General Fund (unmatched)	HMHMCP751594	32,472	1,538	85	34,180
MH COUNTY - General Fund CODB	HMHMCP751594	-	-	-	-
MH COUNTY - General Fund WO CODB	HMHMCP751594	-	-	-	-
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES		804,536	38,110	2,117	846,880
CBHS SUBSTANCE ABUSE FUNDING SOURCES					
	CFDA #				
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES		-	-	-	-
OTHER DPH COMMUNITY PROGRAMS FUNDING SOURCES					
	CFDA #				
TOTAL OTHER DPH COMMUNITY PROGRAMS FUNDING SOURCES		-	-	-	-
TOTAL DPH FUNDING SOURCES		804,536	38,110	2,117	846,880
NON-DPH FUNDING SOURCES					
TOTAL NON-DPH FUNDING SOURCES		-	-	-	-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		804,536	38,110	2,117	846,880
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):	FFS	FFS	FFS	FFS	
Units of Service:	308,251	18,866	546	439	-
Unit Type:	#REF!	#REF!	#REF!	#REF!	0
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	2.61	2.02	3.88	4.82	0.00
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):	2.61	2.02	3.88	4.82	0.00
Published Rate (Medi-Cal Providers Only):	2.61	2.02	3.88	4.82	0.00
Unduplicated Clients (UDC):	100	10	10	15	0
					100

Appendix #: B-4, page 2

Provider Name: Edgewood Center for Children and Families

Document Date: 7/1/14

#REF!

	TOTAL		General Fund HMHMCP751594									
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	7/1/14-6/30/15 Salaries
Regional Director	0.13	\$ 22,706.00	0.13	22,706	0.00	0	0.00	0	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
Clinician	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	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
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	#DIV/0!	\$0
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TOTAL SALARIES & BENEFITS

\$555,130

\$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 HMMCP751594				
	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)	\$ -	0	0	0	0	0
	\$ -	0	0	0	0	0
	\$ -	0	0	0	0	0
	\$ -	0	0	0	0	0
	\$ -	0	0	0	0	0
	\$ -	0	0	0	0	0
	\$ -	0	0	0	0	0
Other:	\$ -	0	0	0	0	0
	\$ -	0	0	0	0	0
Purchased Direct Expense (Program Admin, QA, General Research)	\$ 38,441.00	38,441	0	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	0
Depreciation	\$ -	0	0	0	0	0
TOTAL OPERATING EXPENSE	\$154,187	\$154,187	\$0	\$0	\$0	\$0

\$0

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	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

\$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

(Equipment plus Remodeling Cost)

\$27,100

0

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

DMH Legal Entity Name (MH)/Contractor Name (SA): Edgewood Center for Children and Families					Contract Appendix #: B-5, page 1	
Provider Name: Edgewood Center for Children and Families					Document Date: 7/1/2014	
Provider Number: 8858					Fiscal Year: 2014-2015	
Program Name:	TBS	TBS				
Program Code (formerly Reporting Unit):	885818	885818				
Mode/SFC (MH) or Modality (SA)	15/58	15/01-09				
Service Description:	#REF!	#REF!				TOTAL
FUNDING TERM:	7/1/14-6/30/15	7/1/14-6/30/15				
FUNDING USES						
Salaries & Employee Benefits:	468,175	4,729	-	-	-	472,904
Operating Expenses:	130,036	1,313	-	-	-	131,349
Capital Expenses (greater than \$5,000):	22,855	231	-	-	-	23,086
Subtotal Direct Expenses:	621,066	6,273	-	-	-	627,339
Indirect Expenses:	93,160	941	-	-	-	94,101
TOTAL FUNDING USES:	714,226	7,214	-	-	-	721,440
CBHS MENTAL HEALTH FUNDING SOURCES						
	Index Code					
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	-	-	-	-	-
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	347	-	-	34,676
MH COUNTY - General Fund (unmatched)	HMHMCP751594	27,641	279	-	-	27,920
MH COUNTY - General Fund CODB	HMHMCP751594	-	-	-	-	-
MH COUNTY - General Fund WO CODB	HMHMCP751594	-	-	-	-	-
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES		714,226	7,214	-	-	721,440
CBHS SUBSTANCE ABUSE FUNDING SOURCES						
	CFDA #					
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES		-	-	-	-	-
OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES						
	CFDA #					
TOTAL OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES		-	-	-	-	-
TOTAL DPH FUNDING SOURCES		714,226	7,214	-	-	721,440
NON-DPH FUNDING SOURCES						
TOTAL NON-DPH FUNDING SOURCES		-	-	-	-	-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		714,226	7,214	-	-	721,440
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):	FFS	FFS				
Units of Service:	273,650	3,571	-	-	-	
Unit Type:	#REF!	#REF!	0	0	0	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	2.61	2.02	0.00	0.00	0.00	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):	2.61	2.02	0.00	0.00	0.00	
Published Rate (Medi-Cal Providers Only):	2.61	2.02	0.00	0.00	0.00	
Unduplicated Clients (UDC):	45	45	0	0	0	45

DPH 3: Salaries & Benefits Detail

Provider Number: 8858

Provider Name: Edgewood Center for Children and Families

Document Date: 7/1/14

Appendix #: B-5, page 2[illegible]

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

\$472,904

\$472,904

\$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-5, 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)	\$ 70,341	70,341	0	0	0	0	46081
Utilities(Elec, Water, Gas, Phone, Scavenger)	\$ -	0	0	0	0	0	
Office Supplies, Postage	\$ 1,778	1,778	0	0	0	0	1165
Building Maintenance Supplies and Repair	\$ -	0	0	0	0	0	
Printing and Reproduction	\$ -	0	0	0	0	0	
Insurance	\$ -	0	0	0	0	0	
Staff Training	\$ 7,831	7,831	0	0	0	0	5130
Staff Travel-(Local & Out of Town)	\$ 8,243	8,243	0	0	0	0	5400
Rental of Equipment	\$ -	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	0	
Other:	\$ -	0	0	0	0	0	
	\$ -	0	0	0	0	0	
Purchased Direct Expense (Program Admin, QA, General Research)	\$ 24,839	24,839	0	0	0	0	16272
Client Incentives	\$ 4,579	4,579	0	0	0	0	3000
Food	\$ 3,053	3,053	0	0	0	0	2000
Telecommunications	\$ 6,106	6,106	0	0	0	0	4000
Computer Supplies	\$ 4,579	4,579	0	0	0	0	3000
TOTAL OPERATING EXPENSE	\$131,349	\$131,349	\$0	\$0	\$0	\$0	
	\$0						

DPH 5: Capital Expenses Detail

Provider Number: 8858

Appendix #: B-5, page 4

Provider Name: Edgewood Center for Children and Families

Document Date: 7/1/14

1. Equipment

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

Total Equipment Cost

\$20,959

2. Remodeling

Shared costs - Facilities Improvements - See DPH 7	1	tbd	General Fund	2,127	2,127
Shared costs - Facilities Improvements - See DPH 7	1	tbd	SB163	0	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

(Equipment plus Remodeling Cost)

\$23,086

0

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

DMH Legal Entity Name (MH)/Contractor Name (SA): Edgewood Center for Children and Families						Contract Appendix #:	B-6, page 1
Provider Name: Edgewood Center for Children and Families						Document Date:	7/1/2014
Provider Number: 8858						Fiscal Year:	2014-2015
Program Name:	Wraparound	Wraparound	Wraparound	Wraparound	Wraparound	Wraparound	
Program Code (formerly 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
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							
Salaries & Employee Benefits:	66,120	33,060	16,531	16,531	66,119	132,239	330,600
Operating Expenses:	18,365	9,182	4,591	4,591	18,365	36,730	91,824
Capital Expenses (greater than \$5,000):	3,227	1,614	807	807	3,228	6,456	16,139
Subtotal Direct Expenses:	87,712	43,856	21,929	21,929	87,712	175,425	438,563
Indirect Expenses:	13,157	6,579	3,289	3,289	13,157	26,314	65,785
TOTAL FUNDING USES:	100,869	50,435	25,218	25,218	100,869	201,739	504,348
CBHS MENTAL HEALTH FUNDING SOURCES							
MH FED - SDMC Regular FFP (50%)	HMHMCP751594	50,003	25,002	12,501	12,501	50,003	250,017
MH STATE - EPSDT State Match	HMHMCP751594	46,399	23,200	11,600	11,600	46,399	231,997
MH STATE - Family Mosaic Capitated Medi-Cal	HMHMCP8828CH	-	-	-	-	-	-
MH WORK ORDER - Human Services Agency (matched)	HMHMCHMTCHWO	3,513	1,756	878	878	3,512	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	HMHMPPROP63	-	-	-	-	-	-
MH Realignment	HMHMCP751594	-	-	-	-	-	-
MH COUNTY - General Fund (matched)	HMHMCP751594	91	46	23	23	92	459
MH COUNTY - General Fund (unmatched)	HMHMCP751594	810	405	203	203	810	4,051
MH COUNTY - General Fund CODB	HMHMCP751594	-	-	-	-	-	-
MH COUNTY - General Fund WO CODB	HMHMCP751594	53	26	13	13	53	263
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES		100,869	50,435	25,218	25,218	100,869	504,348
CBHS SUBSTANCE ABUSE FUNDING SOURCES							
CFDA #:							
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES		-	-	-	-	-	-
OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES							
CFDA #:							
TOTAL OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES		-	-	-	-	-	-
TOTAL DPH FUNDING SOURCES		100,869	50,435	25,218	25,218	100,869	504,348
NON-DPH FUNDING SOURCES							
TOTAL NON-DPH FUNDING SOURCES		-	-	-	-	-	-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		100,869	50,435	25,218	25,218	100,869	504,348
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):	FFS	FFS	FFS	FFS	FFS	FFS	
Units of Service:	38,647	24,968	6,499	5,232	49,935	77,295	
Unit Type:	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	2.61	2.02	3.88	4.82	2.02	2.61	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):	2.61	2.02	3.88	4.82	2.02	2.61	
Published Rate (Medi-Cal Providers Only):	2.61	2.02	3.88	4.82	2.02	2.61	Total UDC:
Unduplicated Clients (UDC):	15	15	15	15	15	15	15

DPH 3: Salaries & Benefits Detail

Provider Number: 8858

Provider Name: Edgewood Center for Children and Families

Document Date: 7/1/14

Appendix #: B-6, page 2

	TOTAL		General Fund HMMCP751594		HSA Work Order (Matched) HMMCHMTCHWO							
	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	0	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	0
Family Partner	0.46	\$ 23,327.00	0.46	23,327	0	0	0.00	0	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
	0.00	\$ -	0.00	0	0	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0	0	0.00	0	0.00	0	0.00	0
Totals:	2.84	\$254,308	2.56	\$240,800	\$0	\$13,508	0.00	\$0	0.00	\$0	0.00	\$0

Employee Fringe Benefits:	30%	\$	76,292.00	30%	\$72,240	30%	\$4,052	#DIV/0!	\$0	#DIV/0!	\$0	#DIV/0!	\$0
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TOTAL SALARIES & BENEFITS

\$330,600

\$313,040

\$17,560

\$0

\$0

\$0

\$0

DPH 4: Operating Expenses Detail

Provider Number: 8858

Appendix #: B-6, page 3

Provider Name: Edgewood Center for Children and Families

Document Date: 7/1/14

Expenditure Category	TOTAL	General Fund HMHMCP751594				
	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15
Occupancy (Based on Square Feet used)	\$ 36,938.00	36,938	0	0	0	0
Utilities(Elec, Water, Gas, Phone, Scavenger)	\$ -	0	0	0	0	0
Office Supplies, Postage	\$ 1,963.00	1,963	0	0	0	0
Building Maintenance Supplies and Repair	\$ -	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)	\$ 26,184.00	26,184	0	0	0	0
Rental of Equipment	\$ -	0	0	0	0	0
CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amounts)	\$ -	0	0	0	0	0
	\$ -	0	0	0	0	0
	\$ -	0	0	0	0	0
	\$ -	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	1,091	0	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

\$0

DPH 5: Capital Expenses Detail

Provider Number: 8858

Appendix #: B-6, page 4

Provider Name: Edgewood Center for Children and Families

Document Date: 7/1/14

1. Equipment

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

Total Equipment Cost

\$14,652

2. Remodeling

Shared costs - Facilities Improvements - See DPH 7	1	tbd	General Fund	1,487	1,487
Shared costs - Facilities Improvements - See DPH 7	1	tbd	SB163	0	0
Shared costs - Facilities Improvements - See DPH 7	1	tbd	MHSA Prop 63	0	0
Shared costs - Facilities Improvements - See DPH 7	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

(Equipment plus Remodeling Cost)

\$16,139

0

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

DMH Legal Entity Name (MH)/Contractor Name (SA): Edgewood Center for Children and Families				Contract Appendix #: B-7, page 1	
Provider Name: Edgewood Center for Children and Families				Document Date: 7/1/2014	
Provider Number: 8858				Fiscal Year: 2014-2015	
Program Name:	Educational Assessments				
Program Code (formerly Reporting Unit):	NA				
Mode/SFC (MH) or Modality (SA):	45/20-29				
Service Description:	Assessment				TOTAL
FUNDING TERM:	7/1/14-6/30/15				
FUNDING USES					
Salaries & Employee Benefits:	11,144	-	-	-	11,144
Operating Expenses:	3,095	-	-	-	3,095
Capital Expenses (greater than \$5,000):	544	-	-	-	544
Subtotal 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				
MH FED - SDMC Regular FFP (50%)	HMHMCP751594	-			-
MH STATE - EPSDT State Match	HMHMCP751594	-			-
MH STATE - Family Mosaic Capitated Medi-Cal	HMHMCP8828CH	-			-
MH WORK ORDER - Human Services Agency (matched)	HMHMCHMTCHWO	-			-
MH WORK ORDER - Human Services Agency	HMHMCHCDHSWO	-			-
MH Triage Grant	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	-			-
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES		17,000	-	-	17,000
CBHS SUBSTANCE ABUSE FUNDING SOURCES					
	CFDA #:				
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES		-	-	-	-
OTHER DPH COMMUNITY PROGRAMS FUNDING SOURCES					
	CFDA #:				
TOTAL OTHER DPH COMMUNITY PROGRAMS FUNDING SOURCES		-	-	-	-
TOTAL DPH FUNDING SOURCES		17,000	-	-	17,000
NON-DPH FUNDING SOURCES					
TOTAL NON-DPH FUNDING SOURCES		-	-	-	-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		17,000	-	-	17,000
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):	FFS				
Units of Service:	200	-	-	-	-
Unit Type:	#REF!	0	0	0	0
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES ONLY)	85.00	0.00	0.00	0.00	0.00
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):	85.00	0.00	0.00	0.00	0.00
Published Rate (Medi-Cal Providers Only):	85.00	0.00	0.00	0.00	0.00
Unduplicated Clients (UDC):	35	0	0	0	35

DPH 3: Salaries & Benefits Detail

Provider Number: 8858

Appendix #: B-7, page 2

Provider Name: Edgewood Center for Children and Families

Document Date: 7/1/14

	TOTAL						SB 163 HMHNSB163ACP					
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	7/1/14-6/30/15 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	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	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	#DIV/0!	\$0	#DIV/0!	\$0	30%	\$2,572	#DIV/0!	\$0	#DIV/0!	\$0
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TOTAL SALARIES & BENEFITS

\$11,144

\$0

\$0

\$11,144

\$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-7, page 3

Expenditure Category	TOTAL	SB 163 HMHNSB163ACP				
	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15
Occupancy (Based on Square Feet used)	\$ -	0	0	0	0	0
Utilities(Elec, Water, Gas, Phone, Scavenger)	\$ -	0	0	0	0	0
Office Supplies, Postage	\$ -	0	0	0	0	0
Building Maintenance Supplies and Repair	\$ -	0	0	0	0	0
Printing and Reproduction	\$ -	0	0	0	0	0
Insurance	\$ -	0	0	0	0	0
Staff Training	\$ -	0	0	0	0	0
Staff Travel-(Local & Out of Town)	\$ -	0	0	0	0	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	0
Other:	\$ -	0	0	0	0	0
	\$ -	0	0	0	0	0
Purchased Direct Expense (Program Admin, QA, General Research)	\$ 2,011.00	2,011	0	0	0	0
Education Supplies	\$ 1,084.00	1,084	0	0	0	0
	\$ -	0	0	0	0	0
	\$ -	0	0	0	0	0
	\$ -	0	0	0	0	0
TOTAL OPERATING EXPENSE	\$3,095	\$3,095	\$0	\$0	\$0	\$0
	\$0					

DPH 5: Capital Expenses Detail

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

Total Remodeling Cost

\$50

Total Capital Expenditure

(Equipment plus Remodeling Cost)

\$544

0

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

DMH Legal Entity Name (MH)/Contractor Name (SA): Edgewood Center for Children and Families		Contract Appendix #: B-8, page 1	
Provider Name: Edgewood Center for Children and Families		Document Date: 7/1/2014	
Provider Number: 8858		Fiscal Year: 2014-2015	
Program Name:	PIP MH Consultation		
Program Code (formerly Reporting Unit):	NA		
Mode/SFC (MH) or Modality (SA):	45/20-29		
Service Description:	PIP Play Sessions		
FUNDING TERM:	7/1/14-6/30/15		TOTAL
FUNDING USES			
Salaries & Employee Benefits:	33,431	-	33,431
Operating Expenses:	9,285	-	9,285
Capital Expenses (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 HEALTH FUNDING SOURCES			
	Index Code		
MH FED - SDMC Regular FFP (50%)	HMHMCP751594	-	-
MH STATE - EPSDT State Match	HMHMCP751594	-	-
MH STATE - Family Mosaic Capitated Medi-Cal	HMHMCP8828CH	-	-
MH WORK ORDER - Human Services Agency (matched)	HMHMCHMTCHWO	-	-
MH WORK ORDER - Human Services Agency	HMHMCHCDHSWO	-	-
MH Trlage 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 HEALTH FUNDING SOURCES	51,000	-	51,000
CBHS SUBSTANCE ABUSE FUNDING SOURCES			
	CFDA #:		
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES	-	-	-
OTHER DPH COMMUNITY PROGRAMS FUNDING SOURCES			
	CFDA #:		
TOTAL OTHER DPH COMMUNITY PROGRAMS FUNDING SOURCES	-	-	-
TOTAL DPH FUNDING SOURCES	51,000	-	51,000
NON-DPH FUNDING SOURCES			
TOTAL NON-DPH FUNDING SOURCES	-	-	-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)	51,000	-	51,000
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): FFS			
Units of Service:	1,558	-	-
Unit Type:	#REF!	0	0
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	32.73	0.00	0.00
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):	32.73	0.00	0.00
Published Rate (Medi-Cal Providers Only):	32.73	0.00	0.00
Unduplicated Clients (UDC):	352	0	0
			Total UDC: 352

DPH 3: Salaries & Benefits Detail

Provider Number: 8858

Provider Name: Edgewood Center for Children and Families

Document Date: 7/1/14

Appendix #: B-8, page 2

#REF!

	TOTAL				MHSA Prop 63 HMMHPROP63							
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	7/1/14-6/30/15 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
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
Totals:	0.42	\$25,716	0.00	\$0	0.42	\$25,716	0.00	\$0	0.00	\$0	0.00	\$0

Employee Fringe Benefits:	30%	\$	7,715.00	#DIV/0!	\$0	30%	\$7,715	#DIV/0!	\$0	#DIV/0!	\$0	#DIV/0!	\$0
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TOTAL SALARIES & BENEFITS

\$33,431

\$.00

\$33,431

\$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-8, page 3

Expenditure Category	TOTAL		MHSA Prop 63 HMHMPROP63			
	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15
Occupancy (Based on Square Feet used)	\$ 2,307.00	0	2,307	0	0	0
Utilities(Elec, Water, Gas, Phone, Scavenger)	\$ -	0	0	0	0	0
Office Supplies, Postage	\$ 213.00	0	213	0	0	0
Building Maintenance Supplies and Repair	\$ -	0	0	0	0	0
Printing and Reproduction	\$ -	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	0
Other:	\$ -	0	0	0	0	0
	\$ -	0	0	0	0	0
Depreciation	\$ 1,509.00	0	1,509	0	0	0
Telecommunications	\$ 1,704.00	0	1,704	0	0	0
Purchased Direct Expense (Program Admin, QA, General Research)	\$ 3,552.00	0	3,552	0	0	0
	\$ -	0	0	0	0	0
	\$ -	0	0	0	0	0
TOTAL OPERATING EXPENSE	\$9,285	\$0	\$9,285	\$0	\$0	\$0

\$0

DPH 5: Capital Expenses Detail

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	1	tbd	Workorder #3 SFCFC	0	0

Total Remodeling Cost

\$150

Total Capital Expenditure

(Equipment plus Remodeling Cost)

\$1,632

0

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

DMH Legal Entity Name (MH)/Contractor Name (SA): Edgewood Center for Children and Families						Contract Appendix #: B-9, page 1a
Provider Name: Edgewood Center for Children and Families						Document Date: 7/1/2014
Provider Number: 8858						Fiscal Year: 2014-2015
Program Name:	ECMHCI	ECMHCI	ECMHCI	ECMHCI	ECMHCI	ECMHCI
Program Code (formerly Reporting Unit):	NA	NA	NA	NA	NA	NA
Mode/SFC (MH) or Modality (SA)	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19
Service Description:	Outreach Svcs 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
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						
Salaries & Employee Benefits:	15,270	12,216	18,509	2,313	2,036	5,090
Operating Expenses:	4,241	3,393	5,141	643	565	1,414
Capital Expenses (greater than \$5,000):	745	596	904	113	100	248
Subtotal Direct Expenses:	20,256	16,205	24,554	3,069	2,701	6,752
Indirect Expenses:	3,039	2,431	3,683	460	405	1,013
TOTAL FUNDING USES:	23,295	18,636	28,237	3,529	3,106	7,765
CBHS MENTAL HEALTH FUNDING SOURCES						
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	14,069	11,255	17,053	2,131	1,876
MH Triage Grant	HMHMCHGRANTS	-	-	-	-	-
MH WORK ORDER - Dept. Children, Youth & Families	HMHMCHDCYFWO	9,226	7,381	11,184	1,398	1,230
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	HMHSB163ACP	-	-	-	-	-
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	-	-	-	-	-
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES		23,295	18,636	28,237	3,529	3,106
CBHS SUBSTANCE ABUSE FUNDING SOURCES						
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES		-	-	-	-	-
OTHER DPH COMMUNITY PROGRAMS FUNDING SOURCES						
TOTAL OTHER DPH COMMUNITY PROGRAMS FUNDING SOURCES		-	-	-	-	-
TOTAL DPH FUNDING SOURCES		23,295	18,636	28,237	3,529	3,106
NON-DPH FUNDING SOURCES						
TOTAL NON-DPH FUNDING SOURCES		-	-	-	-	-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		23,295	18,636	28,237	3,529	3,106
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):	FFS	FFS	FFS	FFS	FFS	FFS
Units of Service:	311	248	378	47	41	104
Unit Type:	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES ONLY)	75.00	75.00	75.00	75.00	75.00	75.00
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):	75.00	75.00	75.00	75.00	75.00	75.00
Published Rate (Medi-Cal Providers Only):	75.00	75.00	75.00	75.00	75.00	75.00
Unduplicated Clients (UDC):	40	40	40	40	40	40

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

DMH Legal Entity Name (MH)/Contractor Name (SA): Edgewood Center for Children and Families							Contract Appendix #: B-9, page 1b
Provider Name: Edgewood Center for Children and Families							Document Date: 7/1/2014
Provider Number: 8858 continued							Fiscal Year: 2014-2015
Program Name:	ECMHCI	ECMHCI	ECMHCI	ECMHCI	ECMHCI	ECMHCI	
Program Code (formerly Reporting Unit):	NA	NA	NA	NA	NA	NA	
Mode/SFC (MH) or Modality (SA)	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19	
Service Description:	Outreach Svcs Evaluation (5% Cap)	Outreach Svcs Systems Work (5% Cap)	Outreach Svcs Early Interv Indiv	Outreach Svcs Early Interv Group (15% Cap)	Outreach Svcs MH Services Indiv/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							
Salaries & 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 Expenses (greater than \$5,000):	226	136	239	402	136	221	4,518
Subtotal 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
TOTAL FUNDING USES:	7,059	4,235	7,483	12,567	4,235	6,918	141,183
CBHS MENTAL HEALTH FUNDING SOURCES							
	Index Code						
MH FED - SDMC Regular FFP (50%)	HMHMCP751594	-	-	-	-	-	-
MH STATE - EPSDT State Match	HMHMCP751594	-	-	-	-	-	-
MH STATE - Family Mosaic Capitated Medi-Cal	HMHMCP8828CH	-	-	-	-	-	-
MH WORK ORDER - Human Services Agency (matched)	HMHMCHMTCHWO	-	-	-	-	-	-
MH WORK ORDER - Human Services Agency	HMHMCHCDHSWO	4,263	2,558	4,518	7,590	2,558	4,178
MH Triage Grant	HMHMCHGRANTS	-	-	-	-	-	-
MH WORK ORDER - Dept. Children, Youth & Families	HMHMCHDCYFWO	2,796	1,677	2,965	4,977	1,677	2,740
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	-	-	-	-	-	-
MH COUNTY - General Fund CODB	HMHMCP751594	-	-	-	-	-	-
MH COUNTY - General Fund WO CODB	HMHMCP751594	-	-	-	-	-	-
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES		7,059	4,235	7,483	12,567	4,235	6,918
CBHS SUBSTANCE ABUSE FUNDING SOURCES							
	CFDA #						
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES		-	-	-	-	-	-
OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES							
	CFDA #						
TOTAL OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES		-	-	-	-	-	-
TOTAL DPH FUNDING SOURCES		7,059	4,235	7,483	12,567	4,235	6,918
NON-DPH FUNDING SOURCES							
TOTAL NON-DPH FUNDING SOURCES		-	-	-	-	-	-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		7,059	4,235	7,483	12,567	4,235	6,918
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):	FFS	FFS	FFS	FFS	FFS	FFS	
Units of Service:	94	56	100	114	56	63	
Unit Type:	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	75.00	75.00	75.00	110.00	75.00	110.00	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):	75.00	75.00	75.00	110.00	75.00	110.00	
Published Rate (Medi-Cal Providers Only):	75.00	75.00	75.00	110.00	75.00	110.00	
Unduplicated Clients (UDC):	100	50	80	80	100	75	

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

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	TOTAL		MHSA Prop 63 HMMHPROP63		Work Order #1 HSA HMHCDCDHSWO		Work Order #2 DCYF HMHCDCDYFWO		Workorder #3 SFCFC HMCHSRIPW HMCHPFAPWO		General Fund CODB HMCPT75194	
	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	0.03	\$ 3,569.00	0.00	0	0.02	2,121	0.01	1,448	0.00	0	0.00	0
Director of Research	0.05	\$ 3,914.00	0.00	0	0.03	2,325	0.02	1,589	0.00	0	0.00	0
Mental Health Consultant	0.17	\$ 9,187.00	0.00	0	0.10	5,458	0.07	3,729	0.00	0	0.00	0
Mental Health Consultant	0.32	\$ 19,156.00	0.00	0	0.20	11,405	0.12	7,751	0.00	0	0.00	0
Clinician	0.32	\$ 17,383.00	0.00	0	0.20	11,004	0.12	6,379	0.00	0	0.00	0
Mental Health Consultant	0.32	\$ 17,979.00	0.00	0	0.20	10,681	0.12	7,298	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	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
Totals:	1.21	\$71,188	0.00	\$0	0.75	\$42,994	0.46	\$28,194	0.00	\$0	0.00	\$0

Employee Fringe Benefits:	30%	\$21,357	#DIV/0!	\$0	30%	\$12,899	30%	\$8,458	#DIV/0!	\$0	#DIV/0!	\$0
TOTAL SALARIES & BENEFITS		\$92,545		\$0		\$55,893		\$36,652		\$0		\$0

DPH 4: Operating Expenses Detail

Provider Number: 8858

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Provider Name: Edgewood Center for Children and Families

Document Date: 7/1/14

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Expenditure Category	TOTAL	MHSA Prop 63 HMHMPROP63	Work Order #1 HSA HMHMCHCDHSWO	Work Order #2 DCYF HMHMCHDCYFWO	Workorder #3 SFCFC HMHMCHSRIPW HMHMCHPFAPWO	General Fund CODB HMHMCP751594
	7/1/13-10/31/13	7/1/13-10/31/13	7/1/13-10/31/13	7/1/13-10/31/13	7/1/13-10/31/13	7/1/13-10/31/13
Occupancy (Based on Square Feet used)	\$ -	0	0	0	0	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	\$ -	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
Other:		0	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	0	0
TOTAL OPERATING EXPENSE	\$25,704	\$0	\$15,524	\$10,180	\$0	\$0
	\$0					

DPH 5: Capital Expenses Detail

Provider Number: 8858

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Provider Name: Edgewood Center for Children and Families

Document Date: 7/1/14

1. Equipment

Item Description	Quantity	Serial #/VIN #	Funding Source [General Fund, Grant (List Title), or Work Order (List Dept.)]	Purchase Cost Each	Total Cost
Shared costs - Equipment - see DPH 7	1	tbd	General Fund	0	0
Shared costs - Equipment - see DPH 7	1	tbd	SB163	0	0
Shared costs - Equipment - see DPH 7	1	tbd	MHSA Prop 63	0	0
Shared costs - Equipment - see DPH 7	1	tbd	Work Order #1 HSA	2,478	2,478
Shared costs - Equipment - see DPH 7	1	tbd	Work Order #2 DCYF	1,624	1,624
Shared costs - Equipment - see DPH 7	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	1	tbd	SB163	0	0
Shared costs - Facilities Improvements - See DPH 7	1	tbd	MHSA Prop 63	0	0
Shared costs - Facilities Improvements - See DPH 7	1	tbd	Work Order #1 HSA	251	251
Shared costs - Facilities Improvements - See DPH 7	1	tbd	Work Order #2 DCYF	165	165
Shared costs - Facilities Improvements - See DPH 7	1	tbd	Workorder #3 SFCFC	0	0

Total Remodeling Cost

\$416

Total Capital Expenditure

(Equipment plus Remodeling Cost)

\$4,518

0

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

DMH Legal Entity Name (MH)/Contractor Name (SA): Edgewood Center for Children and Families					Contract Appendix #: B-9a, page 1
Provider Name: Edgewood Center for Children and Families					Document Date: 7/1/2014
Provider Number: 8858					Fiscal Year: 2014-2015
Program Name:	ECMHCI	ECMHCI	ECMHCI	ECMHCI	ECMHCI
Program Code (formerly Reporting Unit):	NA	NA	NA	NA	NA
Mode/SFC (MH) or Modality (SA)	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19
Service Description:	Program Development	Program Development	Program Development	Program Development	Program Development
FUNDING TERM:	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15
FUNDING USES					
Salaries & Employee Benefits:	8,160	100,914	71,756	22,330	11,837
Operating Expenses:	1,583	19,580	13,923	4,333	2,296
Capital Expenses (greater than \$5,000):	1,082	13,376	9,511	2,959	1,568
Subtotal Direct Expenses:	10,825	133,870	95,190	29,622	15,701
Indirect Expenses:	1,623	20,079	14,278	4,444	2,357
TOTAL FUNDING USES:	12,448	153,949	109,468	34,066	18,058
CBHS MENTAL HEALTH FUNDING SOURCES					
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	-	152,174	-	-
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	12,448	-	-	-
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	-	1,775	-	-
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	12,448	153,949	109,468	34,066	18,058
CBHS SUBSTANCE ABUSE FUNDING SOURCES					
CFDA #:					
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES	-	-	-	-	-
OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES					
CFDA #:					
TOTAL OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES	-	-	-	-	-
TOTAL DPH FUNDING SOURCES	12,448	153,949	109,468	34,066	18,058
NON-DPH FUNDING SOURCES					
TOTAL NON-DPH FUNDING SOURCES	-	-	-	-	-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)	12,448	153,949	109,468	34,066	18,058
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):	CR	CR	CR	CR	CR
Units of Service:	113	1,400	995	310	164
Unit Type:	#REF!	#REF!	#REF!	#REF!	#REF!
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
Published Rate (Medi-Cal Providers Only):	110.00	110.00	110.00	110.00	110.00
Unduplicated Clients (UDC):	75.00	75.00	75.00	75.00	75.00

DPH 3: Salaries & Benefits Detail

Provider Number: 8858

Provider Name: Edgewood Center for Children and Families

Document Date: 7/1/14

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	TOTAL		MHSA Prop 63 HMHMPROP63		WO#1 HSA / GF COD8 HMHCCHCDHSWO HMHMCP751594		Work Order #2 DCYF HMHCCHDCYFWO		Workorder #3 SFCFC HMHCCHSRIPW		Workorder #4 SFCFC HMHCCHPFAPWO	
	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	0.81	\$ 26,509.00	0.02	1006.00	0.29	12445.00	0.21	8848.00	0.06	2751.00	0.03	1459.00
Director of Research	0.06	\$ 2,705.00	0.00	103.00	0.03	1269.00	0.02	903.00	0.01	281.00	0.00	149.00
Supervisors	0.89	\$ 24,048.00	0.03	913.00	0.42	11287.00	0.30	8026.00	0.09	2498.00	0.05	1324.00
Mental Health Consultants	0.43	\$ 12,225.00	0.02	464.00	0.20	5738.00	0.14	4080.00	0.05	1270.00	0.02	673.00
Clinicians	3.57	\$ 96,954.00	0.14	3680.00	1.67	45507.00	1.19	32369.00	0.37	10070.00	0.20	5338.00
HR Specailist	0.03	\$ 980.00	0.00	37.00	0.02	460.00	0.01	327.00	0.00	102.00	0.00	54.00
QA Specialist	0.03	\$ 980.00	0.00	37.00	0.02	460.00	0.01	327.00	0.00	102.00	0.00	54.00
IT Specialist	0.03	\$ 980.00	0.00	37.00	0.02	460.00	0.01	327.00	0.00	102.00	0.00	54.00
	0.00	\$ -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	0.00	\$ -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	0.00	\$ -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	0.00	\$ -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	0.00	\$ -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	0.00	\$ -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	0.00	\$ -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	0.00	\$ -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	0.00	\$ -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	0.00	\$ -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	0.00	\$ -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	0.00	\$ -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	0.00	\$ -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Totals:	5.65	\$165,381	0.21	\$6,277	2.67	\$77,626	1.89	\$55,197	0.58	\$17,176	0.30	\$9,105

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

DPH 4: Operating Expenses Detail

Provider Number: 8858

Appendix #: B-9a, page 3

Provider Name: Edgewood Center for Children and Families

Document Date: 7/1/14

0

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	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		
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		
	\$ -	0	0	0	0	0		
TOTAL OPERATING EXPENSE	\$41,715	\$1,583	\$19,580	\$13,923	\$4,333	\$2,296		
	\$0							

DPH 5: Capital Expenses Detail

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

Total Remodeling Cost

\$968

Total Capital Expenditure

(Equipment plus Remodeling Cost)

\$28,496

0

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

DMH Legal Entity Name (MH)/Contractor Name (SA): Edgewood Center for Children and Families						Contract Appendix #:
Provider Name: Edgewood Center for Children and Families						Document Date:
Provider Number: 8858						Fiscal Year:
Program Name:	ECMHCI	ECMHCI	ECMHCI	ECMHCI	ECMHCI	ECMHCI
Program Code (formerly Reporting Unit):	NA	NA	NA	NA	NA	NA
Mode/SFC (MH) or Modality (SA)	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19
Service Description:	Outreach Svcs 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
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						
Salaries & Employee Benefits:	13,291	10,633	16,649	2,014	1,772	4,430
Operating Expenses:	3,691	2,953	4,624	559	492	1,230
Capital Expenses (greater than \$5,000):	649	519	813	98	86	217
Subtotal Direct Expenses:	17,631	14,105	22,086	2,671	2,350	5,877
Indirect Expenses:	2,645	2,116	3,312	401	353	881
TOTAL FUNDING USES:	20,276	16,221	25,398	3,072	2,703	6,758
CBHS MENTAL HEALTH FUNDING SOURCES						
	Index Code					
MH FED - SDMC Regular FFP (50%)	HMHMCP751594	-	-	-	-	-
MH STATE - EPSDT State Match	HMHMCP751594	-	-	-	-	-
MH STATE - Family Mosaic Capitated Medi-Cal	HMHMCP8828CH	-	-	-	-	-
MH WORK ORDER - Human Services Agency (matched)	HMHMCHMTCHWO	-	-	-	-	-
MH WORK ORDER - Human Services Agency	HMHMCHCDHSWO	10,551	8,441	13,217	1,599	3,517
MH Triage Grant	HMHMCHGRANTS	-	-	-	-	-
MH WORK ORDER - Dept. Children, Youth & Families	HMHMCHDCYFWO	6,920	5,536	8,668	1,048	2,306
MH WORK ORDER - First Five (SF Children & Family Commission)	HMHMCHSRIPWO	1,320	1,056	1,653	200	440
MH WORK ORDER - First Five (SF Children & Family Commission)	HMHMCHPFAPWO	660	528	827	100	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	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 HEALTH FUNDING SOURCES		20,276	16,221	25,398	3,072	6,758
CBHS SUBSTANCE ABUSE FUNDING SOURCES						
	CFDA #					
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES		-	-	-	-	-
OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES						
	CFDA #					
TOTAL OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES		-	-	-	-	-
TOTAL DPH FUNDING SOURCES		20,276	16,221	25,398	3,072	6,758
NON-DPH FUNDING SOURCES						
TOTAL NON-DPH FUNDING SOURCES		-	-	-	-	-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		20,276	16,221	25,398	3,072	6,758
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):	FFS	FFS	FFS	FFS	FFS	FFS
Units of Service:	270	216	339	41	36	90
Unit Type:	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	75.00	75.00	75.00	75.00	75.00	75.00
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):	75.00	75.00	75.00	75.00	75.00	75.00
Published Rate (Medi-Cal Providers Only):	75.00	75.00	75.00	75.00	75.00	75.00
Unduplicated Clients (UDC):	40	40	40	40	40	40

DMH Legal Entity Name (MH)/Contractor Name (SA):		B-9b, page 1a
Provider Name:		7/1/2014
Provider Number:		2014-2015
Program Name:		ECMHCI
Program Code (formerly Reporting Unit):		NA
Mode/SFC (MH) or Modality (SA)		45/10-19
Service Description:		Outreach Svcs Consultant Train/Supv (10% Cap)
FUNDING TERM:		7/1/14-6/30/15
FUNDING USES		
Salaries & Employee Benefits:		8,055
Operating Expenses:		2,237
Capital Expenses (greater than \$5,000):		393
Subtotal Direct Expenses:		10,685
Indirect Expenses:		1,603
TOTAL FUNDING USES:		12,288
CBHS MENTAL HEALTH FUNDING SOURCES		
	Index Code	
MH FED - SDMC Regular FFP (50%)	HMHMCP751594	-
MH STATE - EPSDT State Match	HMHMCP751594	-
MH STATE - Family Mosaic Capitated Medi-Cal	HMHMCP8828CH	-
MH WORK ORDER - Human Services Agency (matched)	HMHMCHMTCHWO	-
MH WORK ORDER - Human Services Agency	HMHMCHCDHSWO	6,394
MH Triage Grant	HMHMCHGRANTS	-
MH WORK ORDER - Dept. Children, Youth & Families	HMHMCHDCYFWO	4,194
MH WORK ORDER - First Five (SF Children & Family Commission)	HMHMCHSRIPWO	800
MH WORK ORDER - First Five (SF Children & Family Commission)	HMHMCHPFAPWO	400
MH PRIOR YEAR - SB 163 - Children's Wrap-Around/Foster Care	HMHNSB163ACP	-
MH STATE - MHSA - Prop 63 PEI	HMHMPROP63	500
MH Realignment	HMHMCP751594	-
MH COUNTY - General Fund (matched)	HMHMCP751594	-
MH COUNTY - General Fund (unmatched)	HMHMCP751594	-
MH COUNTY - General Fund CODB	HMHMCP751594	-
MH COUNTY - General Fund WO CODB	HMHMCP751594	-
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES		12,288
CBHS SUBSTANCE ABUSE FUNDING SOURCES		
	CFDA #	
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES		-
OTHER DPH COMMUNITY PROGRAMS FUNDING SOURCES		
	CFDA #	
TOTAL OTHER DPH COMMUNITY PROGRAMS FUNDING SOURCES		-
TOTAL DPH FUNDING SOURCES		12,288
NON-DPH FUNDING SOURCES		
TOTAL NON-DPH FUNDING SOURCES		-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		12,288
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):		FFS
Units of Service:		164
Unit Type:		#REF!
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)		75.00
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):		75.00
Published Rate (Medi-Cal Providers Only):		75.00
Unduplicated Clients (UDC):		40

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

DMH Legal Entity Name (MH)/Contractor Name (SA):		Contract Appendix #:				
Provider Name:		Document Date:				
Provider Number: 8858		Fiscal Year:				
Program Name:		ECMHCI	ECMHCI	ECMHCI	ECMHCI	ECMHCI
Program Code (formerly Reporting Unit):		NA	NA	NA	NA	NA
Mode/SFC (MH) or Modality (SA):		45/10-19	45/10-19	45/10-19	45/10-19	45/10-19
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 Indiv/Family
FUNDING TERM:		7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15
FUNDING USES						
Salaries & Employee Benefits:		4,027	2,416	4,269	7,894	2,416
Operating Expenses:		1,119	671	1,186	2,193	671
Capital Expenses (greater than \$5,000):		197	118	208	385	118
Subtotal Direct Expenses:		5,343	3,205	5,663	10,472	3,205
Indirect Expenses:		801	481	850	1,571	481
TOTAL FUNDING USES:		6,144	3,686	6,513	12,043	4,100
CBHS MENTAL HEALTH FUNDING SOURCES						
Index Code		-	-	-	-	-
MH FED - SDMC Regular FFP (50%)		HMHMCP751594	-	-	-	-
MH STATE - EPSDT State Match		HMHMCP751594	-	-	-	-
MH STATE - Family Mosaic Capitated Medi-Cal		HMHMCP8828CH	-	-	-	-
MH WORK ORDER - Human Services Agency (matched)		HMHMCHMTCHWO	-	-	-	-
MH WORK ORDER - Human Services Agency		HMHMCHCDHSWO	3,197	1,918	3,389	6,267
MH Triage Grant		HMHMCHGRANTS	-	-	-	-
MH WORK ORDER - Dept. Children, Youth & Families		HMHMCHDCYFWO	2,097	1,258	2,223	4,110
MH WORK ORDER - First Five (SF Children & Family Commission)		HMHMCHSRIPWO	400	240	424	784
MH WORK ORDER - First Five (SF Children & Family Commission)		HMHMCHFPAPWO	200	120	212	392
MH PRIOR YEAR - SB 163 - Children's Wrap-Around/Foster Care		HMHNSB163ACP	-	-	-	-
MH STATE - MHSA - Prop 63 PEI		HMHMCP63	250	150	265	490
MH Realignment		HMHMCP751594	-	-	-	-
MH COUNTY - General Fund (matched)		HMHMCP751594	-	-	-	-
MH COUNTY - General Fund (unmatched)		HMHMCP751594	-	-	-	-
MH COUNTY - General Fund CODB		HMHMCP751594	-	-	-	-
MH COUNTY - General Fund WO CODB		HMHMCP751594	-	-	-	-
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES		6,144	3,686	6,513	12,043	4,100
CBHS SUBSTANCE ABUSE FUNDING SOURCES						
CFDA #		-	-	-	-	-
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES		-	-	-	-	-
OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES						
CFDA #		-	-	-	-	-
TOTAL OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES		-	-	-	-	-
TOTAL DPH FUNDING SOURCES		6,144	3,686	6,513	12,043	4,100
NON-DPH FUNDING SOURCES						
TOTAL NON-DPH FUNDING SOURCES		-	-	-	-	-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		6,144	3,686	6,513	12,043	4,100
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):		FFS	FFS	FFS	FFS	FFS
Units of Service:		82	49	87	109	49
Unit Type:		#REF!	#REF!	#REF!	#REF!	#REF!
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES ONLY)		75.00	75.00	75.00	110.00	75.00
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):		75.00	75.00	75.00	110.00	75.00
Published Rate (Medi-Cal Providers Only):		75.00	75.00	75.00	110.00	75.00
Unduplicated Clients (UDC):		100	50	80	80	100

DMH Legal Entity Name (MH)/Contractor Name (SA):		B-9b, page 1b
Provider Name:		7/1/2014
Provider Number:		2014-2015
Program Name:		
Program Code (formerly Reporting Unit):		
Mode/SFC (MH) or Modality (SA)		
Service Description:	TOTAL	
FUNDING TERM:		
FUNDING USES		
Salaries & Employee Benefits:	80,553	
Operating Expenses:	22,374	
Capital Expenses (greater than \$5,000):	3,932	
Subtotal Direct Expenses:	106,859	
Indirect Expenses:	16,029	
TOTAL FUNDING USES:	122,888	
CBHS MENTAL HEALTH FUNDING SOURCES		
	Index Code	
MH FED - SDMC Regular FFP (50%)	HMHMCP751594	-
MH STATE - EPSDT State Match	HMHMCP751594	-
MH STATE - Family Mosaic Capitated Medi-Cal	HMHMCP8828CH	-
MH WORK ORDER - Human Services Agency (matched)	HMHMCHMTCHWO	-
MH WORK ORDER - Human Services Agency	HMHMCHCDHSWO	63,949
MH Trilage Grant	HMHMCHGRANTS	-
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	-
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 HEALTH FUNDING SOURCES		122,888
CBHS SUBSTANCE ABUSE FUNDING SOURCES		
	CFDA #	
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES		
OTHER DPH COMMUNITY PROGRAMS FUNDING SOURCES		
	CFDA #	
TOTAL OTHER DPH COMMUNITY PROGRAMS FUNDING SOURCES		
TOTAL DPH FUNDING SOURCES		122,888
NON-DPH FUNDING SOURCES		
TOTAL NON-DPH FUNDING SOURCES		-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		122,888
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:		
Unit Type:		
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)		
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):		
Published Rate (Medi-Cal Providers Only):		
Unduplicated Clients (UDC):		0

DPH 3: Salaries & Benefits Detail

Provider Number: 8858

Provider Name: Edgewood Center for Children and Families

Document Date: 7/1/14

Appendix #: B-9b, page 2

	TOTAL		MHSA Prop 63 HMMMPROP63		Work Order #1 HSA HMMCHCDHSWO		Work Order #2 DCYF HMMCHDCYFWO		Workorder #3 SFCFC HMMCHSRIPW HMMCHPFAPWO		General Fund CODB HMMCP751594	
	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	0.71	\$ 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	0.28	2,427	0.17	1,591	0.05	455	0.00	0
Clinician	4.08	\$ 36,983.00	0.17	1,505	2.12	19,251	1.39	12,615	0.40	3,612	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	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
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%	\$18,589	30%	756	30%	\$9,676	30%	\$6,341	30%	\$1,816	#DIV/0!	\$0
TOTAL SALARIES & BENEFITS		\$80,553		\$3,277		\$41,930		\$27,478		\$7,868		\$0

DPH 4: Operating Expenses Detail

Provider Number: 8858

Appendix #: B-9b, page 3

Provider Name: Edgewood Center for Children and Families

Document Date: 7/1/14

0

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	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
	\$ -	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	0
	\$ -	0	0	0	0	0
TOTAL OPERATING EXPENSE	\$22,374	\$911	\$11,643	\$7,635	\$2,185	\$0
	\$0					

DPH 5: Capital Expenses Detail

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
				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

(Equipment plus Remodeling Cost)

\$3,932

0

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

DMH Legal Entity Name (MH)/Contractor Name (SA): Edgewood Center for Children and Families				Contract Appendix #: B-10, page 1	
Provider Name: Edgewood Center for Children and Families				Document Date: 7/1/2014	
Provider Number: 8858				Fiscal Year: 2014-2015	
Program Name:	School-Based Well Being	School-Based Well Being			
Program Code (formerly Reporting Unit):	NA	NA			
Mode/SFC (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			
FUNDING USES					
Salaries & Employee Benefits:	752	99,540	-	-	100,292
Operating Expenses:	209	27,647	-	-	27,856
Capital Expenses (greater than \$5,000):	37	4,859	-	-	4,896
Subtotal Direct Expenses:	998	132,046	-	-	133,044
Indirect Expenses:	150	19,806	-	-	19,956
TOTAL FUNDING USES:	1,148	151,852	-	-	153,000
CBHS MENTAL HEALTH FUNDING SOURCES					
	Major Code				
MH FED - SDMC Regular FFP (50%)	HMHMCP751594	-	-	-	-
MH STATE - EPSDT State Match	HMHMCP751594	-	-	-	-
MH STATE - Family Mosaic Capitated Medi-Cal	HMHMCP8828CH	-	-	-	-
MH WORK ORDER - Human Services Agency (matched)	HMHMCHMTCHWO	-	-	-	-
MH WORK ORDER - Human Services Agency	HMHMCHCDHSWO	-	-	-	-
MH Triage Grant	HMHMCHGRANTS	-	-	-	-
MH WORK ORDER - Dept. Children, Youth & Families	HMHMCHDCYFWO	-	-	-	-
MH WORK ORDER - First Five (SF Children & Family Commission)	HMHMCHSRIPWO	-	-	-	-
MH WORK ORDER - First Five (SF Children & Family Commission)	HMHMCHPFAPWO	-	-	-	-
MH PRIOR YEAR - SB 163 - Children's Wrap-Around/Foster Care	HMHNSB163ACP	-	-	-	-
MH STATE - MHSA - Prop 63 PEI	HMHMPROP63	1,148	151,852	-	153,000
MH Realignment	HMHMCP751594	-	-	-	-
MH COUNTY - General Fund (matched)	HMHMCP751594	-	-	-	-
MH COUNTY - General Fund (unmatched)	HMHMCP751594	-	-	-	-
MH COUNTY - General Fund CODB	HMHMCP751594	-	-	-	-
MH COUNTY - General Fund WO CODB	HMHMCP751594	-	-	-	-
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES		1,148	151,852	-	153,000
CBHS SUBSTANCE ABUSE FUNDING SOURCES					
	CFDA #				
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES		-	-	-	-
OTHER DPH COMMUNITY PROGRAMS FUNDING SOURCES					
	CFDA #				
TOTAL OTHER DPH COMMUNITY PROGRAMS FUNDING SOURCES		-	-	-	-
TOTAL DPH FUNDING SOURCES		1,148	151,852	-	153,000
NON-DPH FUNDING SOURCES					
TOTAL NON-DPH FUNDING SOURCES		-	-	-	-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		1,148	151,852	-	153,000
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):		FFS	FFS		
Units of Service:	41	5,478	-	-	-
Unit Type:	#REF!	#REF!	0	0	0
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	27.72	27.72	0.00	0.00	0.00
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):	27.72	27.72	0.00	0.00	0.00
Published Rate (Medi-Cal Providers Only):	27.72	27.72	0.00	0.00	0.00
Unduplicated Clients (UDC):	269	269	0	0	269

DPH 3: Salaries & Benefits Detail

Provider Number: 8858

Provider Name: Edgewood Center for Children and Families

Document Date: 7/1/14

Appendix #: B-10, page 2

	#REF!											
	TOTAL				Prop 63 PEI HMHMPROP63							
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	7/1/14-6/30/15 Salaries
Clinician	0.03	\$ 2,123.00	0.00	0	0.03	2,123	0.00	0	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
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	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
Totals:	1.80	\$77,148	0.00	\$0	1.80	\$77,148	0.00	\$0	0.00	\$0	0.00	\$0

Employee Fringe Benefits:	30%	\$	23,144.00	#DIV/0!	\$0	30%	\$23,144	#DIV/0!	\$0	#DIV/0!	\$0	#DIV/0!	\$0
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TOTAL SALARIES & BENEFITS

\$100,292

\$0

\$100,292

\$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-10, page 3

#REF!

Expenditure Category	TOTAL		Prop 63 PEI HMHMPROP63			
	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15
Occupancy (Based on Square Feet used)	\$ -	0	0	0	0	0
Utilities(Elec, Water, Gas, Phone, Scavenger)	\$ -	0	0	0	0	0
Office Supplies, Postage	\$ 2,623.00	0	2,623	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	\$ 2,188.00	0	2,188	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	0
Other:		0	0	0	0	0
Client Supplies and Food	\$ 5,689.00	0	5,689	0	0	0
	\$ -	0	0	0	0	0
	\$ -	0	0	0	0	0
Purchased Direct Expense (Program Admin, QA, General Research)	\$ 17,356.00	0	17,356	0	0	0
	\$ -	0	0	0	0	0
	\$ -	0	0	0	0	0
TOTAL OPERATING EXPENSE	\$27,856	\$0	\$27,856	\$0	\$0	\$0

\$0

DPH 5: Capital Expenses Detail

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
				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)

\$4,896

0

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

DMH Legal Entity Name (MH)/Contractor Name (SA): Edgewood Center for Children and Families		Contract Appendix #: B-11, page 1	
Provider Name: Edgewood Center for Children and Families		Document Date: 7/1/2014	
Provider Number: 8858		Fiscal Year: 2014-2015	
Program Name:	YAMHC		
Program Code (formerly 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			
Salaries & Employee Benefits:	205,916	-	205,916
Operating Expenses:	219,603	-	219,603
Capital Expenses (greater than \$5,000):	16,257	-	16,257
Subtotal Direct Expenses:	441,776	-	441,776
Indirect Expenses:	66,266	-	66,266
TOTAL FUNDING USES:	508,042	-	508,042
CBHS MENTAL HEALTH FUNDING SOURCES			
	Index Code		
MH FED - SDMC Regular FFP (50%)	HMHMCP751594	-	-
MH STATE - EPSDT State Match	HMHMCP751594	-	-
MH STATE - Family Mosaic Capitated Medi-Cal	HMHMCP8828CH	-	-
MH WORK ORDER - Human Services Agency (matched)	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	433,500	433,500
MH Realignment	HMHMCP751594	-	-
MH COUNTY - General Fund (matched)	HMHMCP751594	-	-
MH COUNTY - General Fund (unmatched)	HMHMCP751594	-	-
MH COUNTY - General Fund CODB	HMHMCP751594	74,542	74,542
MH COUNTY - General Fund WO CODB	HMHMCP751594	-	-
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	508,042	-	508,042
CBHS SUBSTANCE ABUSE FUNDING SOURCES			
	CFDA #		
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES			
OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES			
	CFDA #		
TOTAL OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES			
TOTAL DPH FUNDING SOURCES	508,042	-	508,042
NON-DPH FUNDING SOURCES			
TOTAL NON-DPH FUNDING SOURCES			
TOTAL FUNDING SOURCES (DPH AND NON-DPH)	508,042	-	508,042
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):	CR		
Units of Service:	6,240	-	-
Unit Type:	#REF!	0	0
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	81.42	0.00	0.00
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):	0.00	0.00	0.00
Published Rate (Medi-Cal Providers Only):	0.00	0.00	0.00
Unduplicated Clients (UDC):	500	0	500

DPH 3: Salaries & Benefits Detail

Provider Number:

Provider Name: Edgewood Center for Children and Families

Document Date: 7/1/14Appendix #: B-11, page 2

	TOTAL		Prop 63 PEI HMHMPROP63/ General Fund HHMC751594									
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	7/1/14-6/30/15 Salaries
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	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	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
Totals:	2.57	\$158,397	2.57	\$158,397	0.00	\$0	0.00	\$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
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TOTAL SALARIES & BENEFITS

\$205,916

\$205,916

\$0

\$0

\$0

\$0

DPH 4: Operating Expenses Detail

Provider Number: 8858

Appendix #: B-11, page 3

Provider Name: Edgewood Center for Children and Families

Document Date: 7/1/14

Expenditure Category	TOTAL	Prop 63 PEI HMHMPROP63/ General Fund HMHMCP751594				
	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15
FY2014 Budget						
Occupancy (Based on Square Feet used)	\$ 2,000.00	2,000	0	0	0	0
Utilities(Elec, Water, Gas, Phone, Scavenger)	\$ 2,000.00	2,000	0	0	0	0
Office Supplies, Postage	\$ 800.00	800	0	0	0	0
Building Maintenance Supplies and Repair	\$ -	0	0	0	0	0
Printing and Reproduction	\$ -	0	0	0	0	0
Mileage reimbursement	\$ 600.00	600	0	0	0	0
Staff Training	\$ 8,500.00	8,500	0	0	0	0
computer supplies	\$ 2,400.00	2,400	0	0	0	0
Rental of Equipment	\$ -	0	0	0	0	0
CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amounts)	\$ -	0	0	0	0	0
Larkin Street Youth Services FY 2014 contract	\$ 94,875.00	94,875	0	0	0	0
Huckleberry Youth Programs FY2014 contract	\$ 94,875.00	94,875	0	0	0	0
	\$ -	0	0	0	0	0
	\$ -	0	0	0	0	0
	\$ -	0	0	0	0	0
	\$ -	0	0	0	0	0
Other:	\$ -	0	0	0	0	0
Food	\$ 600.00	600	0	0	0	0
Telecommunication	\$ 1,200.00	1,200	0	0	0	0
	\$ -	0	0	0	0	0
Purchased Direct Expense (Program Admin, QA, General Research)	\$ 11,753.00	11,753	0	0	0	0
	\$ -	0	0	0	0	0
TOTAL OPERATING EXPENSE	\$219,603	\$219,603	\$0	\$0	\$0	\$0

DPH 5: Capital Expenses Detail

Provider Number: 8858

Appendix #: B-11, page 4

Provider Name: Edgewood Center for Children and Families

Document Date: 7/1/14

1. Equipment

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

Total Equipment Cost

\$14,759

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	1	tbd	Work Order #1 HSA	0	0
Shared costs - Facilities Improvements - See DPH 7	1	tbd	Work Order #2 DCYF	0	0
Shared costs - Facilities Improvements - See DPH 7	1	tbd	Workorder #3 SFCFC	0	0

Total Remodeling Cost

\$1,498

Total Capital Expenditure

\$16,257

(Equipment plus Remodeling Cost)

0

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

DMH Legal Entity Name (MH)/Contractor Name (SA): Edgewood Center for Children and Families					Contract Appendix #: B-12, page 1	
Provider Name: Edgewood Center for Children and Families					Document Date: 7/1/2014	
Provider Number: 8858					Fiscal Year: 2014-2015	
Program Name:	Hospital Diversion	Hospital Diversion	Hospital Diversion	Hospital Diversion		
Program Code (formerly Reporting Unit):	8858H2	8858H2	8858H2	8858H2		
Mode/SFC (MH) or Modality (SA)	15/10-58	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						
Salaries & Employee Benefits:	50,843	1,565	2,346	23,466	-	78,220
Operating Expenses:	14,121	435	652	6,518	-	21,726
Capital Expenses (greater than \$5,000):	2,482	78	115	1,145	-	3,818
Subtotal Direct Expenses:	67,446	2,076	3,113	31,129	-	103,764
Indirect Expenses:	10,117	311	467	4,669	-	15,564
TOTAL FUNDING USES:	77,563	2,387	3,580	35,798	-	119,328
CBHS MENTAL HEALTH FUNDING SOURCES						
MH FED - SDMC Regular FFP (50%)	HMHMCP751594	4,550	140	210	2,100	7,000
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)	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	HMHMCP751594	-	-	-	-	-
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES		77,563	2,387	3,580	35,798	119,328
CBHS SUBSTANCE ABUSE FUNDING SOURCES						
	CFDA #:					
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES						
OTHER DPH COMMUNITY PROGRAMS FUNDING SOURCES						
	CFDA #:					
TOTAL OTHER DPH COMMUNITY PROGRAMS FUNDING SOURCES						
TOTAL DPH FUNDING SOURCES		77,563	2,387	3,580	35,798	119,328
NON-DPH FUNDING SOURCES						
TOTAL NON-DPH FUNDING SOURCES						
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		77,563	2,387	3,580	35,798	119,328
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):						
	FFS	FFS	FFS	FFS		
Units of Service:	29,718	1,182	923	7,427	-	
Unit Type:	#REF!	#REF!	#REF!	#REF!	0	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	2.61	2.02	3.88	4.82	0.00	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):	2.61	2.02	3.88	4.82	0.00	
Published Rate (Medi-Cal Providers Only):	2.61	2.02	3.88	4.82	0.00	Total UDC:
Unduplicated Clients (UDC):	20	20	20	20	0	20

DPH 3: Salaries & Benefits Detail

Provider Number: 8858

Provider Name: Edgewood Center for Children and Families

Document Date: 7/1/14Appendix #: B-12, page 2[illegible]

Employee Fringe Benefits:	30%	\$	18,051.00	30%	\$18,051	#DIV/0!	\$0	#DIV/0!	\$0	#DIV/0!	\$0	#DIV/0!	\$0
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TOTAL SALARIES & BENEFITS

\$78,220

\$78,220

\$0

\$0

\$0

\$0

DPH 4: Operating Expenses Detail

Provider Number: 8858

Appendix #: B-12, page 3

Provider Name: Edgewood Center for Children and Families

Document Date: 7/1/14

Expenditure Category	TOTAL	General Fund HMHMCP751594				
	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15
Occupancy (Based on Square Feet used)	\$ 7,840.00	7,840	0	0	0	0
Utilities(Elec, Water, Gas, Phone, Scavenger)	\$ -	0	0	0	0	0
Office Supplies, Postage	\$ 166.00	166	0	0	0	0
Building Maintenance Supplies and Repair	\$ -	0	0	0	0	0
Printing and Reproduction	\$ -	0	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	\$ 3,920.00	3,920	0	0	0	0
	\$ -	0	0	0	0	0
		0	0	0	0	0
	\$ -	0	0	0	0	0
	\$ -	0	0	0	0	0
	\$ -	0	0	0	0	0
Other:	\$ -	0	0	0	0	0
Depreciation	\$ -	0	0	0	0	0
Purchased Direct Expense (Program Admin, QA, General Research)	\$ 4,998.00	4,998	0	0	0	0
Food	\$ 2,156.00	2,156	0	0	0	0
Laundry and Kitchen Expense	\$ 1,470.00	1,470	0	0	0	0
Client Incentives	\$ 1,178.00	1,178	0	0	0	0
	\$ -	0	0	0	0	0
TOTAL OPERATING EXPENSE	\$21,726	\$21,726	\$0	\$0	\$0	\$0
	\$0					

DPH 5: Capital Expenses Detail

Provider Number: 8858

Appendix #: B-12, page 4

Provider Name: Edgewood Center for Children and Families

Document Date: 7/1/14

1. Equipment

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

(Equipment plus Remodeling Cost)

\$3,818

0

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

DMH Legal Entity Name (MH)/Contractor Name (SA): Edgewood Center for Children and Families				Contract Appendix #: B-12a, page 1			
Provider Name: Edgewood Center for Children and Families				Document Date: 4/4/2014			
Provider Number: 8858				Fiscal Year: 2013-2014			
Program Name:	Hospital Diversion	Hospital Diversion					
Program Code (formerly Reporting Unit):	8858H1	8858H1					
Mode/SFC (MH) or Modality (SA)	05/60-64	05/60-64					
Service Description:	Residential Other	Residential Other					
FUNDING TERM:	7/1/13-6/30/14	7/1/13-6/30/14					TOTAL
FUNDING USES							
Salaries & 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
Subtotal Direct Expenses:	185,846	69,109	-	-	-	-	254,955
Indirect Expenses:	27,875	10,366	-	-	-	-	38,241
TOTAL FUNDING USES:	213,721	79,475	-	-	-	-	293,196
CBHS MENTAL HEALTH FUNDING SOURCES							
	Index Code						
MH FED - SDMC Regular FFP (50%)	HMHMCP751594	-	-	-	-	-	-
MH STATE - EPSDT State Match	HMHMCP751594	-	-	-	-	-	-
MH STATE - Family Mosaic Capitated Medi-Cal	HMHMCP8828CH	-	-	-	-	-	-
MH WORK ORDER - Human Services Agency (matched)	HMHMCHMTCHWO	-	-	-	-	-	-
MH WORK ORDER - Human Services Agency	HMHMCHCDHSWO	-	-	-	-	-	-
MH Triage Grant	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	145,787	54,213	-	-	-	200,000
MH STATE - MHSA - Prop 63 PEI	HMHMCP751594	-	-	-	-	-	-
MH Realignment	HMHMCP751594	5,103	1,897	-	-	-	7,000
MH COUNTY - General Fund (matched)	HMHMCP751594	-	-	-	-	-	-
MH COUNTY - General Fund (unmatched)	HMHMCP751594	62,831	23,365	-	-	-	86,196
MH COUNTY - General Fund CODB	HMHMCP751594	-	-	-	-	-	-
MH COUNTY - General Fund WO CODB	HMHMCP751594	-	-	-	-	-	-
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES		213,721	79,475	-	-	-	293,196
CBHS SUBSTANCE ABUSE FUNDING SOURCES							
	CFDA #:						
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES		-	-	-	-	-	-
OTHER DPH COMMUNITY PROGRAMS FUNDING SOURCES							
	CFDA #:						
TOTAL OTHER DPH COMMUNITY PROGRAMS FUNDING SOURCES		-	-	-	-	-	-
TOTAL DPH FUNDING SOURCES		213,721	79,475	-	-	-	293,196
NON-DPH FUNDING SOURCES							
TOTAL NON-DPH FUNDING SOURCES		-	-	-	-	-	-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		213,721	79,475	-	-	-	293,196
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):	FFS	FFS					
Units of Service:	356	85	-	-	-	-	
Unit Type:	Client Day	Empty bed day	0	0	0	0	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	600.00	935.00	0.00	0.00	0.00	0.00	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):	600.00	935.00	0.00	0.00	0.00	0.00	
Published Rate (Medi-Cal Providers Only):	1,285.00	0.00	0.00	0.00	0.00	0.00	Total UDC:
Unduplicated Clients (UDC):	20	1	0	0	0	0	20

DPH 3: Salaries & Benefits Detail

Provider Number: 8858

Provider Name: Edgewood Center for Children and Families

Document Date: 4/4/14Appendix #: B-12a, page 2[illegible]

Employee Fringe Benefits:	30%	\$44,352	30%	\$14,098	30%	\$30,254	#DIV/0!	\$0	#DIV/0!	\$0	#DIV/0!	\$0
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TOTAL SALARIES & BENEFITS

\$192,192

\$61,091

\$131,101

\$0

\$0

\$0

0

DPH 4: Operating Expenses Detail

Provider Number: 8858

Appendix #: B-12a, page 3

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	\$ -	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	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

\$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
				0	0

Total Equipment Cost

\$8,517

2. Remodeling

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

Total Remodeling Cost

\$865

Total Capital Expenditure

(Equipment plus Remodeling Cost)

\$9,382

0

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

DMH Legal Entity Name (MH)/Contractor Name (SA): Edgewood Center for Children and Families				Contract Appendix #: B-13			
Provider Name: Edgewood Center for Children and Families				Document Date: 7/1/2014			
Provider Number: 8858				Fiscal Year: 2014-2015			
Program Name:	Residential Day Treatment & FCP OP	Residential Day Treatment & FCP OP	Residential Day Treatment & FCP OP	Residential Day Treatment & FCP OP	Residential Day Treatment & FCP OP	Residential Day Treatment & FCP OP	
Program Code (formerly Reporting Unit):	8858FC	8858FC	8858FC	8858FC	8858FC	8858FC	
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
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							
Salaries & 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
Capital Expenses (greater than \$5,000):	4,031	1,613	1,613	3,226	1,613	4,032	16,128
Subtotal Direct Expenses:	88,316	35,326	35,326	70,652	35,326	88,315	353,261
Indirect Expenses:	16,434	6,574	6,574	13,148	6,574	16,435	65,739
TOTAL FUNDING USES:	104,750	41,900	41,900	83,800	41,900	104,750	419,000
CBHS MENTAL HEALTH FUNDING SOURCES							
	Index Code						
MH FED - SDMC Regular FFP (50%)	HMHMCP751594	41,750	16,700	16,700	33,400	16,700	167,000
MH STATE - EPSDT State Match	HMHMCP751594	56,700	22,680	22,680	45,360	22,680	226,800
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	1,471	588	588	1,177	588	5,883
MH COUNTY - General Fund (matched)	HMHMCP751594	4,829	1,932	1,932	3,863	1,932	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	419,000
CBHS SUBSTANCE ABUSE FUNDING SOURCES							
	CFDA #:						
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES		-	-	-	-	-	-
OTHER DPH COMMUNITY PROGRAMS FUNDING SOURCES							
	CFDA #:						
TOTAL OTHER DPH COMMUNITY PROGRAMS FUNDING SOURCES		-	-	-	-	-	-
TOTAL DPH FUNDING SOURCES		104,750	41,900	41,900	83,800	41,900	419,000
NON-DPH FUNDING SOURCES							
TOTAL NON-DPH FUNDING SOURCES		-	-	-	-	-	-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		104,750	41,900	41,900	83,800	41,900	419,000
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):	FFS	FFS	FFS	FFS	FFS	FFS	
Units of Service:	48,276	24,950	12,990	20,913	24,950	48,276	
Unit Type:	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	2.61	2.02	3.88	4.82	2.02	2.61	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):	2.61	2.02	3.88	4.82	2.02	2.61	
Published Rate (Medi-Cal Providers Only):	2.61	2.02	3.88	4.82	2.02	2.61	Total UDC:
Unduplicated Clients (UDC):	20	20	20	20	20	20	20

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

DMH Legal Entity Name (MH)/Contractor Name (SA): Edgewood Center for Children and Families		Contract Appendix #: B-14, page 1	
Provider Name: Edgewood Center for Children and Families		Document Date: 7/1/2014	
Provider Number: 8858		Fiscal Year: 2014-2015	
Program Name:	Triage	Triage	
Program Code (formerly Reporting Unit):	tbd	tbd	
Mode/SFC (MH) or Modality (SA)	05/60-64	05/60-64	
Service Description:	Program Development	Program Development	TOTAL
FUNDING TERM:	7/1/14-6/30/15	7/1/14-6/30/15	
FUNDING USES			
Salaries & Employee Benefits:	847,900	929,462	1,777,362
Operating Expenses:	223,000	244,451	467,451
Capital Expenses (greater than \$5,000):			-
Subtotal Direct Expenses:	1,070,900	1,173,913	2,244,813
Indirect Expenses:	160,634	176,087	336,721
TOTAL FUNDING USES:	1,231,534	1,350,000	2,581,534
CBHS MENTAL HEALTH FUNDING SOURCES			
MH FED - SDMC Regular FFP (50%)	HMHMCP751594	-	-
MH STATE - EPSDT State Match	HMHMCP751594	-	-
MH STATE - Family Mosaic Capitated Medi-Cal	HMHMCP8828CH	-	-
MH WORK ORDER - Human Services Agency (matched)	HMHMCHMTCHWO	-	-
MH WORK ORDER - Human Services Agency	HMHMCHCDHSWO	-	-
MH 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	-	-
MH COUNTY - General Fund (matched)	HMHMCP751594	-	-
MH COUNTY - General Fund (unmatched)	HMHMCP751594	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
CBHS SUBSTANCE ABUSE FUNDING SOURCES			
	CFDA #		
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES		-	-
OTHER DPH COMMUNITY PROGRAMS FUNDING SOURCES			
	CFDA #		
TOTAL OTHER DPH COMMUNITY PROGRAMS FUNDING SOURCES		-	-
TOTAL DPH FUNDING SOURCES		1,231,534	1,350,000
NON-DPH FUNDING SOURCES			
TOTAL NON-DPH FUNDING SOURCES		-	-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		1,231,534	1,350,000
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):	CR	CR	
Units of Service:	24,631	27,000	-
Unit Type:	Staff Hour	Staff Hour	0
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES ONLY):	50.00	50.00	0.00
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):	50.00	50.00	0.00
Published Rate (Medi-Cal Providers Only):	50.00	50.00	0.00
Unduplicated Clients (UDC):	200	200	200

DPH 3: Salaries & Benefits Detail

Provider Number: 8858

Provider Name: Edgewood Center for Children and Families

Document Date: 7/1/14

Appendix #: 14, page 2

	TOTAL		HMHMCHGRANTS		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	Term:	7/1/14-6/30/15
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
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						
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						
	0.00	\$ -	0.00	0	0.00	0						
	0.00	\$ -	0.00	0	0.00	0						
	0.00	\$ -	0.00	0	0.00	0						
	0.00	\$ -	0.00	0	0.00	0						
	0.00	\$ -	0.00	0	0.00	0						
	0.00	\$ -	0.00	0	0.00	0						
	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
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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			
Utilities(Elec, Water, Gas, Phone, Scavenger)	\$ 25,154.00	12,000	13,154			
Office Supplies, Postage	\$ 2,096.00	1,000	1,096			
Building Maintenance Supplies and Repair	\$ 20,962.00	10,000	10,962			
Printing and Reproduction	\$ 8,385.00	4,000	4,385			
Insurance	\$ 10,481.00	5,000	5,481			
Staff Training	\$ -	0	0			
Staff Travel-Local & Out of Town)	\$ -	0	0			
Rental of Equipment	\$ 6,289.00	3,000	3,289			
CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amounts)	\$ -	0	0			
	\$ -	0	0			
	\$ -	0	0			
	\$ -	0	0			
	\$ -	0	0			
	\$ -	0	0			
	\$ -	0	0			
Other:	\$ -	0	0			
Depreciation	\$ -	0	0			
Purchased Direct Expense (Program Admin, QA,	\$ 94,329.00	45,000	49,329			
Food	\$ 31,443.00	15,000	16,443			
Laundry and Kitchen Expense	\$ 6,289.00	3,000	3,289			
Client Incentives	\$ 10,481.00	5,000	5,481			
	\$ -	0	0			
TOTAL OPERATING EXPENSE	\$467,451	\$223,000	\$244,451	\$0	\$0	\$0

DPH 6: Contract-Wide Indirect Detail

Contractor Name Center for Children and Families

Document Date: 7/1/2014

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		-
	0.00		-
	0.00		-
	0.00		-
	0.00		-
	0.00		-
	0.00		-
EMPLOYEE FRINGE BENEFIT	30.0%	\$	251,309
TOTAL SALARIES & BENEFITS		\$	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
	-
	-
TOTAL OPERATING COSTS	\$ 131,182

TOTAL INDIRECT COSTS

(Salaries & Benefits + Operating Costs)

\$ 1,220,189



238225

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

PRODUCER Commercial Lines - (415) 541-7900 Wells Fargo Insurance Services USA, Inc. - CA Lic#: 0D08408 45 Fremont Street, Suite 800 San Francisco, CA 94105-2259	CONTACT NAME: Susan McDarby	
	PHONE (A/C, No, Ext): (415) 512-3607 FAX (A/C, No): (877) 302-0977	
	E-MAIL ADDRESS: Susan.McDarby@wellsfargo.com	
INSURED Edgewood Center for Children and Families 1801 Vicente Street San Francisco, CA 94116	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Nonprofits Insurance Alliance of California	11845
	INSURER B: Philadelphia Insurance Company	23850
	INSURER C: Hartford Fire Insurance Company	19682
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES**CERTIFICATE NUMBER:** 8056259**REVISION NUMBER:** See below

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:	X		PHPK1197884	7/1/2014	7/1/2015	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 20,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/OP AGG \$ 2,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			PHPK1197884	7/1/2014	7/1/2015	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			PHPK1197884	7/1/2014	7/1/2015	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B	Social Service Professional Occurrence Aggregate			201305523NPO	07/01/2014	07/01/2015	\$1,000,000 \$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 additional insured with respect to the operations of the named insured per form attached. Workers Compensation coverage excluded, evidence only.

CERTIFICATE HOLDERCity & County of San Francisco
1380 Howard Street
San Francisco, CA 94103**CANCELLATION**

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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ACORD 25 (2014/01)

(This certificate replaces certificate 8056254 issued on 8/14/2014)

Certificate of Insurance (Con't)**OTHER Coverage**

INSR LTR	TYPE OF INSURANCE	ADDL INSR	WVD SUBR	POLICY NUMBER	EFFECTIVE DATE (MM/DD/YY)	EXPIRATION DATE (MM/DD/YY)	LIMIT
B	Social Service Professional			201305623NPO	07/01/2014	07/01/2015	
	Occurrence						\$1,000,000
	Aggregate						\$2,000,000
C	Employee Theft			00 FA 0228815-14	07/01/2014	07/01/2015	\$1,200,000
	Deductible						\$10,000

Fidelity Bond



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.

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

PRODUCER
Intercare Insurance Solutions
5375 Mira Sorrento Place, Ste 400
San Diego CA 92121

CONTACT
NAME: Cindy Bane
PHONE (A/C, No, Ext): 858-373-6908 FAX (A/C, No): 858-366-0067
E-MAIL: cbane@intercaresolutions.com
ADDRESS:
PRODUCER
CUSTOMER ID #: EDGEW-1

INSURED
Edgewood Center for Children
and Families
1801 Vicente Street
San Francisco CA 94116

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: Quality Comp Inc.	62
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

COVERAGES

CERTIFICATE NUMBER: 2008295807

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.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY						
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE \$
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$
							MED EXP (Any one person) \$
							PERSONAL & ADV INJURY \$
							GENERAL AGGREGATE \$
							PRODUCTS - COMP/OP AGG \$
							\$
	GEN'L AGGREGATE LIMIT APPLIES PER:						
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						\$
	AUTOMOBILE LIABILITY						
	<input type="checkbox"/> ANY AUTO						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS						PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> NON-OWNED AUTOS						\$
							\$
	UMBRELLA LIAB						EACH OCCURRENCE \$
	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE \$
	<input type="checkbox"/> DEDUCTIBLE						\$
	<input type="checkbox"/> RETENTION \$						\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			0150340711	1/1/2014	1/1/2015	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N	N/A				X WC STATUS- TORY LIMITS OTH- ER
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. EACH ACCIDENT \$1,000,000
							E.L. DISEASE - EA EMPLOYEE \$1,000,000
							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.

CERTIFICATE HOLDER

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

CANCELLATION

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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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

Job Description

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

Countersigned by

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.

A handwritten signature in cursive script that reads "Jacqueline Harris".

Jacqueline Harris, Program Administrator, Authorized Representative