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

First Amendment

THIS AMENDMENT (this "Amendment") is made as of October 25, 2010, in San Francisco, California, by and between **Seneca Center** ("Contractor"), and the City and County of San Francisco, a municipal corporation ("City"), acting by and through its Director of the Office of Contract Administration.

Recitals

WHEREAS, City and Contractor have entered into the Agreement (as defined below); and

WHEREAS, City and Contractor desire to modify the Agreement on the terms and conditions set forth herein to update standard contractual clauses and increase the contract amount;

WHEREAS, approval for this Amendment was obtained when the Civil Service Commission approved Contract number 4150-09/10 on June 21, 2010;

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

- 1. **Definitions.** The following definitions shall apply to this Amendment:
 - **1.a** Agreement. The term "Agreement" shall mean the Agreement dated July 1, 2010 from the RFP23-2009 dated July 31, 2009, Contract Number COHM11000159 between Contractor and City, as amended by this First Amendment.
 - **1.b** Other Terms. Terms used and not defined in this Amendment shall have the meanings assigned to such terms in the Agreement.
- 2. Modifications to the Agreement. The Agreement is hereby modified as follows:
 - 2.a Section 2 of the Agreement currently reads as follows:
 - 2. TERM OF THE AGREEMENT

Subject to Section 1, the term of this Agreement shall be from July 1, 2010 through December 31, 2010.

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

2. TERM OF THE AGREEMENT

Subject to Section 1, the term of this Agreement shall be from July 1, 2010 through December 31, 2015.

- 2.b Section 5 of the Agreement currently reads as follows:
 - 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 Public Health Department, in his or her sole discretion, concludes has been performed as of the 15th day of the immediately preceding month. In no event shall the amount of this Agreement exceed Five Million Seven Hundred Seventy Two Thousand Three Hundred Two Dollars (\$5,772,302). 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 The Department of Public Health as being in accordance with this Agreement. City may withhold payment to Contractor in any instance in which Contractor has failed or refused to satisfy any material obligation provided for under this Agreement.

In no event shall City be liable for interest or late charges for any late payments.

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

COMPENSATION

Compensation shall be made in monthly payments on or before the 30th day of each month for work, as set forth in Section 4 of this Agreement, that the Director of the Public Health Department, in his or her sole discretion, concludes has been performed as of the 15th day of the immediately preceding month. In no event shall the amount of this Agreement exceed Sixty Three Million Four Hundred Ninety Five Thousand Three Hundred Twenty Seven Dollars (\$63,495,327) 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 The 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 Appendix B dated 7/1/10 (i.e. July 1, 2010) is hereby deleted and Appendix B dated 10/25/10 (i.e. October 25, 2010) is hereby substituted and incorporated by reference for Fiscal Year 2010-2011.
- 3. Effective Date. Each of the modifications set forth in Section 2 shall be effective on and after 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, the parties hereto have executed this Agreement on the day first mentioned above.

CITY

CONTRACTOR

Recommended by:

Seneca Center

MIZCHELL H. KATZ, M.D.

Director of Health

Approved as to Form:

DENNIS J. HERRERA City Attorney

Deputy City Attorney

KÉN BERRICK

Executive Director 2275 Arlington Drive

San Leandro, California 94578

Approved:

Director Office of Contract Administration and Purchaser

City vendor number: 24631

100EC 10 VN11:09

LURCHASING DEPARTMENT

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. <u>Final Closing Invoice</u>

(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 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

CRDC B1 – B12

Appendix B-1 Adolescent Community Treatment Facility, San Francisco (CTF)

Appendix B-2 Adolescent Therapeutic Behavioral Services (TBS)

Appendix B-3 Adolescent Community Treatment Facility (CTF)

Appendix B-4 Multi-Dimensional Treatment Foster Care (MTFC)

Appendix B-5 Short Term Connections - Intensive Support Intensive Stabilization Services

Appendix B-6 Long Term Connections - Wraparound Services

Appendix B-7 Long Term Connections - Wraparound Probation

Appendix B-8 Intensive Day Treatment - San Leandro/S. Francisco

Appendix B-9 Oak Grove Intensive Day Treatment - San Francisco

Appendix B-10 Parent Training Institute

Appendix B-11 Multi-Systemic Therapeutic Services (MST)

Appendix B-12 MHSA & PEI

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 Sixty Three Million Four Hundred Ninety Five Thousand Three Hundred Twenty Seven Dollars (\$63,495,327) for the period of July 1, 2010 through December 31, 2015.

CONTRACTOR understands that, of this maximum dollar obligation, \$6,803,070 is included as a contingency amount and is neither to be used in Appendix B, Budget, or available to CONTRACTOR without a modification to this Agreement executed in the same manner as this Agreement or a revision to Appendix B, Budget, which has been approved by the Director of Health. CONTRACTOR further understands that no payment of any portion of this contingency amount will be made unless and until such modification or budget revision has been fully approved and executed in accordance with applicable CITY and Department of Public Health laws, regulations and policies/procedures and certification as to the availability of funds by the Controller. CONTRACTOR agrees to fully comply with these laws, regulations, and policies/procedures.

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

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

July 1, 2010 through December 31, 2010	\$920,477 (BPHM06500043)
July 1, 2010 through December 31, 2010	\$4,233,365 (BPHM06500043)
July 1, 2010 through June 30, 2011	\$5,153,842
July 1, 2011 through June 30, 2012	\$10,307,683
July 1, 2012 through June 30, 2013	\$10,307,683
July 1, 2013 through June 30, 2014	\$10,307,683
July 1, 2014 through June 30, 2015	\$10,307,683
July 1, 2015 through December 31, 2015	\$5,153,841
Total of July 1, 2010 through December 31, 2015	\$56,692,257

- (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.
- (4) CONTRACTOR further understands that, \$5,153,842 of the period from July 1, 2010 through December 31, 2010 in the Contract Number BPHM06500043 is included with this Agreement. Upon execution of this Agreement, all the terms under this Agreement will supersede the Contract Number BPHM06500043 for the Fiscal Year 2010-11.
- 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

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LEGAL ENTITY/CONTRACTOR NAME: Seneca Canter		T					***************************************		·	y	\$40 2,41.	~~~	ę
APPENDIX NUMBER	8-1	8-2	B-3	8-4	B-5	8.6	B-7	B-8	B-9	B-10	8-11	B-12	
PROVIDER NUMBER	8989	38CQ	5989	3800	38ÇQ	38CQ	38CQ	8780	38CA	38CO	3810	38HD	
PROVIDER NAME:	Seneca Center	Sanaca Center	Seneca Center	Saneca Center	Seneca Center	Seneca Center	Seneca Center	Saneca Center	Seneca Center	Seneca Center	Seneca Center	Seneca Center	TOTAL
CBHS FUNDING TERM:	7/1/10-6/30/11	27/1/10-6/30/11	37/1/10-6/30/11	7/1/10-6/30/11	7/1/10-6/30/11	7/1/10-6/30/11	7/1/10-6/30/11	2/1/10-8/30/11	2-7/1/10-6/30/11.	7/1/10-6/30/11	2/1/10-6/30/11	7/1/10-6/30/11	104/14.142.154 834/18.152.05
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SALARIES & EMPLOYEE BENEFITS	1,979,917	534,450	136,042	143,086	139,862	4,134,397	301,522	81,079	12,772	107,596	254,945	381,776	8,207,44
OPERATING EXPENSE	360,038	31,052		9,729	37,447	424,893	47,139	3,700	300	600	58,884	63,068	1,036,82
CAPITAL DUTLAY (COST \$5,000 AND OVER)													
SUBTOTAL DIRECT COSTS	2,339,955	565,502	135,042	152,815	177,309	4,559,290	349,661	84,779	13,072	108,196	313,799	444,844	9,244,26
INDIRECT COST AMOUNT	280,786	67,862	3,384	18,172	23,815	524,696	39,739	10,610	1,541	1,804	37,681	53,379	1,063,41
INDIRECT %	12%	12%	2%	12%	13%	12%	11%	12,5%	12%	2%	12%	12%	11.5
OTAL FUNDING USES:	2,620,741	533,364	139,406	170,987	201,124	5,083,986	388,400	95,389	14,613	110,000	351,450	498,223	10,307,68
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FIRA SDMC FFP (11.59)	230,745	73,407		19,816	20,893	358,600	45,018	11,056	1,594		21,344	10,341	992,91
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PSDT State Match	146,960	211,607		57,132	60,231	1,610,255	129,764	31,874	4,878		81,526	29,811	2,344,038
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TF Fund (Centrity Tx Facility)			139,406										139,406
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SA (Human Svcs Agency)					***************************************					770,000			- 170,000
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EALIGNMENT FUNDS	501,412										9,208		5ft
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DUNTY GENERAL FUND	540.746	31,670			20,857			4,769	731	0	167,292	4,461	770,528
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OTAL NON-DPH REVENUES													
	2,620,741	633,984	139,408	170,987	201,124	5,083,986	388,400	95 369	14,613	110,000	351,450	498,223	10,307,683
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SALARIES & EMPLOYI	EE BENEFITS	670,823	1,186,148	122,946		1,979,917
OPERATI	NG EXPENSE	121,986	215,695	22,357		360,038
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SUBTOTAL DI		792,809	1,401,843	145,303	0	2,339,955
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EPSOT State Match		36,365	100,208	10,387	p-10	146,960
Family Mosaic Capitated Medi-Cal		66,528				66,528
MHSA						**
GRANTS - click below	CFDA#;					
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PRIOR YEAR ROLL OVER - click below						
MHSA WORK ORDERS - click below				<u> </u>		
Juvenile Probation	***************************************	38,900				38,900
HSA (Human Svcs Agency)						-
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3RD PARTY PAYOR REVENUES - click below	······					-
REALIGNMENT FUNDS		197,347	366,116	37,949		601,412
REALIGNMENT FUNDS						-
COUNTY GENERAL FUND	***************************************	165026				540,746
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PUBLISHED RATE (MEDI-CAL PRO						
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¹Units of Service: Days, Client Day, Full Day/Half-Day ²Units of Time: MH Mode 15 = Minutes/MH Mode 10, SFC 20-25=Hours

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		Seneca Center			8/16/2010
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FUNDING USES:					
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OF ERATIN	IG EXPENSE	31,052			31,052
CAPITAL OUTLAY (COST \$5,0	(REVIO GNA 88				
SUBTOTAL DIF	RECT COSTS	565,502			565,502
· INDIRECTICO	IST AMOUNT	67,862			67,862
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FEDERAL REVENUES - click below					
SDMC Regular FFP (50%)		316,680			316,680
ARRA SOMC FFP (11.59)		73,407			73,407
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STATE REVENUES - click below			· · · · · · · · · · · · · · · · · · ·		
EPSDT State Match		211,607			211,607
Family Mosaic Capitated Medi-Cal					
CTF Fund (Cmmty Tx Facility)	Adams,		***************************************		
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3RD PARTY PAYOR REVENUES - click below					
					-
Please enter other here if not in pull down					-
REALIGNMENT FUNDS		31.670			54 570
COUNTY GENERAL FUND					31,670
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES		633,364	entre construction and production of		633,364
CBHS SUBSTANCE ABUSE FUNDING SOURCES:			property and the		
FEDERAL REVENUES - click below		-			
STATE REVENUES - click below					
					-
GRANTS/PROJECTS - click below	CFDA #:				
					-
Please enter other here it not in pull down	***************************************				-
WORK ORDERS - click below	~~~				
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Please enter other here if not in pull down			***************************************		ч.
3RD PARTY PAYOR REVENUES - click below					, <u>.</u> ,
Please enter other here if not in pull down		<u> </u>	 		
COUNTY GENERAL FUND			 		
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCE	EC SAN		1528000000000000000000000000000000000000	10. jääpäntä 20. jään n. 20. jä	signija gripnimas v
TOTAL DPH REVENUES	alysa Hedd				600.00
The state of the s		633,364			633,36
NON-DPH REVENUES - click below					
		1			
	······································				•
TOTAL NON-DPH REVENUES		C			
TOTAL NON-DPH REVENUES TOTAL REVENUES (DPH AND NON-DPH)					
TOTAL NON-DPH REVENUES TOTAL REVENUES (DPH AND NON-DPH) CBHS UNITS OF SVCS/TIME AND UNI	T COST:	633,364			
TOTAL NON-DPH REVENUES TOTAL REVENUES (DPH AND NON-DPH) CBHS UNITS OF SVCS/TIME AND UNI		633,364			
TOTAL NON-DPH REVENUES TOTAL REVENUES (DPH AND NON-DPH) CBHS UNITS OF SVCS/TIME AND UNITS UNITS	T COST:	633,364			
TOTAL NON-DPH REVENUES TOTAL REVENUES (DPH AND NON-DPH) CBHS UNITS OF SVCS/TIME AND UNITS UNITS	T COST: OF SERVICE VITS OF TIME	633,364 2 333,349			633,36
TOTAL NON-DPH REVENUES TOTAL REVENUES (DPH AND NON-DPH) CBHS UNITS OF SVCS/TIME AND UNITS UNITS	T COST: OF SERVICE VITS OF TIME H REVENUES	633,364 333,346 1.90	0.60		633,36
TOTAL NON-DPH REVENUES TOTAL REVENUES (DPH AND NON-DPH) CBHS UNITS OF SVCS/TIME AND UNITS UNITS UNITS COST PER UNIT-CONTRACT RATE (DPH & NON-DPH	T COST: OF SERVICE VITS OF TIME REVENUES ENUES ONLY	333,345 333,345 1,90	0.60		1.5 1.5

¹Units of Service: Days, Client Day, Full Day/Half-Day ²Units of Time: MH Mode 15 = Minutes/MH Mode 10, SFC 20-25=Hours

DPH 2: Department of Pu ... Heath Cost Reporting/Data Collection (... DC

FISCAL YEAR:	 	APPENIDX #:	ಟ-3	
LEGAL ENTITY NAME:	Seneca Center	PROVIDER#: 1	3989	
PROVIDER NAME:	Senenca Center			9/16/2010
REPORTING UNIT NAME::	CTF SF		i	
AEPORTING UNIT:	8989OP			
MODE OF SVCS / SERVICE FUNCTION CODE	60/72			**************************************
SERVICE DESCRIPTION	†			TOTAL
CBHS FUNDING TERM:		49.53.5125.6325.		0.450 JEV-850 JOSE
	Processia in the Control of the Cont	200-300-1 4 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
TUNDING USES:	5 96 PAG			
SALARIES & EMPLOYSE BENEFITS				136,04
OPERATING EXPENSE	***************************************			
CAPITAL OUTLAY ICOST \$5,000 AND OVERI	·		~~~~	
SUBTOTAL DIRECT COSTS	·			136,04
INDIRECT COST AMOUNT	3,364			3,36
TOTAL FUNDING USES:	139,406	0		139,40
CBHS MENTAL HEALTH FUNDING SOURCES	155700 50784 500 6		i na magazatakan	
EDERAL REVENUES - click below				
SDMC Regular FFP (50%)				-
ARRA SDMC FFP (11.59)	<u> </u>			· · · · · · · · · · · · · · · · · · ·
and the second s				-
PRITE DESIGNACE , Nich balan	 			-
STATE REVENUES - click below				-
EPSDT State Match				***
Family Mosaic Capitated Medi-Cal				~**************************************
CTF Fund (Cmmty Tx Facility)	139,406			139,40
SRANTS - click below CFDA #:				*
	1			٧
]			•
Piease enter other here if not in pull down				
PRIOR YEAR ROLL OVER - click below	1			-
	†			-
WORK ORDERS - click below				
	<u> </u>			***************************************
Piease enter other here if not in pull down				-
3RD PARTY PAYOR REVENUES - click below				*
				*
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REALIGNMENT FUNDS				
COUNTY GENERAL FUND				
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	139,406			139,40
CBHS SUBSTANCE ABUSE FUNDING SOURCES:		enneg sign blig søkensøle.		Joséphi John Polygologia
FEDERAL REVENUES - click below				
STATE REVENUES - click below			ļ	
GRANTS/PROJECTS - click below CFDA #:				
Please enter other here if not in pull down				-
WORK ORDERS - click below			i	
MOLICE CHANGE AND ACCOUNTS				
				
Please enter other here if not in pull down		<u> </u>		<u> </u>
3RD PARTY PAYOR REVENUES - click below		<u> </u>	<u> </u>	<u> </u>
			<u> </u>	-
Please enter other here it not in pull down				
COUNTY GENERAL FUND				
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES	多音 停 吸动致食马	90 SE (SE SE SE)		2012 3 2
TOTAL DPH REVENUES	139,406	0.1	·	139,40
NON-DPH REVENUES - click below		and the second of the second s		100,71
MOMENTAL LEACHER CHON DEIGH		-	<u> </u>	
			 	
TOTAL NON-DPH REVENUES		0	3	
TOTAL REVENUES (DPH AND NON-DPH)	139,406		3 (3 (8 (3 (8)	139,40
CBHS UNITS OF SVCS/TIME AND UNIT COST:				
UNITS OF SERVICE	4,24	ol		
UNITS OF TIME		 	1	1
		+		
COST PER UNIT-CONTRACT BATE (DPH & NON-DPH REVENUES			 	
	.nr 00 00	0.00	0.00	0.
COST PER UNITDPH RATE (DPH REVENUES ONL)		0.00	0.00	+
COST PER UNIT DPH RATE (DPH REVENUES ONL) PUBLISHED RATE (MEDI-CAL PROVIDERS ONL) UNDUPLICATED CLIENT	Υ)	7	0.00	

^{*}Units of Service: Days, Client Day, Full Day/Haff-Day

²Units of Time: MH Mode 15 = Minutes/MH Mode 10, SFC 20-25=Hours

Pul ک پ DPH 2: Departme	olic Heath C	ost Report	ting/Data C	ollection (CRDC)	weeville in the second second
FISCAL YEAR	2010/2011		***************************************		APPENIDX #:	B-4
LEGAL ENTITY NAME	Seneca Center				PROVIDER #:	
PROVIDER NAME						8/16/2010
	MTFC	MTFC	MTFC	MTFC		
REPORTING UNIT NAME:	Placements	Placements	Placements	Placements		
PEPORTING UNIT	38CQ6	38006	38CQ6	38CQ6		
MODE OF SVCS / SERVICE FUNCTION CODE		15/10-59	15/70-79	15/60-69		
	Case Mgs	681 × Co	Crisis Intervention-	******		
SERVICE DESCRIPTION	Brokerage	MH Svcs	OP	Med Support		TOTAL
CBHS FUNDING TERM:	7/1/10-6/30/11	7/1/10-6/30/11	7/1710-6/30/11	7/1/10-6/30/11		
UNDING USES:						***************************************
SALARIES & EMPLOYEE BENEFITS	17,884	122,449	1,376	1,376		143,08
OPERATING EXPENSE	************************	8,557	78	78		9,72
CAPITAL OUTLAY (COST \$5,000 AND OVER				***************************************		
SUSTOTAL DIRECT COSTS		131,007	1,454	1,454	0	152.81
	·		171	***************************************		
INDIRECT COST AMOUN'				171		18,17
TOTAL FUNDING USES	•	146,620	1,625	1,625	C	170,987
CBHS MENTAL HEALTH FUNDING SOURCES	\$100 (Sept. 20)			100 B) 100 B) 100		
EDERAL REVENUES - click below	ļ					-
OMC Regular FFP (50%)	11,114	72,666	855	855		85,49
PRA SDMC FFP (11.59)	2,576	16,845	198	198		13,61
TATE REVENUES - click below	-		The second secon			_
	-			}		and the second s
PSOT State Match	7,427	48,560	572	572		57,13
	1	1		1		D1.19
Family Mosaic Capitated Medi-Cai	·	_	*****	<u> </u>		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
GRANTS - click below CFDA #:	 	 				
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RIOR YEAR ROLL OVER - click below						-
						-
WORK ORDERS - click below					<u> </u>	
HSA (Human Svcs Agency)		8,549	 		***************************************	8,54
		0,040	-			······································
Please enter other here if not in pull down		!		·····		
RD PARTY PAYOR REVENUES - click below	-					-
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Please enter other here if not in pull down	1				<u> </u>	-
REALIGNMENT FUNDS						
COUNTY GENERAL FUND]	ļ				
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	21,116	146,620	1,625	1,625	151 St. 167 (53 sq.	170.98
CBHS SUBSTANCE ABUSE FUNDING SOURCES:		10/663/652/399/795-149		(Carrie Carrier Carrie	serinecidile con con	92/49/20/1951/19
FEDERAL REVENIJES - click below						
PEDENAL REVENDES - CICK DEIDW		 				1
		ļ	·			
STATE REVENUES - click below		}	<u> </u>			
		<u> </u>	ļ	<u> </u>		-
GRANTS/PROJECTS - click below CFDA #:			<u> </u>	<u> </u>		
	1					
Please enter other here if not in pull down		1			1)
WORK ORDERS - click below						
						1
Please enter other here it not in pull down	1	1	1		1	
3RD PARTY PAYOR REVENUES - click below	1		 	 	1	
JUD LEGGE LEGGES - ONCE RESOR.	1	+	 		 	
	-	+	-			
Please enter other here if not in pull down		+	+		<u> </u>	
	1	<u> </u>				
	And Annual Control of the Control of			AND SECTION SERVICE		Marian Maria
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES		E post new Salares		***************************************		170,9
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES		146,620		1,625	的新胞核+3	
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES TOTAL DPH REVENUES				1,625		
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES TOTAL DPH REVENUES				1,625		
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES TOTAL DPH REVENUES NON-DPH REVENUES - click below				1,625		
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES TOTAL DPH REVENUES NON-DPH REVENUES - click below TOTAL NON-DPH REVENUES	21,7116	146,620	1,625			
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES: TOTAL DPH REVENUES NON-DPH REVENUES - click below TOTAL NON-DPH REVENUES TOTAL REVENUES (DPH AND NON-DPH)	21,7116	146,620	1,625			
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES TOTAL DPH REVENUES NON-DPH REVENUES - click below TOTAL NON-DPH REVENUES TOTAL REVENUES (DPH AND NON-DPH) CBHS UNITS OF SVCS/TIME AND UNIT COST:	21,116	146,620	1,625			
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES TOTAL DPH REVENUES NON-DPH REVENUES - click below TOTAL NON-DPH REVENUES TOTAL REVENUES (DPH AND NON-DPH) CBHS UNITS OF SVCS/TIME AND UNIT COST: UNITS OF SERVIC	21;116	146,620	1,625			
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES TOTAL DPH REVENUES NON-DPH REVENUES - click below TOTAL NON-DPH REVENUES TOTAL REVENUES (DPH AND NON-DPH) CBHS UNITS OF SVCS/TIME AND UNIT COST:	21;116	146,620	1,625	1:625		170,9
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES TOTAL DPH REVENUES NON-DPH REVENUES - click below TOTAL NON-DPH REVENUES TOTAL REVENUES (DPH AND NON-DPH) CBHS UNITS OF SVCS/TIME AND UNIT COST: UNITS OF SERVICE	21;116 21;116 21;116 E ¹ 10,15:	146,620 146,620 3 54,710	1,625	1:625		170,98
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES TOTAL DPH REVENUES NON-DPH REVENUES - click below TOTAL NON-DPH REVENUES TOTAL REVENUES (DPH AND NON-DPH) CBHS UNITS OF SVCS/TIME AND UNIT COST: UNITS OF SERVIC	21,116 21,116 21,116 E ¹ 10,15; S) 2.08	146,620 146,620 3 54,710 2 2,66	1,625	328 4.96	0.00	170,9
NON-DPH REVENUES - click below TOTAL NON-DPH REVENUES TOTAL REVENUES (DPH AND NON-DPH) CBHS UNITS OF SVCS/TIME AND UNIT COST: UNITS OF SERVIC UNITS OF TIM COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUE	21,116 21,116 E ¹ 10,153 S) 2.08 Y) 2.06	146,620 146,620 3 54,710 2 2,66	1,625	328 4.96	0.00	170,9

¹Units of Service: Days, Client Day, Full Day/Half-Day

²Units of Time: MH Mode 15 = Minutes/MH Mode 10, SFC 20-25=Hours

DPH 2: Departing			t Reporting	g/Data €	ection (CRI		
	FISCAL YEAR:					APPENIDX #: E	***************************************
	EGAL ENTITY NAME:		***************************************	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		PROVIDER #: 3	
	PROVIDER NAME:	Serieua Cerrei					1/16/2010
REP	ORTING UNIT NAME::	ST Connections	ST Connections	ST Connections	ST Connections		
	REPORTING UNIT:	38CG3	38CQ3	36CQ3	38003		
MODE OF SVCS / SERV	ICE FUNCTION CODE	15/01-09	15/10-59	15/70-79	15/60-69		
		Case Mgt		Crisis intervention-		ļ	
SE	RVICE DESCRIPTION	Brokerage	MH Svcs	OP OP	Med Support		LATOT
u bogi ng panakan ng masakana katalah sa masapataka sa ci	BHS FUNDING TERM	7/1/10-6/30/11	37/1/10-6/30/11	7/1/10-6/30/11	7/1/10-6/30/11	Heriston, every	400 2010 (
FUNDING USES:							
	EMPLOYEE BENEFITS	15,702	115,263	6.149	ļ		139,862
	PERATING EXPENSE	4,494	30,407	1,760	786		37,447
	COST \$5,000 AND OVER)	26.105	1.05.000	7 800	7 57.0		0
	OTAL DIRECT COSTS	20,196 2,658				U.	177,3 09 23,815
	RECT COST AMOUNT TAL FUNDING USES:	23,053	165,008	9,028	4,034	Ö	201,124
	TAE ! DIEDING USES	23,000	163,606	3,720	4,034		201,124
FEDERAL REVENUES - click below							
SDMC Regular FFP (50%)		10,516	73,186	4,236	1,693		96,130
ARRA SDMC FFP (11.59)	,	2,507	18,965	982			20,893
STATE REVENUES - click below							
Walance Control of the Control of th		Ĭ	I				**************************************
EPSDT State Match		7,228	48,90	3 2,83	1,265		60,231
Family Mossic Capitated Medi-Cal							
CTF Fund (Cmmly Tx Facility)							
GRANTS - cáck below	CFDA #:						_
		<u> </u>					
Please enter other here if not in pull down					<u> </u>	ļ	
PRIOR YEAR ROLL OVER - click below		ļ				<u> </u>	*
			+	 			<u> </u>
WORK ORDERS - click below			9,01	2	 		
HSA (Human Svcs Agency) Please enter other here if not in pull down			3,01	3			9,013
3RD PARTY PAYOR REVENUES - click below				 	+		
5770 FALLY 1 A 1011 / C-7 1 7 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1		1		-		 	
Please enter other here it not in pull down		<u> </u>				 	-
REALIGNMENT FUNDS		<u> </u>			<u> </u>	1	-
COUNTY GENERAL FUND		2,50	1693	96	43	8	20,857
TOTAL CBHS MENTAL HEALTH FUNDING SOUR	CES	23,05	165,00	9,02	4,034		201,124
CBHS SUBSTANCE ABUSE FUNDING SOURCES	: Sala a Grand	e Somether		100 62 62 60		war day e law bred yes	
FEDERAL REVENUES - click below							-
							-
STATE REVENUES - click below		<u> </u>					
				-	<u> </u>		-
GRANTS/PROJECTS - click below	CFDA #:			-			
Please enter other here if not in pull down					<u>_</u>		
WORK ORDERS - click below							
Olimpia (ampliantam)						_	-
Please enter other here if not in pull down			<u> </u>				-
3RD PARTY PAYOR REVENUES - click below					+	-	
Please enter other here If not in pull down					+	+	+
COUNTY GENERAL FUND		1		1		1	
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCE	s		0	100 100 127 128 100			a Salahan da Salahan
TOTAL DPH REVENUES		23053.515				34	
NON-DPH REVENUES - click below							

TOTAL NON-DPH REVENUES			0	0	٥	1	
TOTAL REVENUES (DPH AND NON-DPH)		23,0	54 465,0	08	28 4,0:	4 2 2 2 2	201,12
CBHS UNITS OF SVCS/TIME AND UNI	T COST:						
	UNITS OF SERVIC	Ε¹					
	UNITS OF TIN	E ² 11,0	83 61,5	69 2,2	63 . 8	13	75,7
COST PER UNIT-CONTRACT RATE (DPH.	& NON-DPH REVENUE	5) 2.	08 2	68 . 3.	99 4,9	36 0.0	0
COST PER UNIT-DPH RATE	(DPH REVENUES ON	.Y) 2.	DB 2.	68 3.	99 4.	96 0.0	0
PUBLISHED RATE (MEDI							
	INDUPLICATED CLIEN	TS	60	60	60	60	1

Units of Service: Days, Client Day, Full Day/Half-Day

²Units of Time: MH Mode 15 = Minutes/MH Mode 10, SFC 20-25=Hours

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

FISCAL YEAR:	2010/2011			APPENIDX #:	B-6	
LEGAL ENTITY NAME:	Seneca Center			PROVIDER #:	38CQ	
PROVIDER NAME:	***************************************		***************************************			B/16/2010
	LT Connections	LT Connections	LT Connections	LT Connections	LT Connections - MHSA	
REPORTING UNIT NAME:	38CQ4	38CQ4	36CQ4			The state of the contract of the state of th
REPORTING UNIT:	15/01-09	15/10-59	15/70-79	38CQ4 15/60-69	38CQ4 60/72	
MODE OF SVCS / SERVICE FUNCTION CODE	Case Mgi	MH Svcs	Crisis Intervention- OP		Flexible Support	TOTAL
SERVICE DESCRIPTION	Brokerage	WITH OVUS	December of the second	Med Support	Expenditure	
CBHS FUNDING TERM:	37/1/10-6/30/11	7/1/10-6/30/11	7/1/10-6/30/11	7/1/10-6/30/11	7/1/10-6/30/11	
FUNDING USES:						
SALARIES & EMPLOYEE BENEFITS	508,658	3,130,203	195,549	78,254	221,732	4,134,39
OPERATING EXPENSE	53,222	327,522	20,461	8,188	15,500	424,89
CAPITAL OUTLAY (COST \$5,000 AND OVER)	FC+ 0PA	A surry ment	Pres car	50.445	MAT AND	
SUBTOTAL DIRECT COSTS	561, 880 64,691	3,457,725 398.097	216, 010 24,870		237,232	4,559,29
INDIRECT COST AMOUNT			***************************************	9,952	27.086	524,65
TOTAL FUNDING USES: CBHS:MENTAL HEALTH FUNDING SOURCES	626,571	3,855,822	240,880	96,395	264,318	5,083,98
FEDERAL REVENUES - click below					A1	
SDMC Regular FFP (50%)	313,285	1,927,908	120,440	48,197	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2,409,830
ARRA SDMC FFP (11.59)	72620	446,890	27,918	11,172		558,600
STATE REVENUES - click below		***************************************				-
						NEW COLUMN TO SERVICE
EPSDT State Match	209,338	1,288,233	80,478	32,206		1,610,255
Family Mosaic Capitated Medi-Cat						
MHSA					264,318	264,31
GRANTS - click below CFDA #:		***************************************		<u> </u>		
	<u> </u>					
Please enter other here if not in pull down						<u>.</u>
PRIOR YEAR ROLL OVER - click below						
						_
WORK ORDERS - click below		ļ				
HSA (Human Svcs Agency)	31,329	192,791	12,044	4,819	-	240.98
HSA (Human Svcs Agency)	<u> </u>			ļ		
Please enter other here it not in pull down		ļ				
3RD PARTY PAYOR REVENUES - click below				_		
		.	<u> </u>		<u> </u>	
Please enter other here if not in pull down	 	<u> </u>	ļ	<u> </u>		
REALIGNMENT FUNDS COUNTY GENERAL FUND	<u> </u>		<u> </u>	<u> </u>		ļ
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	626,572	3,855,822	240,880	96,394	264,318	5,083,98
CBHS SUBSTANCE ABUSE FUNDING SOURCES:	1000 000 ESC 000 ESC	ANT RESTORAGE BET				4604646466
FEDERAL REVENUES - click below	ļ					
STATE REVENUES - click below	 		<u> </u>	-		ļ
						Ţ
GRANTS/PROJECTS - click below CFDA #:	<u> </u>		 	 	 	
Please enter other here if not in pull down WORK ORDERS - click below						
Please enter other here if not in pull down 3RD PARTY PAYOR REVENUES - click below						
Please enter other here if not in pull down COUNTY GENERAL FUND						
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES	e de la la companya de la companya d					
TOTAL DPH REVENUES NON-DPH REVENUES - click below	626,577	3,855,82	240,88	96,39	4 264,318	5,083,98
		\				
TOTAL NON-DPH REVENUES		**************************************	0	U		
TOTAL REVENUES (DPH AND NON-DPH)	626,572	3,855,822	240,880	96,394	264,318	5,083,98
CBHS UNITS OF SVCS/TIME AND UNIT COST:			<u> </u>	ļ	 	
UNITS OF SERVICE UNITS OF TIME				1,662	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES	2.08	2,68	3.99	58.00	145.00	
CÖST PER UNITDPH RATE (DPH REVENUES ONLY PUBLISHED RATE (MEDI-CAL PROVIDERS ONLY		2.68	3.99	58.00	145.00	
UNDUPLICATED CLIENT		12	0 12	0 120	121	1

¹Units of Service: Days, Client Day, Full Day/Half-Day

²Units of Time: MH Mode 15 = Minutes/MH Mode 10, SFC 20-25=Hours

DPH 2: Department of Public Heath Cost Reporting/Data Coincition (CRDC) FISCAL YEAR: 2010/2011 APPENIDX #: B-7							
***************************************		***************************************					
LEGAL ENTITY NAME: S PROVIDER NAME: S		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	PROVIDER #: 38CQ				
PROVIDER NAMES	LT Connections	LT Connections	LT Connections	LT Connections	16/2010		
REPORTING UNIT NAME::	Probation	Probation	Probation	Probation			
REPORTING UNIT:	38CQ4	38CQ4	38CQ4	38CCW	***************************************		
MODE OF SVCS / SERVICE FUNCTION CODE	15/01-09	15/10-59	15/70-79	15/60-69			
GEAVICE DESCRIPTION	Case Mgt Brokerage	MH Svcs	Crisis Intervention-OP	Wedication support	TOTAL		
CBHS FUNDING TERM.	7/1/10-6/30/11	7/1/10-6/30/11	7/1/10-6/90/11	7/1/10-6/39/17	31/44/5.050/50/44/		
UNDING USES:	20 1 00	015 050	15.076	6.030	301,522		
SALARIES & EMPLOYEE BENEFITS OPERATING EXPENSE	39,199 6,128	241,218 37,711	2,357	943	47.13		
CAPITAL OUTLAY (COST \$5,000 AND OVER)	121,20	23.11.15		343	41,13		
SUBTOTAL DIRECT COSTS	45,327	278,929	17.433	6,972	348,66		
INDIRECT COST AMOUNT	5,166	31,791	1,987	795	39,73		
TOTAL FUNDING USES:	50,493	310,720	19,420	7,767	388,40		
BHS MENTAL HEALTH FUNDING SOURCES	44 - 4200 - 1507A		Companyas as				
EDERAL REVENUES - click below							
DMC Regular FFP (50%)	25,247	155,360	9,710	3,884	194,20		
FRA SDMC FFP (11.59)	5,852	36,013	2,251	900	45,01		
TATE REVENUES - click below							
PSDT State Match	16.870	103,811	6,488	2,595	129,76		
amily Mosaic Capitated Medi-Cal							
RANTS - click below CFDA #:							
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PRIOR YEAR ROLL OVER - click below			<u> </u>	1	***************************************		
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NORK ORDERS - click below	L		<u> </u>	<u> </u>	······································		
ISA (Human Svcs Agency)	2,525	16,53	971	388	19,4		
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IRD PARTY PAYOR REVENUES - click below							
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COUNTY GENERAL FUND				 			
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	50,493	310,72	19,420	7,767	388,4		
CBHS SUBSTANCE ABUSE FUNDING SOURCES:					2012		
FEDERAL REVENUES - citck below				- 100 to	ers revesti end amerikanikanikan		
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STATE REVENUES - click below	†						
				 			
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3RD PARTY PAYOR REVENUES - click below		<u> </u>					
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COUNTY GENERAL FUND				:			
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES				a management			
TOTAL DPH REVENUES	=50,49	310,7	20 19,42	7,767	388,		
NON-DPH REVENUES - click below							
TOTAL NON-DPH REVENUES		ol	0	0			
TOTAL REVENUES (DPH AND NON-DPH)	50,49	3 310,77	19,42	0 7,767	388,		
CBHS UNITS OF SVCS/TIME AND UNIT COST:							
UNITS OF SERVICE	1						
UNITS OF TIM	E ² 24,27	6 115,9	4,86	7 1,566			
COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUE	5) 2.0	B 2.	3.9	9 4,96			
COST PER UNIT-DPH RATE (DPH REVENUES ONL	Y) 2.0	6 2.	58 3.9	9 4.96			
	val.	1			1		
PUBLISHED RATE (MEDI-CAL PROVIDERS ONL	7 }}		20 1				

^{&#}x27;Units of Service: Days, Client Day, Full Day/Half-Day

²Units of Time: MH Mode 15 = Minutes/MH Mode 10, SFC 20-25=Hours

E Seneca Center E Seneca Center San Leandro Day Treatment E 89802	PROVIDER #:	8980 8/16/2010
San Leandro Day Treatment	ı	8/16/2010
Day Treatment		
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1 537 1 537 ΔΕ ² ES) 177.55		95:38
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^{*}Units of Service: Days, Client Day, Full Day/Half-Day

 $^{^{2}}$ Units of Time: MH Mode 15 = Minutes/MH Mode 10, SFC 20-25=Hours

DPH 2: Department of Publicath (APPENIDX #: E	39		
LEGAL ENTITY NAME:		PROVIDER #: 38CA				
PROVIDER NAME:				1/16/2010		
		T		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
		Oak Grove Day				
REPORTING UNIT NAME:		Treatment		······································		
REPORTING UNIT:		3BCA2				
MODE OF SVCS / SERVICE FUNCTION CODE		10/85-89				
	Į	Day Tx Intensive	ļ			
SERVICE DESCRIPTION	ļ	Full day	i	TOTAL		
	and the state of t		400000000000000000000000000000000000000			
CBHS FUNDING TERM	LIST AND REAL OF A PARTY AND REAL PROPERTY.	~11114D-0/30111 N				
UNDING USES: SALARIES & EMPLOYEE BENEFITS	 	12,772		12,77		
OPERATING EXPENSE	•	300		30		
CAPITAL OUTLAY (DOST \$5,000 AND OVER)	·	343				
SUBTOTAL DIRECT COSTS		13,072		13,07		
INDIRECT COST AMOUNT	+	1,541		1,54		
TOTAL FUNDING USES:		14,613		14.61		
OBHS MENTAL HEALTH FUNDING SOURCES	The same of the sa	33.955345356	M(\$07/5500\$50850	21 × 144 (034 (634 (64))		
EDERAL REVENUES - click below						
DMC Regular FFP (50%)	1	7,316		7,31		
ARA SDMC PEP (11.59)		1,694	1	1,6		
STATE REVENUES - chok below						
EPSOT State Match		4,878		4,8		
amily Mosaic Capitated Medi-Cat						
AHSA						
GRANTS - click below CFDA #:						
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PRIOR YEAR ROLL OVER - click below	<u> </u>					
MHSA						
WORK ORDERS - cilek below	·					
County Work Order Fund	<u> </u>					
HSA (Human Svcs Agency)		ļ		_,		
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BRD PARTY PAYOR REVENUES - click below		<u> </u>				
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REALIGNMENT FUNDS		75.		7		
COUNTY GENERAL FUND TOTAL CBHS MENTAL HEALTH FUNDING SOURCES		731	-			
				14.8		
CBHS SUBSTANCE ABUSE FUNDING SOURCES:	M 46 10 10 10 10 10 10 10 10 10 10 10 10 10					
FEDERAL REVENUES - click below			_			
	 	 				
STATE REVENUES - click below	 		 	 		
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COUNTY GENERAL FUND	1	1	 			
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NON-DPH REVENUES - click below		1		<u> </u>		
			1	<u> </u>		
TOTAL NON-DPH REVENUES		1	0			
TOTAL REVENUES (DPH AND NON-DPH)		14,613		14,0		
CBHS UNITS OF SVCS/TIME AND UNIT COST	:	7,77				
UNITS OF SERVIC	**************************************		3			
UNITS OF TIM			-	***************************************		
COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUE		214.9	5			
COST PER UNIT-DPH RATE (DPH REVENUES ONL		214.9				
PUBLISHED RATE (MEDI-CAL PROVIDERS ONL		1	1			
UNDUPLICATED CLIEN			1	1		
				1		

DPH 2: Department of F ic Heath Cost Reporting/Data Collection (ChュC)

FISCAL YEAR				APPENIDX #:	***************************************
LEGAL ENTITY NAME:	Seneca Center			PROVIDER #:	38CQ
PROVIDER NAME	Seneca Center				8/16/2010
			Parent Training		
REPORTING UNIT NAME:	<u> </u>		institute		
REPORTING UNIT			38CQPT1		
MODE OF SVCS / SERVICE FUNCTION CODE			60/78		
			Plexible Support	, , , , , , , , , , , , , , , , , , , ,	
			Expenditure (Cost		
SERVICE DESCRIPTION	,		Reimbursement)		TOTAL.
CBHS FUNDING TERM:		***************************************	77/1/10-6/30/11		***************************************
'UNDING USES:					
SALARIES & EMPLOYEE BENEFITS		 	107,596		107.59
OPERATING EXPENSE	•	1	600		60
CAPITAL OUTLAY (COST \$5,000 AND OVER			***************************************		
SUBTOTAL DIRECT COSTS		t	106,196		108,19
INDIRECT COST AMOUNT			1,804	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1,80
	· · · · · · · · · · · · · · · · · · ·	 			
TOTAL FUNDING USES	_	 	110,000	p., ************************************	110.00
CBHS MENTAL HEALTH FUNDING SOURCES					
FEDERAL REVENUES - chck below	ļ				
SDMC Regular PFP (50%)	<u> </u>	ļ			
RRAA SDMC FFP (11.59)			·	^	
STATE REVENUES - click below	ļ				<u> </u>
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EPSDT State Match					
amily Mosaic Capitated Medi-Cal		1	***************************************		
AZHA	<u> </u>				
SRANTS - click below CFDA #:					
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PRIOR YEAR ROLL OVER - click below					-
MHSA					
WORK ORDERS - click below					-
County Work Order Fund				[
HSA (Human Svcs Agency)			110,000		110,000
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3RD PARTY PAYOR REVENUES - click below	†				-
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TOTAL CBHS MENTAL HEALTH FUNDING SOURCES			110.000		110,00
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CBHS SUBSTANCE ABUSE FUNDING SOURCES:			Postacije rijetrija seb		
FEDERAL REVENUES - click below					-
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3RD PARTY PAYOR REVENUES - click below					
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COUNTY GENERAL FUND	1				
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES	1 1000 March (2001)			15/20/20/20/20	i jakanangar
TOTAL DPH REVENUES		a legal annual agus	110,000		
NON-DPH REVENUES - click below	-			 	, , , , , ,
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TOTAL NOW ODE BEVENILES	-	<u> </u>		O C	
TOTAL NON-OPH REVENUES	 				
TOTAL REVENUES (DPH AND NON-DPH)		Arrana arrana	110,000	Territation and No.	110.00
CBHS UNITS OF SVCS/TIME AND UNIT COST:		 	<u> </u>		
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UNITS OF TIM		1	<u> </u>		<u> </u>
COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUE	5)[r√s		
COST PER UNIT DPH RATE (DPH REVENUES ON).	Y)		r√a		1
PUBLISHED RATE (MEDI-CAL PROVIDERS ONL	Y)	1			
UNDUPLICATED CLIEN	'S			0	

^{*}Units of Service: Days, Client Day, Full Day/Half-Day

²Units of Time: MH Mode 15 = Minutes/MH Mode 10, SFC 20-25=Hours

FIS	CAL YEAR:	2010/2011						APPENIDX #: E	3-17
LEGAL EN	TITY NAME:	Seneca Center		***************************************		***************************************	***************************************	PROVIDER #: 3	GH8
	***************************************	Seneca Center				***************************************		8	/16/2010
REPORTING U	NIT NAME:		MST	MST	MST	MST	MST		***************************************
######################################		***************************************					Cost		
REPOR	TING UNIT:		36HDOP	38HDOP	38HDOP	36HDOP	Reimbursement		
WODE OF SVCS / SERVICE FUNC	TION CODE		15/01-09	15/10-59	15/60-69	15/70-79	60/72	***************************************	
		***************************************	***************************************	mental inseth	Medication		Flexiore Support		
SERVICE DE	SCRIPTION		Case management	Services	Support	Crisis Services	Expenditure		TOTAL
CBHS FUND	ixio tedes	Total Section of the particular of the Principles of the Principle	7/1/10-e/30/11 (7/1/10-6/30/11	7/1/10-6/30/11	7/1/10-6/30/11	7/1/10-6/30/11	***************************************	teamph the common form the agent and construction
FUNDING USES:							111111111111111111111111111111111111111		······································
SALARIES & EMPLOYEE	É BENIEFTS	·	15.112	104,986	4.807	5,806	124,253		254,948
OPERATING	***************************************		3,925	27,262	1,249	1 508	24.911		58,854
CAPITAL OUTLAY (COST \$5.00			3.920	L. 2.52	1,240	1,500	64.011		
			2002	100 000	o neo	w as a s			
SUBTOTAL DIRI	***************************************	***	19,037	132,228	6,056	7,314	149,164		313,799
INDIRECT COS			2,256	15,683	718	867	18,129		37,650
TOTAL FUND	***************************************		21,295	147,931	6.774	8,181	167,293		351,458
CBHS MENTAL HEALTH FUNDING SOURCES	Property (9-4) is a	ina yenere erado))	enticistatură	triusendikkaselj.	190000000000000000000000000000000000000	apporte describiga	aren upaken		arvita a jugan tili set
FEDERAL REVENUES - click below									
SDMG Regular FEP (50%)			10,648	73,955	3,387 2,387	4,091			92,080
ARBA SDMC FFP (11.59)		<u> </u>	2,468	17,143	785	946		I	21,344
STATE REVENUES - click below						······			
EPSOT State Maton			7,115	49,415	2,283	2,733			61,526
Family Mosaic Capitaled Medi-Car					1				
MHSA		T							-
GRANTS - chek below	CFDA#:		İ	***************************************	1				-
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PRIOR YEAR ROLL OVER - click below				······		***************************************			*
MHSA				*/*************************************					
WORK ORDERS - click below									·
County Work Order Fund									
HSA (fruman Svos Agency)			ļ					****	·
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3RD PARTY PAYOR REVENUES - click below									
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REALIGNMENT FUNDS			1,065	7,395	339	409			9,206
COUNTY GENERAL FUND							167,292		167,292
TOTAL CBHS MENTAL HEALTH FUNDING SOUR	RCES	1894, 1997 (1997)	21,295	147,908	6,774	6,181	167,292	WHAT HEES	351,460
CBHS SUBSTANCE ABUSE FUNDING SOURCES		resident blad	1 A CHARLEST AND A SECOND	NGC CORPORATO THE P			SEASTERN COMM	Marijaniya iyasid	PPERCHASE A CONTR
FEDERAL REVENUES - click below					 				
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COUNTY GENERAL FUND							<u> </u>		
TOTAL CBHS SUBSTANCE ABUSE FUNDING SO	OURCES	1 va spirraty 4 i kela:	\$ CARGON #1070AWA	120/4/50/465/4669		notycical admirts	VID961824-1024591	44.039000000	era grandula
TOTAL DPH REVENUES	(1864年) (1864年)	konjosovana 1474	21,290	147,90	8 400/164 16,774	(m) 40% (m) 8,18	187,386 8167,286	ACCUSE ENGINEERS	351 48
NON-DPH REVENUES - click below	***************************************		1	1	1				
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TOTAL NON-DPH REVENUES		dan sakaran sa	e incompany of the same	new the en bee	- Side Survey of the Same	notherway ex	Section of the sectio	a teste de la contracta	Mousian Company
TOTAL NON-DPH REVENUES	garangan at tara			44,808	-processes 26,774	programa (2006) (187	167,292	and the second state of the second second	351.46
TOTAL REVENUES (DPH AND NON-DPH)			1	 	1	1		1	
TOTAL REVENUES (DPH AND NON-DPH) CBHS UNITS OF SVCS/TIME AND UNIT	r cost:								
TOTAL REVENUES (DPH AND NON-DPH) CBHS UNITS OF SVCS/TIME AND UNITS UNITS OF SVCS/TIME AND UNITS OF SVCS/TIME AND SVCS/TIME SVCS/TIME AND SVCS/TIME AND SVCS/TIME SVCS/TIME SVCS/TIME SVCS/	COST:	1					1		
TOTAL REVENUES (DPH AND NON-DPH) CBHS UNITS OF SVCS/TIME AND UNITS UNITS OF	F COST: OF SERVICE ITS OF TIME	2	10,562	56,670			0		
TOTAL REVENUES (DPH AND NON-DPH) CBHS UNITS OF SVCS/TIME AND UNITS UNITS OF UNITS OF COST PER UNIT-CONTRACT RATE (DPH & NON-DPH	COST: OF SERVICE ITS OF TIME REVENUES	3		56,670			0		
TOTAL REVENUES (DPH AND NON-DPH) CBHS UNITS OF SVCS/TIME AND UNITS UNITS OF	COST: OF SERVICE ITS OF TIME REVENUES	3	10,562	56,670			0		
TOTAL REVENUES (DPH AND NON-DPH) CBHS UNITS OF SVCS/TIME AND UNITS UNITS OF UNITS OF UNITS OF THE UNITS OF TH	F COST: OF SERVICE ITS OF TIME REVENUES INUES ONLY	2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	10,562	56,670			0		

FISCAL YEAR:	2010/2011	······································		APPENIDX #:	B-12
LEGAL ENTITY NAME				PROVIDER #:	***************************************
PROVIDER NAME:			***************************************		8/16/2010
REPORTING UNIT NAME:		MHSA Pace	MHSA Pace	MHSA Pace	70,000
REPORTING UNIT		35HD2	38HD2	38HD2	
MODE OF SVCS / SERVICE FUNCTION CODE		60/72	60/72	60/72	***************************************
		Fiexible Support Expenditure (cost	Flexible Support Expenditure fcost	Flexible Suppon	managaman m
SERVICE DESCRIPTION	,	rembursemeni	reimbursement	Expenditure	TOTAL
CBHS FUNDING TERM:		7/1/10-6/30/14	7/1/10-6/30/11	7/1/10-6/30/11	Population (Com
UNDING USES:	***************************************				
SALARIES & EMPLOYEE BENEFITS	1	236,701	76,355	68,720	381,7
OPERATING EXPENSE	- 	39,191	12.931	10,946	0,63
CAPITAL OUTLAY (COST \$5,000 AND OVER					
SUBTOTAL DIRECT COSTS	-	275,892	89,286	79,666	444.8
INDIRECT COST AMOUNT	***************************************	33,108	10,714	9,560	53,3
TOTAL FUNDING USES		309,000	100,000	89,225	498.2
BHS MENTAL HEALTH FUNDING SOURCES EDERAL REVENUES - click below					
DMC Regular FFP (50%)				44,610	44,61
RPA SIDMO FEP (11.59)				10,341	10,34
TATE REVENUES - click below		and the particular of the part			And the state of t
PSOT State Metch				29,811	29.81
amity Mosaic Capitated Medi-Cal					www.
MHSA		309,000			309,00
SRANTS - click below CFDA #:					
Rease enter other here if not in pull down					
RIOR YEAR ROLL OVER - click below					
MHSA		ļ	100,000		190,00
VORK ORDERS - click below					
County Work Order Fund	 				
ISA (Human Svcs Agency)	 				
Please errier other here if not in pull down		 			
RD PARTY PAYOR REVENUES - click below		-			
Management of the American	+				
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COUNTY GENERAL FUND	1		<u> </u>	4461	4,44
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	G - Section as explaining of	309,000	100,000	89,223	498.2
CBHS SUBSTANCE ABUSE FUNDING SOURCES:		000,800	100,000	09,223	198,2
EDERAL REVENUES - click below					
EDERAC REVENUES - CHEK MINOW	+				
STATE REVENUES - click below			 		
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NORK ORDERS - click below	1				
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IRD PARTY PAYOR REVENUES - click below					
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Please enter other here if not in pull down					
COUNTY GENERAL FUND					
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES	1		2.01887/057890(1)	140000000000000000000000000000000000000	DEVELOPE SEND
		309,000	000,000	89,223	498,2
101AL DPH MEVENUES					
			1	,	
NON-DPH REVENUES - click below					
NON-DPH REVENUES - click below TOTAL NON-DPH REVENUES TOTAL REVENUES (DPH AND NON-DPH)		309,000	100,000	89,223	498,
NON-DPH REVENUES - click below FOTAL NON-DPH REVENUES FOTAL REVENUES (DPH AND NON-DPH)		000,600	100,000	89,223	498,
NON-DPH REVENUES - click below TOTAL NON-DPH REVENUES TOTAL REVENUES (DPH AND NON-DPH)		309,090			
NON-DPH REVENUES - click below TOTAL NON-DPH REVENUES TOTAL REVENUES (DPH AND NON-DPH) CBHS UNITS OF SVCS/TIME AND UNIT COST:					
NON-DPH REVENUES - click below TOTAL NON-DPH REVENUES TOTAL REVENUES (DPH AND NON-DPH) CBHS UNITS OF SVCS/TIME AND UNIT COST: UNITS OF SERVICE	=======================================		1	615	
NON-DPH REVENUES - click below FOTAL NON-DPH REVENUES FOTAL REVENUES (DPH AND NON-DPH) CBHS UNITS OF SVCS/TIME AND UNIT COST: UNITS OF SERVICE UNITS OF TIME	E ²	. 1	1	615	
UNITS OF TIME COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUE	E ² 5) Y)	. 1	1	615	

*Units of Service: Days, Cilem Day, Full Day/Half-Day
*Units of Time: MH Mode 15 = Minutes/MH Mode 10, SFC 20-25=Hours

APPENDIX #: B-1 Page 1

Document Date:

08/16/10

rev. 11/8/2000

DPH3: Salaries & Benefits Detail

Provider Number:

8989

Provider Name:

Seneca Center - CTF Unit SF

		TOTAL		l Fund & Other Revenue		ANT #1: Supplement	GR	ANT #2:	WORK C	RDER #1: OHS	ORDER #2	: DJP
	Ł	Proposed ansaction		Proposed ansaction		oposed nsaction	Trai	oposed nsaction		roposed ansaction		roposed insaction
POSITION TITLE		: 7/1/10-6/30/11		7/1/10-6/30/11	Term:	544.4545	Term:	0.01.00000	Term:_	1	7	7/1/10-6/30/11
	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES
CTF Division Director	0.30	39,375	0.29	38,063							0.01	1,31
San Francisco Program Director	0.84	79,380	0.83	78,435					<u> </u>		0.01	945
Asst. Director	2.00	132,000	1.97	130,020					<u> </u>		0.03	1,980
Nurse	1.85	149,912	1.82	147,481							0.03	2,43
Clinician /Therapist	3.75	198,000	3.70	195,360				·			0.05	2,640
Milieu Supervisor/ Manager	3.82	154,343	3.76	151,919						[[0,06	2,424
Mental Health Asst./Counselors	19.29	611,054	19.00	601,870					· -		0.29	9,184
Direct Clerical	1.75	58,240	1.73	57,574							0.02	666
Shift Coordinator	2,68	112,515	2.64	110,835							0.04	1,680
					-							
				·								
TOTALS	36.28	\$1,534,819	35.74	\$1,511,557	0.00	\$0	0.00	\$0	0.00	\$0	0.53	\$23,262
EMPLOYEE FRINGE BENEFITS	29%	\$445,098	29%	\$438,352	29%	\$0	29%	\$0	29%		29%	\$6,746
EMILEO I DE LUINOS DENEELIO	23/0]	\$440,030 <u> </u>	23 70]	\$400,002 <u> </u>	2370	<u> </u>	2,2 70]	γρΟ	<u> </u>		<u> </u>	φυ,740
TOTAL SALARIES & BENEFITS		\$1,979,917		\$1,949,909		\$0		\$0		\$0		\$30,008

DPH #2 (CMHS & CSAS)

DPH4: Operating Expenses Detail

B-1 Page 2 08/16/10 APPENDIX #: Document Date:

Provider Number: 8989

Provider Name: Seneca Center - CTF Unit SF

Expendi	ture Category
Contrac	ct Services
Psychia	tric Services
	er and Program Consultant
Total C	ontract Services
Program	n Support
Office S	upplies
Telepho	ne
Staff Tra	avef-(Local & Out of Town)
Staff Tre	aining
Staff Re	cruitment
Total P	rogram Support
Eacility	and Vehicle Expense
Facility (
Utilities	
	able Equipment
Equipme	ent Lease
Bldg. Mt	. and Repair
Vehícle	Lease/Depreciation
Vehicle !	Operations
Total Fa	icilities/Vehicle Expense
Child an	nd Family Related Expense
ood	
	old Supplies
~	utic Supplies
	ons/Personal Supplies
	nsportation
Curricult	
	m Supplies
Special E	
amily S	
	ild and Family Expense

TOTAL	GENERAL FUND & (Agency-generated) OTHER REVENUE	GRANT #1: State Supplement	GRANT #2: na	WORK ORDER #1: DHS	WORK ORDER #2: DJI
PROPOSED	PROPOSED	PROPOSED	PROPOSED	PROPOSED	PROPOSED
RANSACTION	TRANSACTION	TRANSACTION	TRANSACTION	TRANSACTION	TRANSACTION
erm: FY2010/11	Term: FY2010/11	Term:	Term:	Term:	Term: FY2010/11
150,000	148,795				1,205
20,000	19,640				360
170,000	168,435				1,565
16,987	16,687	······································			300
6,000	6,000				
7,000	6,900				100
9,000	9,000				
10,000	9,840	-			160
48,987	48,427				560
				<u>':</u>	
. 0					
0 500	9.500	<u></u>			
8,520 4,200	8,520 3,700				500
10,000	10,000				300
0.	0,000				
0	0				
22,720	22,220				500
0					
1,500	1,500	j			
79,231	77,086				2.145
20,000	20,000				
6,100	6,100				
0					
0					
11,500	11,500				
0	14212				0.228
118,331	116,186			0	2,145

TOTAL OPERATING EXPENSE

\$355,268 \$360,038

Provider Number: 8989
Provider Name: Sensoa Center
Deta: 8/16/10

118,331

360,036 Total Operating Costs

2,339,955 Total Direct Costs (Salaries & Benefits and Operating Expenses)

CTF Unit SF

Budget Artxount	***************************************		Budget Line flam	Des	cription	
alaries: FTE's	Salary	ĭ.	otai Sanary			
0.30 X	\$191,250 =	\$	39,375 CTF Division Director	Pec	poteible for	program development and overeight of all program services
0.84 X	\$ 94,500 =	\$	75,350 San Francisco Program Director	Pro	vidas organi	zašional leadership for the operation of the program
2.00 X	± 000,00 \$	93	132,000 Assistant Oiractor/Adningerator	FASAX	ist in the ios	idetship of the program and monhors day to day functioning of the program
				Ren	sponsible and	d accountable for prescribing, implementing and evaluating the nursing care
1.86 X	\$ 21,034 =	<u> </u>	149.913 Nuse		vered to clie vide on-goin	one g mental health services to cliente, participate in miliou activities and work close
3 75 X	\$ 52.800 =	\$	198,000 Clinician Therapist		~~~~~	to provide clinical Guidatos maintaining a sate milieu environment. These staft are available to bande crisis
3,82 X	\$ 49.404 E	<u> </u>	154,347 Milieu Supervesor/Menager			that may arise
19.29 X	\$ 31.677 ±		511,049 Mental Heaft: Assistant	Fro	vide service	es to clients in both the milieu and in the community as well
1,76 X	⊊ 33,280 ≠	§i .	58,240 Oyeot Clerical	· Per	vides on -go	activities ave eupport to all each
2.88 X	- \$ 41,983 =	s	112,514 Shift Coordinator		er lead etati nee of a shif	services, including milieu and intervening with clients as needed throughout the
	All the property of the second	119	1 1 () 1 () () () () () () () (A U.S. OF CO. ALL CO.	
36.28		s	1,534,619 Total Salaries			
				\$	95,159 22,265	6.2.0% Sports Security 1.4.5% Medicare
			•	\$	3,837 111,274	0.25% Unemployment Insurance 7.25% Workers Compensation
				\$	191,852 29,721	12.50% Health Insurance 1.35% other
		\$	445.096 Employee Fringe Banefit Reto	<u> </u>	445,096	29.00% Total Employee Fringe Benefit Rate
		2	1,979,917 Total Selectes and Senetits			
		Operation	g Experimes:			
		•	D 50 D. Comunicipile Conference of	\$	A Sea	Second and the second s
•		\$ \$	8,520 Expendable Equipment 4,200 Equipment Rental	•	8, 520 4 206	Based on an average of \$710 a month for new equipment. Hental of Copier and postage machine.
		\$	10,000 Building Maintenance 22,720 Total Occupancy (Facility and Vehicle E		633	Meintenance for office site (approx \$833/month)
	. *	•	22.720 Your Documenty is about with volume to	Aponso		s .
		\$	150,000 Psychietric Services	.	150,000	These costs are for an CTF psychiatrist to be available on oall as needed but in addition to provide medication support, psychiatric assessment and evaluation and treatment consultation services
		\$	20,000 Program Consultation	. \$	28,000	Consultant posts to (adilitate program
•		\$	170,860 Total Contract Services			
	,	\$	16,997 Office Supplies, Postage	*	16.987	Office Supplies and postage for 36.28 staff - 100% (avg of \$500 per staff)
		\$	6,006 Telephone	. \$	6,600	Telephone (avj., \$500 me) These costs include cell priories, land lines and internet access
		2	7,000 Staff Travel	ុំង	7,000	Bissed on prior years experience, Staff travel is relimbused at the IRS relimbusement rate per mile. Not all staff travel in this program, However on average \$553 has been reimbused per month.
			CONTRACTOR OF THE PROPERTY OF	*		
		\$ \$	9,000 Stuff Treining 16,000 Staff Recruitment			Training costs for 36.26 employees - 100% Recruiting Costs for 96.26 employees - 100%
	4	\$.	46,987 Total Program Support	•		
		\$	1,500 Household Supplies 78,291 Therepeutic Supplies			
		\$	20,000 Medication and Personal Supplies	;	20,900	On average \$1030 per stient based on 15 clients
		\$	6,100 Child Transportation		9,100	Gased on Monthly gavel costs of \$500
		\$ \$	11,500 Special Events 118,331		\$ 11,500	Camp costs of \$5000, prom \$2000 and other outlings.

DPH3: Salaries & Benefits Detail

APPENDIX #: B-2 Page 1 Document Date: 8/16/10

rev. 11/8/2000

Provider Number:

38CQ

Provider Name:

Seneca Center - TBS SF

	The state of the s	TOTAL		AL FUND AND R REVENUE	GR	ANT #1:	GF	RANT #2:	1	ORDER #1: DHS	1	ORDER #2: DJP
	Tra	roposed ansaction 7/1/10-6/30/11	Tra	roposed ansaction 7/1/10-6/30/11		oposed nsaction		roposed insaction		oposed nsaction		oposed nsaction
POSITION TITLE	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES
Asst. Director	0.40	26,000	0,40	26,000								
TBS Clinician	3.15	157,500	3.15	157,500					-			
TBS Coach	6.50	205,842	6.50	205,842								
Direct Clerical	0.75	24,960	0.75	24,960								
						-						
		·				·						
							-					
TOTALS	10.80	\$414,302	10.80	\$414,302	0.00	\$0	0.00	\$0	0.00	\$ 0	0.00	\$0
· ·							_					
EMPLOYEE FRINGE BENEFITS	29%	\$120,148	29%	\$120,148	29%	\$0	29%	\$0	29%	\$0	29%	\$0
TOTAL SALARIES & BENEFITS		\$534,450	F	\$534,450		\$0	Г	\$0		\$0		\$0
y wirrow with minimum of the transfer of the		0023200	love.	AACOM LANGE	ļ	THE WAY	lie de la constant de		ļ <u>.</u>		1	STOCKED BY
•				•						•		

DPH #2 (CMHS & CSAS)

DPH4: Operating Expenses Detail

APPENDIX #: B-2 Page 2
Document Date: 08/16/10

Provider Number:

38CQ

Provider Name:

Seneca Center - TBS SF

			GENERAL FUND &	GRANT #1:	-	WORK ORDER #1:	WORK ORDER #2:
		TOTAL	(Agency-generated) OTHER REVENUE	State Supplement	GRANT #2; na	DHS	DJP
		PROPOSED	PROPOSED	PROPOSED	PROPOSED	PROPOSED	PROPOSED
		TRANSACTION	TRANSACTION	TRANSACTION	TRANSACTION	TRANSACTION	TRANSACTION
Expenditure Category		Term: 7/1/10-6/30/11	Term: 7/1/10-6/30/11	Term;	Term:	Term:	Term:
Contract Services			,				
Psychiatric Services		0		· · · · · · · · · · · · · · · · · · ·			
Program Consultation		0					
Computer and Program Consultant		0					
Program Services(Speech, Trans.)		. 0					
Total Contract Services		0	0				
Program Support	· · · · · · · · · · · · · · · · · · ·						
Office Supplies		2,700	2,700	.,,			
Telephone		7,200	7,200				
Staff Travel-(Local & Out of Town)		6,000	6.000				
Staff Training		0,000	0,000				
Staff Recruitment		3,341	3,341			 	
Total Program Support		19,241	19,241				
това гтодіалі Зарроп		13,241	13,241				
Facility and Vehicle Expense							
Facility Lease		0					
Utilities		0					
Expendable Equipment		1,000	1,000				
Equipment Lease		0					
Bldg. Mt. and Repair		1,500	1,500				
Vehicle Lease/Depreciation		0					
Vehicle Operations		0	0				
Total Facilities/Vehicle Expense		2,500	2,500	· · · · · · · · · · · · · · · · · · ·	***************************************		W/2 W/W/W
Child and Family Related Expense							
Food		0					
Household Supplies		0					
Therapeutic Supplies	****	5,311	5,311				
Medications/Personal Supplies		3,000	3,000				
Child Transportation		1,000	1,000				
Critic Transportation Curriculum			1,000	-			
Curriculum Classroom Supplies		0					
Special Events		0					
Special Events Family Support		0					
Total Child and Family Expense		9,311	9,311				
Total Gilliu and Falliny Expense		2,311	3,311				· · · · · · · · · · · · · · · · · · ·
TOTAL OPERATING EXPENSE		\$31,052	\$31,052	\$0	\$0	\$0	\$0

Appendix: 8-2, Page 3

Provider Number: 38CQ Provider Name: Seneca Center Date: 81610

TBS - SF

Amount			Sudget Line Rem	Description
eries: FTE's	Salary	Total Sala	КУ 	
0.40 X	\$ 85,000 =	\$ 26,00	NO Assist Director	Supervisor the Clinicians and Benavioral Specialist providing TBS Services
3.15 X	\$ 50,000 =	\$ 157,50	oc TBS Clinician	To Provide benaviorally-focused mental health services to children and families
6.50 X	\$ 31,66E =	\$ 205,84	2 TBS Coscin	To Provide behaviorally-focused mental nearth services to children and families.
0.75 X	\$ 93,280 =	\$ 24,96	Direct Clerical	Provides on-going administrative support to all staff
10.80		\$ 414,30	12 Total Sajaries	
				\$ 25,687 6.20% Social Security \$ 6,007 1,45% Medicare \$ 1,036 C.25% Unemployment Insurance
				\$ 60.937 T.25% Woffers' Compensation \$ 51.768 12.50% Health insurance \$ 5.593 1.85% other
			48 Employee Fringe Benefit Rate 50 Total Saleries and Benefits	\$ 126,148 29,00% Total Employee Fringe Benefit Rate
		Operating Expens	98\$;	
		\$ 1,0	DO Expendable Equipment Equipment Lease	\$ 1,000 Based on an average of \$83,33 a month for new equipment Riental of Copier and postage machine for 350 month
			00 Building Maintenance 00 Total Occupancy (Facility and Vehicle Expense	Maintenance for office site (approx \$1.25/month)
	-		on Man Duning Product	
			00 Office Supplies, Postage 00 Telephone	Office Supplies and postage for 10.80 staff - 100% (avg of \$250 per staff) Telephone (avg. \$600 mo)
			OC Staff Travel	Based on past experience for conf and travel
		\$ -	Staff Training	Training costs for 36.28 employees - 100%
			41 Staff Recruitment	Recruiting Costs for 10.08 employees - 100%
		\$ 19,2	41 Total Program Support	
			Household Supplies	
		\$ 5,3	111 Therapeutic Supplies	5311 On average \$442/month per client
		\$. 3,0	000 Medications and Personal Supplies	3000 Based on \$250/ month
		\$ 7,0	000 Child Transportation	1000 Based on \$83.33/ month
		\$ 9,3	711	
		\$ 31,0	52 Total Operating Costs	
				•

DPH3: Salaries & Benefits Detail

APPENDIX #: B-3 Page 1

Document Date: 8/16/10

Provider Number:

8989

Provider Name:

Seneca Center - CTF Supplement SF

		TOTAL		L FUND & OTHER REVENUE	State	RANT #1: Supplement	GF	IANT #2:	WORKC	RDER #1: DHS	ORDER #:	2: DJP
	Tri	roposed ansaction 7/1/10-6/30/11	Proposed Transaction Term: 7/1/10-6/30/11		Proposed Transaction Term:			oposed nsaction	Tra	roposed ansaction		roposed insaction
POSITION TITLE	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES
ileau Supervisor	0.90	35,381	0.90	35,381								
ental Health Asst.	2.25	70,902	2.25	70,902								
							-					
											[
								-				
	+	·										
	1			· ·								
						-						
										W/~~~		······································
OTALS	3.15	\$106,283	3,15	\$106,283	0.00	\$0	0,00	\$0	0.00	\$0	0.00	
MPLOYEE FRINGE BENEFITS	28%	\$29,759	28%	\$29,759	28%	\$0	28%	\$0	28%	\$0	28%	
	20 70	VEQ.100	4 , ₩ 76]	ψεν,/ου [20/01	- VO 1	20 70	201	2070]		20 701	
	r		-		r		r		г		ſ	
OTAL SALARIES & BENEFITS	<u> </u>	\$136,042	Ĺ	\$136,042	L	. \$0	Į.	\$0 \	Ĺ	\$0		rintiddywddiadau y chwyr y chw

DPH #2 (CMHS & CSAS)

#REF!

Appendix: 8-8, Page 2

Provider Number: 8989

Provider Name: Seneca Center Date: 8/16/10

CTF Supplement - SF

Ameunt	**************************************	***************************************		Budget Line Hem	Descriptor:
larles: FTE's	Salary	Ϋ́αtat Sa	atery		
9.90 X	\$ 39,312 ±	\$	35,381	Mileu Supervisor	Responsible for maintaining a safe milieu environment and ensuring successful implementation of Therapeutic -pehavioral programs within the milieu
2.25 X	\$ 31,512 =	\$	70,902	Mental Health Assistant	Works as pan of a therapeutic feam to provide appropriate adult role model for distor-
3.15	hrudisssspryge******Erritriitiskyrinssungs*****Erritriitisk	g:	106.283	Total Salaties	
		•	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		\$ 8,560
	Common Carlotte of Common about the	\$	29,759	Employee Fringe Senetit Rate Total Sajaries and Senetits	\$ 29,758 28,00% Total Employee Fringe Benefit Rate

DPH3: Salaries & Benefits Detail

APPENDIX #: Document Date:

8-4 Page 1 8/16/10

Provider Number: Provider Name:

38CQ

Seneca Center - MFTC Placement

		TOTAL		nl Fund & Other Revenue	work c	PRDER #1: DHS	GF	RANT #2:	WORK O	RDER #1: DHS	DRK ORDER	
	Tr Teri	Proposed ansaction n: FY2010/11	Proposed Transaction Term: FY2010/11		Proposed Transaction Term:		Proposed Transaction Term:		Proposed Transaction Term: FY2010/11		Proposed Transaction Term:	
POSITION TITLE	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES
Wrap Services Director	0.08	6,720	0.08	6,720								
icensed Clinical Supervisor	0.25	18,638	0.25	18,638								
Therapist/Social Worker	0.95	52,800	0.95	50,160	·				0.050	2,640		
Mental Health Assistant	0.95	32,760	0.95	31,122					0.050	1,638		
										744		
		· .	-							1		
			-									
			· ·									
						·						
TOTALS	2.23	\$110,918	2.23	\$106,640	0.00	\$0	0.00	\$0 <u> </u>	0.10	\$4,278	0.00	
MPLOYEE FRINGE BENEFITS	29%	\$32,168	29%	\$30,926	29%	\$0	29%	\$0	29%	\$1,242	29%	
	, -		P==-		- r		۲~		r			. , , , , , , , , , , , , , , , , , , ,
OTAL SALARIES & BENEFITS	and the state of t	\$143,086		\$137,566		\$0		\$0) Jacon	\$5,520		

DPH #2 (CMHS & CSAS)

DPH4: Operating Expenses Detail

APPENDIX #: B-4 Page 2
Document Date: 08/16/10

Provider Number 38CQ

Provider Name: Seneca Center - MFTC Placement

Expenditure Category
Rental of Property
Utilities(Elec, Water, Gas, Phone, Scavenger)
Office Supplies, Postage
Building Maintenance Supplies and Repair
Printing and Reproduction
Insurance
Staff Training
Staff Travel-(Local & Out of Town)
Rental of Equipment
OTHER
Shetler Costs
Treatment Supplies
Child Transportation
Other - Clerical Temp
TOTAL OPERATING EXPENSE

OPH #3 (CMHS & CSAS)

TOTAL	GENERAL FUND & (Agency-generated) OTHER REVENUE	WORK ORDER #1: DHS	GRANT #2: na	WORK ORDER #1: DHS	WORK ORDER
PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION
Term: 7/1/10-6/30/11	Term: 7/1/10-6/30/11	Term:	Term:	Term: 7/1/10-6/30/11	Term;
0					
0					
1,490	1,140			350	
0					
1,500	1,000			500	
0	-				
	2,550			250	
0					
0					
0					
3,939	3,122			817	
0,000				<u> </u>	
0	·				
	<u> </u>				
\$9,729	\$7,812	\$0	\$0	\$1,917	\$0_

MTFC Placement

Provider Number: 38CQ Provider Name: Seneca Center Date: 8/16/10

Appendix:

Appendix:

B-4, Page 3-

Budget Amount		Budget Line Item	Description
staries: FTE's Salary	Total	Salary	
0.06 X \$ 84,000	= \$	6,720 Wrap Services Director	Provides organizational leadership for coordinating Wrap Services
0.25 X \$ 74,560	= \$ 1	6,635 Licensed Clinical Supervior	Responsible for providing supervision to Team leaders and ensuring Seneca's practices a implemented correctly
1.00 X \$ 52.800	= S 5	i2,800 Therapist/Social Worker	Provide on-going mental health services to clients.
1 00 X \$ 32,760	. 1993	32,760 Mental Health Assistant	Works as part of a therapeutic team to provice appropriate adult role model for children
0.75		OCA TANK Section	
2.33	\$ 11	10,918 Total Salaries	\$ 6.677 6.20% Social Security \$ 1,698 1.45% Medicare \$ 277 0.25% Unemployment asstrance
			\$ 6,042 7,25% Workers' Compensation \$ 73,805 12,50% Health trastrance \$ 1,499 1,36% other
er en		32,168 Employee Fringe Benefit Rate 43,085 Total Salaries and Benefits	\$ 32.168 29.00% Fotal Employee Edinge Benefit Rate
	Operating Ex	φenses:	
	\$ \$ 5.	1,490 Office Supplies, Postage 1,500 Telephone 2,800 Staff Training	Office Supplies and postage for 2.33 staff - 100% (avg of \$640 per staff) Printing and Reproduction - approximately \$125 month Training costs for 2.33 employees - 100%
	\$	5,790 Total Program Support	Recruiting Costs for 10,08 employees - 100%
	\$	3,939 Sheiter Costs 3,939	5311 Based on past experience, as needed basis per family
	\$	9,729 Total Operating Costs	
	\$ 153	2,815 Total Direct Costs (Salaries &	Benefits and Operating Expenses)

APPENDIX #: Document Date:

B-5 Page 1 8/16/10

DPH3: Salaries & Benefits Detail

Provider Number:

38C0

Provider Name:

Seneca Center - Short Term Intensive Support Services

	TT TO THE TOTAL	TOTAL		l Fund & Other Revenue	GF	ANT #1:	GF	ANT #2:	WORKO	RDER #1: DHS	PRK ORDE	R
	Tr Term:	Proposed Transaction Term: 7/1/10-6/30/11		Proposed Transaction Term: 7/1/10-6/30/11		Proposed Transaction Term:		Proposed Transaction Term:		Proposed Transaction Term:		Proposed ansaction
POSITION TITLE	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES
San Francisco Program Director	0.10	9,450	0.10	9,450								
Program Manager	0.15	11,183	0.15	11,183				·				
Olinician	1.00	52,800	1.00	52,800								
Support Counselors	1.00	31,668	1.00	31,668								
Direct Clerical	0.10	3,329	0.10	3,329							-	
	-									-		
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	-			· ·					-			
		A.00.700	0.05	2100 100				60				
TOTALS	2.35	\$108,430	2.35	\$108,430	0.00 \	\$0 \	0.00	\$0	0.00	\$0	0.00	
					_		•				_	
MPLOYEE FRINGE BENEFITS	29%	\$31,433	29%	\$31,433	29%	\$0	29%	\$0	29%	\$0	29%	
						•						
OTAL SALARIES & BENEFITS	- Γ	\$139,862	Γ	\$139,862	. [\$0	٣	\$0	Г	\$0	Г	

DPH #2 (CMHS & CSAS)

#REF!

APPENDIX #: B-5 Page 2
Document Date: 08/16/10

DPH4: Operating Expenses Detail

Provider Number: 38CQ

Provider Name: Seneca Center - Short Term Intensive Support Services

	TOTAL	GENERAL FUND & (Agency-generated) OTHER REVENUE	GRANT #1: State Supplement	GRANT #2: na	WORK ORDER #1: DHS	WORK ORDER	
	PROPOSED	PROPOSED	PROPOSED	PROPOSED	PROPOSED	PROPOSED	
	TRANSACTION	TRANSACTION	TRANSACTION	TRANSACTION	TRANSACTION	TRANSACTION	
Expenditure Category	Term: 7/1/10-6/30/11	Term: 7/1/10-6/30/11	Term:	Term:	Term: 7/1/10-6/30/11	Term:	
Carlos Carlos					<u>, </u>		
Contract Services					· · · · · · · · · · · · · · · · · · ·		
Psychiatric Services	1,000	1,000		·			
Program Services(Speech, Trans., computers) Total Contract Services	3,000	3,000					
Total Contract Services	4,000	4,000					
Program Support							
Office Supplies	1,175	1,175					
Telephone	2,180	1,680			500		
Staff Travel-(Local & Out of Town)	2,820	2,320		11	500	·····	
Staff Training	588	588			000		
Staff Recruitment	705	705					
Total Program Support	7,468	6,468			1,000	wive with	
					1,1222		
Facility and Vehicle Expense							
Facility Lease	12,000	11,500			500		
Utilities	975	975					
Expendable Equipment	1,910	1,410			500		
Equipment Lease	900	900					
Bldg. Mt. and Repair	881	881					
Vehicle Lease/Depreciation	0						
Vehicle Operations	0						
Total Facilities/Vehicle Expense	16,666	15,666			1,000		
OLGI P. I. P. I. P. I.	·						
Child and Family Related Expense						***************************************	
Food	0						
Household Supplies	.0						
Therapeutic Supplies	0						
Medications/Personal Supplies	2,300	1,300			1,000		
Child Transportation	1,000	1,000					
Curriculum	0						
Classroom Supplies	, 6,013				6,013		
Special Events	0						
Family Support	0						
Total Child and Family Expense	9,313	2,300			7,013		
TOTAL OPERATING EXPENSE	\$37,447	\$28,434	\$0	\$0	\$9,013	\$0	

Appendix: 8-5, Page 3

Provider Number: 38CQ

Provider Name: Seneca Center Date: 8/16/10 ST Connections Intensive Support Services

artes: FTE's Salary Total Salary 0.10 X \$ 94,500 = \$ 9,450 San Francisco Program Director 0.15 X \$ 74,550 = \$ 11,183 Program Manager 1.00 X \$ 52,800 = \$ 52,800 Clinidans	Responsible for program development and oversight for all of Seneca's Community Bas Programs Provides organizational leadership for the operation of the program on a daily basis and oversees the program development of the wrap around program.							
0.10 X \$ 94,500 = \$ 9,450 San Francisco Program Director 0.15 X \$ 74,550 = \$ 11,183 Program Manager	Programs Provides organizational leadership for the operation of the program on a daily basis and							
0.15 X \$ 74,550 = \$ 11,183 Program Manager	Provides organizational leadership for the operation of the program on a daily basis and							
1.00 × \$ 52,800 = \$ 52,800 Chricians	Provide time-timited child and family series with an emphasis in crisis stabilization and							
	emetgency pranning							
,	Provides Family based mental health counseling, support, chais intervention and case							
\ 00 \ \ \ \ 31 668 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	management services to children and tamilies.							
0 10 X \$ 33,280 = \$ 3,329 Direct Clerical	Provides on-going administrative support to all staff							
aaren astir ili ahaan mii isti harin in aan aa aan aa aa aa aa aa aa aa aa aa	enterente de la companya de la comp							
2.35 \$ 108.430 Total Salaries								
2.35 \$ 100,430 Otal Salaries	\$ 6,723 6 20% Social Security							
	\$ 1,572 1.45% Medicare							
	\$ 271 0.25% Unemployment Insurance							
	\$ 7,861 7,25% Workers Compensation							
	\$ 13,554 12,50% Health Insurance							
the state of the second	\$ 1,452 1,35% other \$ 31,433 20,00% Total Employee Stingle Repotit Bate							
\$ 31,433 Employee Fringe Benefit Rate \$ 139,862 Total Sejentes and Benefits	\$ 31,433 29,00% Total Employee Fringe Benefit Rate							
2 173,56% (oral pallates auth padeing								
The state of the s								
Operating Expenses:								
\$ 12,000 Facility Lease	\$ 12,000 Monthly Rent of 1000 *12 months							
S S75 Utilities	\$ 875 Gas & Electric average \$82/month							
\$ 1,910 Expendable Equipment	\$ 1,910 Based on an average of \$160 a month for new equipment							
5 900 Equipment Rental	900 Rental of Copier and postage machine							
\$ 861 Building Maintenance	Maintenance for office site (approx \$75/month)							
\$ 16,666 Total Occupancy (Facility and Vehicle Expen	se ·							
\$ 1,000 Psychiatric Services	\$ 1,000 Based on one hour a month							
\$ 3,000 Program Consultation	\$ 3,000 Consultant costs to facilitate a Task Force and training							
\$ 4,000 Total Contract Services								
\$ 1,175 Office Supplies, Postage	Office Supplies and postage for 2.35 staff - 100% (avg of \$500 per staff)							
\$ 2,180 Telephone	Telephone (avg. \$1,81 mo)							
\$ 2,820 Staff Travel	Based on average of 2.35 FTE staff for mileage reimb, based on \$1200 per F							
\$ 588 Staff Training	Training costs for 2.35 employees - 100%							
\$ 705 Staff Recruitment	Recruiting Costs for 2.35 employees - 100%							
\$ 7,468 Total Program Support								
	•							
\$ 2,300 Medication/Personal Supplies	Based on monthly expense of \$191							
\$ 1,000 Child Transportation	· · · · · · · · · · · · · · · · · · ·							
	Based on monthly expense of \$63							
\$ 6,013 Supplies \$ 9,313	Based on budget of \$100 per client							
\$ 37,447 Total Operating Costs	•							
A. Ottack same observation appear								
\$ 177,309 Total Direct Costs (Salaries & B	enefits and Operating Expenses)							
What has been proportional to the state of t								

APPENDIX #:

B-6 Page 1

Document Date:

8/16/10

DPH3: Salaries & Benefits Detail

Provider Number:

38CQ

Provider Name:

Seneca Center - Long Term Connections Intensive Support Services

		Proposed Propose		Proposed ransaction	l Proposed			roposed	Proposed Transaction		Proposed Transaction	
		n: 7/1/10-6/30/11		1: 7/1/10-6/30/11	Term:	19dCiron	Term: 7/1/10-6/30/11			7/1/10-6/30/11	Term:	
POSITION TITLE	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES
Regional Director	0.25	32,500	0.25	32,500		·		<u> </u>				
Program Services Director	0.50	42,500	0.50	42,500		,		·				
Wrap Services Director	1.00	83,152	0.90	74,837	1	,	,	i I	0.10	8,315		***************************************
Asst. Director/Administrator	2.00	164,800	1.75	144,200		,			0.25	20,600		
Team Supervisor	1,00	60,000	1.00	60,000	1	,		,			-	
Care Coordinator/Facilitators	31.00	1,438,187	27.00	1,252,787	1	,	2.50	115,875	1.50	69,525		
Family Specialist Supervisor	4.00	204,000	3.75	191,250		,			0.25	12,750		
Family Specialist/Counselors	28.00	1,045,520	26.00	970,840		,	1,50	56,010	0,50	18,670		
OA Billing Specialist	1,50	55,500	1.00	37,000					0.50	18,500		
Administrative Support	2.35	78,800	1.85	61,050					0.50	17,750		<u></u>
									- Indiana			
TOTALS	71.60	\$3,204,959	64.00	\$2,866,964	0.00	\$0	4.00	\$171,885	3.60	\$166,110	0.00	
	1000.000.000.000.000.000.000	***************************************		_								
EMPLOYEE FRINGE BENEFITS	29%	\$929,438	29%	\$831,419	29%	\$0	29%	\$49,847	29%	\$48,172	29%	
						·		· <u>· · · · · · · · · · · · · · · · · · </u>				
TOTAL SALARIES & BENEFITS		\$4,134,397	[\$3,698,383	. Г	\$0		\$221,732	-	\$214,282	(

DPH #2 (CMHS & CSAS)

DPH4: Operating Expenses Detail

APPENDIX #: Document Date:

8-6 Page 2 08/16/10

Provider Number 38CQ

Provider Name: Seneca Center - Long Term Connections Intensive Support Services

				T		
	TOTAL	GENERAL FUND & (Agency-generated) OTHER REVENUE	WORK ORDER #1:	MHSA	GRANT #2: na	WORK ORDER
	PROPOSED	PROPOSED	PROPOSED	PROPOSED	PROPOSED	PROPOSED
	TRANSACTION	TRANSACTION	TRANSACTION	TRANSACTION	TRANSACTION	TRANSACTION
Expenditure Category	Term: 7/1/10-6/30/11	Term: 7/1/10-6/30/11	Term:	Term: 7/1/10-6/30/11	Term: 7/1/10-6/30/11	Term:
Contract Services					1.	
Psychiatric Services	186,000	180,000		6,000		
Computer and Program Consultant	25,000	20,000		5,000		
Total Contract Services	211,000	200,000	0	11,000		
Program Support	·					
Office Supplies	36,489	33,000		2,000	1,489	· · · · · · · · · · · · · · · · · · ·
Telephone	13,000	10,000		1,000	2,000	
Staff Travel-(Local & Out of Town)	46,155	46,155		1,000	2,000	
Staff Training	11,129	11,129	······································			
Staff Recruitment	12,000	12,000				***************************************
Total Program Support	118,773	112,284	0	3,000	3,489	
Facility and Vehicle Expense	<u></u>					
Facility Lease	60.000	60,000			· · · · · · · · · · · · · · · · · · ·	
Utilities	10,400	. 10,400				
Expendable Equipment	8,520	8,520				
Equipment Lease	3,700	3,700				
Bldg. Mt. and Repair	. 12,500	11,000		1,500		
Vehicle Lease/Depreciation	. 0	0				
Vehicle Operations	0	٥	· · · · · · · · · · · · · · · · · · ·		W. W	
Total Facilities/Vehicle Expense	95,120	93,620	0	1,500		
Child and Family Related Expense	A					
Food	. 0					
Household Supplies	0					
Therapeutic Supplies	0					
Medications/Personal Supplies	. 0					
Child Transportation .	0					······································
Curriculum	. 0					, . , ,
Classroom Supplies	0					
Special Events	. 0					
Family Support	0					
Total Child and Family Expense	0	0	0	0	O	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
TOTAL OPERATING EXPENSE	\$424,893	\$405,904	\$0	\$15,500	\$3,489	\$0
DPH #3 (CMHS & CSAS)					-	#REF!

Provider Number: 38CQ

Provider Name: Seneca Center Long Term Intensive Support Services
Date: 8/16/10

Appendix: B-6, Page 3

		***************************************	Budget Line Item	Description
alories: FTE's	Salary		Total Salary	
0.25 X	\$ 130,000 =	\$	32,500 Regional Cirector	Responsible for program development and oversight for all of Seneca's Community Based Pregram
0.50 K	= 000,28 Z	Ş	42,500 Program Director	Provides organizational leadership for the operation of the program on a daily basis and oversees to origing development of the waxp around program.
1.00 X	\$ 83,152 ±	\$	83,152 Wrap Service Director	Provides organizational leadership for coordinating Wrep Services
2.00 X	\$ 62,400 =	Σ	164,800 Assistant Director/Administrator	Responsible for the overell management and on-going running of several program teams
1.60 X	\$ 60,000 ±	S	66,000 Team Supervisor	Liaison between perents and caregivers to help support and facilitate tamily members of all children enrolled in the Connections Program
31.00 X	\$ 46,393 ±	\$	1.498.187 Care Coordinator/Facilitator	Responsible for the care and stabilization of clients, families and caregivers
4.00 X	€ 51,000 ±	Si.	204,000 Family Finding Specialist Supervisor	Liralson between cliems, parents and caregivers to facilitate reunification
28 6 0 ×	\$ 37,340 =	ş	1,045.520 Family Finding Specialists/Courselors	Conducts the search for relatives of children who are without permanent family connections and assi in promoting reutification with families.
1.50 X	\$ 37.000 ±	\$	55,500 QA BINING Specialist	Responsible for swiking and billing all services in Program
2,35 ×	\$ 33.591	\$	78.500 Administrative Support	Provides on-going administrative support to all staff
yaraken anuli amamungunya yayayay pelaladika arria	49	CW2.5-CERNING LANDSCORP.	Production 1997	1. Lourne Sudoni Smill series of the many of the series of the many of the series of t
71.60		\$	3,204,959 Total Saleries	\$ 196,797 5.20% Social Security
				\$ 46,472 1.45% Medicare \$ 9,012 9.25% Linemployment Insurance
				\$ 202,660 7.25% Workers Compressition \$ 400,620 12.50% Health Insurance
			•	\$ 43,267 1,65% other
		<u>\$</u>	929,436 Employee Frings Benefit Rate: 4,134,987 Total Salaries and Benefits	\$ 929,498 29,00% Total Employee Fringe Benefit Rate
		\$	60,000 Facility Louise	\$ 60,000 Monthly Rent of 5000 112 months
	+	\$. 10,400 Utilities	\$ 10,400 Gas & Circlini: average \$865/month
	•	•		
	•	\$	6,520 Expendable Equipment	\$ 6.520 Besed on an average of \$710 a month for new equipment
		•		
		\$ \$	6,520 Expendable Equipment 3,700 Equipment Rental	\$ 6.520 Besed on an average of \$710 a month for new equipment Rental of Copier and postage machine
		\$ \$ \$	6,520 Expendeble Equipment 4,700 Equipment Rental 12,500 Building Meintenance 95,120 Yotal Occupancy (Fscility and Vehicle Expense	\$ 6.520 Based on an average of \$710 a month for new equipment Rental of Copier and postage machine Maintanance for office site (approx \$1040/month)
		\$ \$ \$	4.520 Expendeble Equipment 4.700 Equipment Rental 12.500 Building Meintenance 95.120 Yotal Occupancy (Facility and Vehicle Expense 186.000 Psychiatric Services	\$ 6.520 Based on an average of \$710 a month for new equipment Rental of Copier and pestage machine Maintenance for office size (approx \$1040/month) \$ 166,000 Based on per client of \$1550 multiplied by \$20 clients
		\$ \$ \$	6,520 Expendeble Equipment 4,700 Equipment Rental 12,500 Building Meintenance 95,120 Yotal Occupancy (Fscility and Vehicle Expense	\$ 6.520 Based on an average of \$710 a month for new equipment Rental of Copier and postage machine Maintanance for office site (approx \$1040/month)
		\$ \$ \$	6,520 Expendable Equipment 3,700 Equipment Pontal 12,800 Building Meintenance 95,120 Yotal Occupancy (Facility and Vahiole Expense 146,000 Psychiatric Services 25,000 Program Consultation	\$ 6.520 Based on an average of \$710 a month for new equipment Rental of Copier and pestage machine Maintenance for office size (approx \$1040/month) \$ 166,000 Based on per client of \$1550 multiplied by \$20 clients
		\$ \$ \$	6,520 Expendable Equipment 3,700 Equipment Rantal 12,500 Eucling Meintenance 95,120 Yotal Occupancy (Facility and Vehicle Expense 186,000 Psychiatric Services 25,000 Program Consultation 213,000 Total Centract Services	\$ 6,520 Based on an avarage of \$710 a month for new equipment Rental of Copier and pestage machine Maintenance for office site (approx \$1040/month) \$ 166,000 Based on per client of \$1550 multiplied by \$20 clients Consultent costs to facilitate a Task Force and training Ciffice Supplies and powtage for 71.6 staff - 100% (avg of \$500 per staff)
		\$ \$ \$	6,520 Expendeble Equipment 4,700 Equipment Rental 12,500 Building Meintenance 95,120 Yotal Occupancy (Facility and Vehicle Expense 186,000 Psychiatric Services 25,000 Program Consultation 211,000 Total Contract Services	\$ 6.520 Based on an avarage of \$710 a month for new equipment Rental of Copier and postage machine Maintenance for office size (approx \$1040/month) \$ 166,000 Based on per client of \$1550 multiplied by \$20 clients Consultant costs to facilitate a Task Force and training Office Supplies and postage for 71.6 staff - 100% (avg of \$500 per staff) Telephone (avg. \$1,083 me)
		\$ \$ \$	6,520 Expendable Equipment 3,700 Equipment Rantal 12,500 Eucling Meintenance 95,120 Yotal Occupancy (Facility and Vehicle Expense 186,000 Psychiatric Services 25,000 Program Consultation 213,000 Total Centract Services	\$ 6,520 based on an average of \$710 a month for new equipment Hental of Copier and postage machine Maintenance for office site (approx \$1040/month) \$ 166,000 Based on per client of \$1650 multiplied by \$20 clients \$ 25,000.00 Consultant costs to facilitate a Task Force and training Office Supplies and postage for 71.6 staff - 100% (avg of \$500 per staff) Telephone (avg. \$1,063 mo) \$ 36,155.00 Based on average of \$22.5 FTE staff for miseage raimb, besed on \$600 per FTE Based on average of \$22.5 FTE staff is reimbursed at the current IRS reimbursement
		\$ \$ \$	6,520 Expendable Equipment 3,700 Equipment Rantal 12,500 Eucling Meintenance 95,120 Yotal Occupancy (Facility and Vehicle Expense 186,000 Psychiatric Services 25,000 Program Consultation 213,000 Total Centract Services	\$ 6,520 Based on an avarage of \$710 a month for new equipment Rental of Copier and postage machine Maintenance for office size (approx \$1.040/month) \$ 166,000 Based on per client of \$1550 multiplied by \$20 clients \$ 25,000.00 Consultant costs to facilitate a Task Force and training Cffice Supplies and notiting for 71 is staff - 100% (avg of \$500 per staff) Telephone (avg. \$1,080 mo) \$ 36,155.00 Based on average of \$0.25 FTE staff for mileage relimb, based on \$600 per FTE Based on average of \$0.25 FTE staff is relimbursed at the current IRS relimbursement rate per mile. Based on historical averages staff will be rembursed appox. \$60month
		\$ \$ \$	6,520 Expendable Equipment 3,700 Equipment Rantal 12,500 Eucling Meintenance 95,120 Yotal Occupancy (Facility and Vehicle Expense 186,000 Psychiatric Services 25,000 Program Consultation 213,000 Total Centract Services	\$ 6,520 besed on an avarage of \$710 a month for new equipment Hental of Copier and postage machine Maintenance for office site (approx \$1040/month) \$ 166,000 Based on per client of \$1550 multiplied by \$20 clients \$ 25,000.00 Consultant costs to facilitate a Task Force and training Cffice Supplies and postage for 71.6 staff - 100% (avg of \$500 per staff) Telephone (avg. \$1,083 oc) \$ 36,155.00 Based on average of \$25 FTE staff for miseage relimb, based on \$600 per FTE Based on average of \$25 FTE staff is reimbursed at the current IRIS reimbursement
		\$ 5 5 5 5 5 5 5 5	6,520 Expendable Equipment 3,700 Equipment Rental 12,500 Building Meintenance 95,120 Yotal Occupancy (Facility and Vehicle Expense 196,000 Psychiatric Services 25,000 Program Consultation 211,000 Total Contract Services 38,489 Office Supplies, Postage 13,000 Telaphonie 46,455 Stalf Travif	\$ 6,520 Based on an avarage of \$710 a month for new equipment Rental of Copier and postage machine Maintenance for office site (approx \$1040/month) \$ 166,000 Based on per client of \$1550 multiplied by \$20 clients Consultant costs to facilitate a Task Force and training Cffice Supplies and postage for 71.6 staff - 100% (avg of \$500 per staff) Telephone (avg. \$1,080 mg) \$ 36,155.00 Based on avarage of 60,25 FTE staff for miseage relimb, besed on \$600 per FTE Based on avarage of 60,25 FtE staff for miseage relimb, besed on \$600 per FTE Based on avarage of 60,25 FtE staff for miseage relimb, besed on \$600 per FTE Based on avarage of 60,25 FtE staff for miseage relimb, besed on \$600 per FTE Based on avarage of 60,25 FtE staff for miseage relimb, besed on \$600 per FTE Based on avarage of 60,25 FtE staff for miseage relimb, besed on \$600 per FTE Based on avarage of 60,25 FtE staff for miseage relimb, besed on \$600 per FTE Based on avarage of 60,25 FtE staff for miseage relimb, besed on \$600 per FTE Based on avarage of 60,25 FtE staff for miseage relimb, besed on \$600 per FTE Based on avarage of 60,25 FtE staff for miseage relimb, besed on \$600 per FTE Based on avarage of 60,25 FtE staff for miseage relimb, besed on \$600 per FTE Based on avarage of 60,25 FtE staff for miseage relimb, besed on \$600 per FTE Based on avarage of 60,25 FtE staff for miseage relimb, besed on \$600 per FTE Based on avarage of 60,25 FtE staff for miseage relimb, besed on \$600 per FTE Based on avarage of 60,25 FtE staff for miseage relimb, besed on \$600 per FTE Based on avarage of 60,25 FtE staff for miseage relimb, besed on \$600 per FTE Based on avarage of 60,25 FtE staff for miseage relimb, besed on \$600 per FTE Based on avarage of 60,25 FtE staff for miseage relimb, besed on \$600 per ftE
		\$ \$ \$ \$ \$ \$	6,520 Expendable Equipment 3,700 Equipment Rantal 12,800 Budding Meintenance 95,120 Yotal Occupancy (Facility and Vehicle Expense 186,000 Psychiatric Services 25,000 Program Consultation 213,000 Total Centract Services 88,489 Offlice Supplies, Postage 13,000 Telaphose	\$ 6,520 Based on an average of \$710 a month for new equipment Rental of Copier and postage machine Maintenance for office site (approx \$1040/month) \$ 166,000 Based on per client of \$1550 multiplied by \$20 clients Consultent costs to facilitate a Task Force and training Ciffice Supplies and postage for 71.6 staff - 100% (avg of \$500 per staff) Teleptone (avg. \$1,080 mo) \$ 36,155.00 Based on average of \$0,25 FTE staff for mileage relimb, based on \$500 per FTE Based on average of \$0,25 FTE staff is relimbursed at the current IRS relimbursement rate per mile. Based on historical avorages staff will be reimbursed appox. \$50/month \$ 10,000.00 Out of Town Travel for Staff and Families
		\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	6,520 Expendible Equipment 3,700 Equipment Rottal (2,500 Building Meintenance 95,120 Yotal Occupancy (Facility and Vehicle Expense 186,000 Psychiatric Services 25,000 Program Consultation 211,000 Total Centract Services 86,489 Office Supplies, Postage 13,000 Telephone 46,155 Staff Trevel 11,129 Staff Training 12,000 Staff Recutiment 118,773 Total Program Support	\$ 6,520 Based on an avarage of \$710 a month for new equipment Rental of Copier and postage machine Maintenance for office site (approx \$1040/month) \$ 166,000 Based on per client of \$1550 multiplied by \$20 clients Consultant costs to facilitate a Task Force and training Cffice Supplies and postage for 71.6 staff - 100% (avg of \$500 per staff) Telephone (avg. \$1,080 mg) \$ 36,155.00 Based on avarage of 60,25 FTE staff for miseage relimb, besed on \$600 per FTE Based on avarage of 60,25 FtE staff for miseage relimb, besed on \$600 per FTE Based on avarage of 60,25 FtE staff for miseage relimb, besed on \$600 per FTE Based on avarage of 60,25 FtE staff for miseage relimb, besed on \$600 per FTE Based on avarage of 60,25 FtE staff for miseage relimb, besed on \$600 per FTE Based on avarage of 60,25 FtE staff for miseage relimb, besed on \$600 per FTE Based on avarage of 60,25 FtE staff for miseage relimb, besed on \$600 per FTE Based on avarage of 60,25 FtE staff for miseage relimb, besed on \$600 per FTE Based on avarage of 60,25 FtE staff for miseage relimb, besed on \$600 per FTE Based on avarage of 60,25 FtE staff for miseage relimb, besed on \$600 per FTE Based on avarage of 60,25 FtE staff for miseage relimb, besed on \$600 per FTE Based on avarage of 60,25 FtE staff for miseage relimb, besed on \$600 per FTE Based on avarage of 60,25 FtE staff for miseage relimb, besed on \$600 per FTE Based on avarage of 60,25 FtE staff for miseage relimb, besed on \$600 per FTE Based on avarage of 60,25 FtE staff for miseage relimb, besed on \$600 per FTE Based on avarage of 60,25 FtE staff for miseage relimb, besed on \$600 per FTE Based on avarage of 60,25 FtE staff for miseage relimb, besed on \$600 per FTE Based on avarage of 60,25 FtE staff for miseage relimb, besed on \$600 per ftE
		\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	6,520 Expendable Equipment 3,700 Equipment Pontal 12,800 European Meditenance 95,120 Yotal Occupancy (Facility and Vehicle Expense 186,000 Psychiatric Services 25,000 Program Consultation 211,000 Total Centract Services 86,489 Office Supplies, Postage 19,000 Telimphone 46,455 Staff Travel 11,129 Staff Training 12,000 Staff Reguliment	\$ 6,520 Besid on an everage of \$710 a month for new equipment Rental of Copier and postage machine Maintenance for office site (approx \$1.040/month) \$ 166,000 Besid on per client of \$1550 multiplied by 120 clients \$ 25,000.00 Consultant costs to facilitate a Task Force and training Cffice Supplies and postage for 71.6 staff - 100% (avg of \$500 per staff) Telephone (avg. \$1,080 mg) \$ 36,155.00 Besid on average of 60,25 FTE staff for misage relimb, besid on \$600 per FTE Besid on average of 60,25 FTE staff is reimbursed at the current IRS reimbursoment rate per mise. Besid on historical averages staff will be reimbursed appox. \$60/month \$ 10,000.00 Out of Town Travel for Staff and Families Ouste associated with conducting expert trainings 7-9 times a year

APPENDIX #:

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DPH3: Salaries & Benefits Detail

Document Date:

8/16/10

Provider Number:

38CQ

Provider Name:

Seneca Center - Long Term Connections Probation Intensive Support Services

	ria di Vinadori	TOTAL		l Fund & Other Revenue	work o	RDER #1: DHS	WORK	ORDER #2:	GR	ANT #2:	DRK ORDE	Proposed Transaction Term:	
POSITION TITLE	Tr	Proposed ansaction : 7/1/10-6/30/11	Tr	roposed ansaction 7/1/10-6/30/11		oposed nsaction		oposed nsaction	Tra	oposed nsaction 7/1/10-6/30/11	Tr		
	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	
Regional Director	0.02	2,600	0.02	2,600									
Program Services Director	0.05	4,250	0.05	4,250		Legis							
Wrap Services Director	0.10	8,315	0.10	8,315		The same							
Asst. Director/Administrator	0.20	16,480	0.20	16,480									
Care Coordinator/Facilitators	2.70	115,875	2.50	106,605				And Control of the Co	0.200	9,270			
Family Specialist Supervisor	0.40	20,400	0.40	20,400									
Family Specialist	1.75	65,818	1.75	65,818		and the state of t		3					
TOTALS	5.22	\$233,738	5.02	\$224,468	0.00	\$0	0.00	\$0	0.20	\$9,270	0.00	\$0	
EMPLOYEE FRINGE BENEFITS	29%	\$67,784	29%	\$65,096	29%	\$0	29%	so]	29%	\$2,688	29%	\$0	
			•					•					
TOTAL SALARIES & BENEFITS		\$301,522		\$289,564		\$0		\$0		\$11,958		\$0	
OPH #2 (CMHS & CSAS)					3							#REF	

DPH4: Operating Expenses Detail

APPENDIX #: B-7 Page 2
Document Date: 08/16/10

Provider Number 38CQ

Provider Name: Seneca Center - Long Term Connections Probation Intensive Support Services

•
1
Expenditure Category
Contract Services
Psychiatric Services
Computer and Program Consultant
Total Contract Services
Total Contract Services
Program Support
Office Supplies
Telephone
Staff Travel-(Local & Out of Town)
Staff Training
Staff Recruitment
Total Program Support
Facility and Vehicle Expense
Facility Lease
Utilities
Expendable Equipment
Equipment Lease
Bldg. Mt. and Repair
Vehicle Lease/Depreciation
Vehicle Operations
Total Facilities/Vehicle Expense
Child and Family Related Expense
Food
Household Supplies
Therapeutic Supplies
Medications/Personal Supplies
Child Transportation
Curriculum
Classroom Supplies
Special Events
Family Support
Total Child and Family Expense
TOTAL OPERATING EXPENSE
DPH #3 (CMHS & CSAS)

TOTAL	GENERAL FUND & (Agency- generated) OTHER REVENUE	WORK ORDER #1: DHS	MHSA	GRANT #2: na	WORK ORDER
PROPOSED	PROPOSED	PROPOSED	PROPOSED	PROPOSED	PROPOSED
TRANSACTION	TRANSACTION	TRANSACTION	TRANSACTION	TRANSACTION	TRANSACTION
Term: 7/1/10-6/30/11	Term: 7/1/10-6/30/11	Term: 7/1/10-6/30/11	Term;	Term:	Term:
19,300	18,200	1,100	-		
2,200	2,000	200			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
21,500	20,200	1,300	0		
2,610	2,510	100			,
1,200	1,000	200			
3,612	3,012	600			
2,000	1,750	250 300			
1,500 10,922	1,200 9,472	1,450			
0					
1,666	900	766			
0.000	300	100			
1,850	1,500	350			
0	0				
0	o				
3,516	2,400	1,116	0		
0					
266		266			
7.665	7,415	250			
1,510	1,510	200			
610	610				, , , , , , , , , , , , , , , , , , ,
0	0				
0	0				
1,150	1,150			· · · · · · · · · · · · · · · · · · ·	
0					
11,201	10,685	516	0	0	
\$47,139	\$42,757	\$4,382	\$0	\$0 ¹	

Appendix: B-7, Page 3

Provider Number: 38CQ Provider Name: Seneca Center Date: 8/16/10

Long Term Intensive Probation Support Services

Budget

Budget Amount	Budget Line tem	Description
eleries: FTE's Salary	Total Salary	
G.02 X \$150,000 =	\$ 2,600 Regional Director	Responsible for program development and oversight for all cl Seneca's Community Based Programs
0.05 X \$ 85,000 =	\$ 4,250 Program Director	Prowdes organizational leadership for the operation of the program
0.10 × \$ 80,152 =	\$ E 315 Wrap Service Director	Frovides organizational leadership for soordinating Wrap Services
· G.20 X \$ 82,400 =	\$ 16,480 Assistant Director/Administrator	Responsible for the overall management and on-going running of several program teams.
2.70 X \$ 42,920 =	\$ 115,875 Care Coordinator/Facilitator	Responsible for the care and stabilization of dients, families and caregivers
0.40 X \$ 51,000 =	\$ 20,400 Family Finding Specialist Supervisor	Liaison between clients, parents and caregivers to facilitate reunification
1.75 X \$ 37,610 ±	\$ 65.615 Family Finding Specialists/Counselors	Conducts the search for relatives of children who are without permanent family connection and assist in promoting reunification with tamilities.
5.22	\$ 233,738 Total Salaries	
		\$ 14,492
	\$ 67,784 Employee Fringe Benefit Rate \$ 301,522 Total Salaries and Benefits	\$ 67,784 28.00% Total Employee Fringe Benefit Rate
•	Operating Expenses:	
		Gas & Electric average \$865/month
•	\$ 1,666 Expendable Equipment \$ Equipment Rental	\$ 1,666 Based on an average of \$136 a month for new equipment
	\$ 1,850 Building Maintenance \$ 3,516 Total Occupancy (Facility and Vehicle Expense	Repairs for program site (approx \$154/month)
	\$ 19,300 Psychiatric Services \$ 2,200 Program Consultation \$ 21,500 Total Contract Services	\$ 19,300 Based on approximately 128 hours of service \$ 2,220.00 Consultant costs to facilitate a Task Force and training
	\$ 2.610 Office Supplies, Postage \$ 1.200 Telephone	Office Supplies and postage for 71.6 staff - 100% (avg of \$500 per staff)
	\$ 1.200 Telephone	Telephone (avg. \$1.063 mo)
	\$ 3,612 Staff Travel	Based on average of 5.22 FTE staff for mileage reimb, based on \$690 per FTE
	\$ 2.000 Staff Training \$ 1.500 Staff Recruitment \$ 10.922 Total Program Support	Training costs for 5.22 employees - 100% Recruiting Costs for 5.22 employees - 100%
		$\mathcal{L}_{i} = \{ \mathcal{L}_{i} : i \in \mathcal{L}_{i} \mid i \in \mathcal{L}_{i} \} $
	\$ 266 Household Supplies \$ 7,665 Therapautic Supplies \$ 1,510 Medication/Fersonal Supplies \$ 610 Child Transportation \$ 1,150 Special Events \$ 11,201	Based on incidental costs Average spent per month on clients of \$638 Based on average of \$120 month Based on monthly expense of \$50 Based on budget of \$100 per client

DPH3: Salaries & Benefits Detail

APPENDIX #: Document Date: B-8 Page 1 8/16/10

Provider Number:

8980

Provider Name:

Seneca Center - San Leandro Day Tx Day Treatment Services

		TOTAL		ıl Fund & Other Revenue	WORK O	RDER #1: DHS	GR	ANT #1:	GR	ANT #2:	DRK ORDEI	₹
	· Tr	Proposed ansaction : 7/1/10-6/30/11	Ti	Proposed ansaction : 7/1/10-6/30/11		oposed nsaction		oposed nsaction		oposed nsaction	Proposed Transaction Term:	
POSITION TITLE	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES
			0.00		·							
Regional Director	0.02	2,472	0.02	2,472						-,	-	
Clinical Supervisor	0.02	1,478	0.02	1,478								
Therapist Mental Health assistant	0.65 0.65	34,320 20,584	0.65 0.65	34,320 20,584								······································
Nurse	0.05	4,052	0.05	4,052				,				

	+											
								· · · · · · · · · · · · · · · · · · ·	-		İ	
		+										
								-	-			
TOTALS	1.39	\$62,906	1.39	\$62,906	0.00	\$0	0.00	\$0	0.00	\$0	0.00	5
MPLOYEE FRINGE BENEFITS	29%	\$18,173	29%	\$18,173	29%	\$0	29%	\$0	29%	\$0	29%	
		V.										
TOTAL SALARIES & BENEFITS	Γ	\$81,079		\$81,079	Γ	\$0	ſ	\$0	Γ	\$0		
1	ien.		box	· ·	lance (ban) 	ATTENDED TO STATE OF THE PARTY		William Control

DPH #2 (CMHS & CSAS)

#REFI.

DPH4: Operating Expenses Detail

APPENDIX #: Document Date:

8-8 Page 2 08/16/10

Provider Number 8980

DPH #3 (CMHS & CSAS)

Provider Name: Seneca Center - San Leandro Day Tx Day Treatment Services

Expendil	ure <u>Category</u>	
Rental o	Froperty	
Utilities(Elec, Water, Gas, Phone	, Scavenger)
Office S	upplies, Postage	
Telepho	ne	
Rental c	f Equipment	
	LTANT/SUBCONTRACT ATRIST	OR

TOTAL	GENERAL FUND & (Agency-generated) OTHER REVENUE	WORK ORDER #1: DHS	GRANT#1: na	GRANT #2: na	WORK ORDER
PROPOSED	PROPOSED	PROPOSED	PROPOSED	PROPOSED	PROPOSED
TRANSACTION	TRANSACTION	TRANSACTION	TRANSACTION	TRANSACTION	TRANSACTION
Term: 7/1/10-6/30/11	Term: 7/1/10-6/30/11	Term;	Term:	Term:	Term:
0					
. 0					
500	500				
1,200	1,200	<u> </u>			
. 0					
1,000	1,000				
1,000	. 1,000				
\$3,700	\$3,700	\$0	\$0	\$0	\$0

Provider Number: 8980 Provider Name: Sensca Center Date: 8/16/10

SL DT Budget

Appendix: B-8, Page 3

Amount		Budget Line Item	Description
siaries: FTE's Salary		Total Salary	
			. Алания друго дошиния друг Диновин ин 25 до иниц 1946 до до иниц 1947 до иниц 1948
0.02 X \$123,500	<i>z</i> §	2,472 Regional Director	Provides organizational leadership for the operation of the program
			Responsible for providing supervision to Team leaders and ensuring Seneca's practices
0.02 X \$ 73,900	÷ \$	5 478 Clinical Supervisor	implemented correctly
0.55 X \$ 52.800	± 9	34,320 Therapist	Provide on-going mental health services to dients, participate in milieu activities and world dosely with other staff to provide clinical Guidance
0 65 7. 3 52,000	- 2	or azo Therapsi	acomy with other stati to provide clinical conductor
○ 65 X \$ 31,668	= \$	20,584 Mental Health Assistant	Works as part of a therapeutic team to provide appropriate adult role model for children
		and the state of t	Responsible and accountable for prescribing implementing and evaluating the nursing
D 05 \$81,034	\$	4,052 Nurse	delivered to citents
1.39	\$	62,906 Total Salaries	
-			\$ 3,900 6,20% Social Security
			\$ 912 1.45% Medicare
			\$ 157 0.25% Unemployment Insurance
			\$ 4,561 7.25% Workers' Compensation
			\$ 7,793 12.50% Health Insurance
			\$ 649 1.35% other
	\$ \$	18,173 Employee Fringe Benefit Rate 81,073 Total Saistess and Benefits	\$ 16,173 29,00% Total Employee Fringe Benefit Rate
	*	01,075 1 0 cal Salation Bill Delibite	
	Оры	rating Expenses:	
	s	1,000 Psychiatric Services	\$ 1,000 Average of \$400 per student based on 2.5 students
	\$	1.000 Program Consultation	\$ 1,000 Actual Consultant costs to facilitate program
	\$	2,000 Total Contract Services	· · · · · · · · · · · · · · · · · · ·
4	. •		
	\$	500 Office Supplies, Fostage	Office Supplies and postage for 1.39 staff - 100% (avg of \$359 per staff)
	\$	1,200 Telephone	Based on monthly usage of \$100 month
		· · · · · · · · · · · · · · · · · · ·	
	\$	1,700 Total Program Support	
•	\$	3,700 Total Operating Costs	
	\$	84,779 Total Direct Costs (Salaries &	& Renefits and Onerating Evnences)
	ψ.	OT, 113 TOLAL DIEGLE COSIS (Odialies o	e perious and chelania exhauses)

APPENDIX #:

B-9 Page 1

Document Date:

8/16/10

DPH3: Salaries & Benefits Detail

Provider Number:

38CA

Provider Name:

Seneca Center - Oak Grove Day Tx Day Treatment Services

	- 1 - 2 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	TOTAL		l Fund & Other Revenue	WORK O	RDER #1: DHS	GF	RANT #1:	GF.	IANT #2:	DRK ORDE	Ħ
POSITION TITLE	Tr Term	Proposed ansaction : 7/1/10-6/30/11	Tr Term	Proposed ansaction : 7/1/10-6/30/11	Tra Term:	oposed nsaction	Tra Term:		Tra Term: _	oposed insaction	Tr Term:	
	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES
Division Director	0.00	0										
rogram Manager/ Clinical Supervisor	0.01	746	0.01	746							1	
lurse	0.01	810	0.01	810				,				
Olinician/Therapist	0.10	5,280	0.10	5,280								
Mental Health Asst./Counselors	0.10	3,169	0.10	3,169								
										······		
												······································
TOTALS	0.22	\$10,005	0.22	\$10,005	0,00	\$0	0.00	\$0	0.00	\$0	0.00	
-	<u> </u>							<u> </u>				
MPLOYEE FRINGE BENEFITS	29%	\$2,767	29%	\$2,767	29%	\$0	29%	\$0	29%	\$0	29%	
•	· · · · · · · · · · · · · · · · · · ·											
TOTAL OALADING & DESIGNA	Г	640 770	٦				г		r	#A.M.	I -	
OTAL SALARIES & BENEFITS		\$12,772		\$12,772		\$0	L	\$0		\$0	, page	2300-1000-1000-1000-1000-1000-1000-1000-

DPH4: Operating Expenses Detail

APPENDIX #:

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Document Date:

Provider Number 38CA

Provider Name: Seneca Center - Oak Grove Day Tx Day Treatment Services

	TOTAL	GENERAL FUND & (Agency-generated) OTHER REVENUE	WORK ORDER #1: DHS	GRANT #1: ns	GRANT #2: na	WORK ORDER
	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION
Expenditure Category	Term: 7/1/10-6/30/11	Term: 7/1/10-6/30/11	Term:	Term:	Term:	Term:
Contract Services						
Psychiatric Services	300	300				
Total Contract Services	300	300				
Program Support						
Office Supplies	0					
Telephone	0					
Staff Travel-(Local & Out of Town)	0					
Staff Training	0					
Staff Recruitment	0					
Total Program Support	0	0				
Facility and Vehicle Expense			1			
Facility Lease	0					
Utilities	0	0				
Expendable Equipment	0					
Equipment Lease	0					
Bldg. Mt. and Repair						
Vehicle Lease/Depreciation	0					
Vehicle Operations	0					
Total Facilities/Vehicle Expense	0	0				
Child and Family Related Expense						
Food	0					
Household Supplies	0					
Therapeutic Supplies	0					
Medications/Personal Supplies	0					
Child Transportation	. 0					
Curriculum	0					
Classroom Supplies	0	0				
Special Events	0					
Family Support Total Child and Family Expense	0	0				
TOTAL OPERATING EXPENSE DPH #3 (CMHS & CSAS)	\$300	\$300	\$0	\$0	\$0	A CONTRACTOR OF THE PROPERTY O

Appendix: 8-9, Page 3

Provider Number: 38CA

Ptovider Name: Senece Center Date: 8/16/10

Oak Grove Day Treatment Services

Budget

Amoun!			Budget Line flom	Description
Salaries: FTE's	Salary	Tot	at Salary	
×	==			
9.01 X	\$ 74,550 ×	\$	746 Program Menager/Clinician Sup	Responsible for providing supervision to Team leaders and ensuring Seneca's practices a rervisol implemented correctly
6,91 X	\$ 81,034 =	3	810 Nurse	Responsible and accountable for prescribing, implementing and evaluating the nursing ca delivered to clients.
010 X	\$ 52,800 =	\$	5,280 Clinician/Therapist	Responsible for the ongoing mental health services to clients and Internal and external communication
0.10	\$ 31,668	S	c,169 Mentai Heaith Ass./counselors	Works as part of a therapeutic team to provide appropriate adult role model for children
0.22		\$	10,005 Total Salaries	
				\$. 620
		\$	2,757 Employee Fringe Benefit Rate	\$ 1.217 12.56% Keelth insurance \$ 35 0.35% offer \$ 2,767 36.00% Total Employee Fringe Benefit Rate
Seed All Section Constituting of the Constitution of the Constitut		S	12,772 Total Salaries and Benefits	TOTAL STORY
		Operating	Expenses:	
		8	300 Psychiatric Services	\$ 300 Based on one student for 2.5 months
		\$.	300 Total Contract Services	
•			•	
		\$	300 Total Operating Costs	
		\$	13,072 Total Direct Costs (Sala	ries & Benefits and Operating Expenses)
		***************************************	onstanding management and other states of the states of th	

DPH3: Salaries & Benefits Detail

APPENDIX #: B-10 Page 1

Document Date: 8/16/10

#REF!

Provider Number:

38CQ

Provider Name: Seneca Center - Parenting Training

	PAN TRANSPORTE HALL	TOTAL	WORK	ORDER #1: DHS	WORK	ORDER #2:	GR	ANT#1:	GA	ANT #2:	DRK ORDE	R
	Tr	roposed ansaction 7/1/10-6/30/11	Proposed Transaction Term: 7/1/10-6/30/11		Proposed Transaction Term:		Proposed Transaction Term:		Proposed Transaction Term:		Proposed Transaction Term:	
POSITION TITLE	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES
arenting Training	1.00	83,408	1.00	83,408								
									and the state of t			
							VI I I I I I I I I I I I I I I I I I I					
							Na Contraction of the Contractio			2/4/4 AAA		
	1.00	ACC 463					-			400	0.00	
FOTALS	1.00	\$83,408	1.00	\$83,408	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$
MPLOYEE FRINGE BENEFITS	29%	\$24,188	29%	\$24,188	29%	\$0]	29%	\$0	29%	\$0	29%	\$
OTAL SALARIES & BENEFITS		\$107,596		\$107,596	r	\$0	r	50	r	\$0	س <i>ر</i> ر	\$

DPH #2 (CMHS & CSAS)

DPH4: Operating Expenses Deta	į	DPH4:	Operating	Expenses	Detai
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APPENDIX #: B-10 Page 2
Document Date: 08/16/10

Provider Number 38CQ
Provider Name: Seneca Center - Parenting Training

	TOTAL	GENERAL FUND & (Agency-generated) OTHER REVENUE	GRANT#1: na	GRANT #2; na	WORK ORDER #1: DHS	Work order
	PROPOSED	PROPOSED	PROPOSED	PROPOSED	PROPOSED	PROPOSED
Expenditure Category	TRANSACTION Term: 7/1/10-6/30/11	TRANSACTION Term:	TRANSACTION Term:	TRANSACTION Term:	TRANSACTION Term: 7/1/10-6/30/11	TRANSACTION Term:
Rental of Property	0	1 41311	I GFIEL	F (25 22 x 2)	1 (etal. 7 (10-0/30/11)	F ⊕ 1 1 2 1
' *						
Utilities(Elec, Water, Gas, Phone, Scavenger)	0					
Office Supplies, Postage	0					
Telephone	600				600	
Vehicle Lease	0					
Vehicle Operations	. 0					
Staff Training						
Mileage Reimbursement	0					
Rental of Equipment	0					
CONSULTANT/SUBCONTRACTOR	0					
PSYCHIATRIST	0					
	0					
	0					
	0					
OTHER	0					
Staff Recrutiment	0					
Child Related	. 0					
	0					
	0					
TOTAL OPERATING EXPENSE	\$600	\$0	\$0	\$0	\$600	:

DPH #3 (CMHS & CSAS)

CONTO D'ALGON CACHTON

Provider Number: 38CQ

Provider Name: Senece Center Date: 8/16/10

Parent Training

Appendix: B-10, Page 3

Budget Amount			Budget Line Kem	Desc	niption		
Sataries: FTE's	Salary	Total Salary		A			
Х					.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		·
1 00 V E	83,408 = \$	90.800	Parent Training	Yne	rodde tra	nining caregivers of young children with emotional and behavi-	neal menhisana
1,50 / 4	un. 400 - «	150,400	- Grow Hanning		TOTAL TIME	is thing categorias of young a march with circumstational and pullipar	Degraphonical
			anne en 1 kenne en 1 anne en 1 anne en 10 anne en 10 anne en 10 anne en 10 anne en 10 anne en 10 anne en 10 an	y y y y Tropin di Reconomica y y en hi dinanageggggg	***************************************		
					g		
							······································
1.00	\$	83,408	Total Salaries	_			
				\$	5.171 1.209	6.20% Social Security 1.45% Medicare	
			•	5 5	1,209	1,45% Madicare 0,25% Unemployment instrance	
				. \$	6,047	7,25% Workers Compensation	
					10,426	12.50% Health Insurance	
				\$	1.126	1,35% other	
	\$	24,188	Employee Fringe Benefit Rate	Ç.	24,18B	29.00% Total Employee Fringe Benefit Rate	
Mandaharakan da ana ana ana ana ana ana ana ana an	<u>S</u>	107,896	Total Salaries and Benefits	Marie Carlo and the spiritual of the second of the spiritual second of the spi	en programent de la companya de la c	4450 min men en	
	Орг	erating Expenses:					
	\$	500	Telephone	\$	500	Based on one FTE at 50 month	
	\$	500	Total Program Support				
	\$	600	Total Operating Costs				
	\$	108,196	Total Direct Costs (Salaries	s & Benefits a	nd Oper	ating Expenses)	
	*						

DPH3: Salaries & Benefits Detail

APPENDIX #:

8-11 Page 1

Document Date:

8/16/10

#REF!

Provider Number: Provider Name:

38HD Seneca Center - MST

		TOTAL		ll Fund & Other Revenue	GF-C	Cost Based	GF	1ANT #1:	WORK ORDER #1:		WORK ORDER #2:	
	Ti	Proposed ransaction : 7/1/10-6/30/11	Proposed Transaction Term: 7/1/10-6/30/11		Proposed Transaction Term: 7/1/10-6/30/11		Proposed Transaction Term:		Proposed Transaction Term:		Proposed Transaction Term:	
POSITION TITLE	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FIE	SALARIES
MOTO	0.90	44,000	0.40	22 000	0.40	22,000						
MST Supervisor MST Clinician	0.80 2.50	132,000	1.25	22,000 66,000	1.25	66,000						
Direct Clerical	0.65	21,632	0.40	13,312	0,25	8,320						
				·			-vi	44 200				
TOTALS	3.95	\$197,632	2.05	\$101,312	1.90	\$96,320	0.00	\$0	0.00	\$0	0.00	\$0
	-				-				_		_	
EMPLOYEE FRINGE BENEFITS	29%	\$57,313	29%	\$29,380	29%	\$27,933	29%	\$0	29%	\$0	29%	\$0
TOTAL SALARIES & BENEFITS		\$254,945		\$130,692		\$124,253	100	\$0		\$0		\$0

DPH #2 (CMHS & CSAS)

APPENDIX	#;
Sansimonia Paat	

B-11 Page 2 08/16/10

DPH4: Operating Expenses Detail

Provider Number 8989

Provider Name: Seneca Center - CTF Unit SF

Expenditure Category
Contract Services
Psychiatric Services
Program Consultation
Computer and Program Consultant
Program Services(Speech, Trans.)
MST contract Services
Total Contract Services
Program Support
Office Supplies
Telephone
Staff Travel-(Local & Out of Town)
Staff Training
Staff Recruitment
Total Program Support
Total Togican Support
Facility and Vehicle Expense
Facility Lease
Utilities
Expendable Equipment
Equipment Lease
Bldg. Mt. and Repair
Vehicle Lease/Depreciation
Vehicle Operations
Total Facilities/Vehicle Expense
Child and Family Related Expense
Family Service Fund
Child Behavior rewards
Special Events
Total Child and Family Expense
TOTAL OPERATING EXPENSE

DPH #3 (CMHS & CSAS)

TOTAL	GENERAL FUND & (Agency-generated) OTHER REVENUE	GF Cost Based	GRANT #1: na	GRANT #2: na	WORK ORDER
PROPOSED	PROPOSED	PROPOSED	PROPOSED	PROPOSED	PROPOSED
TRANSACTION	TRANSACTION	TRANSACTION	TRANSACTION	TRANSACTION	1
Term: 7/1/10-6/30/11	Term: 7/1/10-6/30/11	Term: 7/1/10-6/30/11	Term:	Term:	TRANSACTION Term:
70111. 1733 - 0,3071	101111.771710 0100177	(CIIII. 77 17 10 07 00) 1 1	FORM.	15)181.	3 (211)17
0				<u> </u>	
······································	5,400	r 000			
10,400	2,400	5,000		<u> </u>	· · · · · · · · · · · · · · · · · · ·
0					
0 28,084	15,124	12,960			
38,484	20,524	17,960			
30,404	20,32.4	77,300		-	
			······································		
1.075	1000			· · · · · · · · · · · · · · · · · · ·	
1,675	1,025	650 1,140			
2,850	1,710 3,020	1,140			
3,020 1,500	1,100	400			
1,425	1,425	400	· / · · · · · · · · · · · · · · · · · ·		
10,470	8,280	2,190			
10,470	0,200	2,100	***************************************		
0					
. 0					
2,780	1,500	1,280			
1,620	900	720			
0					
0					
Ö					
4,400	2,400	2,000			
				-	ļ
3,000	1,557	1,443			
2,000	682	1,318			
500 5,500	2,739	2,761	, ** Alta	1	
\$58,854	\$33,943	\$24,911	\$0	\$0	\$0

Appendix: 6-11, Page 3

Provider Number: 38HD

Provider Name: Senece Center Date: 8/16/10

MST on Team

Budget Amount				Budget Line Item	Des	scription	
Salaries: FTE's	Salary		Total Salary	A STATE OF THE STA			The state of the s
							for maintaining a program designed to make positive change in the social system.
060 X	\$ 55,000 =	<u> </u>	44,000	MST Supervisor	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		hidans and direct defical
2,50 X	\$ 52,800 =		132,000	MST Cinician		ical freatm	assessments, Engage primary paregiver and other participants, provide direct ent
0.65 X	\$ 33,280 >	\$	21,632	Cirect Clencal	Pirc	wi c es on -g	oong administrative support to all staff
3.95		\$	197 632	Total Salaries		_	
		*	101,000		\$	12,253	5.20% Social Security
1					\$	2,866 494	1.45% Medicare 5.25% Unjemployment insurance
i					\$	14,328	5.25% Unjampoymon insurance 7.25% Workers' Compensation
					\$	24.704	12.50% Health Insurance
l			CTS and C	For the Form to the Control	<u>-\$</u>	2.668	1.35% other
				Employee Fringe Senefit Hate Total Salgries and Senefits		57,316	29.00% Total Employee Fringe Benefit Flate
		•					
		Operati	ing Expenses	:			· · · · · · · · · · · · · · · · · · ·
		_		5 141 5 11 1	_		
		\$ \$		Experidable Equipment	\$	2,780	Based on an average of \$231a month for new equipment
		41	1,020	Equipment lease	Đ	1,620	Rental of conier reachine
		\$	4,400	Total Occupancy (Facility and Vehicle Expense			
		S		MST Contract Services	\$	28,084	Monthly MSt consultation and language transalation services
		\$ 2	~~~~	Program Consultation Total Contract Services	8	10,400.00	Actual coets
		*	36,404	Toda Collina College			
Į.							•
		\$	1,675	Office Supplies, Postage			Office Supplies and postage for 3.95 staff - 100% (avg of \$425 per staff)
				•			This includes all desk, copier and computer supplies
							•
				4			
Í		\$	2,850	Telephone			Telephone (avg. \$ 235 mo)
							· · · · · ·
							•
ļ		\$	3,020	Staff Travel			Based on Travel of 3.3 staff, average of approx \$75 month per staff
							Based on actual expected costs. Staff is reimbursed at the current IRS reimbursement
ļ							rate per mile. Based on historical everages staff will be reimbursed appox. \$120/month
							·
		Şi	1,500	Staff Training			Cost associated with conducting an expert training per year
		- 8	1,425	Staff Recruitment.			Recruiting Coets for 3,95 employees - 100%
		\$	10,470	Total Program Support			
		8	0.000	Family Service Fund			Based on \$200 per Family
		s S		Family Service Fund Child Behavioral Award			Elased on 15 clients average award \$133 per client
		5		Special Events			scinal exbeases present on the caleura and stage award 2 too belicated
٠.		\$	5,500	•••			West amount additional as a set.
		Ś	56 85 4	Total Operating Costs			
		-		•			
		\$	313,799	Total Direct Costs (Salaries & Bene	efits	and Ope	rating Expenses)

DPH3: Salaries & Benefits Detail

APPENDIX #: B-12 Page 1 Document Date:

8/16/10

Provider Number:

Provider Name:

38HD

Seneca Center - MHSA & PEI

	To your the same to company to company of the	TOTAL		General Fund & Other Revenue		WORK ORDER #1:		MHSA		MHSA Rollover		DRK ORDER	
	Proposed Transaction Term: 7/1/10-6/30/11		Proposed Transaction Term: 7/1/10-6/30/11		Proposed Transaction Term:		Proposed Transaction Term: 7/1/10-6/30/11		Proposed Transaction Term: 7/1/10-6/30/11		Proposed Transaction Term:		
POSITION TITLE	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	
Assessment Specialist	1.00	48,000	0.18	8.640			0.62	29,760	0.200	9,600			
Youth Family Advocates	3.15	151,200	0.57	27,216			1.95	93.744	0.630	30.240			
Family Partner		0	0.00	. 0									
Program Supervisor	0.75	48,750	0.14	8,775			0.47	30,225	0.150	9,750			
RET		0		·									
MST MST Clinician	1.00	48,000	0.18	8,640			0.62	29,750	0.200	9,600			
	·												
				·								· .	
TOTALS	5.90	\$295,950	1.06	\$53,271	0.00	\$0	3.66	\$183,489	8 m	\$59,190	0.00		
EMPLOYEE FRINGE BENEFITS	29%	\$85,826	29%	\$15,449	29%	\$0	29%	\$53,212	29%	\$17,165	29%		
				<u>.</u>									
TOTAL SALARIES & BENEFITS		\$381,776	Γ	\$68.720	Γ	\$0		\$236,701		\$76,355	[

DPH #2 (CMHS & CSAS)

DPH4: Operating Expenses Detail

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Provider Number 38HF

DPH #3 (CMHS & CSAS)

Provider Name: Seneca Center - MHSA & PEI

•
Expenditure Category
Office Supplies, Postage
Office Supplies, Fusiage
Printing and Reproduction
Staff Training
Staff Travel-(Local & Out of Town)
Rental of Equipment
Contract Expense
Telephone/Communication
Staff Recruitment
OTHER
Child Related
TOTAL OPERATING EXPENSE

TOTAL	GENERAL FUND & (Agency-generated) OTHER REVENUE	WORK ORDER #1:	MHSA	MHSA Rollover	WORK ORDER
PROPOSED	PROPOSED	PROPOSED	PROPOSED	PROPOSED	PROPOSED
TRANSACTION	TRANSACTION	TRANSACTION	TRANSACTION	TRANSACTION	TRANSACTION
Term: 7/1/10-6/30/11	Term: 7/1/10-6/30/11	Term:	Term: 7/1/10-6/30/11	Term: 7/1/10-6/30/11	Term:
2,969	950		758	1,261	
3,125	1,351		621	1,153	
1,587	148		585	854	
7,125	2,141		1,956	3,028	
5,625	2,855		379	2,391	
3,750	1,199		957	1,594	
3,563	1,066		983	1,514	
2,672	1,236		300	1,136	
o l					
. 32,652			32,652		
		i i			
			<u> </u>		
\$63,068	\$10,946	\$0	\$39,191	\$12,931	\$0

Provider Number: 38HD

Provider Name: Seneca Center Date: 8/16/10

MHSA PE & I

Budget Amount	Budget Line Item	Description

1 00 X \$ 48,000 = \$ 45,000 Assessment Specialist 2 15 X \$ 48,000 = \$ 151,200 Youth Fattly Advocates Provide planning and advocacy, and sended for youth sate that family additives 1.75 X \$ 58,000 = \$ 16,700 Program Supervisor Supervises the Assessment Specialist, Youth and Family Advocated and therepist 1.00 X \$ 48,000 = \$ 46,000 MST Citician Villip provide intensive family intervention for youth pareliforning back to the community 0.90 \$ 256,950 Youts Salarise \$ 16,000 MST Citician Villip provide intensive family intervention for youth pareliforning back to the community 0.90 \$ 256,950 Youts Salarise \$ 16,000 MST Citician Villip provide intensive family intervention for youth pareliforning back to the community 0.90 \$ 256,950 Youts Salarise \$ 16,000 MST Citician Villip provide intensive family intervention for youth pareliforning back to the community 0.90 \$ 256,950 Youts Salarise \$ 1,000 MST Citician S 2,000 Final Salarise \$ 1,000 MST Citician Citicia	race; amount	tugget une nem	Description
1.15 X \$ 46,000 b \$ 151,200 Yearth Farmay Advocation Provided approach of Supervised the Assessment Supervised Provided and Service of the Assessment Supervised Provided Assessment Supervised Provided Assessment Supervised Provided Assessment Supervised Provided Assessment Supervised Provided Assessment Supervised Provided Provided Assessment Supervised Provided	slarles; FTE's Salary	Total Salary	
1.00 X \$ 60,000 = \$ 46,000 MST Clinician	1 GC X \$ 48,000 =	\$ 48,000 Assessment Specialist	Master's we's clincian who is certified to administer the CAN assessement for denied youth.
1.00 X \$ 48,000 a \$ 45,000 MST Cliforolan 1.00 X \$ 48,000 a \$ 40,000 MST Cliforolan 1.00 X \$ 48,000 a \$ 255,500 Total Solarise 1.00 A \$ 255,500 Total Solarise 1.00 A \$ 250,500 Total Solarise 1.00 A \$ 250,500 Employee Fings Reddill Rate 2.00 A \$ 200	9.15 X \$ 48.000 =	\$ 151,200 Youth Family Advocates	Provide planning and advocacy, and service linkages for yourn and their family each year
\$ 296,550 Total Salarise \$ 1,00% Special Secular Security Secular Security Secular Security Secular Security Se	0.76 X \$ 85.000 =	\$ 48,750 Program Supervisor	Supervises the Assessment Specialist, Youth and Family Advocated and therapist.
\$ 18.06 6.00% Stock St	1.00 X \$ 48,000 ±	\$ 48,000 MST Offician	Will provide intensive family intervention for youts transitioning back to the community
\$ 19.34			
\$ 2,4 91 1.45% Medigatar \$ 740 0.05% Chargespass train anche \$ 740 0.05% Chargespass train anche \$ 14,956 7.45% Medigatar \$ 14,956 7.45% Medigatar \$ 14,956 7.45% Medigatar \$ 3,998 1.30% order \$ 351,776 7.5tal Settinise and Epinelity Coverating Expenses: \$ 0.625 Equipment leose \$ 1,600 Finality and Services \$ 0.625 Total Cocupancy (Facility and Valide) Expense \$ 3,750 Custo and Services \$ 3,750 Custo and Services \$ 3,750 Total Contract Services \$ 2,950 Total Contract Services \$ 2,950 Total Contract Services \$ 3,750 Telephone \$ 3,150 Finding and Production \$ 3,150 Finding and Production \$ 3,150 Finding and Production \$ 3,150 Finding and Production \$ 3,150 Finding and Production \$ 1,500 Staff Training \$ 1,500 Staff Training \$ 1,500 Staff Training \$ 2,150 Total Contract Services \$ 1,500 Staff Training \$ 1,	5.90	\$ 295,950 Total Salaries	
\$ 74.0 0.05% Unangwymant trans arosine \$ 24.656 7.05% Weeken's Crising-invasion trans arosine \$ 39.96 12.05% Weeken's Crising-invasion \$ 30.97 Total Setting Frings Enterfit Rate \$ 3.98 12.05% Total Straight-was aros \$ 30.05% Total Employee Frings Enterfit Rate Coverating Expenses: \$ 0.626 Coupment tense \$ 1.000 Hental of copies machine \$ 0.626 Total Cocupency (Facility and Vahiole Expense \$ 9.750 Count and Services \$ 9.750 Count and Services \$ 9.750 Count and Services \$ 9.750 Count and Services \$ 9.750 Count and Services \$ 9.750 Total Contract Services \$ 1.500 Stuppies and protatop for 5.00 staff - 100% (mg of 5500 per staff) The inclusion of the Service of the Contract Services \$ 1.500 Staff Training \$ 0.750 Staff Tra		+	
\$ 231.56 7.56% Kindle Complementaries 3.6994 2.56% Kindle Complementaries 3.6994 2.56% Kindle Complementaries 3.6994 2.56% Kindle Complementaries 3.6996 2.56% Kindle Complementaries 3.6996 2.56% Kindle Complementaries 3.6996 3.695% Kindle Complementaries 3.6996 Kindle Complementaries 3.6			
\$ 06,825 Employee Fringe Setrolit Rate \$ 2,964 1,20% close 1,90% close			
\$ 86,525 Employee Fringe Estrefit Hate \$ 1,005 11,005 chapter \$ 381,776 Total Setatives and Ennetity Operating Expenses: \$ 0.622 Equipment leave \$ 1,000 Feeting Expenses \$ 0.622 Equipment leave \$ 1,000 Feeting Expenses \$ 3,760 Ceretical Services \$ 3,750 Monthly MSI consultations and sengage translations services. \$ 2,760 Total Contract Services \$ 2,860 Often Supplies, Postage Often Supplies, Postage This includes and sengage translations services. \$ 3,750 Total Contract Services \$ 3,750 Total Contract Services \$ 3,692 Temphrite \$ 3,593 Temphrite \$ 3,593 Temphrite \$ 3,593 Temphrite \$ 3,750 Steff Triving \$ 3,750 Steff Triving \$ 3,593 Temphrite \$ 1,590 Steff Triving \$ 1,590 Steff Triving \$ 2,672 Steff Triving \$ 2,672 Steff Triving \$ 2,672 Steff Triving \$ 3,593 Temphrite \$ 1,590 Steff Triving \$ 2,672 Steff Triving \$ 2,672 Steff Triving \$ 2,672 Steff Triving \$ 3,593 Temphrite \$ 3,593 Temphrite \$ 3,593 Temphrite \$ 1,590 Steff Triving \$ 1,590 Steff Triving \$ 2,672 Steff Triving \$ 2,672 Steff Triving \$ 2,672 Steff Triving \$ 3,593 Temphrite \$ 3,593 Tem			
5 86.926 Employee Fringe Send fill false 5 86.926 50.00% Total Employee Fringe Send fill Rate 5 381.776 Total Selection of Employee Fringe Send Fill Rate 6 6.625 Equipment lease 5 1 629 Heatel of copier machine 7 6.625 Equipment lease 5 1 629 Heatel of copier machine 8 6.626 Total Occupency (Facility and Variable Expense 8 9,760 Command Services 5 9,750 Monthly MSI consoditation and language translation elevices. 9 9,760 Total Contract Services 9 9,760 Teleformer Services 9 9,760 Teleformer Services 9 9,760 Teleformer Services 9 9,760 Teleformer Services 9 9,760 Teleformer Services 1 1,560 Staff Teleformer Services 9 9,760 Teleformer Services 1 1,560 Staff Teleformer Services 1 1,560 Staff Teleformer Services 1 1,560 Staff Teleformer Services 1 1,560 Staff Teleformer Services 1 1,560 Staff Teleformer Services Telefor			
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\$ 5.625 Equipment lusses \$ 1.620 Festild of copier machine. \$ 5.625 Total Occupancy (Festillty and Vahiole Expense \$ 3,760 Contract Services \$ 3,760 Monthly MS consultation and language transistion services. \$ 2,960 Office Supplies and postage for 5.00 staff - 100% (way of \$0.00 per staff) This inclustrate all deak, copier and computer supplies \$ 3,560 Telephone \$ 3,560 Telephone \$ 3,125 Printing and Production \$ 7,125 Staff Travel \$ 1,566 Staff Travel \$ 1,566 Staff Training \$ 1,566 Staff Training \$ 2,072 Staff Receitment \$ 21,040 Total Program Support \$ 32,662 Child Related This is a reflects coats associated with providing an expert training per year Recruiting Coats associated with providing an expert training per year \$ 32,662 \$ 63,687 Total Operating Coats	. Welconstant and the second of the second o	\$ 381,776 Total Salaries and Executive	
\$ 3,750 Contract Services \$ 3,750 Total Contract Services \$ 2,960 Office Supplies Postage \$ 3,563 Teighbore \$ 3,563 Teighbore \$ 3,155 Preling and Production \$ 7,125 Stelf Travel \$ 1,566 Stelf Training \$ 2,672 Stelf Recruitment \$ 2,1040 Total Program Support \$ 32,652 Child Related \$ 32,652 \$ 63,067 Total Operating Coets	·	Operating Expenses:	
\$ 9.760 Cum act Services \$ 3,760 Total Contract Services \$ 2,960 Office Supplies, Postage \$ 0,060 Supplies, Postage Office Supplies and postage for 8.90 staff - 100% (avg of \$500 per staff) The inclution of deak, copier and computer supplies \$ 3,560 Telephone \$ 3,160 Telephone \$ 3,160 Telephone \$ 7,125 Staff Travel Based on sectual expected costs, Staff is reimbursed at the current IRS reimbursement Independent (avg. \$2.15 mg) Costs associated with developing printed materials for consumets. \$ 1,560 Staff Training \$ 1,560 Staff Training \$ 2,672 Staff Redulated \$ 21,040 Total Program Support \$ 32,652 Citild Related This line reflects costs associated with providing an expert training per year Recruiting Costs for 5,90 employees - 100%. \$ 32,652 \$ 33,657 Total Operating Costs		\$ 0,625 Equipment lease	\$ 1,820 Rented of copies muchine
S 3,750 Total Contract Services S 2,959 Office Supplies, Postage Office Supplies and postage for 5.00 staff - 100% (avg of 5500 per staff) This incluttes all deak, depier and computer supplies Tatesphone (avg. \$ 213 mg) Costs associated with developing printed materials for consumets. S 7,125 Staff Travel Based on actual expected costs, Staff is reimbursed at the current IRS reimbursement rate par mile. Based on actual expected costs, Staff is reimbursed appox, \$120/month rate par mile. Based on actual expected costs activated averages staff will be reimbursed appox, \$120/month rate par mile. Based on actual expected costs, Staff is reimbursed appox, \$120/month rate par mile. Based on actual expected costs, Staff is reimbursed appox, \$120/month rate par mile. Based on actual expected costs actual expected costs actual expected costs. Staff is reimbursed appox, \$120/month rate par mile. Based on actual expected costs actual expected costs actual par mile. Based on actual expected costs actual expected costs. Staff is reimbursed appox, \$120/month rate par mile. Based on actual expected costs actual expected costs. Staff is reimbursed appox, \$120/month rate par mile. Based on actual expected costs. Staff is reimbursed appox, \$120/month rate par mile. Based on actual expected costs actual expected costs. Staff is reimbursed appox, \$120/month rate par mile. Based on actual expected costs. Staff is reimbursed appox, \$120/month rate par mile. Based on actual expected costs. Staff is reimbursed appox, \$120/month rate par mile. Based on actual expected costs. Staff is reimbursed appox at the complete actual expected costs. Staff is reimbursed appox at the complete actual expected costs. Staff is reimbursed actual expected costs. Staff is reimbursed actual expected costs. Staff is reimbursed actual expected costs. Staff is reimbursed actual expected costs. Staff is reimbursed actual expected costs. Staff is reimbursed actual expected costs. Staff is reimbursed actual expected costs. Staff is reimbursed actual expected		\$ 5.625 Total Occupancy (Feetility and	I Vahicle Expense
S 2,869 Office Supplies, Postage Office Supplies and postage for 5.90 staff - 100% (avg of \$500 per staff) This includes all deals, copier and computer supplies Teisphone (avg. \$ 215 mg) Costs associated with developing printed materials for consumets. \$ 7,125 Staff Travel Based on actual expected costs, Staff is reimbursed at the current IRS reimbursedment rate per mile. Based on instorical everages staff will be reimbursed appox, \$120/month Cost associated with conducting an expert training per year \$ 2,672 Staff Resultiment \$ 21,046 Total Program Support This line reflects costs associated with providing services linkage for youth and their familiar Trace posts are collected monthly and charged to the program. Cost are based on fistorical averages around \$100, however there is a wide range of of social costs. \$ 32,652 \$ 63,067 Total Operating Costs		\$ 9,750 Commact Services	\$ 3,750 Monthly MSI consultation and tanguage translation envises
S 2,869 Office Supplies, Postage Office Supplies and postage for 5.90 staff - 100% (avg of \$5.00 per staff) This includes all deals, copier and computer supplies Telephone (avg. \$ 215 mg) Costs associated with developing printed materials for consumets. This per mile. Based on actual expected costs, Staff is relimburated at the current IRS relimburatement rate per mile. Based on intorical everages staff will be relimburated appox, \$120/month S 2,672 Staff Resultiment Cost associated with conducting an expert training per year Recusiting Costs for 5.90 employees - 109% This line reflects costs are collected monthly and charged to the program. Cost are based on flustorical everages around \$100, however there is a wide range of of social costs. \$ 32,652 \$ 63,067 Total Operating Costs		S 3.768 Tabel Contract Sarakeac	
This inclutions all deals, copier and computer supplies \$ 3,563 Telephone \$ 3,125 Printing and Production Costs associated with developing printed materials for consumets. \$ 7,125 Staff Travel Eased on actual expected costs. Staff is reimbursed at the current IRS reimbursement rate per mile. Beased on bistorical everages, staff will be reimbursed appox, \$120/month Cost associated with conducting an expert training per year \$ 2,672 Staff Recusioned \$ 21,046 Total Program Support This line reflects costs associated with providing services linkage for youth and their familiar Trasse costs are collected negatively and charged to the program. Cost are based on historical averages around \$100, however there is a wide range of a squal costs. \$ 32,652 \$ 63,067 Total Operating Costs		ather with Gourgest Self-Man	
\$ 3,563 Teiephone Trainphone (avg. \$ 215 mg) \$ 3,125 Printing and Production Costs associated with developing printed materials for consumets. \$ 7,125 Staff Training Based on extual expected costs. Staff is reimbursed at the current IRS reimbursed ment rate per mile. Esseed on historical averages staff will be reimbursed appox. \$120/month Cost associated with producting an expert training per year. \$ 2,672 Staff Recutational \$ 21,046 Total Program Support \$ 32,652 Child Related This line reflects costs associated with providing services tinkage for youth and their familiar Trasse posts are collected monthly and charged to the program. Cost are based on historical averages around \$100, however there is a wide range of of social costs. \$ 32,652 \$ 63,667 Total Operating Costs		\$ 2,969 Office Supplies, Postage	
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\$ 1,586 Staff Training Cost associated with conducting an expert training per year \$ 2,672 Staff Recruitment Recruiting Costs for 5,96 employees - 100% \$ 21,046 Total Program Support \$ 32,652 Child Related This line reflects costs associated with providing services thikage for youth and their families. These costs are collected monthly and charged to the program, Cost are based on historical averages around \$100, however there is a wide range of of sotuel costs. \$ 32,652 \$ 63,967 Total Operating Costs		\$ 7,125 Staff Travel	
\$ 2.672 Staff Recruitment \$ 21,046 Total Program Support \$ 32,652 Child Related This line reflects costs associated with providing services tiskage for youth and their familier. These costs are collected monthly and charged to the program, Cost are based on historical averages around \$100, however there is a wide range of of social ocess. \$ 32,652 \$ 83,067 Total Operating Costs			
\$ 32.652 Child Related This line reflects coasts associated with providing services linkage for youth and their familiar Trusce coasts are collected monthly and charged to the program. Cost are based on historical averages around \$100, however there is a wide range of of squal costs. \$ 32.652 \$ 63,667 Total Operating Coats		-	
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Tivese posits are collected monthly and charged to the program. Cost are based on filistrational averages around \$100, however there is a wide range of of equal costs. \$ 32.652 \$ 63,667 Total Operating Costs		\$ 21,040 Total Program Support	•
Tivese costs are collected monthly and charged to the program. Cost are based on historical averages around \$100, however there is a wide range of of equal costs. \$ 92,652 \$ 63,067 Total Operating Costs			
\$ 63,067 Total Operating Coats		\$ 32,652 Child Related	
		\$ 92,652	
\$ 444.843 Total Direct Costs (Salaries & Benefits and Operating Expenses)		\$ 63,067 Total Operating Costs	
		\$ 444,843 Total Direct Costs (Salaries & Benefits and Operating Expenses)

DPH 6: Contract-Wide Indirect Detail

CONTRACTOR NAME:Seneca Center	8/16/2							
DATE: 8/16/10	FISCAL YEAR: 2010/201	1						
LEGAL ENTITY #:00115								
4 CALADIEC & DESICTIO								
1. SALARIES & BENEFITS Position Title	FTE	Salaries						
Executive Office	0.63	105,840						
Information Technology (tT Dept)	2.41	159,84						
Accounting	2.67	106,80						
Human Resources	1.91	76,40						
Administrative Support	4.59	183,60						
Centralized Quality Assurance	1.88	100,84						
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ELEN OVER EDITOR DESIGNATION		010.00						
EMPLOYEE FRINGE BENEFITS TOTAL SALARIES & BENEFITS		·						
TOTAL SALARIES & DENEFITS		940,88						
2. OPERATING COSTS								
Expenditure Category	Amount							
Contract Service	\$ 16,863							
Meetings & Conf.	\$ 19,007							
Office Supplies	\$. 16,800							
Occupancy	\$ 17,000							

\$

\$

\$

24,560

23,200 117,430

1,063,422

Insurance

Program Consultation
TOTAL OPERATING COSTS

TOTAL INDIRECT COSTS (Salaries & Benefits + Operating Costs)

Appendix F Invoice



DEPARTMENT OF PUBLIC HEALTH CONTRACTOR FEE FOR SERVICE STATEMENT OF DELIVERABLES AND INVOICE

Appendix F PAGE A

				Contro	d Number	1									
				L		J	INVOICE NUM	IBER:	MO1	JI.	0		I		
Contract: Seneca Center							Ct.Blanket No	BPHM	BPHM11		2				
Address: 2275 Arlington Drive, San Lea	indro. CA 94	578					Ot. PO No : Pt	OHM	DPHM11	00028	1	User Cd	ĺ		
Tel No : (510) 481-1222							Fund Source:				ai,EPSDT,Reali	gnment			
Fax No : (510)481-1222							Invoice Period		July 2010)					
Contract Term: 07/01/2010 - 06/30/201	1 .					•	Final Invoice:			1	(Check if Ye	s)			
PHP Division: Community Behavioral Hi	ealth Service	s					ACE Control N	umber:							
		***************************************	Total Cont	ractad	Dalivace	THIS PERIOD	Delivered to	- Conto	% of TC	Y A I	Remain Deliveral				
Unduplicated Clients for I	Exhibit:	zioneneis+elonovelviliquiqu	Exhibit			hibit UDC	Exhibit U		Exhibit		Exhibit U				
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Program Name/Reptg. Unit	Total Cor		PERK	DD.	Unii		to Dat	ė	% of TC	minoral colonial	Deliveral	ries			
Modality/Mode # - Svc Func (we cay) 8-1 CTF SF RU-89892	UOS	CLIENTS	UOS	CLIENTS	Rate	AMOUNT DUE	UOS	CLIENTS	UOS	LIENT	UOS	CLIENTS			
10/ 85-89 Day Tx Intensive - Full Day	2,785		er annan er en en er er er er er er er er er er er er er	1	\$ 280.01	\$.	0.000		0.00%		2,785.000		\$ 779,827.85		
15/ 10-59 Mental Health Services	410,539			1	\$ 3.83	\$	0,000		0.00%		410,539.000		1.572,364.37		
15/60-69 Medication Support	28,344				\$ 5.75	T's	0.000		0.00%		28,344,000			\$	2,515,170.22
B-2 TBS San Francisco RU-38CQ5				2/08/2002								600			
15/ 58 TBS	333,349				\$ 1.90	\$	0.000		0.00%		333,349.000		633,363 10	\$	633,363.10
B-3 CTF State Supplement SF RU-8989OP 60/ 72 State Supplement	4,240				\$ 32.88	<u> </u>	0.000		0.00%		4,240.000		139,411.20		139,411.20
B-5 Short Term Connections RU-38CQ3	4,240		****		9 32.00	<u> </u>	0.000	<u> </u>	0.00%		4,240.000		139,41120	*	133,471.20
15/ 01-09 Case Management Brokerage	11,084	6.65		0.000	\$ 2.08	<u>s</u>	0.600		0.00%		11,084.000		23,054.72		
15/ 10-59 Mental Health Services	58,207			-	\$ 2.68	<u> </u>	0.000		0.00%		58,207,000		155,994.76		
15/ 70-79 Crisis Intervention-OP 15/ 60-69 Medication Support	2,263 813		*********	-	\$ 3.99 \$ 4.96	L*	000.0 000.0		0.00%		2,263.000 813.000		9.029.37 4.032.48	\$	192,111.33
B-6 Long Term Connections RU-38CQ4			*****************		~~~~~~~~~~										
15/ 01-09 Case Management Brokerage	286,174				\$ 2.08	<u> </u>	0.000		0.00%		286 174 000		595,241.92		
15/ 10-59 Mental Health Services 15/ 70-79 Crisis Intervention-OP	1,366,802 57,352				\$ 2.68 \$ 3.99	<u> </u>	0.000		0.00%		1,366,802,000 57,352,000		3.663.029.36 228.834.48		
15/ 60-69 Medication Support	1,579				\$ 58.00	ts -	0.000		0.00%		1,579,000			\$	4,578,687.76
B-8 San Leandro Day-Tx RU-89802				0.0000000					1						
10/ 85-89 Day Tx Intensive - Full Day	537	810		ALAS MES	\$ 177.55	5 .	0.000		0.00%	50.00	537.000		95,344.35	\$	95,344.35
B-9 Oak Frove Day-Tx RU-38CA2			y +			L									
10/ 85-89 Day Tx Intensive - Full Day B-4 MTFC Placements RU-38CQ6	68			-	\$ 214.90	<u> </u>	0.300		0.00%		68.000		14,613.20	\$	14,613.20
15/ 01-09 Case Management Brokerage	10.152				\$ 2.08	5	0.000		0.00%		10,152.000		21.116.16		
15/ 10-59 Mental Health Services	51,519				\$ 2.68	<u> </u>	0.000		0.00%		51,519.000		138,070.92		
15/ 70-79 Crisis Intervention-OP	407				\$ 3.99	<u></u>	0.000	W 9	0.00%		407.000		1,623.93		
15/ 60-69 Medication Support	328		*****	5.55	\$ 4.96	\$	0.000		0.00%	200	328.000		1,626.88	\$	162,437.89
B-11 MST RU-38HDOP	40.040			Sania Source			0.000						01.001.01		
15/ 01-09 Case Management Brokerage 15/ 10-59 Mental Health Services	10,542 56,670			97.55.57.595	\$ 2.02 \$ 2.61	F2	0.000		0.00%		10,542,000 56,670,000	000000000000000000000000000000000000000	21.294.84 147,908.70		
15/ 70-79 Crisis Intervention-OP	2,108				\$ 3.88	s -	0.000		0.00%		2,108.000		8,179.04		
15/ 60-69 Medication Support	1,405				\$ 4.82	<u>s</u>	0.000		0,00%		1,405.000		6,772 10	\$	184,154.68
B-7 Long Term Connections-Probation RU	-38CQ4		+++++++							Ш					
15/ 01-09 Case Management Brokerage	23,062		***************************************	-	\$ 2.08		0.000		0.00%		23,062,000		47,968,96		
15/ 10-59 Mental Health Services 15/ 70-79 Crisis Intervention-OP	110,143				\$ 2.68 \$ 3.99	<u> </u>	0.000		0.00%		110,143,000 4,624,000	50.000 (50.0	295,183.24 18,449.76		
15/ 60-69 Medication Support	4.624 1.488				\$ 4.96	\$ -	0.000		0.00% 0.00%		1,488.000		7,380 48	\$	368,982,44
B-12 MHSA-Pace RU-38HD2															,
15/ 01-09 Case Management Brokerage				2000	\$ 2.02	s -	0.000		#DIV/01	5000	0.000	3 (0) (6)	-		
15/ 10-59 Mental Health Services		gusero.		2000000	\$ 2.61	. <u> </u>	0.000		#DIV/GI	94,62	0.000		•		
15/ 60-69 Medication Support	616				\$ 4.82	\$	0.000 0.000		#DIV/01		0,000		89,175.00		89,175.00
60/72 Flexible Support Expenditure	615				\$ 145.00		0.000		0.00%		615,000			*	69,175.00
TOTAL	2,837,199		,				NOTES -		0.00%		2,837,199		\$ 8,973,451,17		
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1380 Howard St 4th	Floor]			
San Francisco, CA 94	103				Autho	orized Signatory	· —			Da	te				

DEPARTMENT OF PUBLIC HEALTH CONTRACTOR FEE FOR SERVICE STATEMENT OF DELIVERABLES AND INVOICE

EXHIBIT C-1

										F	AGE A		
				Contro!	Number								
				L		1	INVOICE N	UMBER:	M03	JL (}		
Contract Contract							Ot Dissiled	. DDIMA	Crear				
Contractor: Seneca Center							Ct.Blanket	AO'' BLUIA	1220			User Od	
Address 2275 Artington Drive, San Lean	dro, CA 9457	8					Ct.PO No.:	POHM	CET				
Tel No. (510) 481-1222							Fund Source	e:	DJP Wor	k Order			}
Fax No.: (510)489-1222													
							Invoice Per	od .	July 2010				
Contract Term: 07/01/2010 - 06/30/2011							Final Invoic	e:		Ĭ	(Check if)	Yes)	i
DIE Objecte Commencial Cohordord He	alth Carriaga					,	0 C F 0 when	. I. A. D com for comp.	Dawness/min	ne-Caracan	an transfer sometiments]
PHP Division: Community Sehavioral Hea	aim Services						ACE Contro	of Mumber:					i
			TotalCo	ntracted	- Chatharan	THIS PERIOD	1 10-11	d to Date	% of To		Rema Delive	airing	
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*Underplacesed Counts for AIOS Use Only.													
DELIVERABLES Program Name/Reptg Unit	TotalCo	ntracted	Delivere PER		Unit			vered Date	% of T0	77.01	Rem: Delive	sining sphac	
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10/ 85-89 Day Tx Intensive Full Day	139	SICT MESSAGE		2.500.00	\$ 280.01	\$ -	0.000	20525	0.00%		139.000	D S S S	\$ 38,921
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TOTAL	139	<u> </u>	0.000)	<u></u>	<u> </u>	0.000		0.00%		139,000	0	
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I certify that the information provided a	above is, to	the best o	f my know	ledge, cor	nplete and	accurate; the	mount requ	ested for r	eimburser	nent is			
in accordance with the contract appro- claims are maintained in our office at				the provis	sion of that	contract. Full	justification	and backu	p records	for thos	3e		
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Signature:					·	Date:						·	
Title:						_							
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Send to:		T	<u></u>	DPH Auth	orization for F	Payment		· · · · · · · · · · · · · · · · · · ·					7
DPH Fiscal/Invoice I		-											\ .
1380 Howard St 4th San Francisco, CA 94		1		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Author	ized Signatory		-	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Date			
Sair Failcisco, OA si	1,100	1			, Admidi	orginatory	•			Nate			-

DEPARTMENT OF PUBLIC HEALTH CONTRACTOR COST REIMBURSEMENT INVOICE

Appendix F PAGE A

			Co	ntrol Number								1.7	OE M
		***************************************						INVOICE N	JMBER:	M04	JL.	0	
Contract: Seneca Center								Ct.Blanket N	lo.: BPHM	TBD			
Address: 2275 Arlington Drive, San Le	eandro, C	A 94578						Ct. PO No.:	POHM	TBD			User Cd
Tel No.: (510) 481-1222 Fax No.: (510)481-1222								Fund Source	e :	DHS W	ork Orde	r .	
1 dx 140 (0.10)401. 1222					,			Invoice Peri	od:	July 20	10		
Contract Term: 07/01/2010 - 06/30/2	2011							Final Invoice	; ;		(Check if	Yes)
PHP Division: Community Behavioral		wanton 1000 1000 1000 1000 1000 1000 1000 10	lji (1664-kanalan da kalan	ia neuroma a regular (1986) (richolololololololo) (richololololololololololololololololololol	e area nne e	ngallilaaniiniini		ACE Contro				***************************************	
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Program/Exhibit	UOS	ACTED UDC	UC	HIS PERIOD S UDC	11	IOS	DATE L UDC	UOS	UDC	DELIVER UOS	UDC	UOS	OTAL TUDC
B-10 Parenting Institute RU-38CQPTI	1 000	000		000			ODC.	003	ODO	1 000	000	000	1000
60/72 Fkexible Support Expenditure	1 1						<u> </u>	0%		1		100%	
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Description				BUDGET			NSES PERIOD	EXPE TO D		% (BUD		ľ	IAINING LANCE
Total Salaries			\$	83,408.00	\$		-	\$	^		0.00%	\$	83,408.00
Fringe Benefits			\$	24,188.00	S		**	\$	·		0.00%	\$	24,188.00
Total Personnel Expenses		······································	\$	107,596.00	\$		-	\$	~		0.00%	\$ 1	07,596.00
Operating Expenses		***************************************	İ		<u> </u>		***************************************						
Occupancy			\$	·	\$			\$			0.00%	S	
Materials and Supplies			\$	600.00	\$			\$			0.00%		600.00
General Operating			\$		\$			\$	-		0.00%		
Staff Travel			\$		\$		-	\$	_		0.00%		-
Consultant/Subcontractor			\$		\$,, <u>,—-</u>	-	\$	***		0.00%		-
Other:			\$	~	\$		-	\$	_		0.00%		-
			\$	W.	\$		***	\$	**		0.00%		u-
Total Operating Expenses		······································	\$	600.00	\$		_	\$	_		0.00%	8	600.00
Capital Expenditures			\$		\$		-	\$	_		0.00%		
TOTAL DIRECT EXPENSES			\$	108,196.00	1			 			0.00%		08,196.00
Indirect Expenses			\$	1,804.00	·			\$	-		0.00%		1,804.00
TOTAL EXPENSES		·	\$	110,000.00				S			0.00%		10,000.00
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Less: Initial Payment Recovery Other Adjustments (DPH use only	()							INOTES.					
REIMBURSEMENT	······			***************************************	\$								
I certify that the information provided a					mple								
accordance with the contract approve claims are maintained in our office at				nder the provision	on of	that	contract.	Full justificat	ion and ba	ickup recon	ds for the	se	
Signature:				***************************************	-			Date:	Part and the second sec		OMERCHALLENS ATTENDED	······································	<u></u>
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Send to: DPH Fiscal Invoice F 1380 Howard St 4th San Francisco CA 9	Floor				******			DPH Autho	rization fo	r Payment	Andrew State of the State of th		
Casti (Gilosoco Carto)				<u> </u>		Aut	horized S	Signatory	***************************************	libbon.	***************************************	Dat	
			J	<u> </u>	-			· · · · · · · · · · · · · · · · · · ·				13 20 20,0	

DEPARTMENT OF PUBLIC HEALTH CONTRACTOR COST REIMBURSEMENT INVOICE

Appendix F

•		<u> </u>	Contro	l Number		3					PAL	SE A	
			·				INVOICE N	JMBER:	M06	JL	0		
Contract: Seneca Center							Ct.Blanket N	lo.: BPHM	TBD	***************************************	**************************************		
Address: 2275 Arlington Drive, San i	Leandro,	CA 9457	8	i.			Ct. PO No.:	РОНМ	TBO	,,,\		User Cd	
Tel No.: (510) 481-1222							Fund Source	9:	General Fund				
Fax No.: (510)481-1222							Invoice Peri	od:	July 201	0			
Contract Term: 07/01/2010 - 06/30	/2011						Final Invoice	e :			Check if Y	(es)	
PHP Division: Community Behavior	al Health	Services				i .	ACE Contro	l Number:					
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Program/Exhibit	UOS	UDC_	uos	<u> </u>	uos	NDC	UOS	UDC	uos	UDC	uos	UDC	
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Unduplicated Counts for AIDS Use C)nlv				MANAGEMENT PROPERTY OF		***************************************	<u> ئىرىنى دەرىدىدىنى بەرەپىدىدىنى بەرەپىنى بەرەپىنى بەرەپىيى بەرەپىيى بەرەپىيى بەرەپىيى بەرەپىيى بەرەپىيى بەرەپ</u>	***************************************		XHXWWW.itministration.com		
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Description Total Salaries		Marin Marin Constitution of the Constitution o	·	DGET 96.320.00	\$	PERIOD	TOD S	AIE	BUDO			ANCE	
Fringe Benefits				90,320.00 27,933.00	\$		\$			0.00%		6,320.00 7,933.00	
Total Personnel Expenses	and the second s	***************************************		24,253.00	\$		\$			0.00%	***************************************	4,253.00	
Operating Expenses	····			1,200.00						0.0070	Ψ) 4	. 1,200.00	
Occupancy		-	\$		s		 			0.00%	\$		
Materials and Supplies		-	\$	1.790.00	 	-	\$			0.00%		1,790.00	
General Operating			\$	2,400.00	\$		\$			0.00%		2,400.00	
Staff Travel			\$		\$		\$	~.	<u> </u>	0.00%			
Consultant/Subcontractor	·			17,960.00		p.	\$	**	1	0.00%	***************************************	7,960.00	
Other: Family Service Fund			\$	1,443.00			\$	-	 	0.00%		1,443.00	
Child Behavior rewards			\$	1,318.00		***	\$	-		0.00%		1,318.00	

Total Operating Expenses			1	24,911.00	\$		\$			0.00%		24,911.00	
Capital Expenditures		***************************************	\$	-	S		\$	_		0.00%	,	-	
TOTAL DIRECT EXPENSES			····	49,164.00		-	\$	**.	ļ	0.00%		19,164.00	
Indirect Expenses			\$	18,129.00		-	\$	···		0.00%		8,129.00	
TOTAL EXPENSES			\$ 1	67,293.00	\$	_	\$	-		0.00%	\$ 16	7,293.00	
Less: Initial Payment Recovery							NOTES:						
Other Adjustments (DPH use onl	<u>y)</u>				 		_						
REIMBURSEMENT					\$		-						
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Signature:	*****	···	War and the second second	and the same of th	•		Date:	e				Normal Company (Company Company	
Printed Name:					.								
Title:							Phone:	beriminança companya antico				**************************************	
			7		Name of the last o	***************************************	500 Km 1 1 V	***************************************					
Send to: DPH Fiscal Invoice		sing			-		DPH Autho	rization for	Payment				
1380 Howard St 4 San Francisco CA		261.4											
San Francisco CA	(# HUD~2	.014		***************************************	· · · · · ·	thorized S	Signatory	***************************************	-	thire the second second	Date		
Jul New Contract 09-21	× × × × × × × × × × × × × × × × × × ×		1	L		61011250 C	1911G(U) Y		CMHS/CSA9	SCHE DO	-	iCF	
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DEPARTMENT OF PUBLIC HEALTH CONTRACTOR COST REIMBURSEMENT INVOICE

Appendix F

	1		Contro	Number		ì					PAC	∌t. A
				w-viiii-a			INVOICE N	JMBER:	M07	JL	0	
Contract: Seneca Center							Ct.Blanket N	o. BPHM	TBD			^^^
Address: 2275 Arlington Drive, San	Leandro,	CA 9457	8				Ct. PO No.:	POHM	TBD			User Cd
Tel No.: (510) 481-1222 Fax No.: (510)481-1222						•	Fund Source	e: •	MHSA -	Prop63		
rax No.: (010)461-1222							Invoice Peri	od:	July 201	0		
Contract Term: 07/01/2010 - 06/30	/2011	•					Final Invoice	€;		(Check if Y	es)
PHP Division: Community Behavior				internation of the second of t	poppyers erkmelterkoninsmunikonrejm	Springer (1888) (Springer (1884) (1884) (1884) (1884) (1884) (1884) (1884) (1884) (1884) (1884) (1884) (1884)	ACE Contro					
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900,	<u> </u>	ACTED	·	PERIOD		DATE	TOT		DELIVER			TAL
Program/Exhibit B-6 Long Term Connections RU-38CQ	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
60/ 72 Flexible Support Expenditures	1,823	120			and the second s	*	0%	0%	1,823	120	100%	100%
Unduplicated Counts for AIDS Use C	Dniy.)	doosoooooooooooo		A Printer of the Contract of t			1		L,	<u> </u>	
E	-			***************************************	EVO	`			0/ 5		l comme	,
Description			BU	DGET		ENSES PERIOD	EXPE TO D		% (BUD(1	AINING ANCE
Total Salaries				71,885.00	\$		\$	-		0.00%		1,885.00
Fringe Benefits				49,847.00		-	\$			0.00%	^	9,847.00
Total Personnel Expenses			\$ 2	21,732.00	\$	TI.	\$			0.00%	\$ 22	1,732.00
Operating Expenses	······································			4 500 00	*					0.000/		4 500 00
Occupancy			\$	1,500.00 3,000.00	\$	<u> </u>	\$			0.00%		1,500.00
Materials and Supplies General Operating			\$	3,000.00	\$	~	 			0.00%		3,000.00
Staff Travel			\$	-	\$		\$	\$				
Consultant/Subcontractor				11,000.00	\$		\$			0.00%	***************************************	1,000.00
Other:			\$	-	\$	<u>.</u>	\$			0.00%	***************************************	~
			\$		\$	_	\$	-		0.00%	\$	
Total Operating Expenses		***************************************	\$	15,500.00	\$	-	\$	-		0.00%	[C -1	5,500.00
Capital Expenditures			\$	10,000.00	\$		\$		<u> </u>	0.00%		3,300.00
TOTAL DIRECT EXPENSES				37,232.00			\$			0.00%		7,232.00
Indirect Expenses			\$	27,086.00		-	\$			0.00%		7,086.00
TOTAL EXPENSES	***************************************			64,318.00		-	\$	_	***************************************	0.00%		4,318.00
Less: Initial Payment Recovery							NOTES:	***	***************************************			
Other Adjustments (DPH use on]					
					\$		-					
REIMBURSEMENT			······································		1 2	*					· · · · · · · · · · · · · · · · · · ·	
I certify that the information provided												
accordance with the contract approv				der the provi	sion of th	rat contra	ct. Full justifi	ication and	backup red	ords for	those	
claims are maintained in our office a	it the add	ress indic	cated.									
Signature:		~~~	······································		M		Date:			40e ⁰⁰⁰	***************************************	
Printed Name:	***************************************	**************************************	**************************************	**************************************	_							
Title:			//////////////////////////////////////		*		Phone:	4440444044			_1	
Send to: DPH Fiscal Invoice 1380 Howard St 4th San Francisco CA	h Floor	_			wasy'	29-fra-Paris Minimichi Barreta da Paris Pa	DPH Autho	orization for	Payment	MAZONIIII ONCO		
THE STATE OF THE S					Au	thorized S	ignatory		*****	PHONOCHUM	Date	#*************************************
but blow Contract 00 23			100E	\$1000000000000000000000000000000000000		***************************************		**************************************	0.10.00.00.00.00			

Jul New Contract 09-21

CMHS/CSAS/CHS 9/21/2010 INVOICE

PARTMENT OF PUBLIC HEALTH CONTRACTOR COST REIMBURSEMENT INVOICE

Appendix F PAGE A

			Contro	Number								21 F.
				**************************************	<u></u>		INVOICE N	JMBEP.		JL	(;	
Contract: Seneca Center							Ct.Blanket N	lo BPHM	Teo		**************************************	27/1
Address 2275 Arlington Brive, San	Leandro,	CA 94578	3				Ct. PO No.:	POHM	TBO			User Cd
Tel No. (510) 481-1222 Fax No. (510)481-1222				•			Fund Source	ş.	MHSA-	Prop63		
TEX (YO. (WIO) TO: TAZA							Invoice Perio	od:	July 201	0		***************************************
Contract Term; + 07/01/2010 - 06/30	/2011						Final Invoice)'		(Check if Y	@\$)
PHP Division Community Behavior	ai Health	Services					ACE Contro	i Number:				
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		ACTED		PERIOD		DATE	TOT		DELIVER			TAL
Program/Exhibit B-12 MHSA Pace RU-38HD2	UOS	UDC	uos	UDC	UOS	UDC	UOS	UDC	uos	UDC	uos	<u> UDC</u>
60/ 72 Flexible Support Expenditure	615	195	ļ			<u> </u>	0%	0%	615	195	100%	100%
TOO! 12 ! Textote dopport Expenditure	0,3	100		<u> </u>		<u> </u>	V //	071	0 9 9	:55	10076	10076
			O DO COMPANION OF THE PARTY OF									
Unduplicated Counts for AIDS Use C	Only.											
	***************************************		Militario custimano, paga 24 Ket		EXPE	NSES	i EXPE	NSES	1 % ()F	REM/	AINING
Description			BL	IDGET	l.	PERIOD	TO D	ATE	BUDG	GET I		ANCE
Total Salaries				42,679.00		-	\$	-		0.00%	\$ 24	2.679.00
Fringe Benefits			\$	70,377.00	\$	_	\$	-	į	0.00%	\$ 7	0.377.00
Total Personnel Expenses			\$ 3	13,056.00	\$	-	3	_		0.00%	\$ 31	3.056.00
Operating Expenses									T			
Occupancy			\$	2,497.00		-	\$	_		0.00%		2,497.00
Materials and Supplies			\$	3,793.00	·	-	\$	b.	1	0.00%		3,793.00
General Operating			\$	<u>5,645.00</u>			\$		0.00%			5.645.00
Staff Travel			\$	4,984.00			\$			0.00%		4.984.00
Consultant/Subcontractor			\$	2.551.00			18			0.00%		2,551.00
Other: Child Related			\$	32,652.00	***************************************	+	1 5	a.		0.00%		32,652.00
			\$		\$	***************************************	\$	-	-	0.00%	Ď.	
Total Operating Expenses	######################################		\$	52,122.00	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		15			0.00%	1 0 =	2,122.00
Capital Expenditures			15	UL, ILL.UU	S		1 \$, THE ROOM OF THE LOCAL PROPERTY OF THE LOCA		0.00%		2,124.00
TOTAL DIRECT EXPENSES	***************************************			65,178.00	·	-	\$	~		0.00%		5.178.00
Indirect Expenses			\$	43,822.00		_	\$	**	-	0.00%		13.822.00
TOTAL EXPENSES	***************************************	water the second second second	_	00.000.00	-		1 5			0.00%		9.000.00
Less: Initial Payment Recovery	***************************************				T The second		NOTES:		The second secon		<u> </u>	
Other Adjustments (DPH use on												S) mineral survival s
REIMBURSEMENT					\$	la la						
I certify that the information provided accordance with the contract approvidations are maintained in our office a Signature. Printed Name:	ved for se at the add	rvices pro ress indic	ovided un ated.	der the provi								· · ·
					-		Phone:					
						***************************************			······································			***************************************
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	ovverstockethiikimussaanor	name and the Partition of State of Stat	d.	MINITED AND THE PARTY NAMED IN COLUMN TO PARTY	Aut	inorized (Signatory	##	water the same of	delmanocopy monitora consciona	Date	
Jul New Contract 09-21									CMHS/CSA	S/CHS 9/2	1/2010INVO	ICE

DEPARTMENT OF PUBLIC HEALTH CONTRACTOR FEE FOR SERVICE STATEMENT OF DELIVERABLES AND INVOICE

EXHIBIT C-1

			•							F	PAGE A		
				Contro	l Number								
				<u> </u>		I	INVOICE N	UMBER:	M10	JL ()		
Contractor: Seneca Center							Ct.Blanket	Vo.: BPHM	BPHM11	000032			
Address: 2275 Arlington Drive, San Le	andro, CA 9	4578				*	Ct PO No.:	РОНМ	[DPHM11	000281		User Cd	
Tel No.: (510) 481-1222							Fund Source	æ:	Capitated	d Medi-C	Cal		
Fax No. (510)481-1222							Invoice Per	lod ;	July 2010	<u> </u>			
Funding Term: 07/01/2010 - 06/30/201	1						Final Invoic	e:			(Check if Y	es)	
PHP Division: Community Behavioral F	lealth Servi	ces					ACE Contro	ol Number:	350 SES. 113	9596.600	41/24/11/11/11		
			Total Co Exhibil			THIS PERIOD		d to Date it UDC	% of TC Exhibit		Rema Detiver Exhibit	ables	
Unduplicated Clients for	Exhibit:							***************************************					
*Unduolicated Counts for AIDS Use Only DELIVERABLES	·		Delivers	oi Tuic		·	- Dec		·		F		
Program Name/Reptg Unit		ntracted	PER	100	Unit		tol	vered Date	% of TO		Rema Delive:	rables	
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B-1 Seneca Center - CTF SF 10, 85-89 Intensive Day Treatment	238	20 20 20			\$ 280.01	s -	0.000		0.00%		238.000	s	66,642
	1			C. 38,4555							**********		
	. 			7/45/73/9				185-151-160-17	1			2007-025	
			***********	55/65/64/54/54	} 				4	191958 2003			
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TOTAL	238	30.000.0000	0.000				0.000		0.00%	6524654	238.000		
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I certify that the information provided in accordance with the contract appr													
claims are maintained in our office a				ier me hic	AISION OF BI	at contract. Int	an justineane	ir anu baur	up record	15 101 (H	USE		
Cimaniana						Date							
Signature:	**************************************		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			. Date:	WWG-CMain/modimenon	***************************************					
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San Francisco, CA 94				10-02-1-W-120-1-W-120-1-W-120-1-W-120-1-W-120-1-W-120-1-W-120-1-W-120-1-W-120-1-W-120-1-W-120-1-W-120-1-W-120-	Author	ized Signatory	***************************************	•		Date		-	



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/04/10

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).

<u></u>	enmeate noider in her of such endors		<u></u>	CONTACT					
	DUCER		6-405-8031	NAME:					·
1	apman	62	6-405-0585	PHONE (A/C, No. Ext):		······································	FAX (A/C, No):		
Maria de a	ense #0522024). Box 5455			E-MAIL ADDRESS:					
1	J. B0x 5455 sadena, CA 91117-0455		l	PRODUCER CUSTOMER ID #;	SEN	EC-1			
1	y Winkles			gen annu gen a ga a a annual a demini a annual an annual an			IDING COVERAGE		NAIC #
	RED Seneca Center			INSURER A : AM			ssurance Co		
}	2275 Arlington Drive			INSURER B : NIA	\C				
	San Leandro, CA 94578			INSURER C : Nat		ıl Union Fir	e insurance		19445
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	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY RE								
С	ERTIFICATE MAY BE ISSUED OR MAY	PERTAIN.	THE INSURANCE AFFORD	ED BY THE PO	LICIE	S DESCRIBE			
1	XCLUSIONS AND CONDITIONS OF SUCH	POLICIES ADDLISUB					·		
INSR LTR	TYPE OF INSURANCE	INSR WY	POLICY NUMBER	(MM/DD/)	(YYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S	
1	GENERAL LIABILITY]			EACH OCCURRENCE	į s	1,000,000
В	X COMMERCIAL GENERAL LIABILITY		201000557NPO	07/01	/10	07/01/11	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
	CLAIMS-MADE OCCUR			A A A A A A A A A A A A A A A A A A A			MED EXP (Any one person)	s	10,000
	X Prof Liability		201000557NPO	07/01	/10	07/01/11	PERSONAL & ADV INJURY	s	1,000,000
							GENERAL AGGREGATE	s	2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:		`	4			PRODUCTS - COMP/OP AGG	s	2,000,000
	POLICY PRO-							\$	
	AUTOMOBILE LIABILITY	Х					COMBINED SINGLE LIMIT	s	1,000,000
В	X ANY AUTO		201000557NPO	07/01	/10	07/01/11	(Ea accident)	2	1,000,000
-	ALL OWNED AUTOS	.	201000001111				BODILY INJURY (Per person)	\$	
							BODILY INJURY (Per accident)	\$	
	SCHEDULED AUTOS	.					PROPERTY DAMAGE (Per accident)	s	
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	DEDUCTIBLE							\$	
	RETENTION \$							\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						X WC STATU- OTH- TORY LIMITS ER		
Α	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A	WC0834106	11/01	/10	11/01/11	E.L. EACH ACCIDENT	\$	1,000,000
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A			i		E.L. DISEASE - EA EMPLOYEE	s	1,000,000
1	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT		1,000,000
С	Crime/Employee Dis		067766440	09/10	/10	09/10/11	Emp Disho	L	850,000
1		(1					

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) San Francisco Department of Public Health is named additional insured with respect to the Automobile Liability policy of the named insured per the attached Auto AI endorsement. Workers Compensation coverage excluded, evidence only. 10 days notice of cancellation for non-payment of premium.

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San Francisco Department

Office of Contract Management 101 Grove Street, Room 307 San Francisco, CA 94102

of Public Health

SANFR-3

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

Del

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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

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, and for which a certificate of insurance naming such person or organization as additional insured has been issued, but only with respect to their liability arising out of their requirements for certain performance placed upon you, as a nonprofit organization, in consideration for funding or financial contributions you receive from them. 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.

City & County of San Francisco 1380 Howard Street San Francisco, CA 94103

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 benaff:

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