

County of San Benito



**Request for Proposals
For**

Oral Health Project

Date Issued March 09, 2018

Proposal Submission Deadline:
April 09, 2018, 5:00 p.m. Pacific Time

Proposal Submission Instructions:

1. **Submit one (1) hard copy of complete proposal to:**

US Mail, Fed Ex, UPS, etc., to:

Cynthia Larca, Deputy Director
San Benito County HHSA
Administration and Financial Services or
1111 San Felipe Road, Suite 206
Hollister, CA 95023

Hand Deliver to:

Cynthia Larca, Deputy Director
San Benito County HHSA
Administration and Financial Services
1111 San Felipe Road, Suite 103
Hollister, CA 95023

AND

2. **Submit one (1) copy via email of complete proposal in PDF format to all of the named recipients:**
Cynthia Larca (clarca@cosb.us), Lynn Mello (lmello@cosb.us), and Gail Newel (gnewel@cosb.us). Note that these email addresses are to be used only for proposal submission.

1. SUMMARY

San Benito County Health and Human Services Agency Public Health Services hereafter referred to as “PHS”, is requesting proposals from qualified consultants/contractors to provide professional project management, leadership and technical service for PHS on the Oral Health Grant and Project.

The Oral Health Grant and Project is a 5 year project funded by the California Proposition 56 Tobacco Tax passed by California voters in November of 2016. The County’s initial contract for program start-up will commence as soon as possible through June 30, 2019. Contract amount is commensurate with qualifications and proposed program activities.

This RFP shall result in a single award which shall not exceed [\$140,400] annually based on qualifications and experience, and prorated the first year.

The State program’s mission is to improve the oral health of all Californians through prevention, education, and organized community efforts. *A detailed State Oral Health Plan from the California Department of Public Health (CDPH) provides guidelines and a detailed work plan with timelines is attached. (Attachment B.) A Local Oral Health Plan Logic Model is also provided. (Attachment C.)* The project requires a community oral health assessment, formation of a community dental advisory board, and the development of a strategic action plan to be in place through the year 2022. The overarching, long-term project goal is to improve oral health outcomes in the population of San Benito County, focusing on children and low-income residents with existing poor oral health outcomes. *A detailed work plan from the San Benito County Public Health Services Division provides specific objectives, activities, timelines, responsible parties and outcomes is attached. (Attachment D.)*

The term “Offeror” as used herein shall refer to providers submitting proposals in response to this Request for Proposals (RFP). The term “Contractor” or “Consultant” is also used to describe the successful offeror(s) in the context of providing services under a contract resulting from this RFP.

Each proposal received in response to this RFP will be evaluated on the criteria described herein. All proposals must be sealed, clearly marked “PROPOSAL – SAN BENITO ORAL HEALTH PROJECT” and must include all elements described in the **PROPOSAL CONTENT AND FORMAT REQUIREMENTS** section of this RFP. One unbound, signed original proposal and one copy in PDF format must be submitted as directed on page 1 before the date and time listed in the **CONTRACT AWARD SCHEDULE** section of this RFP. The County will not be responsible for proposals delivered to a person or location other than that specified herein, and reliance on the postal service will not excuse late proposals.

No pre-proposal conference will be held. Questions or requests for clarification of this Request for Proposals may be submitted in writing to Cynthia Larca or Lynn Mello (contact information on page 1), but must be submitted no later than the date and time listed in the **CONTRACT AWARD SCHEDULE**. Responses to written questions will be provided at the earliest opportunity. The County reserves the right to decline to respond to any questions.

Any amendment or addendum to this RFP is valid only if issued in writing by the County of San Benito Health and Human Services Agency.

2. DEFINITIONS

This RFP will utilize the following acronyms and definitions to describe services, target populations, and statutory frameworks:

- Assets – Purchased goods with an individual unit cost of \$5,000 or more.
- HHSA – Health and Human Services Agency, the superagency responsible for the Oral Health Project.
- PHS – Public Health Services, the division responsible to oversee and hold accountable the Oral Health project management.
- CDPH OHP – California Department of Public Health Oral Health Program, the State department and its oral health branch providing funding, regulation and grant requirements.
- LOHP - Local Oral Health Project or Program in San Benito County (and other counties and cities).
- LHJ – Local Health Jurisdiction, San Benito County territories, Public Health Division which carries out and abides by Federal, State, County and City laws, codes, ordinances and statutes.
- FY – Fiscal Year, July 1, XXXX - June 30, XXXX.

3. CONTRACT AWARD SCHEDULE

Publish RFP	March 09, 2018
Deadline for Questions	March 23, 2018
Proposal Submission Deadline	April 09, 2018
Contract Approval (tentative)	April 30, 2018
Services to Begin (tentative)	May 01, 2018

4. GENERAL CONDITIONS

- 4.1. Prime Responsibility: The selected consultant/contractor(s) will be required to assume full responsibility for all services and activities offered in its/their proposal(s), whether or not provided directly. Further, the County will consider the selected consultant/contractor(s) to be the sole point of contact with regard to contractual matters, including payment of any and all charges resulting from the contract.
- 4.2. Assurance: Any contract awarded under this RFP must be carried out in full compliance with Title VI and VII of the Civil Rights Act of 1964 as amended, and Section 504 of the Rehabilitation Act of 1973 as amended. The Provider must guarantee that services provided will be performed in compliance with all applicable county, state and federal laws and regulations pertinent to this project. Prior to executing an agreement the Provider will be required to provide evidence substantiating the necessary skill to perform the duties through the submission of references.

- 4.3. If this contract involves protected health information: Any contract awarded under this RFP must comply with the requirement of 42 U.S.C. §§ 1171 et seq., Health Insurance Portability and Accountability Act of 1996 (HIPAA) and its subsequent amendments, related to Protected Health Information (PHI), in performing any task or activity related to this Agreement.
- 4.4. Independent Contractor: In performance of the work, duties and obligations assumed by the offeror, it is mutually understood and agreed that the offeror, including any and all of the offeror's officers, agents and employees, will at all times be acting and performing in an independent capacity and not as an officer, agent, servant, employee, joint venture, partner or associate of the County.
- 4.5. Offerors may submit alternate proposals. Alternate proposals shall be clearly marked as such.
- 4.6. San Benito County prohibits discrimination in employment or in the provision of services because of race, color, religion, religious creed, sex, age, marital status, ancestry, national origin, political affiliation, physical disability or medical condition. This clause does not require the hiring of unqualified persons.
- 4.7. Rights and Appeals: The County reserves the right to reject any and all proposals, to negotiate specific terms, conditions, compensation, and provisions on any contracts that may arise from this solicitation; to waive any informalities or irregularities in the proposals; and to accept the proposal(s) that appear(s) to be in the best interest of the County of San Benito. In determining and evaluating the proposals, costs will not necessarily be controlling; the experience of those who will be providing services under the contract, quality, equality, efficiency, utility, suitability of the services offered, and reputation of applicants will be considered, along with other relevant factors.

San Benito County reserves the right to:

- Request clarification of any submitted information;
- Not enter into any agreement;
- Not to select any applicant;
- Amend or cancel this process at any time;
- Interview applicants prior to award and request additional information during the interview;
- Negotiate a multi-year contract or a contract with an option to extend the duration;
- Award more than one contract if it is in the best interest of the County; and/or
- Issue similar RFPs in the future.

Any proposal may be disqualified prior to scoring if it:

- is received at any time after the exact time and date set for receipt of proposals.
- is incomplete or fails to meet the minimum qualifications of the RFP.
- In the event a proposal is disqualified as described above, written notification will be mailed to the proposer describing the reasons for disqualification.

- If the proposer wishes to dispute the disqualification, or a decision of the review committee, a copy of the San Benito County's dispute resolution process can be obtained by contacting Cynthia Larca (contact information listed on page 1).

Appeals: If any bidder submits a proposal and it is not recommended during the review process, and the bidder can show that the proposal did not receive due consideration or that other substantial irregularities existed, the bidder may appeal the recommendation. The appeal must be in writing, signed by the authorized organizational representative and on bidder letterhead, and must be received by the San Benito County to the attention of Cynthia Larca no later than seven (7) days after the denial notification. Appeals after the established time frame will not be accepted. The review shall be limited to information provided in writing. The written appeal must contain:

- The full name, address, and telephone number of the appealing party;
- A brief statement of the reasons for appeal, including citations to the RFP and other pertinent documents;
- A statement of the relief sought.
- Appeals regarding the County of San Benito HHSA decision for non-approval of a proposal must be submitted in writing to Cynthia Larca (contact information listed on page 1).

- 4.8. Qualified offerors must be prepared to enter into the County's standard Personal Services Contract, a sample of which is attached as *Appendix 1* to this RFP. Please review the details of all appendices and attachments carefully. By reference, they incorporate many standards, terms and conditions required as part of this RFP. The County intends to award contracts substantially in the form of the sample agreement to the selected offeror(s). Portions of this RFP and the offeror's proposal may be made part of any resultant contract and incorporated in the Contract.
- 4.9. Prior to commencement of services, the consultant/contractor must provide evidence of the following insurance coverages: Worker's Compensation, Commercial General Liability (naming the County of San Benito as additional insured), Comprehensive Business or Commercial Automobile Liability for Owned Automobiles and Non-owned /Hired Automobiles, and may also be required to provide Errors and Omissions insurance, Professional Liability or Malpractice Insurance depending on the nature and risks associated with the services provided. The consultant/contractor will be required to maintain the required coverages, at its sole cost and expense, throughout the entire term and any subsequent renewal terms of the contract.
- 4.10. Pursuant to County Code § 5.09.012, Preference for Products Containing Recycled Materials, offerors are requested to use recycled products and sustainable practices whenever possible in preparing their response to this RFP, including using post-consumer recycled content paper and packaging products, and copying on both sides of the paper.
- 4.11. The County of San Benito encourages its consultant/contractors and subcontractors to use the U.S. Citizenship and Immigration Services E-Verify system to verify that

employees are eligible to work in the United States. Information about the E-Verify system is available at www.dhs.gov/e-verify.

- 4.12. Pursuant to County Code § 5.09.013, Preference for Local Businesses, offerors that submit proposals whose costs are within 10% of the lowest bid will be considered equal to the lowest bid amount. A local business is defined as any person or entity that regularly maintains a place of business and transacts business in, or maintains an inventory of merchandise for sale in, the County of San Benito.
- 4.13. Proprietary Information: Trade secrets or similar proprietary data that the prospective consultant/contractor does not wish disclosed to other than personnel involved in the proposal evaluation effort or post-award contract administration will be kept confidential to the extent permitted by law as follows. Each page alleged to contain proprietary information shall be identified by the prospective contractor in boldface text at the top and bottom as "PROPRIETARY." Any section of the proposal that is requested to remain confidential shall also be so marked in boldface text on the title page of that section. Despite what is labeled as confidential, proprietary, or trade secret, the determination as to whether or not certain material is confidential, proprietary or trade secret shall be determined in accordance with applicable law. If a prospective contractor designates any information in its proposal as proprietary pursuant to this provision, the prospective contractor must also submit one copy of the proposal from which the proprietary information has been excised. The proprietary material shall be excised in such a way as to allow the public to determine the general nature of the material removed and to retain as much of the content of the proposal as possible.

5. BACKGROUND

- 5.1. The California Oral Health Program (OHP) was established in July 2014. Prior to 2014, the OHP was known as the Oral Health Unit and the Office of Oral Health of the State of California. The program's mission is to improve the oral health of all Californians through prevention, education, and organized community efforts. To achieve these goals, the OHP is providing strategic advice and leadership to oral health stakeholders throughout the state, building oral health workforce capacity and infrastructure, and implementing and evaluating evidence-based best practices in oral disease prevention. Initial steps to build capacity and address the burden of oral disease are to develop a state burden report, a state oral health plan, and an oral health surveillance plan. The state oral health plan is currently under development. The California Oral Health Plan Summary will serve to identify priorities, goals, and objectives to address the burden of disease, increase access to oral health services for high risk populations, and to increase the oral health status of all Californians. The following are links to the California Oral Health Plan and Oral Disease Burden and Prevention Report:

<https://www.cdph.ca.gov/Documents/California%20Oral%20Health%20Plan%202018%20FINAL%201%205%202018.pdf>

https://www.cdph.ca.gov/Programs/CCDPHP/DCDIC/CDCB/CDPH%20Document%20Library/Oral%20Health%20Program/Status%20of%20Oral%20Health%20in%20California_FI_NAL_04.20.2017_ADA.pdf

In November 2016, California voters approved the passage of Proposition 56, the California Healthcare, Research and Prevention Tobacco Tax Act of 2016 (Prop 56). This initiative increased the state cigarette tax by \$2 per pack and added an equivalent amount on other tobacco products.

The annual State Budget, California Health and Safety Code (HSC) Sections 104750-104765, 104770-104825, 104865 & 131085, and the Revenue and Taxation Code Section 30130.50-30130.58 (California Healthcare, Research and Prevention Tobacco Tax Act of 2016) provide OHP with the legislative authority to build capacity and infrastructure for the development, implementation, and evaluation of best practices and evidence-based programs in oral disease prevention. Under the leadership of the State Dental Director, OHP works to address the burden of oral disease, increase access to oral health services.

- 5.2. Purpose and Goal: The purpose and goal of the LOHP is to create and expand capacity at the local level to educate, prevent, and provide linkages to treatment programs, including dental disease caused by the use of cigarettes and other tobacco products. LHJs shall establish or expand upon existing LOHPs by including the following program activities related to oral health in their communities: education, disease prevention, linkage to treatment, case management and surveillance. These activities will improve the oral health of Californians. This goal shall be achieved by providing funding for activities that support demonstrated oral health needs, and prioritize underserved areas and populations. Development, submission, and implementation of the grant are required to comply with the California Health and Safety Code, and these OHP LHJ Guidelines.
- 5.3. Contracting Plan: Contract(s) will be executed for services starting May 1, 2018 (or as soon as contract(s) can be executed) through June 30, 2019, subject to funding availability. The County reserves the right to extend the contract(s) for additional fiscal year(s) contingent upon continued funding availability and satisfactory contractor performance.
- 5.4. Fiscal years (FY) begin on July 1 and end on June 30. FY 2017-18 services are expected to begin on May 1, 2018. Contract(s) starting during FY 2017-18 and any subsequent years are contingent and dependent on the County's receipt of anticipated annual funding from the County and/or California Department of Public Health for these specific programs.
- 5.5. Funding Availability for San Benito County: Subject to funding availability, San Benito County PHS anticipates dedicating annual funding allocations from CDPH OHP through June 30, 2022. The funding amounts for the remainder of FY 2018 and, in the event that the contract(s) is/are extended, any additional fiscal years are subject to change pending funding changes at the County and/or State level. Should the amounts change from what is initially allocated, the County will work with the contractor(s) to determine the impact to services.

6. DESCRIPTION OF SERVICES REQUIRED

- 6.1 Please refer to the *Attachment A Scope of Services*, San Benito County Work Plan FY 2017 – 2018.
- 6.2 Administrative Activities: The San Benito OHP contractor(s) will report directly to the Deputy Director of Public Health Services, or designee, who will be responsible for evaluating the contractor's performance. The selected contractor(s) will sign his/her contract directly with the San Benito County Health and Human Services Agency and is therefore in charge of ensuring contract compliance with County policies. Duties include, but are not limited to the following:
- Possesses a level or area of expertise that extends beyond those held by agency staff.
 - Supports the skills and effort of the agency staff but does not duplicate those skills or effort.
 - Charges an hourly rate that is inclusive of all expenses.
 - Function as a point of contact for PHS management and general staff and the public;
 - Participate in weekly or monthly meetings and administrative meetings as requested;
- 6.3 Program Activities with Public and Private Entities and Individuals: Please refer to the *Attachment A Scope of Services*, San Benito County Work Plan FY 2017 – 2018.

7. PROPOSAL CONTENT AND FORMAT REQUIREMENTS

Interested offerors shall submit one original copy of their proposal and one copy in PDF format as directed on Page 1 of this RFP. Proposals shall be delivered no later than the date and time listed in the CONTRACT AWARD SCHEDULE and shall contain at a minimum the following items:

7.1. Cover Sheet

- a) Provide the full legal name of the Contractor who will execute the contract. Provide specific information concerning the agency, including: the agency's legal name, type of entity, and Federal Tax ID #.
- b) The cover sheet must be signed by an owner, corporate officer, or agent authorized by the Contractor.

7.2. Background and Experience – 20 points

- a) Provide a brief and high level summary of the offeror, including length and breadth of experience, programs and services you or your organization provides, qualifications of

key staff, service location(s), and other factors that you believe make the offeror the best qualified service provider for this contract. This may be a resume.

- b) Provide examples and references that substantiate you or your organization's experience in providing the types of service requested in this proposal. Please provide details and verifiable background references.
- c) Please describe any current, pending or past litigation (within the last 10 years) that you or your organization has been, is, or is expected to be a party to.

7.3 Project/Proposal Narrative – 45 points

Describe the approach you will take to planning for and providing the services described in *Attachment A, Scope of Services*, San Benito County Work Plan FY 2017 – 2018.

7.4 Staffing – 10 points

- a) Provide titles and qualifications of key employees prospectively assigned to this work.
- b) Provide other relevant information that can aid County in its selection process.

7.5 Program Budget – 25 points

Using the budget format presented in Attachment G, provide a line item budget for the activities proposed in the work plan. Include a description of the cost basis for all variable charges, e.g., hourly rates for staff, supplies, equipment, incentives, and operating costs.

8. SELECTION PROCEDURES

Proposals will be evaluated on the criteria outlined in the PROPOSAL CONTENT AND FORMAT REQUIREMENTS section, with a maximum possible score of 100 points.

After an initial review and evaluation of each of the proposals, the offerors submitting the most highly rated proposals may be invited for interviews prior to final selection, to further elaborate on their proposals. The County reserves the right to award a contract without holding interviews, in the event the written proposals provide a clear preference on the basis of the criteria described.

The Contractor(s) selected for this project will be required to accept the County's standard contract and to comply with insurance standards as deemed acceptable to the County's Risk Manager. No agreement with the County of San Benito is in effect until both parties have signed a contract.

9. INQUIRIES

Direct all inquiries regarding the proposal process or proposal submissions to:

Cynthia Larca
Deputy Director Administration and Financial Services
San Benito County Health and Human Services Agency
1111 San Felipe Road, Suite 103
Hollister, CA 95023
831-634-4908
clarca@cosb.us

All inquiries regarding the scope of services/work plan should be directed to:

Lynn Mello
Director of Nursing/Deputy Director Public Health Services
San Benito County Health and Human Services Agency
439 Fourth Street
Hollister, CA 95023
831-637-5367
lmello@cosb.us

Appendices and attachments:

Appendix 1 - Standard Contract
Attachment A - Scope of Services
Attachment B - Payment Schedule
Attachment C - General Terms
Attachment D - California Oral Health Plan Summary 8-23-17
Attachment E - Business Associate Addendum
Attachment F - LOHP Logic Model 8-23-17
Attachment G - Detailed Budget and Budget Justification

CONTRACT

Appendix 1

The COUNTY OF SAN BENITO ("COUNTY") and _____ ("CONTRACTOR") enter into this contract which shall be effective on the date stated in Paragraph 1.

1. Duration of Contract.

This contract shall commence on _____, and end on _____, unless sooner terminated as specified herein.

2. Scope of Services.

CONTRACTOR, for COUNTY's benefit shall perform the services specified on Attachment A to this contract. Attachment A is made a part of this contract.

3. Compensation for Services.

In consideration for CONTRACTOR's performance, COUNTY shall pay compensation to CONTRACTOR according to the terms specified in Attachment B. Attachment B is made a part of this contract.

4. General Terms and Conditions.

The rights and duties of the parties to this contract are governed by the general terms and conditions mutually agreed to and listed in Attachment C. Attachment C is made a part of this contract.

5. Insurance Limits.

CONTRACTOR shall maintain the following insurance policy limits of coverage consistent with the further insurance requirements specified in Attachment C.

- (a) Comprehensive general liability insurance: _____
- (b) Professional liability insurance: _____
- (c) Comprehensive motor vehicle liability insurance: _____

6. Termination.

The number of days of advance written notice required for termination of this contract is _____.

7. Specific Terms and Conditions (check one)

- ☐ There are no additional provisions to this contract.
- ☐ The rights and duties of the parties to this contract are additionally governed by the specific, additional terms mutually agreed to and listed in Attachment D. Attachment D is made a part of this contract.
- ☐ The rights and duties of the parties to this contract are additionally governed by the specific, additional terms mutually agreed to and listed in Attachment E. Attachment E is made a part of this contract.

8. Information about Contract Administrators.

The following names, titles, addresses, and telephone numbers are the pertinent information for the respective contract administrators for the parties.

Contract Administrator for COUNTY:

Name: _____

Title: _____

Address: _____

Hollister, California 95023

Telephone No.: _____

Fax No.: _____

Contract Administrator for CONTRACTOR:

Name: _____

Title: _____

Address: _____

Telephone No.: _____

Fax No.: _____

SIGNATURES

APPROVED BY COUNTY:

Name: _____

Chair, San Benito County Board of Supervisors

Date: _____

APPROVED BY CONTRACTOR:

Name: _____

Title: _____

Date: _____

APPROVED AS TO LEGAL FORM:

Barbara Thompson, San Benito County Counsel

By: _____

Date: _____

ATTACHMENT A
Scope of Services
San Benito County Public Health Services
Oral Health Program
Work Plan
FY 2017-2022

DELIVERABLES/OUTCOME MEASURES: Local Health Departments (LHJs) shall implement selected strategies outlined in the California Oral Health Plan and make progress toward achieving the California Oral Health Plan's goals and objectives. The activities may include convening, coordination, and collaboration to support planning, disease prevention, surveillance, education, and linkage to treatment programs.

Objective 1: By December 31, 2018, build capacity and engage community stakeholders to provide qualified professional expertise in dental public health for program direction, coordination, and collaboration.

#	Activity Description	Time Frame	Responsible Party	Evaluation/Deliverable/Performance Measure
1.1	Identify existing staff support and a structure	01/01/18-12/31/18	Director of Nursing/Public Health Administrator (DON/PHA)	Program structure in place
1.2	Create a coordinator position and other positions as needed	01/01/18-12/31/18	DON/PHA	List of positions established; vacancies filled
1.3	Write job descriptions/ duty statements	01/01/18-12/31/18	-DON/PHA & -Project Manager/Contractor (PM/C)	Job descriptions/duty statements developed
1.4	Recruit and hire staff to fill vacancies	01/01/18-12/31/18	DON/PHA	List of Staff hired, provide number of vacancies
1.5	Participate in trainings offered via meetings, webinars, workshops, conferences, etc.	01/01/18-12/31/18	PM/C	List of trainings, meetings, webinars, workshops, conference attended
1.6	Develop Advisory Committee/Coalition/Partnership/Task Force (AC) and recruit key organizations/members representing diverse stakeholders.	01/01/18-12/31/18	PM/C	Membership list
1.7	Convene first meeting and agenda; set schedule of meetings, develop evaluation for meetings.	01/01/18-12/31/18	PM/C	First meeting agenda; schedule of meetings; number of meetings held. List of participants, participant evaluations
1.8	Identify Mission, Vision, shared values, and structure of AC.	01/01/18-12/31/18	PM/C	Mission, vision, values, AC structure

ATTACHMENT A
Scope of Services
San Benito County Public Health Services
Oral Health Program
Work Plan
FY 2017-2022

#	Activity Description	Time Frame	Responsible Party	Evaluation/Deliverable/Performance Measure
1.9	Conduct key informant interviews (KI), focus groups, or Knowledge, Attitude and Belief (KAB) surveys of key stakeholders and organizations to determine understanding and priority of addressing oral health	01/01/18-12/31/18	-PM/C & -Health Assistant (HA)	Summary of KI interviews, focus groups and/or KAB surveys to address common themes, challenges, and support of mission, vision, and values
1.10	Identify goals and objectives for improving oral health.	01/01/18-12/31/18	-PM/C & -HA	Document defining goals and objectives
1.11	Establish communication methods with local partners and stakeholders	01/01/18-12/31/18	-PM/C & -HA	List of meetings, webinars; conference calls; list serve developed; mailings, etc.
1.12	Convene advisory group/task force per schedule. Submit new schedule for the rest of the grant term with revised work plan	01/01/18-12/31/18	HA	Minutes; other documentation from meetings/webinars/calls/mailings
1.E.1	Conduct satisfaction survey of AC membership to determine AC progress, recommendations and future direction of the LOHP and strategies to address challenges	01/01/18-12/31/18	-PM/C & -HA	Analysis of satisfaction survey which include quantitative measures to assess network density or involvement and recommendations for improvement

ATTACHMENT A
Scope of Services
San Benito County Public Health Services
Oral Health Program
Work Plan
FY 2017-2022

Objective 2: By December 31, 2018, assess and monitor social and other determinants of health, health status, health needs, and health care services available to California communities, with a special focus underserved areas and vulnerable population groups.

#	Activity Description	Time Frame	Responsible Party	Evaluation/Deliverable/Performance Measure
2.1	Develop Needs Assessment in collaboration with Advisory Committee	01/01/18-12/31/18	-PM/C & -HA	List of work group members
2.2	Include assessment of available data in Needs Assessment in order to determine LHJs health status, oral health status, needs, and available dental and health care services to resources to support underserved areas and vulnerable population groups	01/01/18-12/31/18	-PM/C & -HA	Summary of resources and needs assessment
2.3	Identify and plan the needs assessment strategy based on available resources. Develop needs assessment instrument	01/01/18-12/31/18	-PM/C & -HA	Needs assessment instrument
2.4	Conduct inventory of available primary and secondary data	01/01/18-12/31/18	-PM/C & -HA	Data gathered and inventoried
2.5	Determine the need for primary data	01/01/18-12/31/18	-PM/C & -HA	Analysis conducted and data gaps identified
2.6	Identify resources	01/01/18-12/31/18	-PM/C & -HA	Data resources identified to fill gaps
2.7	Select methods	01/01/18-12/31/18	-PM/C & -HA	Methods selected
2.8	Conduct Needs Assessment	01/01/18-12/31/18	-PM/C & -HA	Work plan developed to collect missing data
2.9	Collect data	01/01/18-12/31/18	-PM/C & -HA	Data collected
2.E.1	Analyze data and prepare summary analysis.	01/01/18-12/31/18	-PM/C & -HA	Summary Report

ATTACHMENT A
Scope of Services
San Benito County Public Health Services
Oral Health Program
Work Plan
FY 2017-2022

Objective 3: By December 31, 2018, identify assets and resources that will help to address the oral health needs of the community with an emphasis on underserved areas and vulnerable population groups within the jurisdiction.

#	Activity Description	Time Frame	Responsible Party	Evaluation/Deliverable/ Performance Measure
3.1	Take an inventory of all the groups (associations, organizations, and institutions) that exist in within the jurisdiction's communities. Identify existing groups, organizations, etc. that serve underserved and vulnerable populations in the community.	01/01/18-12/31/18	-PM/C & -HA	Inventory of existing assets/resources
3.2	Conduct interviews/surveys.	01/01/18-12/31/18	-PM/C & -HA	Survey instrument; interviews and/or surveys conducted
3.3	Create a map of assets/resources within jurisdiction and Identify gaps.	01/01/18-12/31/18	-PM/C & -HA	Map of assets/resources (geo mapping) within jurisdiction/List of gaps within LHJ
3.4	Publish the assets/resources/gaps identified.	01/01/18-12/31/18	-PM/C & -HA -Office Assistant (OA)	Identified assets/resources and identified gaps published on website or in newsletter or as part of Summary Analysis

ATTACHMENT A
Scope of Services
San Benito County Public Health Services
Oral Health Program
Work Plan
FY 2017-2022

Objective 4: By December 31, 2018, develop a community health improvement plan (CHIP) and an action plan to address the oral health needs of underserved areas and vulnerable population groups for the implementation phase and to achieve the state oral health objectives.

#	Activity Description	Time Frame	Responsible Party	Evaluation/Deliverable/ Performance Measure
4.1	Identify a key staff person or consultant to guide the community health improvement plan process.	01/01/18-12/31/18	DON/PHA	Key staff member/consultant identified
4.2	Develop a time frame for the community health improvement plan.	01/01/18-12/31/18	-PM/C -AC	Timeframe developed
4.3	Identify objectives and strategies to achieve that objective.	01/01/18-12/31/18	-PM/C -AC	Summary of objectives and strategies
4.4	Identify who will be involved in implementing strategies/developing Action Plan (AC and others)	01/01/18-12/31/18	-PM/C -AC	List of partners/stakeholders/ participants representative of the various sectors of the LHJ that participated in the process
4.5	Design overall Action Plan with above group	01/01/18-12/31/18	-PM/C -AC	List of work group meetings and minutes from meetings
4.6	Identify action plan steps: <ul style="list-style-type: none"> • What action or change will occur • Who will carry it out • When will it take place, and for how long • What resources (i.e., money, staff) are needed to carry out the change • Communication (who should know what) 	01/01/18-12/31/18	-PM/C & -HA -AC	Action Plan developed by workgroup that identifies the “what, who, when, how long, resources, and communication” aspects of the Action Plan

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#	Activity Description	Time Frame	Responsible Party	Evaluation/Deliverable/ Performance Measure
4.E.1	Identify how the Action Plan addresses the priorities identified in the Community Health Improvement Plan; provide a summary of key strategies to address vulnerable populations and how they will help to achieve local and state oral health objectives. Describe impact objectives and key indicators that will be used to determine progress.	01/01/18-12/31/18	-PM/C -HA	Summary Report-Identify flow of information between organization, community and other stakeholders; identify how organizational procedures facilitate participation; and identifies the strengths, weaknesses, challenges and opportunities that exist in the community to improve the health status of the community

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Objective 5: By December 31, 2018, develop an Evaluation Plan to monitor and assess the progress and success of the Local Oral Health Program.

#	Activity Description	Time Frame	Responsible Party	Evaluation/Deliverable/ Performance Measure
5.1	Engage stakeholders in the Evaluation Plan (of the SBC LOH program) process, including those involved, those affected, and the primary intended users	01/01/18-12/31/18	-PM/C -HA	List of stakeholders engaged in this process
5.2	Develop the Program Logic Model (for the SBC LOH program), which will become a common reference point for staff, stakeholders, constituents and CDPH/OHP	01/01/18-12/31/18	-PM/C & -HA -AC	Program Logic Model, depicts program outcomes, how the program will accomplish outcomes and basis (logic) for these expectations
5.3	Identify program (SBC LOH) outcome objectives and indicators. (see SBC LOH program logic model above)	01/01/18-12/31/18	-PM/C -HA -AC	Document the indicators, sources, quality, quantity, and logistics
5.4	Focus the evaluation design based on selected Objectives and justify conclusions based on data analysis	01/01/18-12/31/18	-PM/C -HA -AC	Document the purpose, methods, standards, analyses, interpretation, and timeline for the evaluation
5.5	Submit Evaluation Work Plan for Implementation Objectives	01/01/18-12/31/18	PM/C	Provide comprehensive Evaluation Plan of Required and selected Implementation Objectives
5.6	Submit progress reports	01/01/18-12/31/18	PM/C	Summary of successes, challenges, and lessons learned
5.E.1	Coordinate with CDPH to conduct surveillance to determine the status of children's oral health	01/01/18-12/31/18	PM/C	List of schools identified, number of children to be screened, coordination activities conducted

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Objective 6: By **June 30, 2022**, implement evidence-based programs to achieve California Oral Health Plan Objectives.

#	Activity Description	Time Frame	Responsible Party	Evaluation/Deliverable/ Performance Measure
<i>School Based-School Linked</i> 6.1.0	Annually identify children in grades K-6 to receive dental sealants. Children receiving sealants must also receive a retention check-up. List number of children to be served.	01/01/19-06/30/22		List of participating schools, identify the number of children to be served
6.1.1	Provide dental sealant services by providing a referral list for dental sealant providers.	01/01/19-06/30/22		List of number of referrals, number of children receiving sealants, number of sealants placed
6.1.2	Obtain input from school administrator, lead teacher, school nurse, or oral health contact at identified schools to schedule activities.	01/01/19-06/30/22		Summary of input, schedule of activities
6.1.3	Annually, develop or adapt sealant educational materials and/or educational sessions for teachers, parents, and students.	01/01/19-06/30/22		Sealant educational materials
6.1.4	Annually distribute sealant educational materials and/or deliver educational sessions to teachers, parents, and students, and send educational sealant information home with sealant consent form (if referral provider will provide services on-site at the school).	01/01/19-06/30/22		List of sealant educational materials provided; copy of consent form (if applicable).
6.1.5	Conduct a basic dental screening of students to determine dental status with parental permission. (optional)	01/01/19-06/30/22		Signed consent forms, summary of survey results
6.1.6	Schedule time at school site to conduct screening with those children who submitted signed consent forms.	01/01/19-06/30/22		Correspondence with school
6.1.7	Conduct screening event with teachers, site personnel, and volunteers.	01/01/19-06/30/22		Number of children screened,

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#	Activity Description	Time Frame	Responsible Party	Evaluation/Deliverable/Performance Measure
6.1.8	Determine number of children that need dental sealants and the number of sealants per child. Follow-up with teachers to ensure notices were sent home.	01/01/19-06/30/22		Data captured in report to CDPH
6.1.9	Annually, facilitate dental sealant placement by a dentist, registered dental hygienist in alternative practice or registered dental hygienist at provider site, or will place sealants on a minimum of 5% of targeted children with signed parental consent form at a coordinated sealant event with teachers, site personnel, and volunteers.	01/01/19-06/30/22		Schedule of events, number of children served, number of sealants provided
6.1.10	Annually, complete sealant retention checks on a minimum of 10% of the children who received sealants during the school year.	01/01/19-06/30/22		Summary of follow-up activities, number of children who received retention checks, screening forms on file

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#	Activity Description	Time Frame	Responsible Party	Evaluation/Deliverable/ Performance Measure
6.1.11	<p>Annually, identify students in grades K-6 that will receive at least one instructional visit on oral health, lasting at least 20 minutes, using appropriate scope and sequence principles. Multiple educational visits are encouraged if possible.</p> <p>The following subject areas may be included:</p> <ul style="list-style-type: none"> • causes, processes, and effects of oral diseases; • plaque control; • nutrition and healthy snacks, sugar sweetened beverages; • use of preventive dental agents, including fluorides and sealants; • the need for regular dental care and preparation for visiting the dentist; • physical activity; • tobacco cessation; and • dental injury prevention. 	01/01/19-06/30/22		List of schools identified to participate, number of children receiving education, list of materials provided, training schedule, list of training topics

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#	Activity Description	Time Frame	Responsible Party	Evaluation/Deliverable/ Performance Measure
<i>Fluoride</i> 6.2.0	Annually, identify children in grades K-6 to receive fluoride supplements. Facilitate fluoride supplements by a dental provider or school-based clinic, Federally Qualified Health Center, Community Health Center or identify if an on-site event is will be conducted at the school. Identify volunteers or organizations that provide fluoride varnish and work with teachers, school administrators, site personnel, and volunteers to coordinate the event. For on-site events, provide and collect permission slips for participating children. Children may receive fluoride rinse, fluoride varnish, or fluoride tablets.	01/01/19-06/30/22		List of participating schools, identify if children will be referred or identify the number of on-site events will be planned to provide fluoride varnish
6.2.1	Determine course of action for identified schools in collaboration with AC.	01/01/19-06/30/22		AC meeting minutes
6.2.2	For identified school sites, develop or adapt general oral health and hygiene educational materials that are culturally competent and use appropriate health literacy level.	01/01/19-06/30/22		List of culturally appropriate oral health materials provided
6.2.3	Develop or adapt fluoride educational materials and/or educational sessions for teachers, parents, and students.	01/01/19-06/30/22		List of fluoride educational materials provided
6.2.4	Distribute fluoride educational materials and/or deliver educational sessions to teachers, parents, and students, and send educational fluoride information home with fluoride consent form.	01/01/19-06/30/22		Distribution list, signed consent forms (on file, if applicable)
6.2.5	Assess number of children eligible to receive fluoride supplement per identified school.	01/01/19-06/30/22		List of classrooms and number of children to receive fluoride supplement

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#	Activity Description	Time Frame	Responsible Party	Evaluation/Deliverable/ Performance Measure
6.2.6	Facilitate referral for fluoride supplements or schedule time at school site to provide fluoride supplements with local providers to children who submitted signed consent forms.	01/01/19-06/30/22		List of schools, number of children referred for fluoride supplements or number of children receiving fluoride supplements on-site
6.2.7	Conduct fluoride varnish event at school with teachers, site personnel, and volunteers. ____ (number) children that will receive fluoride supplement.	01/01/19-06/30/22		Number of children receiving fluoride supplement, identify type of supplement provided, flyer to promote event if conducted on-site. Permission slips maintained by LHJ, if applicable
6.2.8	Send notice home with students to inform parents of any relevant information.	01/01/19-06/30/22		Data captured in report to CDPH; correspondence with teachers
6.2.9	Determine total number of children who received fluoride treatment. Follow-up with teachers to ensure notices were sent home.	01/01/19-06/30/22		Provide documentation in progress reports. Provide a summary of clinical linkage efforts and on-site events
6.3.1	Conduct training for community members/partners/stakeholders who desire to learn about the safety, benefits and cost effectiveness of community water fluoridation and its role in preventing dental disease.	01/01/19-06/30/22		Agenda/Training Materials/Talking Points/List of Participants
6.3.2	Conduct Regional Water District engineer/operator training on the safety, benefits of fluoridation and the important role water engineers/operators have in preventing dental disease.	01/01/19-06/30/22		Agenda/ Training Materials, Talking Points/List of Participants
6.3.3	Adapt materials on fluoridation to meet community literacy levels/ languages/cultures or create new fluoridation education materials	01/01/19-06/30/22		Community-specific fluoridation Education Materials

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6.3.4	Conduct a community public awareness campaign on fluoridation and its effectiveness in preventing dental caries.	01/01/19-06/30/22		Marketing Materials, such as Public Service Announcements, Radio Ads, Letters to the Editor, etc.
6.3.5	Create LHJ specific webpage on fluoridation and its effectiveness in preventing dental caries.	01/01/19-06/30/22		Webpage URL
6.E.1	Identify process and qualitative indicators for school-based or school linked programs and determine if progress on evaluation objectives/indicators.	01/01/19-06/30/22		Evaluation Report – identify if target participation rate was met
6.E.2	Identify Success Stories to share with local programs, policymakers, stakeholders, and the general public to help sustain program efforts.	01/01/19-06/30/22		Success stories (qualitative case study) and dissemination plan

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Objective 7: By **June 30, 2022**, work with partners to promote oral health by developing and implementing prevention and healthcare policies and guidelines for programs, health care providers, and institutional settings (e.g., schools) including integration of oral health care and overall health care.

#	Activity Description	Time Frame	Responsible Party	Evaluation/Deliverable/ Performance Measure
Kinder- Assess ment 7. 1	Convene meetings of local programs (First 5, Maternal, Child and Adolescent Health (MCAH), Denti-Cal, Child Health and Disability Prevention (CHDP), Women, Infants, and Children (WIC), Black Infant Health (BIH), Early Head Start, Head Start, schools, and Home Visiting etc.) and discuss prevention and access to care issues.	01/01/19- 06/30/22		Schedule of meetings
7.2	Identify the role of partners – outreach, education, assessment, linkage, case management, delivery of services and follow up.	01/01/19- 06/30/22		Role of partners identified
7.3	Identify facilitators and barriers to care, and gaps.	01/01/19- 06/30/22		Facilitators and barriers assessed
7.4	Determine the activities for addressing barriers to care	01/01/19- 06/30/22		Activities identified
7.5	Assess the number of schools currently not reporting Kindergarten assessments to the System for California Oral Health Reporting (SCOHR).	01/01/19- 06/30/22		Non participating schools identified
7.6	Identify current processes neighboring schools and identify best practices.	01/01/19- 06/30/22		Best practices identified
7.7	Identify target schools for intervention.	01/01/19- 06/30/22		List of target schools identified
7.8	Recruit champions.	01/01/19- 06/30/22		List of champions recruited

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#	Activity Description	Time Frame	Responsible Party	Evaluation/Deliverable/ Performance Measure
7.9	Provide tools and training to make presentations and write letters for educating school board members to pass supporting resolutions.	01/01/19-06/30/22		Tool kit prepared; list of presentations made; copy of letters written
7.10	Provide guidance for implementation.	01/01/19-06/30/22		Guidance documents distributed to schools
7.11	Conduct meetings of key partners, mobilize the community, and set targets.	01/01/19-06/30/22		List of key partners; schedule of meetings held; targets identified
7.E.1	Identify successful strategies to increase the number of Kindergarten Assessments, barriers and challenges to progress. Identify if any new policies were developed as a result of efforts. Communicate results of efforts to partners.	01/01/19-06/30/22		Provide summary in progress reports of successes, challenges, lessons learned, and recommendations. Identify if any policies were revised or new policies developed
7.E.2	Identify Success Stories to share with local programs, policymakers, stakeholders, and the general public to help sustain program efforts.	01/01/19-06/30/22		Success Stories (qualitative case study) and dissemination plan

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(not selected by San Benito County)

Objective 8: By June 30, 2022, address common risk factors for oral diseases and chronic diseases including tobacco and sugar, and promote protective factors that will reduce disease burden.

#	Activity Description	Time Frame	Responsible Party	Evaluation/Deliverable/ Performance Measure
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Objective 9: By June 30, 2022, coordinate outreach programs; implement education, health literacy campaigns and promote integration of oral health and primary care.

#	Activity Description	Time Frame	Responsible Party	Evaluation/Deliverable/ Performance Measure
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Objective 10: By June 30, 2022, assess, support, and assure establishment of effective oral healthcare delivery and care coordination systems and resources, including workforce development and collaborations to serve underserved areas and vulnerable populations.

#	Activity Description	Time Frame	Responsible Party	Evaluation/Deliverable/ Performance Measure
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Objective 11: By June 30, 2022, create or expand existing local oral health networks to achieve oral health improvements through policy, financing, education, dental care, and community engagement strategies.

#	Activity Description	Time Frame	Responsible Party	Evaluation/Deliverable/Performance Measure
11.1	Convene a core group or identify a workgroup from existing AC.	01/01/19-06/30/22		List of work group members
11.2	Identify and recruit key groups/organizations and non-traditional partners to participate in the expanded network to develop strategies to improve oral health.	01/01/19-06/30/22		Key organizations recruited
11.3	Establish a schedule of meetings.	01/01/19-06/30/22		Schedule of meetings, agendas, and meeting minutes
11.4	Identify priority issues identified in the Community Action plan to start the process of addressing issues or problems.	01/01/19-06/30/22		List of priorities
11.5	Develop communication plan to identify key messages to communicate priorities and strategies to achieve improved oral health for underserved and vulnerable populations.	01/01/19-06/30/22		Communication plan
11.6	Discuss the structure of the work group and determine if the work group needs to be broadened to address the priorities. Recruit additional members and non-traditional members.	01/01/19-06/30/22		Organizational structure
11.7	Create a common vision and agree on shared values about the direction.	01/01/19-06/30/22		Vision and values
11.8	Develop an action plan; identify short, medium, long-term objectives.	01/01/19-06/30/22		Action plan developed
11.E.1	Identify the number of priorities that were addressed, success, challenges, lessons learned and recommendations in an evaluation report.	01/01/19-06/30/22		Provide summary in progress reports of successes, challenges, lessons learned, and recommendations

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#	Activity Description	Time Frame	Responsible Party	Evaluation/Deliverable/ Performance Measure
11.E.2	Identify Success Stories to share with local programs, policymakers, stakeholders, and the general public to help sustain program efforts.	01/01/19-06/30/22		Success stories (qualitative case study) and dissemination plan

END OF ATTACHMENT A.

ATTACHMENT B

San Benito County Public Health Services Oral Health Program Payment Schedule

B-1. BILLING

Charges for services rendered pursuant to the terms and conditions of this contract shall be invoiced on the following basis: (check one)

- ☒ One month in arrears.
- ☒ Upon the complete performance of the services specified in Attachment A.
- ☐ The basis specified in paragraph B-4.

B-2. PAYMENT

Payment shall be made by COUNTY to CONTRACTOR at the address specified in paragraph 8 of this contract, net thirty (30) days from the invoice date.

B-3. COMPENSATION

COUNTY shall pay to CONTRACTOR: (check one)

- ☐ a total lump sum payment of \$_____, or
- ☒ a total sum not to exceed \$ (to be finalized upon signing, see budget document) for services rendered pursuant to the terms and conditions of this contract and pursuant to any special compensation terms specified in this attachment, Attachment B.

B-4. SPECIAL COMPENSATION TERMS: (check one)

- ☒ There are no additional terms of compensation.
- ☐ The following specific terms of compensation shall apply: (Specify)

END OF ATTACHMENT B

ATTACHMENT C

General Terms and Conditions

C-1. INDEMNIFICATION.

CONTRACTOR and COUNTY each agree to indemnify, defend and save harmless the other party and the other party's officers and employees, from and against any and all claims and losses whatsoever arising out of, or in any way related to, the indemnifying party's performance under this contract, including, but not limited to, claims for property damage, personal injury, death, and any legal expenses (such as attorneys' fees, court costs, investigation costs, and experts' fees) incurred by the indemnitee in connection with such claims or losses. A party's "performance" includes the party's action or inaction and the action or inaction of that party's officers and employees.

C-2. GENERAL INSURANCE REQUIREMENTS.

Without limiting CONTRACTOR's duty to indemnify COUNTY, CONTRACTOR shall comply with the insurance coverage requirements set forth in the contract and in this attachment. Those insurance policies mandated by Paragraph C-3 shall satisfy the following requirements:

- (a) Each policy shall be issued by a company authorized by law to transact business in the State of California.
- (b) Each policy shall provide that COUNTY shall be given notice in writing at least thirty (30) days in advance of any change, cancellation, or nonrenewal thereof.
- (c) The comprehensive motor vehicle and comprehensive general liability policies shall each provide an endorsement naming the County of San Benito and its officers, agents and employees as additional insureds.
- (d) The required coverage shall be maintained in effect throughout the term of this contract.

CONTRACTOR shall require all subcontractors performing work under this contract to obtain substantially the identical insurance coverage required of CONTRACTOR pursuant to this agreement.

C-3. INSURANCE COVERAGE REQUIREMENTS.

If required by paragraph 5 of the contract, CONTRACTOR shall maintain the following insurance policies in full force and effect during the term of this contract:

- (a) Comprehensive general liability insurance. CONTRACTOR shall maintain comprehensive general liability insurance, covering all of CONTRACTOR's operations with a combined single limit of not less than the amount set out in paragraph 5 of this contract.
- (b) Professional liability insurance. CONTRACTOR shall maintain professional liability insurance with liability limits of not less than the amount set out in paragraph 5 of this contract.

- (c) Comprehensive motor vehicle liability insurance. CONTRACTOR shall maintain comprehensive motor vehicle insurance covering all motor vehicles (including owned, non-owned and hired) used in providing services under this contract, with a combined single limit of not less than the amount set out in Paragraph 5 of this contract.
- (d) Workers' compensation insurance. CONTRACTOR shall maintain a workers' compensation plan covering all of its employees as required by California Labor Code Section 3700, either through workers' compensation insurance issued by an insurance company or through a plan of self-insurance certified by the State Director of Industrial Relations. If CONTRACTOR elects to be self-insured, the certificate of insurance otherwise required by this contract shall be replaced with a consent to self-insure issued by the State Director of Industrial Relations.

C-4. CERTIFICATE OF INSURANCE.

Prior to the commencement of performance of services by CONTRACTOR and prior to any obligations of COUNTY, CONTRACTOR shall file certificates of insurance with COUNTY, showing that CONTRACTOR has in effect the insurance required by this contract. CONTRACTOR shall file a new or amended certificate promptly after any change is made in any insurance policy which would alter the information on the certificate then on file. In lieu of providing proof of insurance, CONTRACTOR may provide proof of self-insurance meeting requirements equivalent to those imposed herein. CONTRACTOR warrants that CONTRACTOR's self-insurance provides substantially the same protection to COUNTY as the insurance required herein. CONTRACTOR further agrees to notify COUNTY in the event any change in self-insurance occurs that would alter the obligations undertaken in this contract within thirty (30) days of such change.

C-5. RECORDS TO BE MAINTAINED.

CONTRACTOR shall keep and maintain accurate records of all costs incurred and all time expended for work under this contract. CONTRACTOR shall contractually require that all of CONTRACTOR's subcontractors performing work called for under this contract also keep and maintain such records. All such records, whether kept by CONTRACTOR or any subcontractor, shall be made available to COUNTY or its authorized representative, or officials of the State of California for review or audit during normal business hours, upon reasonable advance notice given by COUNTY, its authorized representative, or officials of the State of California.

C-6. RETENTION OF RECORDS.

CONTRACTOR shall maintain and preserve all records related to this contract for a period of three years from the close of the fiscal year in which final payment under this contract is made. CONTRACTOR shall also contractually require the maintenance of such records in the possession of any third party performing work related to this contract for the same period of time. Such records shall be retained beyond the three-year period, if any audit involving such records is then pending, until the audit findings are resolved. The obligation to insure the maintenance of the records beyond the initial three year period shall arise only if the COUNTY notifies CONTRACTOR of the commencement of an audit prior to the expiration of the three year period.

C-7. TITLE TO DOCUMENTS; COPYRIGHT.

All reports and other materials collected or produced by the CONTRACTOR or any subcontractor of CONTRACTOR shall, after completion and acceptance of the contract, become the property of COUNTY, and shall not be subject to any copyright claimed by the CONTRACTOR, subcontractor, or their agents or employees. CONTRACTOR may retain copies of all such materials exclusively for administrative purposes. Any use of completed or uncompleted documents for other projects by CONTRACTOR, any subcontractor, or any of their agents or employees, without the prior written consent of COUNTY is prohibited.

C-8. INDEPENDENT CONTRACTOR.

CONTRACTOR and its officers and employees, in the performance of this contract, are independent contractors in relation to COUNTY and not officers or employees of COUNTY. Nothing in this contract shall create any of the rights, powers, privileges or immunities of any officer or employee of COUNTY. CONTRACTOR shall be solely liable for all applicable taxes or benefits, including, but not limited to, federal and state income taxes, Social Security taxes, or ERISA retirement benefits, which taxes or benefits arise out of the performance of this contract. CONTRACTOR further represents to COUNTY that CONTRACTOR has no expectation of receiving any benefits incidental to employment.

C-9. CONFLICT OF INTEREST.

CONTRACTOR covenants that it presently has no interest and shall not acquire any interest, direct or indirect, financial or otherwise, which would conflict in any manner or degree with the performance of the services hereunder. CONTRACTOR further covenants that, in the performance of this contract, no subcontractor or person having such an interest shall be used or employed. CONTRACTOR certifies that no one who has or will have any financial interest under this contract is an officer or employee of COUNTY.

C-10. COMPLIANCE WITH APPLICABLE LAWS.

CONTRACTOR shall comply with all applicable federal, state and local laws now, or hereafter, in force, and with any applicable regulations, in performing the work and providing the services specified in this contract. This obligation includes, without limitation, the acquisition, and maintenance of any permits, licenses, or other entitlements necessary to perform the duties imposed expressly or impliedly under this contract.

C-11. NONDISCRIMINATION.

CONTRACTOR shall not discriminate in the employment of persons necessary to perform this contract on any legally impermissible basis, including on the basis of the race, color, national origin, ancestry, religion, age, sex, or disability of such person.

C-12. BANKRUPTCY.

CONTRACTOR shall immediately notify COUNTY in the event that CONTRACTOR ceases conducting business in the normal manner, becomes insolvent, makes a general assignment for the benefit of creditors, suffers or permits the appointment of a receiver for its business or assets, or avails itself of, or becomes subject to, any proceeding under the Federal Bankruptcy Act or any other statute of any state relating to insolvency or protection of the rights of creditors.

C-13. PROHIBITION AGAINST ASSIGNMENT AND DELEGATION OF DUTIES.

Except as specifically authorized herein, no rights under this contract may be assigned and no duties under this contract may be delegated by CONTRACTOR without the prior written consent of COUNTY, and any attempted assignment or delegation without such consent shall be void.

C-14. NEGOTIATED CONTRACT.

This contract has been arrived at through negotiation between the parties. Neither party is to be deemed the party which prepared this contract within the meaning of California Civil Code Section 1654.

C-15. SEVERABILITY.

Should any provision herein be found or deemed to be invalid, this contract shall be construed as not containing such provision, and all other provisions which are otherwise lawful shall remain in full force and effect. To this end, the provisions of this contract are declared to be severable.

C-16. ENTIRE CONTRACT.

This contract is the entire agreement of the parties. There are no understandings or agreements pertaining to this contract except as are expressly stated in writing in this contract or in any document attached hereto or incorporated herein by reference.

C-17. TIME IS OF THE ESSENCE.

Time is of the essence in the performance of this contract.

C-18. TERMINATION.

Either party may terminate this contract, with or without cause, at any time. In order to terminate this contract, the terminating party shall give advance written notice to the other party. The termination shall be effective no earlier than the expiration of the number of days specified in paragraph 6 of this contract. The termination notice shall be made as specified in paragraph C-19, below. In the event of termination, COUNTY shall pay CONTRACTOR for all work satisfactorily performed prior to the effective date of the termination.

C-19. NOTICES.

Notices to the parties in connection with the administration of this contract shall be given to the parties' contract administrator personally, by regular mail, or by facsimile transmission as more particularly specified in this paragraph. Notices will be deemed given on:

- (a) The day the notice is personally delivered to the contract administrator or the office of the party's contract administrator; or
- (b) Five days after the date the notice is deposited in the United States mail, addressed to a party's contract administrator as indicated in this contract, with first-class postage fully prepaid; or
- (c) On the day that the notice is transmitted by facsimile to a party's facsimile number specified in paragraph 8 of this contract, provided that an original of

such notice is deposited in the United States mail, addressed to a party's contract administrator as indicated in this contract, on the same day as the facsimile transmission is made.

C-20. RESPONSIBILITY OF CONTRACT ADMINISTRATORS.

All matters concerning this contract which are within the responsibility of the parties shall be under the direction of, or shall be submitted to, the respective contract administrators or to the party's employee specified, in writing, by the contract administrator. A party may, in its sole discretion, change its designation of its contract administrator and shall promptly give written notice to the other party of any such change.

C-21. MATERIALITY.

The parties consider each and every term, covenant, and provision of this contract to be material and reasonable.

C-22. WAIVER.

Waiver by either party of a breach of any covenant of this contract will not be construed to be a continuing waiver of any subsequent breach. COUNTY's receipt of consideration with knowledge of CONTRACTOR's violation of a covenant does not waive its right to enforce any covenant of this contract. The parties shall not waive any provisions of this contract unless the waiver is in writing and signed by all parties.

C-23. AUTHORITY AND CAPACITY.

CONTRACTOR and CONTRACTOR's signatory each warrant and represent that each has full authority and capacity to enter into this contract.

C-24. BINDING ON SUCCESSORS.

All of the conditions, covenants and terms herein contained shall apply to, and bind, the heirs, successors, executors, administrators and assigns of CONTRACTOR. CONTRACTOR and all of CONTRACTOR's heirs, successors, executors, administrators, and assigns shall be jointly and severally liable under this contract.

C-25. CUMULATION OF REMEDIES.

All of the various rights, options, elections, powers and remedies of the parties shall be construed as cumulative, and no one of them exclusive of any other or of any other legal or equitable remedy which a party might otherwise have in the event of a breach or default of any condition, covenant or term by the other party. The exercise of any single right, option, election, power or remedy shall not, in any way, impair any other right, option, election, power or remedy until all duties and obligations imposed shall have been fully performed.

C-26. INDEPENDENT ADVICE.

Each party hereby represents and warrants that in executing this contract it does so with full knowledge of the rights and duties it may have with respect to the other. Each party also represents and warrants that it has received independent legal advice from its attorney with

respect to the matters set forth in this contract and the rights and duties arising out of this contract, or that such party willingly foregoes any such consultation.

C-27. NO RELIANCE ON REPRESENTATIONS.

Each party hereby represents and warrants that it is not relying, and has not relied, upon any representation or statement made by the other party with respect to the facts involved or its rights or duties. Each party understands and agrees that the facts relevant, or believed to be relevant to this contract may hereunder turn out to be other than, or different from the facts now known to such party as true, or believed by such party to be true. The parties expressly assume the risk of the facts turning out to be different and agree that this contract shall be effective in all respects and shall not be subject to rescission by reason of any such difference in facts.

C-28. REDUCTION OF CONSIDERATION.

CONTRACTOR agrees that COUNTY shall have the right to deduct from any payments specified in Attachment B any amount owed to COUNTY by CONTRACTOR as a result of any obligation arising prior to the execution of this contract. For purposes of this paragraph, obligations arising prior to the execution of this contract may include, without limitation, any property tax, secured or unsecured, which tax is in arrears. If COUNTY exercises the right to reduce the consideration specified in Attachment B, COUNTY shall give CONTRACTOR notice of the amount of any off-set and the reason for the deduction.

C-29. COUNTERPARTS.

This contract may be executed in any number of counterparts, each of which so executed shall be deemed to be an original. The counterparts shall together constitute one contract.

END OF ATTACHMENT C.



2016-2025 California Oral Health Plan

VISION

Healthy Mouths for all Californians

MISSION

The *Partnership* convenes stakeholders to coordinate and facilitate the implementation of the *California Oral Health Plan* to improve the oral health of Californians throughout the lifespan.

Determinants of health, healthy habits, and population-based interventions.

Goal 1: FOCUS

Improve the oral health of Californians by addressing determinants of health, and promoting healthy habits and population-based prevention interventions to attain healthier status in healthy communities.

Objectives MEASURE

- 1.A. Reduce the proportion of children with dental caries experience and untreated caries.
- 1.B. Reduce the proportion of adults who have ever had a permanent tooth extracted because of dental caries or periodontal disease.
- 1.C. Increase the proportion of the California population served by community water systems with optimally fluoridated water.
- 1.D. Increase the percentage of patients who receive evidenced-based tobacco cessation counseling and other cessation aids in dental care settings.

Strategies WORK ON

- 1.1. Build community capacity to integrate oral health into the decision-making process for health policies and programs.
- 1.2. Address the determinants of oral health.
- 1.3. Identify, maintain and expand evidence-based programs and best practice approaches that promote oral health.

Community-Clinical Linkages

Goal 2: FOCUS

Align dental health care delivery system, payment systems, and community programs to support and sustain community-clinical linkages for increasing utilization of dental services.

Objectives MEASURE

- 2.A. Increase the proportion of children who had a preventive dental visit in the past year and reduce disparities in utilization of preventive dental services.
- 2.B. Increase the percentage of Medi-Cal enrolled children ages one to 20 who receive a preventive dental service.
- 2.C. Increase the percentage of children, ages six to nine years, who have received dental sealants on one or more of their permanent first molar teeth.
- 2.D. Increase the proportion of pregnant women who report having been seen by a dentist.
- 2.E. Increase the number of Medi-Cal beneficiaries under six years of age receiving in any 12-month period a dental disease prevention protocol by primary care medical providers that includes an oral health assessment, fluoride varnish application, and dental referral or assurance the patient has received examination by a dentist in the last 12 months.
- 2.F. Increase the proportion of persons with diagnosed diabetes who have at least an annual dental examination.
- 2.G. Increase the engagement of dental providers in helping patients to quit using cigarettes and other tobacco products.
- 2.H. Decrease repeat emergency room visits for dental problems.
- 2.I. Improve the oral health status of institutionalized adults and increase the options for nursing home and other institutionalized adults to receive dental services.

Strategies WORK ON

- 2.1. Leverage each school district's Local Control Accountability Plan that is focused on equity, transparency, and performance to support kindergarten dental assessment.
- 2.2. Identify, maintain and expand, community-clinical linkage programs in targeted sites such as WIC programs, Early Head Start /Head-Start, preschools and schools.
- 2.3. Capitalize on the Denti-Cal Dental Transformation Initiative and other program improvement efforts to increase the number of children receiving effective preventive interventions.
- 2.4. Integrate oral health and primary care by leveraging HRSA's Perinatal and Infant Oral Health Quality Improvement grant to identify and address barriers to care.
- 2.5. Incorporate oral health into diabetes management protocols and include an annual dental examination as a recommendation.
- 2.6. Integrate tobacco cessation counseling and oral cancer screening as part of dental and primary care visit protocols.
- 2.7. Explore support for a demonstration program to test methods for linking patients who present to hospital emergency departments to a dental provider.
- 2.8. Integrate dental services with educational, medical, and social service systems that serve vulnerable children and adults.
- 2.9. Provide information and guidance to facilities and dental practitioners regarding new and alternative care delivery models and the availability of training.

Collaboration to expand infrastructure and capacity

Goal 3: FOCUS

Collaborate with payers, public health programs, health care systems, foundations, professional organizations, and educational institutions to expand infrastructure, capacity and payment systems for supporting prevention and early treatment services.

Objectives MEASURE

- 3.A. Reduce the number of children whose dental disease severity necessitates dental treatment under general anesthesia.
- 3.B. Increase the number of dentists practicing in recognized dental professional shortage areas or providing a majority of their services to recognized underserved populations.
- 3.C. Increase the number of existing promotora/community health workers/home visitation/CHDP programs that provide oral health counseling, dental referral assistance, and care coordination.
- 3.D. Increase the number of payers that implement dental benefit policies and payment strategies to support community-clinical linkage models.
- 3.E. Increase the percentage of payers that implement payment policies that reward positive oral health outcomes.
- 3.F. Increase the number and capacity of Federally Qualified Health Centers (FQHC) that provide dental services.
- 3.G. Increase the number of Counties to ten with scopes of work, oral health action plans, and budgets that include personnel and non-staff line items for performing essential dental public health functions.

Strategies WORK ON

- 3.1. Increase the capacity to manage dental problems in young children.
- 3.2. Increase the capacity to manage dental problems in vulnerable adults.
- 3.3. Expand the loan repayment programs for students of dentistry and dental hygiene.
- 3.4. Encourage CHWs and Home Visitors to promote oral health and address barriers to care.
- 3.5. Explore insurance coverage and payment strategies to encourage preventative dental care and assure quality of care.
- 3.6. Increase the number of FQHCs that provide dental services in community sites.
- 3.7. Develop a guide for funding non-clinical dental public health program activities and address building dental scopes of work language into country level agreements.

Communication

Goal 4: FOCUS

Develop and implement communication strategies to inform and educate the public, dental teams, and decision makers about oral health information, programs, and policies.

Objectives MEASURE

- 4.A: Institute a process for developing and implementing a communication plan for the California Oral Health Plan and related reports.
- 4.B: Increase the coordination, consistency, and reach of oral health messages targeted to different audiences in multiple languages and various formats.
- 4.C: Increase the number of local (city/county) health departments and FQHCs using social media to promote oral health.
- 4.D: Increase the proportion of patients who report their dental care teams give them easy to understand instructions about what to do to take care of their oral health and prevent or treat oral diseases.

Strategies WORK ON

- 4.1. Convene a Communication Workgroup to develop and implement the California Oral Health Communication Plan.
- 4.2. Gather and market educational materials and approaches to achieve the California Oral Health Communication Plan's goals and objectives.
- 4.3. Promote and provide resources on how to use social media to promote oral health and improve the effectiveness of social media outreach.
- 4.4 Provide training and resources to improve dental teams' communication with patients about oral health.

Surveillance System

Goal 5: FOCUS

Develop and implement a surveillance system to measure key indicators of oral health and identify key performance measures for tracking progress.

Objectives MEASURE

- 5.A: Develop a five-year surveillance plan consistent with the Council of State and Territorial Epidemiologists definition of a State Oral Health Surveillance System to provide current data on diseases/conditions, risk/protective factors, and use of dental services.
- 5.B: Gather, analyze, and use data to guide oral health needs assessment, policy development, and assurance functions.

Strategies WORK ON

- 5.1. Convene a partnership with representatives from key organizations and agencies to advise the CDPH's Oral Health Program on surveillance plan development and implementation.
- 5.2. Analyze, communicate, and effectively use data for planning and evaluation.

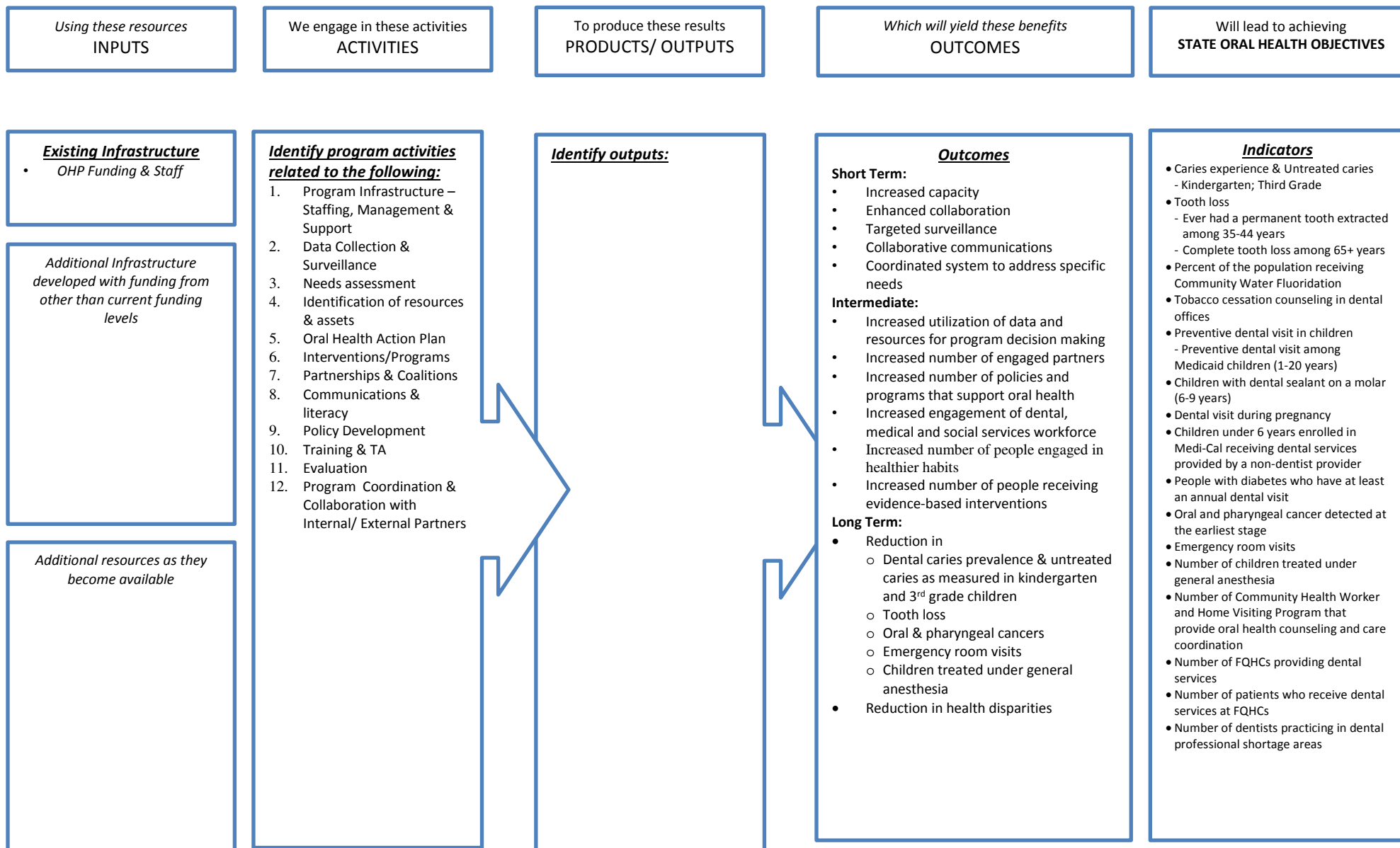
Measurable Objectives

Indicators	Timeframe	Baseline	Target
Caries experience - Kindergarten -Third Grade	2015-2025	53.6% (2004-05) 70.6% (2004-05)	42.9% 56.5%
Untreated caries -Kindergarten -Third Grade	2015-2025	27.9% (2004-05) 28.7% (2004-05)	22.3% 23%
Tooth loss - Ever had a permanent tooth extracted among 35-44 years - Complete tooth loss among 65+ years	2015-2025	38.4% (2014) 8.7% (2014)	34.6% 7.8%
Community Water Fluoridation (CWF) -Percent of the population on CWF	2015-2025	63.7% (2015)	70%
Tobacco cessation counseling in dental offices	2015-2019	35.7%	39.3%
Preventive dental visit in children -Living in household with income less than 99% of FPL -Living in household with income greater than 99% of FPL	2015-2020	63.3% 83.6%	69.6% 92%
Preventive dental visit among Medicaid children (1-20 years)	2015-2020	37.8%	47.8%
Children with dental sealant on a molar (6-9 years)	2015-2020	27.6%	33.1%
Pregnant women	2015-2020	42.1%	48.4%
Children under 6 years enrolled in Medi-Cal receiving dental services provided by a non-dentist provider	2015-2020	2.8%	12.8%
People with diabetes who have at least an annual dental visit	2015-2020	60%	66%
Oral and pharyngeal cancer detected at the earliest stage	2015-2020	23.2% (2011)	25.5%
Emergency room visits	2015-2020	298/100,000 [113,000 visits- 2012)]	268/100,000
Number of children treated under general anesthesia	2015-2020	NA	Developmental
Number of Community Health Worker and Home Visiting Program that provide oral health counseling and care coordination	2015-2020	NA	Developmental
Number of payers that implement dental benefit policies and payment strategies that support community-clinical linkage models	2015-2020	NA	Developmental
Number of FQHCs providing dental services	2015-2025	68% (N=886)	74.8%
Number of patients who receive dental services at FQHCs	2015-2025	19.8%	37.7%
Number of dentists practicing in dental professional shortage areas	2015-2020	NA	Developmental
Number of local health departments with scopes of work, oral health action plan and budgets	2015-2020	NA	10

ATTACHMENT E
SAN BENITO COUNTY
BUSINESS ASSOCIATE ADDENDUM

- (a) Contractor shall comply with, and assist the County in complying with, the privacy requirements of the Health Insurance Portability and Accountability Act (including but not limited to 42 U.S.C. 1320d et seq.; “HIPAA”) and its implementing regulations (including but not limited to 45 CFR Parts 142, 160, 162 and 164), hereinafter collectively referred to as the “Privacy Rule.” Terms used but not otherwise defined in this Addendum shall have the same meaning as those terms are used in the Privacy Rule.
- (b) Except as otherwise limited in this Addendum, Contractor may use or disclose Protected Health Information to perform functions, activities, or services for or on behalf of the County as specified in this Addendum, provided that such use or disclosure would not violate the Privacy Rule with which the County complies.
- (c) Contractor shall not use or further disclose Protected Health Information other than as permitted or required by this Addendum, or as required by law.
- (d) Contractor shall use appropriate safeguards to prevent use or disclosure of the Protected Health Information other than as provided for by this Addendum.
- (e) Contractor shall report to the County any use or disclosure of the Protected Health Information not provided for by this Addendum.
- (f) Contractor shall mitigate, to the extent practicable, any harmful effect that is known to Contractor as a result of a use or disclosure of Protected Health Information by Contractor which is in violation of the requirements of this Agreement.
- (g) Contractor shall ensure that any agent, including a subcontractor, to whom it provides Protected Health Information received from, created, or received by Contractor on behalf of the County, agrees to the same restrictions and conditions that apply through this Agreement to Contractor with respect to such information.
- (h) Contractor shall provide access, at the request of the County, and in the time and manner designated by the County, to Protected Health Information in a Designated Record Set; this Protected Health Information will be released to the County or, as directed by the County, to an Individual, in order to meet the requirements under 45 CFR Section 164.524.
- (i) Contractor shall make any amendment(s) to Protected Health Information in a Designated Record Set that the County directs, pursuant to 45 CFR Section 164.526, at the request of the County or an Individual, and in the time and manner designated by the County.
- (j) Contractor shall document such disclosures of Protected Health Information and information related to such disclosures as would be required for the County, to respond to a request by an Individual for an accounting of disclosures of Protected Health Information in accordance with 45 CFR Section 164.528.

- (k) Contractor shall provide to the County or an Individual, in the time and manner designated by the County, information collected in accordance with subsection (j), to permit the County to respond to a request by an Individual for an accounting of disclosures of Protected Health Information in accordance with 45 CFR Section 164.528.
- (l) Contractor shall make internal practices, books, and records relating to the use and disclosure of Protected Health Information received from, or created or received by Contractor on behalf of the County, available to the County; or at the request of the County, to the Secretary of the United States Department of Health and Human Services (“Secretary”), in a time and manner designated by the County or the Secretary, for purposes of the Secretary determining the County’s compliance with the Privacy Rule.
- (m) A breach by Contractor of any provision of this Addendum, as determined by County, shall constitute a material breach of the contract and shall provide grounds for immediate termination of the Contract by the County.
 - (1) Except as provided in subparagraph (2) of this section, upon termination of this Addendum for any reason, Contractor shall return or destroy all Protected Health Information received from the County, or created or received by Contractor on behalf of the County. This provision shall apply to Protected Health Information that is in the possession of subcontractors or agents of the Contractor. Contractor, its agents and subcontractors shall retain no copies of the Protected Health Information.
 - (2) In the event that Contractor determines that returning or destroying the Protected Health Information is infeasible, Contractor shall provide to the County notification of the conditions that make return or destruction infeasible. Upon mutual agreement of the Parties that return or destruction of Protected Health Information is infeasible, Contractor shall extend the protections of this Addendum to such Protected Health Information and limit further uses and disclosures of such Protected Health Information to those purposes that make the return or destruction infeasible, for so long as Contractor, or any of its agents or subcontractors, maintains such Protected Health Information.
- (n) The Parties agree to take action to amend this Agreement from time to time as is necessary for the County to comply with the requirements for the Privacy Rule or any other requirements of HIPAA and its implementing regulations.



(Year 1)
01/01/2018 through 06/30/2018

Personnel					
<u>Position Title</u>	<u>Monthly</u>	<u>Annual</u>	<u>FTE %</u>	<u>Months</u>	<u>Requested</u>
Project Supervisor	\$10,824	\$129,888	5.0%	6	\$3,247
			Total Personnel		<u>\$3,247</u>

Fringe Benefits @ 52%	Total Fringe Benefits	<u>\$1,689</u>
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Subcontracts	
Consultant (1 x \$130.00/hour x 40 hours/week x 26 weeks)	\$135,200
Total Subcontracts	<u>\$135,200</u>

Indirect Costs (25% of Personnel & Fringe)	Total Indirect Costs	<u>\$1,234</u>
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TOTAL COSTS	<u>\$141,370</u>
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DETAILED BUDGET

Document H
Local Oral Health Program San Benito County Public Health Services
Grant # 17-035

(Year 2)
0/01/2018 through 06/30/2019

Personnel					
<u>Position Title</u>	<u>Monthly</u>	<u>Annual</u>	<u>FTE %</u>	<u>Months</u>	<u>Requested</u>
Project Supervisor	\$11,690	\$140,279	5.0%	12	\$7,014
			Total Personnel		<u>\$7,014</u>

Fringe Benefits @ 52%	Total Fringe Benefits	<u>\$3,647</u>
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Subcontracts	
Consultant (1 x \$130.00/hour x 20 hours/week x 52 weeks)	\$135,200
Total Subcontracts	\$135,200

Indirect Costs (25% of Personnel & Fringe)	Total Indirect Costs	<u>\$2,665</u>
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TOTAL COSTS	\$148,527
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DETAILED BUDGET
 Local Oral Health Program San Benito County Public Health Services
 Grant # 17-035

Document H

(Year 3)
 07/01/2019 through 06/30/2020

Personnel					
<u>Position Title</u>	<u>Monthly</u>	<u>Annual</u>	<u>FTE %</u>	<u>Months</u>	<u>Requested</u>
Project Supervisor	\$12,274	\$147,288	5.0%	12	\$7,364
			Total Personnel		<u>\$7,364</u>

Fringe Benefits @ 52%	Total Fringe Benefits	<u>\$3,829</u>
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Subcontracts		
Consultant (1 x \$130.00/hour x 20 hours/week x 52 weeks)		\$135,200
	Total Subcontracts	<u>\$135,200</u>

Indirect Costs (25% of Personnel & Fringe)	Total Indirect Costs	<u>\$2,798</u>
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TOTAL COSTS	<u>\$149,192</u>
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DETAILED BUDGET

Document H
Local Oral Health Program San Benito County Public Health Services
Grant # 17-035

(Year 4)
07/01/2020 through 06/30/2021

Personnel

Position Title

Project Supervisor

Monthly

\$12,888

Annual

\$154,656

FTE %

3.0%

Months

12

Requested

\$4,640

Total Personnel

\$4,640

Fringe Benefits @ 52%

Total Fringe Benefits

\$2,413

Subcontracts

Consultant (1 x \$135.00/hour x 20 hours/week x 52 weeks)

\$140,400

Total Subcontracts

\$140,400

Indirect Costs (25% of Personnel & Fringe)

Total Indirect Costs

\$1,763

TOTAL COSTS

\$149,215

DETAILED BUDGET
 Local Oral Health Program San Benito County Public Health Services
 Grant # 17-035

Document H

(Year 5)
 07/01/2021 through 06/30/2022

Personnel

Position Title

Project Supervisor

Monthly

\$13,533

Annual

\$162,396

FTE %

3.0%

Months

12

Requested

\$4,872

Total Personnel

\$4,872

Fringe Benefits @ 52%

Total Fringe Benefits

\$2,533

Subcontracts

Consultant (1 x \$135.00/hour x 20 hours/week x 52 weeks)

\$140,400

Total Subcontracts

\$140,400

Indirect Costs (25% of Personnel & Fringe)

Total Indirect Costs

\$1,851

TOTAL COSTS

\$149,657

PERSONNEL

\$27,137

Project Supervisor

Overview the consulting service performance and verify it is following the work plan and accomplishing the objectives.

FRINGE BENEFITS

\$14,111

Fringe Benefits include estimated costs at 52% of total personnel costs for FICA, Workers Comp, Health Insurance, and limited OPEB due to this position's part-time status.

SUBCONTRACTS/CONSULTANTS

\$686,400

CONSULTANT NAME:

The consultant will perform all project management duties to include convening, coordination, collaboration to support planning, surveillance, education and linkage to

Year 1	\$130/hr x 40 hrs/wk x 26 wks	\$135,200
Year 2	\$130/hr x 20 hrs/wk x 52 wks	\$135,200
Year 3	\$130/hr x 20 hrs/wk x 52 wks	\$135,200
Year 4	\$135/hr x 20 hrs/wk x 52 wks	\$140,400
Year 5	\$135/hr x 20 hrs/wk x 52 wks	\$140,400

INDIRECT COSTS

\$10,312

Utilizing our maximum allowable ICR of 25%, this project's indirect expenses include various agency-wide support such as payroll, general maintenance, accounting, budgeting, executive leadership, and human resources services.