

# COUNTY OF FRESNO

## ADDENDUM NUMBER: TWO (2)

RFP NUMBER: 952-5369

### PARTNERSHIPS TO IMPROVE COMMUNITY HEALTH (PICH)

August 14, 2015

PURCHASING USE  
ssj

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COMMUNITY HEALTH\952-5369 ADD 2.DOC

IMPORTANT: SUBMIT PROPOSAL IN SEALED PACKAGE WITH PROPOSAL NUMBER, CLOSING DATE AND BUYER'S NAME  
MARKED CLEARLY ON THE OUTSIDE TO:

COUNTY OF FRESNO, Purchasing  
4525 EAST HAMILTON AVENUE, 2<sup>nd</sup> Floor  
FRESNO, CA 93702-4599

CLOSING DATE OF PROPOSAL WILL BE AT 2:00 P.M., ON SEPTEMBER 8, 2015.

**PROPOSALS WILL BE CONSIDERED LATE WHEN THE OFFICIAL PURCHASING TIME CLOCK READS 2:00 P.M.**

All proposal information will be available for review after contract award.

Clarification of specifications is to be directed to: **Gary E. Cornuelle**, phone (559) 600-7114,  
e-mail [gcornulle@co.fresno.ca.us](mailto:gcornulle@co.fresno.ca.us).

**NOTE THE FOLLOWING AND ATTACHED ADDITIONS, DELETIONS AND/OR CHANGES TO THE  
REQUIREMENTS OF REQUEST FOR PROPOSAL NUMBER: 952-5369 AND INCLUDE THEM IN YOUR  
RESPONSE. PLEASE SIGN AND RETURN THIS ADDENDUM WITH YOUR PROPOSAL.**

- **Replace Attachment B in the RFP with the “*Revised Attachment B*” provided with this Addendum.**

#### **ACKNOWLEDGMENT OF ADDENDUM NUMBER TWO (2) TO RFP 952-5369**

COMPANY NAME: \_\_\_\_\_  
(PRINT)

SIGNATURE: \_\_\_\_\_

NAME & TITLE: \_\_\_\_\_  
(PRINT)

| YEAR 1 BUDGET           |               |                    |                           |              |
|-------------------------|---------------|--------------------|---------------------------|--------------|
| PERSONNEL               |               |                    |                           |              |
| Position Title and Name | Annual Salary | % FTE <sup>1</sup> | Benefit Rate <sup>2</sup> | Benefit Cost |
| Position 1              | \$ -          |                    |                           | \$ -         |
| Position 2              | \$ -          |                    |                           | \$ -         |
| Position 3              | \$ -          |                    |                           | \$ -         |
| Position 4              | \$ -          |                    |                           | \$ -         |
| Position 5              | \$ -          |                    |                           | \$ -         |
| Sub-Total               | \$ -          | 0.0                |                           | \$ -         |
| <b>Total Personnel</b>  | <b>\$ -</b>   |                    |                           |              |

| OPERATIONAL              |             |
|--------------------------|-------------|
| Office supplies          |             |
| Postage                  |             |
| Telecommunications       |             |
| Computers                |             |
| Printing                 |             |
| Facilities               |             |
| <b>Total Operational</b> | <b>\$ -</b> |

| TRAVEL                   |             |
|--------------------------|-------------|
| Mileage (57.5¢ per mile) |             |
| In-state travel          |             |
| Out-of-state travel      |             |
| <b>Total Travel</b>      | <b>\$ -</b> |

| OTHER                                       |             |
|---|-------------|
| Equipment maintenance                       |             |
| Federal Single Audit Act audit <sup>3</sup> |             |
| Other business services                     |             |
| <b>Total Other</b>                          | <b>\$ -</b> |

| CONTRACTUAL (optional)   |             |
|--------------------------|-------------|
| Healthy Retail           |             |
| Farm to Table            |             |
| Rx for Health            |             |
| <b>Total Contractual</b> | <b>\$ -</b> |

|  |             |
|--|-------------|
| <b>Total Direct Costs</b>                          | <b>\$ -</b> |
| <b>Administrative (Indirect) Costs<sup>4</sup></b> | <b>\$ -</b> |

|                                 |             |
|---------------------------------|-------------|
| <b>TOTAL BUDGET<sup>5</sup></b> | <b>\$ -</b> |
|---------------------------------|-------------|

**Notes**

Use the CDC Budget Preparation Guidelines to prepare the budget and detailed budget narrative.

1: Full-time equivalent

2: Not to exceed 20% of annual salary (unless requesting a waiver, see Addendum Question #7)

3: May be covered in Administrative Costs (Indirect)

4: Not to exceed 15% of total direct costs, not including contractual costs (unless requesting a waiver, see Addendum Question #7)

5: Not to exceed \$1,796,668

| YEAR 2 BUDGET           |               |                    |                           |              |
|-------------------------|---------------|--------------------|---------------------------|--------------|
| PERSONNEL               |               |                    |                           |              |
| Position Title and Name | Annual Salary | % FTE <sup>1</sup> | Benefit Rate <sup>2</sup> | Benefit Cost |
| Position 1              | \$ -          |                    |                           | \$ -         |
| Position 2              | \$ -          |                    |                           | \$ -         |
| Position 3              | \$ -          |                    |                           | \$ -         |
| Position 4              | \$ -          |                    |                           | \$ -         |
| Position 5              | \$ -          |                    |                           | \$ -         |
| Sub-Total               | \$ -          | 0.0                |                           | \$ -         |
| <b>Total Personnel</b>  | <b>\$ -</b>   |                    |                           |              |

| OPERATIONAL              |             |
|--------------------------|-------------|
| Office supplies          |             |
| Postage                  |             |
| Telecommunications       |             |
| Computers                |             |
| Printing                 |             |
| Facilities               |             |
| <b>Total Operational</b> | <b>\$ -</b> |

| TRAVEL                   |             |
|--------------------------|-------------|
| Mileage (57.5¢ per mile) |             |
| In-state travel          |             |
| Out-of-state travel      |             |
| <b>Total Travel</b>      | <b>\$ -</b> |

| OTHER                                       |             |
|---|-------------|
| Equipment maintenance                       |             |
| Federal Single Audit Act audit <sup>3</sup> |             |
| Other business services                     |             |
| <b>Total Other</b>                          | <b>\$ -</b> |

| CONTRACTUAL (optional)   |             |
|--------------------------|-------------|
| Healthy Retail           |             |
| Farm to Table            |             |
| Rx for Health            |             |
| <b>Total Contractual</b> | <b>\$ -</b> |

|  |             |
|--|-------------|
| <b>Total Direct Costs</b>                          | <b>\$ -</b> |
| <b>Administrative (Indirect) Costs<sup>4</sup></b> | <b>\$ -</b> |

|                                 |             |
|---------------------------------|-------------|
| <b>TOTAL BUDGET<sup>5</sup></b> | <b>\$ -</b> |
|---------------------------------|-------------|

**Notes**

Use the CDC Budget Preparation Guidelines to prepare the budget and detailed budget narrative.

1: Full-time equivalent

2: Not to exceed 20% of annual salary (unless requesting a waiver, see Addendum Question #7)

3: May be covered in Administrative Costs (Indirect)

4: Not to exceed 15% of total direct costs, not including contractual costs (unless requesting a waiver, see Addendum Question #7)

5: Not to exceed \$1,310,054

| YEAR 3 BUDGET           |               |                    |                           |              |
|-------------------------|---------------|--------------------|---------------------------|--------------|
| PERSONNEL               |               |                    |                           |              |
| Position Title and Name | Annual Salary | % FTE <sup>1</sup> | Benefit Rate <sup>2</sup> | Benefit Cost |
| Position 1              | \$ -          |                    |                           | \$ -         |
| Position 2              | \$ -          |                    |                           | \$ -         |
| Position 3              | \$ -          |                    |                           | \$ -         |
| Position 4              | \$ -          |                    |                           | \$ -         |
| Position 5              | \$ -          |                    |                           | \$ -         |
| Sub-Total               | \$ -          | 0.0                |                           | \$ -         |
| <b>Total Personnel</b>  | <b>\$ -</b>   |                    |                           |              |

| OPERATIONAL              |             |
|--------------------------|-------------|
| Office supplies          |             |
| Postage                  |             |
| Telecommunications       |             |
| Computers                |             |
| Printing                 |             |
| Facilities               |             |
| <b>Total Operational</b> | <b>\$ -</b> |

| TRAVEL                   |             |
|--------------------------|-------------|
| Mileage (57.5¢ per mile) |             |
| In-state travel          |             |
| Out-of-state travel      |             |
| <b>Total Travel</b>      | <b>\$ -</b> |

| OTHER                                       |             |
|---|-------------|
| Equipment maintenance                       |             |
| Federal Single Audit Act audit <sup>3</sup> |             |
| Other business services                     |             |
| <b>Total Other</b>                          | <b>\$ -</b> |

| CONTRACTUAL (optional)   |             |
|--------------------------|-------------|
| Healthy Retail           |             |
| Farm to Table            |             |
| Rx for Health            |             |
| <b>Total Contractual</b> | <b>\$ -</b> |

|  |             |
|--|-------------|
| <b>Total Direct Costs</b>                          | <b>\$ -</b> |
| <b>Administrative (Indirect) Costs<sup>4</sup></b> | <b>\$ -</b> |

|                                 |             |
|---------------------------------|-------------|
| <b>TOTAL BUDGET<sup>5</sup></b> | <b>\$ -</b> |
|---------------------------------|-------------|

**Notes**

Use the CDC Budget Preparation Guidelines to prepare the budget and detailed budget narrative.

1: Full-time equivalent

2: Not to exceed 20% of annual salary (unless requesting a waiver, see Addendum Question #7)

3: May be covered in Administrative Costs (Indirect)

4: Not to exceed 15% of total direct costs, not including contractual costs (unless requesting a waiver, see Addendum Question #7)

5: Not to exceed \$200,000

Preparing a budget can be one of the most confusing aspects of applying for a CDC grant or cooperative agreement. This document provides guidance for the preparation of a budget request and examples to help with the process. Adherence to this guidance will facilitate timely review and approval of a budget request.

## Salaries and Wages

For each requested position, provide the following information: 1) name of staff member occupying the position, if available; 2) annual salary; 3) percentage of time budgeted for this program; 4) total months of salary budgeted; and 5) total salary requested. Also, provide a justification and describe the scope of responsibility for each position, relating it to the accomplishment of program objectives.

### Sample Budget

| Position Title and Name                       | Annual Salary   | Time        | Months           | Amount Requested |
|---|-----------------|-------------|------------------|------------------|
| <i>Project Coordinator<br/>Susan Taylor</i>   | <i>\$45,000</i> | <i>100%</i> | <i>12 months</i> | <i>\$45,000</i>  |
| <i>Finance Administrator<br/>John Johnson</i> | <i>\$28,500</i> | <i>50%</i>  | <i>12 months</i> | <i>\$14,250</i>  |
| <i>Outreach Supervisor<br/>(Vacant*)</i>      | <i>\$27,000</i> | <i>100%</i> | <i>12 months</i> | <i>\$27,000</i>  |
| <b>Total Personnel</b>                        |                 |             |                  | <b>\$86,250</b>  |

### Sample Justification

The format may vary, but the description of responsibilities should be directly related to specific program objectives.

Job Description: Project Coordinator – (Susan Taylor)

This position directs the overall operation of the project including overseeing the implementation of project activities, coordination with other agencies, development of materials, provisions of service and training, collects, tabulates and interprets required data, program evaluation and staff performance evaluation. This individual is the responsible authority for ensuring reports and documentation are submitted to CDC. This position relates to all program objectives.

## Fringe Benefits

Fringe benefits are usually applicable to direct salaries and wages. Provide information on the rate of fringe benefits used and the basis for their calculation. If a fringe benefit rate is not used, itemize how the fringe benefit amount is computed.



### Sample Budget

Fringe benefits computed by an established rate.

*Fringe Benefits* Total \$ \_\_\_\_\_

*25% of Total salaries = Fringe Benefits*

If fringe benefits are not calculated using a percentage of salaries, itemize how the amount is determined for each salary and wage being requested.

#### Project Coordinator Salary - \$45,000

| Fringe Benefit              | Percentage of Salary | Amount Requested |
|-----------------------------|----------------------|------------------|
| <i>Retirement</i>           | <i>5%</i>            | <i>\$2,250</i>   |
| <i>FICA</i>                 | <i>7.65%</i>         | <i>\$3,443</i>   |
| <i>Insurance</i>            | <i>N/A</i>           | <i>\$2,000</i>   |
| <i>Workers Compensation</i> | <i>N/A</i>           | <i>\$</i>        |
| <b>Total Fringe</b>         |                      | <b>\$7,693</b>   |

## Consultant Costs

This category should be used when hiring an individual to give professional advice or services (e.g., training, expert consultant, etc.) for a fee, but not as an employee of the grantee organization. Written approval must be obtained from CDC prior to establishing a written agreement for consultant services, and must be obtained annually in order to re-establish the written agreement. Approval to initiate or continue program activities through the services of a consultant requires submission of the following information to CDC for each consultant:

1. **Name of Consultant:** Identify the name of the consultant and describe his or her qualifications.
2. **Organizational Affiliation** (if applicable): Identify the organization affiliation of the consultant.
3. **Nature of Services to Be Rendered:** Describe the consultation that will be provided, including the specific tasks to be completed and specific deliverables. A copy of the actual consultant agreement should not be sent to CDC.
4. **Relevance of Service to the Project:** Describe how the consultant services relate to the accomplishment of specific program objectives.
5. **Number of Days of Consultation** (basis for fee): Specify the total number of days of consultation.
6. **Expected Rate of Compensation:** Specify the rate of compensation for the consultant (e.g., rate per hour, rate per day). Include a budget showing other costs (e.g., travel, per diem, supplies, and other related expenses) and list a subtotal.
7. **Method of Accountability:** Describe how the progress and performance of the consultant will be monitored. Identify who is responsible for supervising the consultant agreement.

If the required information described above is not known at the time the application is submitted, the information may be submitted later as a revision to the budget. In the body of the budget request, a summary should be provided of the proposed consultants and amounts for each.

## Equipment

Equipment is defined as tangible, non-expendable personal property (including exempt property) that has a useful life of more than one year AND an acquisition cost of \$5,000 or more per unit. . However, in circumstances where your organization has a lower threshold, you may work with your CDC Grants Management Officer to establish a threshold that is consistent with your organization's policy.

All budget requests should individually list each item requested, and provide the following information: 1) number needed; 2) unit cost of each item; and 3) total amount requested. Also, provide a justification for the use of each item and relate it to specific program objectives. Maintenance or rental fees for equipment should be shown in the *Other* category.

### Sample Budget

| Item Requested              | Number Needed | Unit Cost      | Amount Requested |
|-----------------------------|---------------|----------------|------------------|
| <i>Computer Workstation</i> | <i>2 ea.</i>  | <i>\$5,500</i> | <i>\$11,000</i>  |
| <i>Computer</i>             | <i>1 ea.</i>  | <i>\$6,000</i> | <i>\$6,000</i>   |
| <b>Total Equipment</b>      |               |                | <b>\$17,000</b>  |

### Sample Justification

The computer workstations will be used by the principal investigator and statistician to collect required data, perform data analysis, and generate reports. These computers will also support the daily operation of the project, routine correspondence, research, and electronic communication.

## Supplies

Individually list each item requested, and provide the following information: 1) specify the type of item, as appropriate; 2) number needed; 3) unit cost of each item; and 4) total amount requested. If appropriate, General office supplies may be shown by an estimated amount per month times the number of months in the budget category. Also, provide a justification for the use of each item and relate it to specific program objectives.

### Sample Budget

| Item Requested                  | Type                        | Number Needed       | Unit Cost                                  | Amount Requested |
|---------------------------------|-----------------------------|---------------------|--|------------------|
| <i>Computer Workstation</i>     | <i>(Specify type)</i>       | <i>3 ea.</i>        | <i>\$2,500</i>                             | <i>\$7,500</i>   |
| <i>Word Processing Supplies</i> | <i>(Specify type)</i>       | <i>1 ea.</i>        | <i>\$400</i>                               | <i>\$400</i>     |
| <i>Educational Pamphlets</i>    | <i>N/A</i>                  | <i>3,000 copies</i> | <i>\$1</i>                                 | <i>\$3,000</i>   |
| <i>General Office Supplies</i>  | <i>Pens, pencils, paper</i> | <i>12 months</i>    | <i>\$20/month per person for 10 people</i> | <i>\$2,400</i>   |
| <b>Total Supplies</b>           |                             |                     |  | <b>\$19,900</b>  |

### Sample Justification

Office supplies will be used by staff members to carry out daily activities of the program. The education pamphlets and videos will be purchased from Vendor X and used to illustrate and promote safe and healthy activities. Word Processing Software will be used to document program activities, process progress reports, etc.

## Travel

Dollars requested in the Travel category should be for **recipient staff travel only**. Travel for consultants should be shown in the Consultant category. Travel for other participants (e.g., advisory committees, review panel, etc.) should be itemized as specified below and placed on the *Other* category.

For In-State Travel, provide a narrative justification describing the travel staff members will perform. List where travel will be undertaken, number of trips planned, who will be making the trips, and approximate dates. If mileage is to be paid, provide the number of miles and the cost per mile. If travel is by air, provide the estimated cost of airfare. If per diem/lodging is to be paid, indicate the number of days and amount of daily per diem, as well as the number of nights and estimated cost of lodging. Include the cost of ground transportation, when applicable.

For Out-of-State Travel, provide a narrative justification including the same information requested above. Include CDC meetings, conferences, and workshops, if required by CDC. Itemize Out-of-State Travel in the format described above for In-State Travel.

### Sample Travel Budget

Travel (In-State and Out-of-State)

Total \$\_\_\_\_\_

#### Sample In-State Travel Budget

Travel (In-State): Total \$\_\_\_\_\_

| Number of Trips | Number of People | Cost of Airfare | Number of Total Miles | Cost per Mile | Amount Requested |
|-----------------|------------------|-----------------|-----------------------|---------------|------------------|
| 1               | 2                | N/A             | 500 mi.               | \$0.27        | \$270            |
| 25              | 1                | N/A             | 300 mi.               | \$0.27        | \$2,025          |
| <b>Total</b>    |                  |                 |                       |               | <b>\$2,295</b>   |

| Per Diem or Lodging | Number of People | Number of Units | Unit Cost  | Amount Requested |
|---------------------|------------------|-----------------|------------|------------------|
| <i>Per Diem</i>     | 2                | 2 days          | \$37/day   | \$148            |
| <i>Lodging</i>      | 2                | 1 night         | \$67/night | \$134            |
| <b>Total</b>        |                  |                 |            | <b>\$282</b>     |

#### Sample In-State Travel Justification

The Project Coordinator and the Outreach Supervisor will travel to (location) to attend AIDS conference. The Project Coordinator will make an estimated 25 trips to local outreach sites to monitor program implementation.



**Sample Out-of-State Travel Budget**

Travel (Out of-State): Total \$\_\_\_\_\_

| Number of Trips | Number of People | Cost of Airfare | Number of Total Miles | Cost per Mile | Amount Requested |
|-----------------|------------------|-----------------|-----------------------|---------------|------------------|
| 1               | 1                | \$500           | N/A                   | N/A           | \$500            |

| Per Diem or Lodging | Number of People | Number of Units | Unit Cost  | Amount Requested |
|---------------------|------------------|-----------------|------------|------------------|
| Per Diem            | 1                | 3 days          | \$45/day   | \$135            |
| Lodging             | 1                | 1 night         | \$88/night | \$88             |

| Ground Transportation? | Number of People | Amount Requested |
|------------------------|------------------|------------------|
| Yes                    | 1                | \$50             |

**Sample Out-of-State Travel Justification**

The Project Coordinator will travel to CDC, in Atlanta, GA to attend the CDC conference.

**Other**

This category contains items not included in the previous budget categories. Individually list each item requested and provide appropriate justification related to the program objectives.

**Sample Budget**

| Item Requested            | Number of Months | Estimated Cost per Month | Number of Staff | Amount Requested |
|---------------------------|------------------|--------------------------|-----------------|------------------|
| Telephone                 |                  | \$                       |                 | \$               |
| Postage                   |                  | \$                       |                 | \$               |
| Equipment Rental          |                  | \$                       | N/A             | \$               |
| Internet Provider Service |                  | \$                       | N/A             | \$               |
| <b>Total Other</b>        |                  |                          |                 | <b>\$</b>        |

| Item Requested | Number Needed | Unit Cost | Amount Requested |
|----------------|---------------|-----------|------------------|
| Printing       | ___ documents | \$        | \$               |

**Sample Justification**

For printing costs, identify the types and number of copies of documents to be printed (e.g., procedure manuals, annual reports, materials for media campaign).

## Contractual Costs

Cooperative Agreement recipients must obtain written approval from CDC prior to establishing a third-party contract to perform program activities. Approval by CDC to utilize funds and initiate program activities through the services of a contractor requires the submission of the following information for each contract to CDC:

1. **Name of Contractor:** Identify the name of the proposed contractor and indicate whether the contract is with an institution or organization.
2. **Method of Selection:** State whether the contract is sole source or competitive bid. If an organization is the sole source for the contract, include an explanation as to why this institution is the only one able to perform contract services.
3. **Period of Performance:** Specify the beginning and ending dates of the contract.
4. **Scope of Work:** Describe the specific services/tasks to be performed by the contractor and relate them to the accomplishment of program objectives. Deliverables should be clearly defined.
5. **Method of Accountability:** Describe how the progress and performance of the contractor will be monitored during and on close of the contract period. Identify who will be responsible for supervising the contract.
6. **Itemized Budget and Justification:** Provide an itemized budget with appropriate justification. If applicable, include any indirect cost paid under the contract and the indirect cost rate used.

If the information described above is not known at the time the application is submitted, the information may be submitted later as a revision to the budget. Copies of the actual contracts should not be sent to CDC, unless specifically requested. In the body of the budget request, a summary should be provided of the proposed contracts and amounts for each.

## Direct Costs

Show the direct costs by listing the totals of each category, including salaries and wages, fringe benefits, consultant costs, equipment, supplies, travel, other, and contractual costs. Provide the total direct costs within the budget.

## Indirect Costs

To claim indirect costs, the applicant organization must have a current approved indirect cost rate agreement established with the cognizant federal agency. A copy of the most recent indirect cost rate agreement must be provided with the application.

If the applicant organization does not have an approved indirect cost rate agreement, costs normally identified as indirect costs (overhead costs) can be budgeted and identified as direct costs