



TOBY DOUGLAS
DIRECTOR

State of California—Health and Human Services Agency
Department of Health Care Services



EDMUND G. BROWN JR.
GOVERNOR

September 22, 2014

Don Ashton, Director
El Dorado County Health Services Dept.
3057 Briw Road, Suite A
Placerville, California 95667-3920

Dear Mr. Ashton:

We have reviewed your county's original application package for renewal of your Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Mental Health Services (CMHS) Projects for Assistance in Transition from Homelessness (PATH) Formula Grant program for State Fiscal Year 2014-2015.

All of the required documents have been received and are in compliance with the applicable federal and state requirements. Your program description and your enclosed budget(s) have been reviewed and approved.

Should you have any questions or plan on making revisions to the program or budget submitted, contact your Grants Management Analyst. To locate the analyst for your county, you may download the County Analyst Assignment List at the following link: <http://www.dhcs.ca.gov/services/MH/Pages/PATH.aspx>. If you have further questions or would like more information, you may email your analyst at PATH@dhcs.ca.gov.

Sincerely,

KIMBERLY WIMBERLY, Chief
Grants Management Unit

Enclosures

Department of Health Care Services
Mental Health Services Division
Grants Management Unit
ATTN: PATH
1500 Capitol Avenue, Suite 72.4.15, MS 2704

14-1117 C 1 of 2

FEDERAL GRANT DETAILED PROGRAM BUDGET

STATE FISCAL YEAR: 2014-2015

TYPE OF GRANT: PATH

COUNTY: El Dorado County

SUBMISSION DATE: 05/16/2014

FISCAL CONTACT: Michele McAfee

PROGRAM CONTACT: Ren Scammon

TELEPHONE NUMBER: (530) 295-6910

TELEPHONE NUMBER: (530) 621-6340

EMAIL ADDRESS: michele.mcafee@edcgov.us

E-MAIL ADDRESS: ren.scammon@edcgov.us

PROGRAM NAME: PATH Outreach and Engagement

STAFFING			1	2	3
TITLE OF POSITION	ANNUAL SALARY	GRANT FTE	FEDERAL PATH AMOUNT	NONFEDERAL MATCH AMOUNT	TOTAL
1 Program Coordinator (Provider)	41600	0.55	\$ 17,888	\$ 4,992	\$ 22,880.00
2 Fringe Benefits	12480	0.55	\$ 5,366	\$ 1,498	\$ 6,864.00
3 Mental Health Clinician (County)	60000	0.05		\$ 3,000	\$ 3,000.00
4 Fringe Benefits	20000	0.05		\$ 1,000	\$ 1,000.00
5					\$ -
6					\$ -
7					\$ -
8					\$ -
9					\$ -
10					\$ -
11					\$ -
12 TOTAL STAFF EXPENSES (sum lines 1 thru 11)	\$ 134,080	1.20	\$ 23,254	\$ 10,490	\$ 33,744
13 Consultant Costs (Itemize):				\$ -	\$ -
14					\$ -
15					\$ -
16					\$ -
17 Equipment (Where feasible lease or rent) (Itemize):				\$ -	\$ -
18					\$ -
19					\$ -
20					\$ -
21					\$ -
22 Supplies (Itemize):					\$ -
23 General Office Supplies (Provider)			\$ 150	\$ -	\$ 150
24 Outreach Materials (Provider)			\$ 350	\$ -	\$ 350
25					\$ -
26					\$ -
27					\$ -
28 Travel -Per diem, Mileage, & Vehicle Rental/Lease (Provider)			\$ 1,500	\$ -	\$ 1,500
29					\$ -
30 Other Expenses (Itemize):					\$ -
31 Housing Assistance (Provider)			\$ 6,097	\$ -	\$ 6,097
32					\$ -
33					\$ -
34					\$ -
35					\$ -
36					\$ -
37 COUNTY ADMINISTRATIVE COSTS (10% PATH)			\$ 3,483	\$ 1,165	\$ 4,648
38 NET PROGRAM EXPENSES (sum lines 12 thru 37)			\$ 34,834	\$ 11,655	\$ 46,489
39 OTHER FUNDING SOURCES: Federal Funds					
40 Non-Federal Funds					
41 TOTAL OTHER FUNDING SOURCES (sum lines 39 & 40)			\$ -	\$ -	\$ -
42 GROSS COST OF PROGRAM (sum lines 38 and 41)			\$ 34,834	\$ 11,655	\$ 46,489

DHCS APPROVAL BY: Marilyn Abero
TELEPHONE: 916 650-6538
DATE: 14-1117 05/21/14