

ORIGINAL



**Contract # 1617-71020 - Amendment 1
Addendum to the First 5 El Dorado Family Literacy Contract**

This Amendment 1 to the Contract #1617-71020 made by and between First 5 El Dorado and El Dorado County Library Department is agreed upon according to:

Contract #1617-71020, Section 6. *Amendments.*

This contract may be amended or modified only by written agreement of all the parties. Contractor agrees to provide immediate written notice to the Commission if significant changes or events occur during the term of this contract which could potentially impact the progress or outcome of the grant including, but not limited to, changes in the Contractor's management personnel, loss of funding, revocation or suspension of the grant recipient's tax-exempt status (if applicable) or license.

Modification 1

Replace Section 1: Contract Term in its entirety as follows:

1. **CONTRACT TERM:** The term of this Agreement is from July 1, 2016 to June 30, 2021. Nothing in this Agreement shall be interpreted as requiring either party to renew or extend this Agreement. All work required by this contract shall be completed no later than September 30, 2021.

Modification 2

Replace Section 2: Scope of Work in its entirety as follows:

2. **SCOPE OF WORK**
CONTRACTOR agrees to take all steps and do all things reasonable and necessary to perform and complete in a good and workmanlike manner the project work of:

FAMILY LITERACY

The CONTRACTOR shall work in partnership with and based on the guidance of the Commission to fulfill the deliverables and benchmarks identified in Scope of Work, Amendment 1 (Attachment I). Contract attachments may be modified by written agreement of all parties so long as the modification is consistent with the Commission's Evaluation and Strategic Plans.

Modification 3

Replace Section 3: Fiscal Provisions in its entirety as follows:

3. **FISCAL PROVISIONS:**
 - A. Notwithstanding any other provision of this contract; in no event will the cost to the Commission for the work to be provided herein exceed the maximum sum of **\$860,000** for fiscal years 17-18 through 20-21. The Commission shall pay Contractor an annual amount not to exceed **\$215,000** as recorded in the Annual Budget, Amendment 1 (Attachment II, Budget Form 1). Compensation for the contract term may total and not exceed **\$1,075,000**.

- B. Commission shall pay Contractor 10% of the total annual budget amount in accordance with the fiscal year. The basis for this Agreement shall be cost reimbursement quarterly (September 30, December 31, March 31 and June 30). Actual expenses to be billed in arrears, due to the Commission by the second Friday after each quarter. Contractor shall submit Quarterly Invoices, Amendment 1 (Attachment II, Budget Form 2) with supporting backup documentation for all reported expenditures (that may include, but is not limited to timesheets, receipts, paid invoices, travel expense claims). Final quarter expenses will be billed at fiscal year-end and the 10% advance will be applied as a credit to the amount due. Should the application of the credit result in an overpayment by the Commission, it will be refunded by the first Friday in August, annually.
- C. Contractor is permitted a budget variation of up to fifteen percent (15%) for each budget line item for the fiscal year but shall not exceed the total approved annual budget amount. Any larger budget variation must be submitted in writing using the Budget Revision Request Form and Narrative, Amendment 1 (Attachment II, Budget Forms 3 and 4), and receive written Commission approval. All Budget Revision Requests must be received by the Commission by April 15th, annually.

Modification 4

Replace Section 5: Contractor Responsibilities in its entirety as follows:

Section 5: CONTRACTOR RESPONSIBILITIES

- A. Fiscal: Contractor agrees to comply with the Commission's fiscal policies and procedures for the purposes of planning and monitoring.
 - i. **Reporting:** The Commission shall forward payment request to the County Auditor/Controller within fifteen (15) business days of approving quarterly invoices. Final invoices are due to the Commission no later than the second Friday of July for the reporting fiscal year. If the due date for submission of a report falls on a standard holiday, the report will be due on the following regularly scheduled business day.
 - ii. **Allowable Expenses:** The Commission will not compensate Contractor for unauthorized services rendered by the Contractor, nor for claimed services which Commission contract monitoring shows have not been provided as authorized. The following types of expenses will be disallowed: alcoholic beverages, firearms, purchasing of motor vehicles, capital assets, late fees/finance charges, termination fees, fees for missed conferences or trainings, out-of-country travel, out-of-state travel if not expressly pre-approved by the Commission and cost associated for fundraisers. This list is not all-inclusive. If a program realizes a need for any expense that is not specifically budgeted, prior Commission approval should be obtained before proceeding. Per Commission policies and procedures, all costs are subject to review and audit and if appropriate, may be disallowed. If Commission has advanced funds for services later determined not to have been provided, Contractor shall refund requested amounts within five (5) days of demand by Commission. The Commission has the option of offsetting such amounts against future payments due to Contractor.
 - iii. **Indirect Costs:** Indirect costs charged to this grant shall not exceed the approved indirect cost rate of the El Dorado County Superintendent of Schools established by the California Department of Education's School Fiscal Services Division.

- iv. **Unspent Funds:** At the discretion of the Commission, any unspent funds that remain at the end of the fiscal year shall be returned to First 5 El Dorado by the first Friday in August annually.
- v. **Grant Reduction:** The Commission shall have the right to reduce the amount of this grant budget to offset Commission expenditures incurred in support of activities related to this grant.
- vi. **Fees:** Contractor shall not collect from participants any fees for services rendered pursuant to this agreement.
- vii. **Supplantation:** First 5 Proposition 10 funds shall be used exclusively to develop new projects, expand existing programs and/or services or to enhance existing programs and services. Proposition 10 funds shall not supplant state or local General Fund money for any purpose. If Contractor uses such funds to replace state or federal categorical funds, Contractor shall demonstrate to the Commission's satisfaction that such state or federal categorical funds have increased the level of services provided to children birth through 5 years of age.

If Commission determines that supplantation has occurred, Contractor shall be required to reimburse the Commission for all Proposition 10 funds that were used in violation of this Section. Use of Proposition 10 funds in violation of this Section shall be grounds for termination of this Agreement.

- B. **Data Collection:** Contractor agrees to collect and report data quarterly to the Commission for the purposes of program planning and evaluation.

Contractor agrees to provide the Commission a registrar of children, parents/guardians, other family members and early care and education providers served through this grant for the purposes of reporting unduplicated annual counts. The registrar shall be submitted quarterly via Parent Registration Form, Amendment 1(Attachment III) entered electronically into the Commission's database.

If the Contractor is unable to submit complete and accurate registration data in the First 5 Database, than the original and editable electronic copy Population Served Report, Amendment 1 (Attachment IV, Progress Report Form 2) shall be due to the Commission no later than the second Friday after each quarter.

The data shall include, but is not limited to:

- i. Unduplicated count of the number children less than 3 years of age, and 3 through 5 years of age by ethnicity and primary language that receive services through this First 5 El Dorado grant.
- ii. Unduplicated count of the number of parents/guardians/other family members of children birth through 5 years of age by ethnicity and primary language that receive services through this First 5 El Dorado grant.
- iii. Unduplicated count of the number of early care and education providers of children birth through 5 years of age that receive services through this First 5 El Dorado grant.

First 5 El Dorado Family Survey, Amendment 1 (Attachment VI) shall be offered to each family that receives services through this First 5 El Dorado grant upon agreed assessment period documented in the Scope Of Work, Amendment 1 (Attachment I).

- C. Evaluation: Contractor agrees to collect and report data to the Commission on a quarterly basis and agree to monthly contract monitoring for the purposes of program planning and evaluation.

Quarterly Progress Report, Amendment 1 (Attachment IV, Progress Report Form 1) are due in original and editable electronic copy to the Commission no later than the second Friday after each quarter.

- D. Substandard performance as determined by Commission staff will constitute noncompliance with this Contract. If action to correct such substandard performance is not taken by Contractor within a reasonable period of time, which may be 30 days after notification by Commission staff, the Commission may initiate a formal Corrective Action Plan, Amendment 1 (Attachment V), contract suspension or termination procedures.

Modification 5

Replace Attachments: Attachments will be replaced in their entirety as follows:

ATTACHMENTS

I. Scope of Work

II. Budget Forms:

Annual Budget (Budget Form 1),
Quarterly Invoices (Budget Form 2),
Budget Revision Request (Budget Form 3),
Budget Revision Narrative (Budget Form 4)

III. Parent Registration Form

IV. Progress Reports:

Quarterly (Progress Report Form 1)
Population Served Report (Progress Report Form 2)

V. Corrective Action Plan

VI. Family Survey

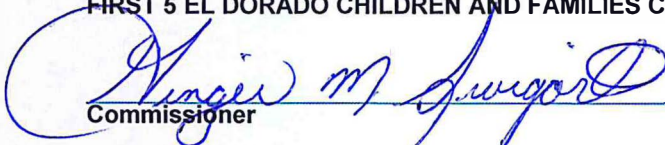


Contract attachments may be modified by written agreement of all parties so long as the modification is consistent with the Commission's Evaluation and Strategic Plans.

Except as herein amended, all other parts and sections of this Contract #1617-71020 shall remain unchanged and in full force and effect.

In Witness whereof, the parties have executed this Agreement Amendment 1 to be effective starting July 1, 2017.

Approved by:

FIRST 5 EL DORADO CHILDREN AND FAMILIES COMMISSION

 Commissioner	<u>6/22/17</u> Date:
 Commissioner	<u>6/22/17</u> Date:
 Director	<u>6/22/17</u> Date:

EL DORADO COUNTY LIBRARY DEPARTMENT

 _____	<u>6/20/2017</u> Date:
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ATTEST: James S. Mitrissin
Clerk of the Board of Supervisors

By: 
Kim Dawson, Sr. Deputy Clerk

FIRST 5 EL DORADO COMMISSION
SCOPE OF WORK

CONTRACTOR: El Dorado County Library Department

Annual Approved Budget Amount: \$215,000

COMMISSION GOALS: (1) Children birth through 5 are read to on a daily basis, (2) Children receive early screening and intervention for developmental delays and other special needs
INDICATORS: (1) 85% of children 0-5 are read to on a daily basis, (2) 50% of children participating in First 5 services have received a developmental screening.

1 STRATEGIES (WHAT)	2 ANNUAL ACTIVITIES (HOW)	3 ANNUAL LOCATION(S) (WHERE)	4 ANNUAL DOSAGE (HOW OFTEN)	5 ANNUAL TARGET (HOW MANY)	6 ANNUAL PERFORMANCE INDICATORS (HOW WELL DID WE DO)
Engage families in early literacy activities that promote reading daily. (Please Describe)	Library will provide targeted developmental level (age) Early Literacy programs weekly/monthly at each Library Hub <ul style="list-style-type: none"> Library will share early literacy guidance through storytimes Spanish language programs are provided at Hubs with identified need 	EDH, CP, PVL, GT, PP, SLT	Weekly/ Monthly	700	Number/Percent of parents participating in early literacy activities report that they or another family member reads with the child each day (FS Q4)
	Library will provide free access to quality picture books in English and Spanish for checkout to families.	EDH, CP, PVL, GT, PP, SLT	Daily	20,000	
	FE and PHN will incorporate reading to children every day guidance in Play and Learns and health engagement activities.	EDH, CP, PVL, GT, SLT	Weekly/ Monthly	As needed	Number/Percent of families in School Hub participating score high in Protective Factor Retrospective Scales (FS Q12) 6 or 7 on a seven point Likert scale
	Library will participate in Play and Learns at Hub. <ul style="list-style-type: none"> Library and FE staff will confirm Play and Learn locations and language (July). 	EDH, CP, PVL, GT, SLT	2 / 6 week sessions in spring and fall	Ave 8-15 families a session=10*5*2 100 undup	
	Library will facilitate the F5 survey in the spring.	EDH, CP, PVL, GT, SLT	After 6hr service	500	
Engage families in early literacy activities that promote reading daily. (Please Describe)	Library and FE will confirm Raising a Reader locations and language (July).	D1. Green Valley School D2. Pioneer School D3. Camino School D4. Sutter's Mill School D5. Pinewood School (explore Tahoe Valley)	2 / 8 week sessions in spring and fall	Average 10 families at each session = 10*5*2 100 undup	Number/Percent of parents participating in early literacy activities report that they or another family member reads with the child each day. (FS Q4) Number/Percent of families in School Hub participating score high in Protective Factor Retrospective Scales (FS Q12) 6 or 7 on a seven point Likert scale
	FE will confirm Raising a Reader sessions topics as informed by developmental screening results (August).				
	Library will provide BOOM books at each Raising a Reader location in English and Spanish.				
	Library and FE will develop Raising a Reader handouts for each Hub with dates, locations and times (August).				
	Library and FE will coordinate with PHN and other community partners to participate in Raising a Reader (September).				
	FE will coordinate with PHN and other community partners to promote Raising a Reader with unserved and underserved populations (July through December and January through June).				
	Library and FE will facilitate sessions (July through December and January through June).				
FE will facilitate the family survey at the end of the fall and spring sessions (October and May).	After 6hr service	100			

FIRST 5 EL DORADO COMMISSION SCOPE OF WORK

1 STRATEGIES (WHAT)	2 ANNUAL ACTIVITIES (HOW)	3 ANNUAL LOCATION(S) (WHERE)	4 ANNUAL DOSAGE (HOW OFTEN)	5 ANNUAL TARGET (HOW MANY)	6 ANNUAL PERFORMANCE INDICATORS (HOW WELL DID WE DO)
<p>Promote regular developmental screening using the ASQ and ASQ SE in all Hub Communities.</p>	<p>FE will train Library and PHN on ASQ:3 and ASQ SE2 developmental screens (July – August).</p>	<p>5 hub team meetings (PD)</p>	<p>As needed</p>	<p>5</p>	<p>Monthly hub team meeting agenda with Professional Development training</p>
	<p>Library, FE and PHN will incorporate developmental guidance in their work by language (July – June):</p> <ul style="list-style-type: none"> • Library will share developmental guidance through storytimes. • FE will incorporate developmental guidance into playgroups and Raising a Reader. • PHN will incorporate developmental guidance into health engagement activities 	<p>5 hub locations</p>	<p>Weekly = 50 weeks * 2 partners with weekly activities * 5 hubs</p>	<p>500 Child development discussions with parents</p>	<p>Monthly hub team meeting notes</p>
	<p>Library, FE and PHN will promote and collect ASQ:3 and ASQ SE2 developmental screens in the Brookes Data Base by language (July – June):</p> <ul style="list-style-type: none"> • Library will assist parents to complete developmental screens at storytimes and provide ASQ kits. • FE will incorporate developmental screens into Play and Learns and Raising a Reader sessions. • PHN will incorporate developmental screens into health engagement activities 	<p>5 hub locations</p>	<p>Weekly = 50 weeks * 2 partners with weekly activities * 5 hubs</p>	<p>500 ASQ facilitations with parents</p>	<p>Number of ASQs facilitated by partner</p>
	<p>FE will score developmental screens (July – June).</p>	<p>5 hub locations</p>	<p>As needed</p>	<p>As needed</p>	<p>Number of children who received social emotional developmental screenings. (FS Q7, Brookes DB ASQ SE Report)</p>
	<p>FE will connect families with community partners based upon developmental screening results (July – June).</p>	<p>5 hub locations</p>	<p>As needed</p>	<p>As needed</p>	<p>Number of children who received developmental screenings. (FS Q7, Brookes DB ASQ Report)</p>
	<p>FE will refer families scoring outside the norm to PHN for additional assessment and case management (July – June).</p>	<p>5 hub locations</p>	<p>As needed</p>	<p>As needed</p>	<p>Number of children who scored outside the norm on ASQ/ASQ:SE that received a referral for Regional Services or Early Intervention Services. (Brookes DB Outside Norm & Referral Report)</p>

FIRST 5 EL DORADO COMMISSION SCOPE OF WORK

1 STRATEGIES (WHAT)	2 ANNUAL ACTIVITIES (HOW)	3 ANNUAL LOCATI ON(S) (WHERE)	4 ANNUAL DOSAGE (HOW OFTEN)	5 ANNUAL TARGET (HOW MANY)	6 ANNUAL PERFORMANCE INDICATORS (HOW WELL DID WE DO)			
<p>Ensure Hub services are aligned and coordinated through monthly Team Meetings.</p>	<p>Library Branch Manager and PHN will develop an annual meeting calendar by Hub (August)</p>	<p>Hub Team meetings</p>	<p>Monthly</p>	<p>12 times a year at 5 locations = 60</p>	<p>Meeting calendar</p>			
	<p>Each meeting will: Have an agreed upon agenda, meeting notes and discuss any changes to the Hub Outreach Plan addressed by leadership. (August – June).</p>				<p>Meeting agenda and notes.</p>			
	<p>Ensure Team professional development needs are addressed to improve family satisfaction.</p>				<p>Number/Percent of families in Hub participating in parenting and child development activities by satisfaction (FS Q13).</p>			
	<p>Ensure families are better off after services to increase family resiliency with activities that increase resiliency and protective factors.</p>				<p>Number/Percent of families in Hub participating reporting increase in Family Functioning Resiliency Scale (FS Q12a-e)</p>			
	<p>PHN will facilitate monthly meetings with Library, FE and PHN staff (Hub Team) utilizing the Hub Outreach Plan for the purposes of reflective practice, coordinating services and collaborative activities (August – June) This Hub Outreach Plan will include:</p>				<p>PHN Outreach Plan</p>			
	<p>At least 2 evening and weekend or after traditional work hours family engagement events per Hub Community.</p>				<p>Number of library card applications accepted, developmental screens completed, and health/dental screens completed.</p>			
	<p>Ensure barriers to services are addressed to increase family access to services.</p>				<p>Number/Percent of families participating in parenting and child development activities by barriers (FS Q9b)</p>			
	<p>Ensure unserved or underserved families are reached to increase family access to Hub Services.</p> <ol style="list-style-type: none"> 1. Library, FE and PHN staff identify isolated families within each Hub (Unconnected neighborhoods, Spanish speaking communities, Faith based organizations, Home school populations, Remote or isolated groups) 2. Library, FE and PHN staff identify best practices to promote Hub Services for isolated families in each community. <ol style="list-style-type: none"> a. Existing Community Events b. Existing Community Groups 3. Library, FE and PHN staff will facilitate sessions at identified locations for identified populations (Spring) 				<p>D1: D2: D3: D4: D5:</p>	<p>Monthly</p>	<p>3-4 times a year at 5 locations = 15</p>	<p>Number/Percent of families participating in parenting and child development activities by demographic, income, language, and education (FS Q14-17).</p>

Agreements and Tools Assurances


Contractor agrees to:

YES <input type="checkbox"/>	NO <input type="checkbox"/>	Promote all Health, Parenting and Child Development, Literacy, and Child Care hub activities with key messages to families in the community. Each partner shall: <ul style="list-style-type: none"> ✓ Post to each Hub Facebook Page 1-3 times per week with resources, program information and local events for families with children 0-18 related to Health, Parenting and Child Development, Literacy, and Child Care ✓ Promote hub events, contact information and staff hours ✓ Maintain current event information, contact information, and staff hours to be easily accessed and located by the public
YES <input type="checkbox"/>	NO <input type="checkbox"/>	Participate in contract monitoring site visits for the purposes of assessing progress on contract milestones including monthly hub team meetings.
YES <input type="checkbox"/>	NO <input type="checkbox"/>	Participate in contractor's meetings for the purposes of training and professional development.
YES <input type="checkbox"/>	NO <input type="checkbox"/>	Commit to providing program services that respect diversity and meet the needs of families . Engage and communicate directly with families creating awareness and knowledge of key messages that build strengths in protective factors scales and aligned developmentally, linguistically and culturally appropriate for families in the community.
YES <input type="checkbox"/>	NO <input type="checkbox"/>	Assure timely delivery of program service and commit to continuous quality improvement necessary to meet the local needs of children and families.

References

Assurance Tools	Links
<p><u>Evaluation Tools:</u> https://edcoe.sharepoint.com/sites/first5/contractors/Shared%20Documents/Forms/AllItems.aspx?id=%2Fsites%2Ffirst5%2Fcontractors%2FShared%20Documents%2FEvaluation%20Tools</p>	<p><u>Family Survey:</u> https://edcoe.sharepoint.com/sites/first5/contractors/Shared%20Documents/Forms/AllItems.aspx?id=%2Fsites%2Ffirst5%2Fcontractors%2FShared%20Documents%2FEvaluation%20Tools%2FFamily%20Survey</p> <p><u>Build Assessment Tool:</u> https://edcoe.sharepoint.com/sites/first5/contractors/Shared%20Documents/Forms/AllItems.aspx?id=%2Fsites%2Ffirst5%2Fcontractors%2FShared%20Documents%2FEvaluation%20Tools%2FBUILD%20Strengthening%20Families%20Assessment%20Tool%2Epdf&parent=%2Fsites%2Ffirst5%2Fcontractors%2FShared%20Documents%2FEvaluation%20Tools</p> <p><u>Strengthening Families Assessment Tool</u> https://edcoe.sharepoint.com/sites/first5/contractors/Shared%20Documents/Evaluation%20Tools/SF%20COMMUNITY-BASED%20PROGRAM%20SELF-ASSESSMENT.pdf</p>

FIRST 5 EL DORADO COMMISSION SCOPE OF WORK

<p><u>First 5 El Dorado Database</u></p>	<p>http://first5.edcoe.org Database Maintenance: https://edcoe.sharepoint.com/sites/first5/contractors/layouts/15/WopiFrame.aspx?sourcedoc=%7B13E7FA9E-5839-40EA-87C2-C01C72469E97%7D&file=F5EDC%20-%20Database%20Training%20Materials%20(step-by-step%20instructions).docx&action=default</p>															
<p> SharePoint</p>	<p>https://edcoe.sharepoint.com/sites/first5/contractors access to registration form, family survey and progress report</p> <table border="1" data-bbox="766 414 1639 673"> <thead> <tr> <th>Initiative</th> <th>Username</th> <th>Original Set-up Password</th> </tr> </thead> <tbody> <tr> <td>Children's Health</td> <td>chl@partner.edcoe.org</td> <td>changeme</td> </tr> <tr> <td>High 5 for Quality</td> <td>hiah5a@partner.edcoe.org</td> <td>changeme</td> </tr> <tr> <td>Family Literacy / IMPACT</td> <td>rroyl@partner.edcoe.org</td> <td>changeme</td> </tr> <tr> <td>Together We Grow</td> <td>twag@partner.edcoe.org</td> <td>changeme</td> </tr> </tbody> </table>	Initiative	Username	Original Set-up Password	Children's Health	chl@partner.edcoe.org	changeme	High 5 for Quality	hiah5a@partner.edcoe.org	changeme	Family Literacy / IMPACT	rroyl@partner.edcoe.org	changeme	Together We Grow	twag@partner.edcoe.org	changeme
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Together We Grow	twag@partner.edcoe.org	changeme														
<p> Face Book Promotions https://edcoe.sharepoint.com/sites/first5/contractors/Shared%20Documents/Forms/AllItems.aspx?id=%2Fsites%2Ffirst5%2Fcontractors%2FShared%20Documents%2FProfessional%20Development%2FSocial%20Media</p>	<p>EDC Community Hub 1: https://www.facebook.com/EDC-Community-Hub-1-176446449470278/ EDC Community Hub 2: https://www.facebook.com/EDC-Community-Hub-2-561380630737856/?fref=ts EDC Community Hub 3: https://www.facebook.com/EDC-Community-Hub-3-1002519596541302/ EDC Community Hub 4: https://www.facebook.com/EDC-Community-Hub-4-560988810754908/ EDC Community Hub 5: https://www.facebook.com/EDC-Community-Hub-5-1058020160963107/</p>															
<p><u>Communications Tools</u></p>	<p>https://edcoe.sharepoint.com/sites/first5/contractors/Shared%20Documents/Forms/AllItems.aspx?id=%2Fsites%2Ffirst5%2Fcontractors%2FShared%20Documents%2FCommunications</p>															
<p><u>Professional Development</u></p>	<p>https://edcoe.sharepoint.com/sites/first5/contractors/Shared%20Documents/Forms/AllItems.aspx?id=%2Fsites%2Ffirst5%2Fcontractors%2FShared%20Documents%2FProfessional%20Development</p>															

Signature

Signatures are binding contractors to the assurances agreement:

Administrator Name: _____

Signature: _____ Date: _____



Annual Budget

Grantee Name: El Dorado County Library			
Project Name: Family Literacy			
Contract Number: 1617-71020			
Contact Name & Title: Jeanne Amos, El Dorado County Library Director			
Total Contract Amount \$860,000			
Term FY 2017-21			
Staff	Total Approved Annual Budget Amount		\$ 215,000
Personnel:	Salary	Benefits	
1) 41% of 4 FTE ECLS	\$ 95,993		\$95,993
2) 41% of Library Assistants	\$ 55,483		\$55,483
3) 41% of Supervising Librarian	\$ 43,524		\$43,524
4)			\$0
5)			\$0
Subtotal Personnel	\$195,000	\$0	\$195,000
Operating Expenses:			
6) Office Supplies and Materials			8,900
7) Travel and Mileage			2,600
8) Training and Conferences			2,000
9) Rent and Utilities			
10) Equipment Lease			
11) Printing and Copying			
12) Telephone			
13) Postage and Mailing			
14) Computers and Equipment			
15) Books			6,500
16)			
17)			
18)			
19)			
20)			
Subtotal Operating:			\$20,000
Indirect Expenses:			
	Max Indirect Cost (8.89%)		
TOTAL COSTS			\$215,000



Quarterly Invoice Form

Due: Second Friday in October, January, April & July

Grantee Name: El Dorado County Library								
Project Name: Family Literacy								
Contract Number: 1617-71020								
Contact Name & Title: Jeanne Amos, El Dorado County Library Director								
Fiscal Year:								
Reporting Period:								
Staff			Total Approved Budget Amount	Billed this Period		Previous Statement YTD	Total YTD Billed	Unexpended Balance
Personnel:	Salary	Benefits		Salary	Benefits			
1) 41% of 4 FTE ECLS	\$95,993	\$0	\$95,993			\$0.00	\$0.00	\$95,993.00
2) 41% of Library Assistants	\$55,483	\$0	\$55,483			\$0.00	\$0.00	\$55,483.00
3) 41% of Supervising Librarian	\$43,524	\$0	\$43,524			\$0.00	\$0.00	\$43,524.00
4)	\$0	\$0	\$0			\$0.00	\$0.00	\$0.00
5)	\$0	\$0	\$0			\$0.00	\$0.00	\$0.00
Subtotal Personnel			\$195,000	\$0.00	\$0.00	\$0.00	\$0.00	\$195,000.00
Operating Expenses:								
6) Office Supplies and Materials			\$8,900			\$0.00	\$0.00	\$8,900.00
7) Travel and Mileage			\$2,600			\$0.00	\$0.00	\$2,600.00
8) Training and Conferences			\$2,000			\$0.00	\$0.00	\$2,000.00
9) Rent and Utilities			\$0			\$0.00	\$0.00	\$0.00
10) Equipment Lease			\$0			\$0.00	\$0.00	\$0.00
11) Printing and Copying			\$0			\$0.00	\$0.00	\$0.00
12) Telephone			\$0			\$0.00	\$0.00	\$0.00
13) Postage and Mailing			\$0			\$0.00	\$0.00	\$0.00
14) Computers and Equipment			\$0			\$0.00	\$0.00	\$0.00
15) Books			\$6,500			\$0.00	\$0.00	\$6,500.00
16)						\$0.00	\$0.00	\$0.00
17)						\$0.00	\$0.00	\$0.00
18)						\$0.00	\$0.00	\$0.00
19)						\$0.00	\$0.00	\$0.00
20)						\$0.00	\$0.00	\$0.00
Subtotal Operating:			\$20,000	\$0.00	\$0.00	\$0.00	\$0.00	\$20,000.00
Indirect Expenses:								
FY 17-18 Max indirect Cost (8.89%)						\$0.00	\$0.00	\$0.00
TOTAL COSTS			\$215,000	\$0.00	\$0.00	\$0.00	\$0.00	\$215,000.00

I hereby state that the budget items requested do not supplant any existing revenue sources, or any existing program. I certify that all statements in this report are true and correct.
 *Proper backup documentation sufficient to support all reported expenditures must be attached to this form. (timesheets, receipts, paid invoices, etc.)

 Print Name of Program Contact Person or Authorized Representative

 Signature: Program Contact Person or Authorized Representative

For Commission Use Only-Do Not Fill In Shaded Area			
TOTAL REIMBURSEMENT APPROVED			
Date Received			
Signature of First 5 Program Assistant		Date	Signature of First 5 Program Coordinator
			Date
Signature - First 5 Director		Date	



Budget Revision Request Form

Grantee Name: El Dorado County Library				
Project Name: Family Literacy				
Contract Number: 1617-71020				
Contact Name & Title: Jeanne Amos, El Dorado County Library Director				
Budget Period:				
Proposed Effective Date:				
Budget Item	Total Approved Budget Amount	Proposed Budget Adjustment *Amount to increase (+) or decrease (-)	Proposed Local Budget	% Change
Personnel:				
1) 41% of 4 FTE ECLS	\$95,993		\$95,993	0%
2) 41% of Library Assistants	\$55,483		\$55,483	0%
3) 41% of Supervising Librarian	\$43,524		\$43,524	0%
4)			\$0	
5)			\$0	
Subtotal Personnel:	\$195,000	\$0	\$195,000	0%
Operating Expenses:				
6) Office Supplies and Materials	\$8,900		\$8,900	0%
7) Travel and Mileage	\$2,600		\$2,600	0%
8) Training and Conferences	\$2,000		\$2,000	0%
9) Rent and Utilities			\$0	
10) Equipment Lease			\$0	
11) Printing and Copying			\$0	
12) Telephone			\$0	
13) Postage and Mailing			\$0	
14) Computers and Equipment			\$0	
15) Books	\$6,500		\$6,500	0%
16)			\$0	
17)			\$0	
18)			\$0	
19)			\$0	
20)			\$0	
Subtotal Operating:	\$20,000	\$0	\$20,000	0%
Indirect Expenses:				
Indirect Cost (8.89% max)			\$0	\$0
TOTAL COSTS	\$215,000	\$0	\$215,000	0%

**Please attach a Budget Revision Request Narrative explaining each budget revision requested by line item.*

Print Name of Program Contact Person or Authorized Representative

Signature: Program Contact Person or Authorized Representative

DATE

For Commission Use Only - Do Not Fill In Shaded Area			
First 5 Program Assistant	Date		
First 5 Program Coordinator	Date	First 5 Director	Date



Budget Revision Narrative

Please explain each budget revision requested by line item.

Print Name of Program Contact Person or Authorized Representative

Signature: Program Contact Person or Authorized Representative



Event Registration Form (Parent) Attachment III, Parent Registration Form

The First 5 El Dorado Children and Families Commission provides many programs within the county aimed at improving the lives of children birth through age 5. First 5 evaluates these programs to understand whether they are helpful and effective, and to guide program improvements. This survey is a part of the evaluation process. You are not required to participate and, should you decide not to you can still receive First 5 services. This survey asks for identifying information including your name and phone number. Should you provide this information your responses will remain confidential. If you are uncomfortable with any of the aspects of the survey, it is okay for you to skip those questions. The survey takes most people less than 10 minutes to complete. Thank you for your time and assistance with this important process!

Event Name: **Event Date:** **Event Type:** **Hosted by:**

Early Childhood Topic: **Location:** **Activities:**

Initiative(s):

- High 5 for Quality Ready to Read @ Your Library Together We Grow
 Librarv - IMPACT Children's Health

Please register each family member individually:

First Name: **Last Name:** **Primary Language:** English Spanish Other: _____ **Ethnicity (please select one):** Alaska Native/American Indian Black/African-American Pacific Islander Multiracial Asian Hispanic/Latino White Other/Unknown
E-mail Address: Parent/Guardian Other Family Member

First Name: **Last Name:** **Primary Language:** English Spanish Other: _____ **Ethnicity (please select one):** Alaska Native/American Indian Black/African-American Pacific Islander Multiracial Asian Hispanic/Latino White Other/Unknown
E-mail Address: Parent/Guardian Other Family Member

Please enter each child's birth month/year:

Birth Mo <input type="text"/> Birth Yr <input type="text"/> Ethnicity: <input type="radio"/> Alaska Native/American Indian <input type="radio"/> Asian <input type="radio"/> Black/African-American <input type="radio"/> Hispanic/Latino <input type="radio"/> Pacific Islander <input type="radio"/> White <input type="radio"/> Multiracial <input type="radio"/> Other/Unknown Primary Language: <input type="radio"/> English <input type="radio"/> Spanish <input type="radio"/> Other: _____	Birth Mo <input type="text"/> Birth Yr <input type="text"/> Ethnicity: <input type="radio"/> Alaska Native/American Indian <input type="radio"/> Asian <input type="radio"/> Black/African-American <input type="radio"/> Hispanic/Latino <input type="radio"/> Pacific Islander <input type="radio"/> White <input type="radio"/> Multiracial <input type="radio"/> Other/Unknown Primary Language: <input type="radio"/> English <input type="radio"/> Spanish <input type="radio"/> Other: _____	Birth Mo <input type="text"/> Birth Yr <input type="text"/> Ethnicity: <input type="radio"/> Alaska Native/American Indian <input type="radio"/> Asian <input type="radio"/> Black/African-American <input type="radio"/> Hispanic/Latino <input type="radio"/> Pacific Islander <input type="radio"/> White <input type="radio"/> Multiracial <input type="radio"/> Other/Unknown Primary Language: <input type="radio"/> English <input type="radio"/> Spanish <input type="radio"/> Other: _____	Birth Mo <input type="text"/> Birth Yr <input type="text"/> Ethnicity: <input type="radio"/> Alaska Native/American Indian <input type="radio"/> Asian <input type="radio"/> Black/African-American <input type="radio"/> Hispanic/Latino <input type="radio"/> Pacific Islander <input type="radio"/> White <input type="radio"/> Multiracial <input type="radio"/> Other/Unknown Primary Language: <input type="radio"/> English <input type="radio"/> Spanish <input type="radio"/> Other: _____
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Which library location is closest to your home? _____



PROGRESS REPORT by hub

Agency Name:
Project Title:
Contact Name & Title:
Email Address:
Phone:
HUB Location:
Report Time Period:

<p>1. Did you experience any noteworthy successes? Identify and list possible contributing factors. <i>List most compelling in 3rd person omitting names of people. (prioritize two per contractor)</i></p>																				
<p>2. Did you encounter any difficulties or barriers? Identify and explain how they were/are being addressed. <i>List most compelling in 3rd person omitting names of people. (prioritize two per contractor)</i></p> <p><u>How this issue can be prevented:</u></p>																				
<p>3. Top 3 challenges or areas of focus</p> <p>1. Approach / Strategy: Status:</p> <p>2. Approach / Strategy: Status:</p> <p>3. Approach / Strategy: Status:</p>																				
<p>4.</p> <table border="1"> <thead> <tr> <th>SOW Strategy Activities (What and How)</th> <th>Location (Where)</th> <th>Dosage, Duration (How Often / Long)</th> <th>Target (How Many)</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	SOW Strategy Activities (What and How)	Location (Where)	Dosage, Duration (How Often / Long)	Target (How Many)																
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First 5 El Dorado
2776 Ray Lawyer Drive
Placerville, CA 95667

Population Served Report by Hub

Please submit one form per hub location with unduplicated count of total population served.

Project Name
Contract #

Grantee Name & Contact Person
Grantee Address
Grantee Phone

Hub Location

Population Served(Unduplicated Yearly Counts)	Q1 & Q2	Q3 & Q4	YTD Total
Children Less than 3 Years of Age			0
Children 3 through Five Years of Age			0
Children 0-5 (Ages Unknown)			0
Total Children 0-5	0	0	0
Parents/Guardians			0
Other Family Members			0
Providers			0

Ethnic Breakdown of Population Served	Children Ages Unknown			Children 0-3			Children 3-5			Parents/Guardians			Other Family Members		
	Q1 & Q2	Q3 & Q4	YTD Total	Q1 & Q2	Q3 & Q4	YTD Total	Q1 & Q2	Q3 & Q4	YTD Total	Q1 & Q2	Q3 & Q4	YTD Total	Q1 & Q2	Q3 & Q4	YTD Total
Alaska Native/American Indian			0			0			0			0			0
Asian			0			0			0			0			0
Black/African-American			0			0			0			0			0
Hispanic/Latino			0			0			0			0			0
Pacific Islander			0			0			0			0			0
White			0			0			0			0			0
Multiracial			0			0			0			0			0
Other/Unknown			0			0			0			0			0
	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Primary Language(Spoken in the Home)	Children			Parents/Guardians			Other Family Members		
	Q1 & Q2	Q3 & Q4	YTD Total	Q1 & Q2	Q3 & Q4	YTD Total	Q1 & Q2	Q3 & Q4	YTD Total
English			0			0			0
Spanish			0			0			0
Other (Please Specify):			0			0			0
Other (Please Specify):			0			0			0
Unknown			0			0			0
	0	0	0	0	0	0	0	0	0

Print Name of Program Contact Person or Authorized Representative _____

Signature: Program Contact Person or Authorized Representative _____

Date Received _____	Signature of First 5 Program Coordinator _____	Date _____
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Contract Number
Date Issued

Corrective Action Plan
Contractor
Effective from xx/xx/xx to xx/xx/xx

Findings <i>(notice for non-compliance or substandard performance)</i>	Corrective Action Steps <i>(ID root cause, assign owner, document response plan, follow-up process, and preventative actions)</i>	Goal	Documentation Required	Timeline	Status
Quantity Quality of Work:	Resolution Procedures	Desired Results & Outcome:	Proof of Action	Completed By	Current Review (date)

By: _____

Contractor Name, Title

Contractor

Date: _____

By: _____

Kathi Guerrero, Executive Director

First 5 El Dorado Children and Families Commission

Date: _____

By: _____

Andrea Powers, Program Coordinator

Date: _____

Family Survey English | Spanish

Thank you for your recent participation in First 5 El Dorado programs. We are interested in better understanding the families we serve, as well as learning your perspectives about our services and programs. The survey will take about 15 minutes to answer. If you have more than one child participating in this program, please answer the question for your youngest child. Please note that this survey is anonymous.

1. Date: Zip Code: Nearest Elementary School:
2. Child's Birth Month (2-digits): Child's Birth Year (4-digits):
3. Below is a list of libraries in El Dorado County. Please select the library closest to your home.
 - Cameron Park Library, 2500 Country Club Dr. Cameron Park, CA 95682
 - Placerville Library, 345 Fair Lane Placerville, CA 95667
 - El Dorado Hills Library, 7455 Silva Valley Pkwy. El Dorado Hills, CA 95762
 - Georgetown Library, 6680 Orleans St, Georgetown, CA 95634
 - Pollock Pines Library, 6210 Pony Express Trail Pollock Pines, CA 95726
 - South Lake Tahoe Library, 1000 Rufus Allen Blvd. South Lake Tahoe, CA 96150
4. In a usual week, how often do you or any other family members read stories or look at picture books with your child?
 - Never
 - 1-2 days
 - 3-4 days
 - 5-6 days per week
 - Every day
5. About how long has it been since your child last visited a doctor or medical clinic for well-child care? Well-child care is a visit for a general checkup, vaccinations, etc.
 - Never (only when child is sick)
 - More than 2 years ago
 - Between 1 and 2 years ago
 - 6 Months to 1 year ago
 - 6 Months ago or less
6. About how long has it been since your child last visited a dentist or dental clinic for preventive care? Preventive care is a cleaning, fluoride, exam, etc.
 - Never visited for preventative care
 - More than 2 years ago
 - Between 1 and 2 years ago
 - 6 months to 1 year ago
 - 6 months ago or less
7. About how long has it been since you monitored your child's development through a screening tool such as the Ages and Stages Questionnaire?
 - I've never screened my child's development
 - More than 2 years ago
 - Between 1 and 2 years ago
 - 6 months to 1 year ago
 - 6 months ago or less
8. Has your child attended preschool? If so, how long? If yes, type of preschool attended? (select all that apply)

<ul style="list-style-type: none"> <input type="checkbox"/> Yes, 0-6 months <input type="checkbox"/> Yes, 7-12 months <input type="checkbox"/> Yes, 1+ years <input type="checkbox"/> No, my child has not attended preschool 	<ul style="list-style-type: none"> <input type="checkbox"/> Head Start <input type="checkbox"/> State Preschool <input type="checkbox"/> Preschool <input type="checkbox"/> Family Childcare Home
---	---

Preschool / Program Name: _____

9. About how long has your family participated in hub activities for children birth through 5?
(select all that apply)

Family literacy including storytimes at libraries or schools

- | | |
|---|-------------------------------------|
| <input type="checkbox"/> 0-3 months | Total hours? |
| <input type="checkbox"/> 4-7 months | <input type="checkbox"/> 0-5 hours |
| <input type="checkbox"/> 8-11 months | <input type="checkbox"/> 6-10 hours |
| <input type="checkbox"/> 12 months to 24 months | <input type="checkbox"/> 10+ hours |
| <input type="checkbox"/> More than two years | |

Children's health including assistance from a health worker or health facilitated group

- | | |
|---|-------------------------------------|
| <input type="checkbox"/> 0-3 months | Total hours? |
| <input type="checkbox"/> 4-7 months | <input type="checkbox"/> 0-5 hours |
| <input type="checkbox"/> 8-11 months | <input type="checkbox"/> 6-10 hours |
| <input type="checkbox"/> 12 months to 24 months | <input type="checkbox"/> 10+ hours |
| <input type="checkbox"/> More than two years | |

Parenting and child development workshops including playgroups, parent groups or developmental questionnaires

- | | |
|---|-------------------------------------|
| <input type="checkbox"/> 0-3 months | Total hours? |
| <input type="checkbox"/> 4-7 months | <input type="checkbox"/> 0-5 hours |
| <input type="checkbox"/> 8-11 months | <input type="checkbox"/> 6-10 hours |
| <input type="checkbox"/> 12 months to 24 months | <input type="checkbox"/> 10+ hours |
| <input type="checkbox"/> More than two years | |

10. In the past 12 months, did you have any challenges accessing services for your child, for example related to going to the doctor or dentist, choosing child care, family reading, or attending a playgroup? If yes, please describe briefly. This information helps us to understand and plan to address community needs.
(select all that apply)

<p>Children's Health:</p> <input type="checkbox"/> I don't have insurance <input type="checkbox"/> I don't have a doctor <input type="checkbox"/> I don't have a dentist <input type="checkbox"/> I don't have transportation <input type="checkbox"/> It's not affordable <input type="checkbox"/> Other: _____	<p>Family Literacy:</p> <input type="checkbox"/> I need more books at home <input type="checkbox"/> I don't have time to read to my child <input type="checkbox"/> My child isn't interested <input type="checkbox"/> Storytimes are not at convenient times <input type="checkbox"/> I don't know how to read <input type="checkbox"/> Other: _____
<p>Parenting and Child Development:</p> <input type="checkbox"/> I'm not sure how to find a playgroup <input type="checkbox"/> I'm not sure how to find a parent group <input type="checkbox"/> I'm not sure how to monitor my child's development <input type="checkbox"/> I don't have transportation <input type="checkbox"/> Other: _____	<p>Quality Child Care:</p> <input type="checkbox"/> I don't know what high quality care is <input type="checkbox"/> I don't know how to find high quality care <input type="checkbox"/> I can't afford high quality care <input type="checkbox"/> There is not high quality care in my area <input type="checkbox"/> Other: _____

11. On a scale from 1-7, with 1 as 'strongly disagree' and 7 as 'strongly agree,' please rate how much you agree with the following statements. Rate each statement twice—how you felt before this program and how you feel today.

a. In my family, we talk about problems.	Before	1	2	3	4	5	6	7	Does not Apply <input type="checkbox"/>
	Today	1	2	3	4	5	6	7	
b. When we argue, my family listens to "both sides of the story."	Before	1	2	3	4	5	6	7	Does not Apply <input type="checkbox"/>
	Today	1	2	3	4	5	6	7	
c. In my family, we take time to listen to each other.	Before	1	2	3	4	5	6	7	Does not Apply <input type="checkbox"/>
	Today	1	2	3	4	5	6	7	
d. My family pulls together when things are stressful.	Before	1	2	3	4	5	6	7	Does not Apply <input type="checkbox"/>
	Today	1	2	3	4	5	6	7	
e. My family is able to solve our problems.	Before	1	2	3	4	5	6	7	Does not Apply <input type="checkbox"/>
	Today	1	2	3	4	5	6	7	
f. I have others who will listen when I need to talk about my problems.	Before	1	2	3	4	5	6	7	Does not Apply <input type="checkbox"/>
	Today	1	2	3	4	5	6	7	
g. When I am lonely, there are several people I can talk to.	Before	1	2	3	4	5	6	7	Does not Apply <input type="checkbox"/>
	Today	1	2	3	4	5	6	7	
h. I would know where to turn if my family needed food or housing.	Before	1	2	3	4	5	6	7	Does not Apply <input type="checkbox"/>
	Today	1	2	3	4	5	6	7	
i. I would know where to go for help if I had trouble making ends meet.	Before	1	2	3	4	5	6	7	Does not Apply <input type="checkbox"/>
	Today	1	2	3	4	5	6	7	
j. If there is a crisis, I have others I can talk to.	Before	1	2	3	4	5	6	7	Does not Apply <input type="checkbox"/>
	Today	1	2	3	4	5	6	7	
k. I would know where to go if I needed help finding a job.	Before	1	2	3	4	5	6	7	Does not Apply <input type="checkbox"/>
	Today	1	2	3	4	5	6	7	

This part of the survey asks about parenting and your relationship with your child. For this section, please focus on the child that you hope will benefit most from your participation.

l. There are many times when I don't know what to do as a parent.	Before	1	2	3	4	5	6	7	Does not Apply <input type="checkbox"/>
	Today	1	2	3	4	5	6	7	
m. I know how to help my child learn.	Before	1	2	3	4	5	6	7	Does not Apply <input type="checkbox"/>
	Today	1	2	3	4	5	6	7	
n. My child misbehaves just to upset me.	Before	1	2	3	4	5	6	7	Does not Apply <input type="checkbox"/>
	Today	1	2	3	4	5	6	7	

Please tell us how often each of the following happens in your family.

o. I praise my child when he/she behaves well.	Before	1	2	3	4	5	6	7	Does not Apply <input type="checkbox"/>
	Today	1	2	3	4	5	6	7	
p. When I discipline my child, I lose control.	Before	1	2	3	4	5	6	7	Does not Apply <input type="checkbox"/>
	Today	1	2	3	4	5	6	7	
q. I am happy being with my child.	Before	1	2	3	4	5	6	7	Does not Apply <input type="checkbox"/>
	Today	1	2	3	4	5	6	7	
r. My child and I are very close to each other.	Before	1	2	3	4	5	6	7	Does not Apply <input type="checkbox"/>
	Today	1	2	3	4	5	6	7	
s. I am able to soothe my child when he/she is upset.	Before	1	2	3	4	5	6	7	Does not Apply <input type="checkbox"/>
	Today	1	2	3	4	5	6	7	
t. I spend time with my child doing what he/she likes to do.	Before	1	2	3	4	5	6	7	Does not Apply <input type="checkbox"/>
	Today	1	2	3	4	5	6	7	

12. How satisfied are you with the First 5 services you have received?

- Extremely satisfied
- Very satisfied
- Satisfied
- Dissatisfied
- Very dissatisfied

Please share any additional comments about this program or suggestions for improvement:

13. What is your annual household income?

- \$0 - \$10,000 per year
- \$10,001 - \$20,000
- \$20,001 - \$30,000
- \$30,001 - \$40,000
- \$40,001 - \$50,000
- More than \$50,000

14. Please provide your highest education level completed:

- Primary school
- Some high school
- High school diploma/GED
- Vocational/certification/training programs completed
- Some college
- 2-year college degree/certificate (A.A., etc.)
- 4-year college degree (B.S., B.A., etc.)
- Post-graduate or professional degree (M.S., M.A., J.D., etc.)

15. Race/Ethnicity (please choose the ONE that best describes what you consider yourself to be):

- Alaskan Native / Native American
- Asian
- Black / African American
- Hispanic / Latino
- Pacific Islander / Native Hawaiian
- White (Non-Hispanic)
- Multiracial
- Other: _____

16. Do you speak a language other than English at home?

- Yes
- No

If "Yes", please specify:

- Spanish
- Other: _____