GRANT AGREEMENT
FOR
CALIFORNIA ACCOUNTABLE COMMUNITIES FOR HEALTH INITIATIVE

Grantee: Sonoma County Department of Health Services

Grant #: 783-02-005

Grant Amount: $200,000

Grant Period: September 1, 2019 – August 31, 2021

1. Grant Purpose: The California Accountable Communities for Health Initiative was designed to assess the feasibility, effectiveness and potential value of a more expansive, connected and prevention-oriented health system. Grants will support activities associated with implementing an Accountable Community for Health (ACH), to achieve the milestones described in the Five Year Milestones, attached as Appendix 2.

   Grantee agrees to:

   a. Support activities to achieve the Objectives (Appendix 1) and the Five Year Milestones (Appendix 2). These activities are described in the Workplan, submitted as part of the renewal application.

   b. Provide regular updates to CACHI program staff through regular calls.

   c. Participate in the evaluation of CACHI, including regular calls and site visits.

   d. Participate in convenings, webinars and other learning community and technical assistance activities associated with the initiative.

   e. Actively participate in a community of practice, including but not limited to sharing experiences, documents, and other materials with CACHI grantees and other ACH's.

   f. Share CACHI's experiences and findings with public and private stakeholders in California and across the country.

2. Payments: Community Partners will issue one payment of $200,000 to Grantee upon receipt of a signed copy of this agreement, but no earlier than September 1, 2019.

3. Use of Funds: Grantee shall spend the grant funds only for the purposes described above, and in accordance with the Workplan and approved budget, attached as Appendix 3. Any significant changes in the purpose for which funds are spent or in the budget or grant period must be approved in writing by Community Partners before funds are spent.

4. Prohibited Activities: The Grantee shall not use grant funds in any way that is out of compliance with all applicable federal and state statutes and laws.

5. Reporting: Grantee shall submit the following reports to Community Partners in the form and fashion provided by Community Partners describing the progress against the workplan and Milestones made in accomplishing the purpose of the grant and how the grant funds have been spent.

a. By April 1, 2020, Grantee shall submit an interim milestone checklist, covering activities from September 1, 2019 through February 28, 2020.

b. By September 30, 2020, Grantee shall submit a narrative and financial report, covering activities completed from September 1, 2019 through August 31, 2020, an interim milestone checklist and a revised workplan and budget for the following year.

c. By April 1, 2021, Grantee shall submit an interim milestone checklist, covering activities from September 1, 2020 through February 28, 2021.

d. By September 30, 2021, Grantee shall submit a final narrative and financial report, covering both activities for the period of September 2020 through August 31, 2021, as well as a summation of all activities carried out during the entire CACHI initiative and a final milestones checklist.

6. Records, Audits, Site Visits: Grantee shall be responsible for maintaining adequate financial records of this grant program. Community Partners, or a designated representative, reserves the right, upon written notice, to audit Grantee's books and records relating to the expenditure of any funds provided by Community Partners through this agreement.

7. Communications/Promotional Materials: All proposed Grantee external communication specifically related to the ACH shall be submitted first to Community Partners for review and approval. External communications and announcements shall clearly identify Community Partners, The California Endowment, Blue Shield of California Foundation, Kaiser Foundation Health Plan, Inc., The California Wellness Foundation, WellBeing Trust and other funding members of CACHI as a funder or supporter of Grantee in all published material relating to the subject matter of the grant.

8. Status: Grantee represents it is currently, and shall remain during the period funded, a non-profit public benefit corporation exempt from federal income taxes under sections 501(c)(3) and 509(a)(1), (2) or (3) of the Internal Revenue Code or a local, state or federal government agency eligible to receive charitable contributions.

9. Terrorist Activity: Grantee agrees that it will use the grant funds in compliance with all applicable anti-terrorists financing and asset control laws, regulations, rules, and executive orders.

10. Indemnification: Grantee irrevocably and unconditionally agrees, to the fullest extent permitted by law, to defend, indemnify, and hold harmless Community Partners, its officers, directors, employees, and agents, and the funders of CACHI, their officers, directors, employees, and agents, from and against any and all claims, liabilities, losses and expenses arising from or in connection with any act or omission of Grantee, its employees, or agents, in accepting the purpose(s) of the grant, except to the extent that such claims, liabilities, losses or expenses arise from or in connection with any act or omission of Community Partners or the funders of CACHI, their officers, directors, employees, or agents.

11. Remedies: If Community Partners determines, in its sole discretion, that Grantee has substantially violated or failed to carry out any provision of this Agreement, Community Partners may refuse to make any further grant payments to Grantee under this or any other grant agreement, and Community Partners may demand the return of all or part of the grant funds not properly spent or committed to third parties, which Grantee shall immediately repay to Community Partners. Community Partners may also avail itself of any other remedies available by law.

12. No Agency. Grantee is solely responsible for all activities supported by the grant funds, the content of any product created with the grant funds, and the manner in which such products may be disseminated. This

agreement shall not create any agency relationship, partnership, or joint venture between the parties, and Grantee shall make no such representation to anyone.

13. Future Funding: This award is made with the understanding that Community Partners has no obligation to provide other or additional support for this project, nor does the award represent any commitment to future support from Community Partners for this or any other project of the Grantee.

14. Entire Agreement. This agreement constitutes the entire agreement of the parties with respect to its subject matter and supersedes any and all prior written or oral agreements or understandings with respect to the subject matter hereof. This agreement may not be amended or modified except in writing signed by both parties.

If this agreement correctly sets forth your understanding and acceptance of the arrangements made regarding this grant, please countersign and return to Community Partners.

Grantee Signature	Print Name and Title	Date
	Paul Vandeventer, President and CEO, Community Partners	
Grantor Signature	Print Name	Date

APPENDIX 1
Objectives

Objective 1: Solidify ACH infrastructure and its relationships to other initiatives and/or collaboratives

Objective 2: Embed equity as a core principle throughout ACH policies and practices and institute meaningful community outreach and engagement strategies

Objective 3: Develop, implement and refine a coherent portfolio of interventions with significant reach and strength

Objective 4: Develop and implement the ACH's sustainability approach/plan, including securing funding sources and establishing a Wellness Fund

Objective 5: Implement new and improve current capacities to collect data, synthesize, and share data among partner organizations, and communicate transparently to communities and stakeholders on the progress of the ACH, its interventions and milestones

APPENDIX 2
Five Year Milestones Associated with Developing an ACH

1. Solidify ACH infrastructure and its relationships to other initiatives and/or collaboratives

*a. The ACH has developed a shared long-term **vision**, which prioritizes population health improvement, developed through a collaborative process that engages the community.*

YEAR ONE
- The ACH formally adopts a shared vision, and a set of near-term goals related to the development of the ACH, based on input from ACH partners.

YEAR TWO
- The ACH partners have a clear understanding of how the ACH (or its activities) fits and/or integrates with other collective action tables or structures.

YEAR THREE
- The ACH annually reviews the vision and goals to update short-term, medium-term and long-term goals and ensures that equity is explicitly articulated as a core principle and priority.

YEAR FOUR
- ACH partners align their priorities with the vision and goals of the ACH and begin to align with community priorities.

YEAR FIVE
- The ACH refreshes its vision to incorporate new priorities and conditions.

*b. The ACH has identified a trusted well-respected **backbone entity** with the trust and capacity to convene and coordinate the various aspects of the ACH.*

YEAR ONE
- The backbone entity hires staff, preferably at least 50 percent time project director or manager dedicated to the ACH.

YEAR TWO
- Roles and responsibilities of the backbone entity are clearly defined and, to the extent some of the roles are carried out by other organizations, they are made explicit.

YEAR THREE/FOUR
- The ACH periodically reviews how the backbone functions are being carried out and confirms the existing backbone entity or chooses a new backbone entity(ies) to carry out those activities.

YEAR FIVE
- The ACH has secured funding, either directly, in-kind, or through the Wellness Fund, to support the backbone's core functions and ongoing operations.

c. *The ACH has established a sound **governance structure**, including a leadership team that includes residents, which ensures effective decision-making and accountability to partners and the community, and is developing a high level of trust among members.*

YEAR ONE

- The ACH establishes a leadership team to include backbone, partner organizations and residents. Organizational members are decision-makers who can commit their organizations (or obtain such a commitment) to agreed-upon strategies. Ideally, each member organization completes a participation agreement.
- The ACH makes progress toward establishing formal governance structure and creates sub-committees as appropriate (e.g., sustainability and financing, resident engagement).

YEAR TWO

- The leadership team subscribes to a distributed leadership model with various team members assuming leadership roles on different topics such as sustainability, particular interventions within the portfolio, etc.
- The ACH finalizes a formalized governance structure and processes to: monitor activities, secure and/or renew member commitments, manage member turnover and changes, document decision-making responsibilities and conflict resolution processes, and identify course corrections, as appropriate to achieve goals.

YEAR THREE

- The ACH establishes mechanisms and practices of transparency to ensure accountability between partners and between the leadership team and the community.

YEAR FOUR

- The ACH establishes regular opportunities to report to and gather input via town hall or other open community sessions.
- The ACH assesses and updates the process for onboarding new partners and resident leaders based on the experiences and evolution of the ACH.

YEAR FIVE

- The ACH reviews and revises the governance structure and work groups as it takes on new priorities.
- The ACH adopts a systems-change orientation to its work and its practices reflect transformed norms, mindsets, and ways of working together.

d. *The ACH includes a diverse set of **partners** and organizational leadership from clinical, community health, social services, education, grass roots and consumer organizations, residents, and other stakeholders relevant to the selected health issue.*

YEAR ONE

- The ACH includes partners, from the health and health care sectors and other non-health sectors aligned with the selected condition (e.g., education, justice, social sectors).
- The ACH establishes a leadership team and a broad “all-partners” group of stakeholders.

YEAR TWO

- There is a high level of participation by senior level people of partner organizations.

YEAR THREE

- There is a continued high level of participation by senior level people of partner organizations representing a range of sectors and entities.
- Relationships and trust between partners deepen.
- Partners exhibit a commitment to collaboration over competition.

YEAR FOUR

- The ACH reviews partner composition in light of new health priorities (see POI below).
- ACH partners begin to change their practices to better align and collaborate with each other.

YEAR FIVE

- New partners join the ACH to reflect the new priority or condition.

2. Embed equity as a core principle throughout ACH policies and practices and institute meaningful community outreach and engagement strategies.

*a. The ACH adopts and incorporates **equity, diversity** and **inclusion** principles throughout the activities of the ACH.*

YEAR ONE

- The vision and goals explicitly articulate a commitment to equity and identifies steps to operationalize equity as a core value.

YEAR TWO

- The ACH practices equity, diversity, and inclusion in its decision making-processes and attends to power dynamics.
- The ACH explicitly incorporates equity-based criteria for developing outcomes and indicators (e.g., targets are tied to racial/SES outcomes), portfolio interventions, data strategy, and Wellness Fund priorities.

YEAR THREE

- The ACH reviews and assesses how and the degree to which its governance processes have incorporated principles of equity, diversity, and inclusion.

YEAR FOUR

- The ACH identifies data sources and methods that can identify potential health disparities and a narrative that demonstrate how its activities advance equity.
- The ACH uses advancing equity and diversity as explicit criteria in considerations for expanding to new geographies or addressing additional health conditions.

YEAR FIVE

- The ACH incorporates equity considerations as key criteria for measuring success in terms of its own operations as well as the implementation of the portfolio of interventions.
- The ACH demonstrates specific ways in which it is operating more equitably and inclusively (e.g. diverse resident engagement on the leadership team and involvement with interventions, more equitable distribution of resources, greater attention to communities and populations with health disparities, implementing interventions to specifically address health inequities, etc.)

b. *The ACH **engages residents and the community-at-large** in the governance of the ACH, as well as the design and implementation of interventions.*

YEAR ONE

- The ACH includes residents from the target geography in all aspects and levels of its structure (e.g. leadership team, work groups, all-partners groups). Resident leaders are supported to participate (training, stipends).

YEAR TWO

- The ACH establishes processes for regularly communicating with and meaningfully engaging residents within the target geography about the portfolio of interventions and other aspects of the ACH.
- Residents actively participate in the ACH, especially in decision-making processes, to help set priorities and goals.

YEAR THREE

- Residents and representative CBOs are trained and understand how to use data and narratives produced by the ACH to spread the word about the ACH's accomplishments.
- Residents and representative community-based organizations from targeted communities are engaged in a decision-making capacity at multiple levels in the ACH and actively shape the priorities and implementation of interventions.
- Residents are engaged and involved in carrying out interventions (not just being the subject of them), ideally assuming leadership of one or more interventions. For example, churches may conduct a blood pressure screening, local residents may beautify area parks, etc.

YEAR FOUR

- The ACH demonstrates accountability to the community, and community champions understand and support the goals of the ACH.
- ACH incorporates multiple strategies to maximize resident involvement (e.g., meetings in community locations, after hours, language accommodation).

YEAR FIVE

- Priorities for ACH activities and outcomes are aligned with needs and expectations of the community and a process for consistently soliciting and incorporating community priorities is in place.

3. Develop, implement and refine a coherent portfolio of interventions with significant reach and strength

a. *Interventions are **aligned** across the five domains to achieve a set of prioritized outcomes that address varying stages of the selected issue and include short to long-term timeframes, upstream and downstream factors, and measures for monitoring success.*

YEAR ONE

- The ACH utilizes the Community Health Needs Assessments and other community inputs to determine a priority health issue or community condition and in considering an initial portfolio.
- The ACH collectively develops an understanding of the root causes of the health issue or community condition, including any relevant policies or systems barriers that have led to racial, ethnic, or gender inequities associated with the issue or condition.
- The ACH inventories interventions that are already underway that address the health issue and are operating throughout the geographic area.

YEAR TWO

- The ACH develops a preliminary portfolio of interventions that includes all five domains and a mix of upstream and downstream (prevention and treatment) activities. Potential new interventions in the community-clinical linkages domain may be identified along with needed systems changes.
- The ACH identifies a select number of common and measurable outcomes for the portfolio and their respective indicators of success, as well as the relationship between the interventions and the outcomes (note that multiple interventions should lead to such outcomes). (Because some outcomes may take years to manifest, short or medium-term process or interim outcomes may also be identified.)[1]
- The ACH identifies gaps in interventions, based upon ensuring a breadth of activities across the five domains, evidence, dose, reach, cost, near/intermediate/long term benefits, etc., and potential strategies for addressing them.
- The ACH creates an implementation plan for interventions across all five domains.

YEAR THREE

- The ACH aligns interventions in all five domains toward a common set of outcomes.
- The ACH develops a plan to address gaps in the portfolio that prioritizes interventions that 1) address gaps with regard to composition and reach 2) are prevention oriented, and 3) advance health equity. (Plans to address gaps may take the form of capacity expansion to meet community needs within an existing intervention; new interventions identified as high priority to achieve the outcomes; or longer-term prevention or environmental change (upstream) interventions not yet addressed.)
- The ACH establishes a practice to annually monitor implementation of the plan.

YEAR FOUR

- The ACH incorporates a quality improvement approach to improve interventions.
- The ACH reviews the portfolio of interventions to assess the degree to which interventions are mutually reinforcing and aligned toward a common set of outcomes.
- Upon reviewing the progress of the implementation plan, the ACH refines the Portfolio as needed, with particular attention to long-term prevention-oriented aspects of the portfolio.

YEAR FIVE

- The ACH reviews the portfolio of interventions for progress toward advancing a common set of outcomes and refines the portfolio as needed, with particular attention to overall balance of short-term and long-term, breadth and depth, upstream and downstream.

b. *The ACH team adopts new goals and next steps for the portfolio, which may include increased funding for existing interventions, expansion beyond the current target geography or adopting a new community health priority.*

YEARS ONE, TWO, & THREE: NA

[1] An outcome measure reflects the impact of an intervention on the health status of patients or a population (e.g., mortality rates, the percentage of children with diabetes in a given geography). A process measure is a step to prevent, maintain, or improve health that generally follows recommendations for practice (e.g., the percentage of people with diabetes who had their blood sugar tested and controlled). Indicators could represent different populations (e.g., children and adolescents), time frames (1-2 years, 5 years), etc.

YEAR FOUR

- An ACH planning team is convened and develops a series of strategic options for the next phase of ACH implementation, including identifying a new health issue.

YEAR FIVE

- The ACH begins planning for the development of a portfolio of interventions for new health, geographic or population priorities with a continued focus on upstream interventions, prevention and health equity.

4. Develop and implement the ACH's sustainability approach/plan, including securing funding sources and establishing Wellness Fund

*a. The ACH has adopted and is implementing a **sustainability** approach/plan that articulates its value, quantifies its needs, and identifies specific funding sources.*

YEAR ONE

- The ACH identifies a team made up of individuals from various partners to lead its work on sustainability and financing, e.g., through a designated workgroup.

YEAR TWO

- The ACH begins development of a sustainability plan, starting with a statement of benefit and value, e.g., a value proposition. The value proposition should identify both financial and non-financial benefits of an ACH.
- The ACH determines the level of funding needed to support the backbone entity on an ongoing basis.

YEAR THREE

- The ACH determines "best guess" estimates for level of funding needed to support identified gaps associated with implementing the portfolio of interventions at sufficient reach and strength.
- The ACH finalizes a sustainability plan and approach that includes agreements among partners regarding sustainability strategies and begins implementation.

YEAR FOUR

- The ACH captures and reports financial and non-financial value through both quantitative data and narrative, related to Years One and Two activities to stakeholders.
- The ACH develops a funding appeal for the ACH and key activities associated with the Portfolio of Interventions and obtains commitments from more than one funding source.
- ACH partners collaboratively seek funding and competition is reduced.
- ACH partners demonstrate commitment to the sustainability of the ACH through funding and in-kind contributions.

YEAR FIVE

- The ACH pursues long-term and sustainable financing mechanisms.
- The ACH develops a funding strategy for the new health condition.

*b. The ACH operates a **Wellness Fund** as a vehicle for attracting, braiding, and blending resources from a variety of organizations and sectors, to support the ACH's infrastructure and activities in alignment with the goals, priorities and strategies developed by the ACH.*

YEAR ONE

- ACH develops goals and principles for a Wellness Fund
- ACH begins a planning process for a Wellness Fund.

YEAR TWO

- ACH identifies options for a Wellness Fund administrator, which include potential strengths and gaps in needed capacities; capacities include the ability to carry out the various financing strategies identified in the sustainability plan/approach (e.g., blend and/or braid resources) as well as to monitor and report funding received and expenditures.

YEAR THREE

- The ACH formally selects an administrator for the Wellness Fund, formalizes a governance structure to oversee it, and develops written agreements that outline accountability and decision-making roles between the two entities.
- The Fund develops a plan to address any critical gaps in capacities identified above.
- The ACH and Wellness Fund collaboratively establish fund disbursement/grantmaking framework and criteria.

YEAR FOUR

- The ACH secures resources to support one or more gaps in the Portfolio of Interventions, such as scaling and spreading existing interventions, start-up of critical new interventions, etc. or address a common priority of the ACH.

YEAR FIVE

- The ACH secures contributions from diverse sources.
- The ACH prioritizes allocating funding that supports upstream interventions and prevention, and advances health equity.

5. Implement new and improve current capacities to collect data, synthesize, and share data among partner organizations, and communicate transparently to communities and stakeholders on the progress of the ACH, its interventions, and milestones.

*a. The ACH identifies, collects and/or synthesizes and reports **data** to monitor and communicate through a dashboard progress regarding ACH assets and infrastructure (e.g., Wellness Fund), outcomes (e.g., selected health condition) and overall impact.*

YEAR ONE

- The ACH inventories available data sources related to the priority health issue or condition.

YEAR TWO

- The ACH identifies outcome measures and indicators of success that reflect its priority health issue or condition and Portfolio of Interventions.
- The ACH determines how it will monitor progress on all selected outcome measures and indicators of success, including identifying data sources, frequency of data availability, whether data sharing agreements are needed, etc.
- The ACH identifies indicators for which data are unavailable, but desired, and plans for how data can be collected.

YEAR THREE

- The ACH operationalizes all selected outcome measures and indicators of success and begins regularly reporting on the measures.
- The ACH determines its audiences for internal and public facing reporting and identifies which outcome measures and indicators of success should be reported to which audience, with what frequency and through what format.

YEAR FOUR

- The ACH expands its regular reporting to include any outcome measures or indicators of success not reported previously.
- The ACH identifies needed infrastructure, analytical capacity, and processes for routine data reporting to support quality improvement and monitoring needs, including any necessary staff development, technology acquisitions, or funding.

YEAR FIVE

- The ACH has the infrastructure, analytical capacity, and processes in place for routine data reporting to support the quality improvement and monitoring needs of ACH activities, including the Portfolio of Interventions and Wellness Fund investments.

b. *The ACH implements communication strategies, using data and accessible, visual mechanisms, to "tell its story".*

YEAR ONE: N/A

YEAR TWO

- The ACH develops a preliminary narrative and overall communications approach to explain the ACH to partners, potential partners and other key audiences, including, ultimately, the community.

YEAR THREE

- The ACH adopts a narrative template to tell the story of its value to multiple audiences, including the community, using data, visuals and narrative story.
- The ACH finalizes a communication plan that identifies selected audiences, key messages, interventions and activities to highlight, and communications medium(s) that it will implement.
- The ACH begins implementing components of its communications plan, including prioritizing audiences, developing key materials (e.g., presentations, webpages, etc.), and conducting outreach.

YEAR FOUR

- The ACH continues to implement its communication plan.
- The ACH uses data visualization approaches, including dashboards, where appropriate, to increase transparency and communicate accountability to partners, investors, and the community.

YEAR FIVE

- The ACH refines its communications strategy to incorporate storytelling, data visualization approaches, and audience-specific messages, to convey progress on indicators and documenting systems changes.

APPENDIX 3
Approved Budget

California Accountable Communities for Health Initiative (CACHI)

Budget Template

Applicant: Sonoma County Department of Health Services
Budget Contact Name & Phone: Kristin Fladseth, 707-565-6672

PROJECT BUDGET		Estimated Funds from Previous CACHI Grants (if any)	September 1, 2019 - August 31, 2020 Funding Request from CACHI	Other Funding Sources	In Kind Support	Total Annual Budget	September 1, 2020 - August 31, 2021 Funding Request from CACHI	Other Funding Sources	In Kind Support	Total Annual Budget
INCOME										
CACHI Requested Funding	Committed	$ 300,000	$ 51,982	$ -	$ -	**$ 351,982**	$ 148,018	$ -	$ -	**$ 148,018**
DHS in-kind staff and benefits	Committed		$ -	$ -	$ 149,955	**$ 149,955**	$ -	$ -	$ 159,087	**$ 159,087**
Medtronic Foundation Community Engagement Grant	Committed		$ -	$ 100,000	$ -	**$ 100,000**	$ -	$ -	$ -	**$ -**
Medtronic Foundation Community Health Worker Pilot	Committed		$ -	$ 200,000	$ -	**$ 200,000**	$ -	$ -	$ -	**$ -**
Medtronic Foundation Community Health Worker Pilot Expanision	Projected		$ -			**$ -**		$ 200,000		**$ 200,000**
CARIUM Community Health Worker Technology Platform	Committed		$ -	$ 85,000		**$ 85,000**				**$ -**
Redwood Community Health Coalition SDOH & PHASE Projects	Projected		$ -	$ 182,500	$ -	**$ 182,500**		$ 182,500	$ -	**$ 182,500**
CDPH California Tobacco Control Program	Committed		$ -	$ 110,000	$ -	**$ 110,000**	$ -	$ 110,000	$ -	**$ 110,000**
Estimated expenses for ACH-related activities by ACH partner agencies (eg. policy advocacy, outreach, data collection and analysis, fiscal analysis, legal and data agreement development)	Committed			$ 201,105		**$ 201,105**		$ 201,105		**$ 201,105**
TOTAL INCOME		**$ 300,000**	**$ 51,982**	**$ 878,605**	**$ 149,955**	**$ 1,380,542**	**$ 148,018**	**$ 693,605**	**$ 159,087**	**$ 1,000,710**
PERSONNEL EXPENSES (List positions)										
.60 Health Program Manager		$ 67,454	$ -	$ -	$ -	**$ 67,454**	$ 69,478			**$ 69,478**
.50 Program Planning & Evaluation Analyst					$ 88,471	**$ 88,471**			$ 91,126	**$ 91,126**
.15 Program Planning & Evaluation Analyst					$ 26,541	**$ 26,541**			$ 27,338	**$ 27,338**
.10 Program Planning & Evaluation Analyst					$ 17,694	**$ 17,694**			$ 18,225	**$ 18,225**
Subtotal Personnel		$ 67,454	$ -	$ -	$ 132,706	**$ 200,160**	$ 69,478	$ -	$ 136,689	**$ 206,167**
Benefits (32% of Personnel)*		$ 21,585	$ -	$ -	$ 17,249	**$ 38,834**	$ 22,233	$ -	$ 22,398	**$ 44,631**
Total Personnel		**$ 89,039**	**$ -**	**$ -**	**$ 149,955**	**$ 238,994**	**$ 91,711**	**$ -**	**$ 159,087**	**$ 250,798**
NON-PERSONNEL/OTHER EXPENSES										
Portfolio Coordination		$ 63,895	$ 11,105			**$ 75,000**	$ 30,000			**$ 30,000**
Racial Equity		$ 19,484	$ 32,097			**$ 51,581**	$ -			**$ -**
Travel		$ 4,630	$ -			**$ 4,630**	$ 5,000			**$ 5,000**
Community Support Allocations		$ 31,000	$ 2,000			**$ 33,000**	$ 2,000			**$ 2,000**
Sustainability		$ 52,821	$ -			**$ 52,821**				**$ -**
Medtronic Foundation Community Engagement Grant				$ 100,000		**$ 100,000**				**$ -**
Medtronic Foundation Community Health Worker Pilot				$ 200,000		**$ 200,000**				**$ -**
Medtronic Foundation Community Health Worker Pilot Expanision				$ -		**$ -**		$ 200,000		**$ 200,000**
CARIUM Community Health Worker Technology Platform				$ 85,000		**$ 85,000**				**$ -**
Redwood Community Health Coalition SDOH & PHASE Projects				$ 182,500		**$ 182,500**		$ 182,500		**$ 182,500**
CDPH California Tobacco Control Program				$ 110,000		**$ 110,000**		$ 110,000		**$ 110,000**
Estimated expenses for ACH-related activities by ACH partner agencies (eg. policy advocacy, outreach, data collection and analysis, fiscal analysis, legal and data agreement development)				$ 201,105		**$ 201,105**		$ 201,105		**$ 201,105**
Total Non-Personnel/Other Expenses		**$ 171,830**	**$ 45,202**	**$ 878,605**	**$ -**	**$ 1,095,637**	**$ 37,000**	**$ 693,605**	**$ -**	**$ 730,605**
TOTAL EXPENSES (excluding Indirect/Overhead)		**$ 260,869**	**$ 45,202**	**$ 878,605**	**$ 149,955**	**$ 1,334,631**	**$ 128,711**	**$ 693,605**	**$ 159,087**	**$ 981,403**
INDIRECT/OVERHEAD EXPENSE (15 % of Expenses)**		**$ 39,130**	**$ 6,780**	**$ -**	**$ -**	**$ 45,911**	**$ 19,307**	**$ -**	**$ -**	**$ 19,307**
TOTAL EXPENSES (Personnel + Non-Personnel/Other + Indirect Costs)		**$ 300,000**	**$ 51,982**	**$ 878,605**	**$ 149,955**	**$ 1,380,542**	**$ 148,018**	**$ 693,605**	**$ 159,087**	**$ 1,000,710**
BALANCE (Total Revenues - Total Expenses)		**$ 0**	**$ (0)**	**$ -**	**$ -**	**$ 0**	**$ 0**	**$ -**	**$ -**	**$ 0**

*Maximum of 32% of total personnel costs
**Maximum of 15% of total expenses