**EXHIBIT A**

**SCOPE OF SERVICES**

1. **Service Area Determination:**
2. **Planned Activities:**

**EXHIBIT B**

**PROJECT BUDGET**

**Project Name:**

**Contract Period:**  July 1, 2015 – June 30, 2016

**Total Budget:** $

**BUDGET NARRATIVE:**

**Detailed Budgeted Line items:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Line Item per Category** | **Unit cost** | **Unit** | **Number of units** | **Subtotal** |
| Caseworker |  |  |  |  |
| Program Support Clerk |  |  |  |  |
| Employee Fringe Benefits |  |  |  |  |
| Office Supplies |  |  |  |  |
| Space Maintenance |  |  |  |  |
| Tele & Fax |  |  |  |  |
| Liability Insurance |  |  |  |  |
| Alarm |  |  |  |  |
| Utilities |  |  |  |  |
| Essential Services for Clients |  |  |  |  |
| Administration |  |  |  |  |
| **Total** |  |  |  |  |

**Description of the line items:**

1. Refer to job description.
2. Office Supplies –Space Maintenance – Items associated with operating and maintaining the facility where this public service is provided
3. Telephone & Fax – Two phones for case worker and support staff
4. Liability Insurance: See attached Cost Allocation.
5. Alarm: Alarm system
6. Utilities: See attached cost allocation based on percent distribution.
7. Essential Services for Clients:
8. Administration:

**Exhibit C**

**PERFORMANCE REPORT**

**Name of Project:**

**Amount of Grant:**

**Contract Period: 7/1/15 to 6/30/16**

**Reporting Requirement Description:**

**EXHIBIT D**

**MISCELLANEOUS ENCLOSURES**

The following enclosures are part of the Exhibit D:

1. Certifications from the application packet
2. Project overview and Information
3. Oxnard Business License
4. Program Procedures
5. Administrative Policy
6. Client Intake and Assessment forms
7. Beneficiaries Information forms
8. Procurement Contract
9. Job descriptions (2)
10. Employee Timesheet and Activity Log

INSURANCE CERTIFICATE