

**EXHIBIT A**  
**SCOPE OF WORK**

<b>AGENCY/PROGRAM NAME:</b>		FY:
<b>GOAL:</b> What are 1-2 primary goals of your program?		Links to First 5 Solano Strategic Plan (Priority and Strategy):

<b>Activity</b>	<b>TASKS</b>	<b>SERVICE COUNTS</b>		<b>OUTCOME</b>
<i>What broad category (ex: parent ed., case mgmt., home visiting, etc.) are you performing?</i>	<i>What services, events and other actions make up the program?</i>	<i># Served: The counts of services provided (to unduplicated clients) and people served over the course of the program. Service Unit Type/Length of Time: The level of services rendered (how often and how long).</i>		<i>Outcome: The percentage and number of people for whom the program will affect a desired change. The required percentage must be met regardless of total number served.</i>
		<b>Tasks Within Activity</b>	<b># Served</b>	<b>Service Unit Type/ Length of time</b>

Activity	TASKS	SERVICE COUNTS		OUTCOME

## EXHIBIT B CONTRACTOR BUDGET

Line Item	FTE	First 5 Solano	Notes/Also Includes	Total
<u>Personnel</u>				
Staff Member 1			Staff member title	
Staff Member 2			E.g. Staff Member 2 – Program Manager	
Staff Member 3				
Staff Member 4				
Staff Member 5				
Staff Member 6				
Benefits				
<b>Subtotal Personnel</b>				
<u>Operating Expenses</u>				
Rent & Utilities			Building Maintenance	
Training/Travel			Local Mileage; conferences	
IT/Phone			Equipment; Wifi	
Office Supplies			Postage; Printing	
Client Support			Basic Needs; Incentives; Housing funds	
Program Supplies			Outreach supplies; Food for client activities and/or mtgs	
Other			Add what "Other is"	
Other			E.g. Other – Behavioral Health Consultation	
<b>Subtotal Operating Expenses</b>				
<u>Subcontractors</u>				
Subcontractor 1				
Subcontractor 2				
<b>Subtotal Subcontractors</b>				
<u>Indirect Costs</u>				
Administration				
<b>Subtotal Indirect</b>				
<b>Grand Total Expenses</b>				