**Agency Description Form**

1. **Organization's Legal Name:** Orange County Child Abuse Prevention Center
(As Specified in The Articles of Incorporation or State License)

Business Address: 2390 East Orangewood Avenue, Suite 300
Anaheim, CA 92806

2. **Contract Signature Authority** - Identify Below the Person or Persons Empowered to Sign a Contract:

| | | | |
|---|---|---|---|
| Corporate Officer or Authorized Representative Name: | Lisa Fujimoto | | |
| Corporate Officer or Authorized Representative Telephone #: | 714-955-6506 | Fax #: | 714-543-4398 |
| Corporate Officer or Authorized Representative Name: | | | |
| Corporate Officer or Authorized Representative Telephone #: | | Fax #: | |

**Include with Attachments:**

**If incorporated and only one person will sign contract - Attach Board of Directors resolution empowering the Corporate Officer identified above to act on behalf of the organization by his/her signature alone.**

**If unincorporated - Attach documentation identifying the person listed above as an Authorized Representative who may act on behalf of the organization by his/her signature alone.**

3. **Date Organization Established:** July 27, 1993

4. **Type of Business (Check One):**

(•) Nonprofit Corporation ( ) Other (Specify):

5. **Current Annual Operating Budget:** $8,432,032

*Operating Budget Generated From:*

| | | | |
|---|---|---|---|
| Non-Orange County Government Contracts: | $ | 870,000 | 10.3% |
| Orange County Government Contracts: | $ | 6,402,032 | 75.9% |
| Non-Governmental Contracts: | $ | | 0.0% |
| Donations: | $ | 1,100,000 | 13.0% |
| Participant Fees: | $ | | 0.0% |
| Restricted Donation | $ | 60,000 | 0.7% |
| Other (Specify): | $ | | 0.0% |
| Other (Specify): | $ | | 0.0% |
| TOTAL: | $ | 8,432,032 | 100.0% |

6. **Budget Contact Person** - Identify below the person who will be completing the budget forms:

| | |
|---|---|
| Name and Title: | Linda Sarabia, Controller |
| Address: | 2390 East Orangewood Avenue, #300, Anaheim, CA 92806 |
| Telephone: | 714-955-6503 |
| Email: | lsarabia@brightfutures4kids.org |

7. **If you have made any changes during the last twelve months to your Articles of Incorporation or Bylaws, please attach copies.**

8. **Contact Person** - Identify below the person who will represent the Organization during the Contracting Process:

| | |
|---|---|
| Name: | Bill Tornquist |
| Title: | Chief Program Officer |
| Telephone: | 714-955-6509 |
| Email: | btornquist@brightfutures4kids.org |

**Submittal Authority:**

The undersigned hereby acknowledges: "I have read and understand the contents of the budget request for County funding for the contract period specified above. It is correct to the best of my knowledge and represents the organization's proposal for the provision of services for the County. I also hereby certify that I have the authority to submit this information on behalf of the organization".

Corporate Officer or Authorized Representative

11/15/19
Date

Lisa Fujimoto, Executive Director
Print Name and Title

714-955-6506
Telephone



Prepared By: Contract Administrator
Draft: Date
Agency Description

# CONTRACT BUDGET PROPOSAL PACKAGE
**JULY 1, 2020 - JUNE 30, 2021**

DUE DATE: **November 18, 2019**
RETURN VIA EMAIL
REVISION DATE: **11/15/2019**
REVISION NUMBER: **1**

# PROGRAM SUMMARY

TO: **Vicki Wheeler**
CONTRACT SERVICES
ORANGE OF COUNTY HEALTH CARE AGENCY
405 W. 5th St, Suite 600
SANTA ANA, CA 92701

FROM: **Orange County Child Abuse and Prevention Center dba Prevention Center**
(Contractor's Corporate Name as Listed on Articles of Incorporation)
**2390 E. Orangewood Avenue, Suite 300**
(Street Address of Admin. Offices)
**Anaheim, CA 92701** | **714-543-4333**
(City, State, Zip Code) | (Telephone)
**Non-Profit**
(Profit/Non-Profit/Other)

**NOTE: This document contains automatic links.**
***Enter values/information only into the GREEN SHADED areas***

**TYPE OF CONTRACT: Actual Cost Reimbursement**

| NAME AND LOCATION | Services(*) | PROGRAM FTE STAFF | ADMIN FTE STAFF | FY 2019-20 TOTAL COST | FY 2020-21 FUNDS REQUESTED |
|---|---|---|---|---|---|
| **Adult In-Home Crisis Stabilization**<br>**2390 E. Orangewood Ave, Anaheim Suite 300** | 4) In-Home Crisis Stabilization | 21.80 | 0.12 | $1,875,000 | $1,875,000 |
| | GRAND TOTALS: | 21.80 | 0.12 | $1,875,000 | $1,875,000 |

**SERVICES (*)**
Area:
**BEHAVIORAL_HEALTH**
Program:
**4) In-Home Crisis Stabilization**

AUTHORIZED SIGNATURE

The undersigned hereby acknowledges: "I have read and understand the contents of the attached budget request for County funding for the contract renewal period specified above. It is correct to the best of my knowledge and represents the organization's proposal for the provision of services to the County. I also hereby certify that I have the authority to submit this information on behalf of the organization".

Authorized Representative

Date 11/15/19