



# FIRST 5 MERCED STRATEGIC PLAN

FY 2020 - 2025



Adopted by the Commission

June 2020



# TABLE OF CONTENTS

**INTRODUCTION ..... 2**

- Role of the Commission
- The Strategic Planning Process

**FOUNDATIONAL STATEMENTS ..... 5**

- Vision
- Mission
- Guiding Principles

**OVERVIEW OF MERCED COUNTY DEMOGRAPHICS ..... 6**

**HIGHLIGHTS FROM THE NEEDS ASSESSMENT ..... 7**

**STRATEGIC FRAMEWORK ..... 10**

- Desired Outcome: CHILDREN’S HEALTH AND WELL-BEING ..... 10**
  - Objectives
  - Strategies
  - Program and Community-Level Indicators
- Desired Outcome: HIGH QUALITY LEARNING ..... 11**
  - Objectives
  - Strategies
  - Program and Community-Level Indicators
- Desired Outcome: STRONG FAMILIES ..... 12**
  - Objectives
  - Strategies
  - Program and Community-Level Indicators

**INVESTMENT APPROACHES AND EVALUATION ..... 13**

**LONG-RANGE FINANCIAL PLAN ..... 14**

**APPENDIX ..... 15**



## INTRODUCTION

A sense of security and well-being is fundamental to the overall health and welfare of a young child, enabling them to successfully overcome difficulties, be ready for school and achieve what they want out of life. Past experiences, attitudes and outlook can all impact well-being as can physical or emotional trauma following specific incidents. Early childhood also matters because learning starts from birth: from the time they are born, children experience relationship bonds and begin learning key social and emotional coping skills that develop from the interactions they experience. Children do best when they enjoy the shelter and stability of a strong family with parents positively invested in their lives.

First 5 Merced has done much to improve the outcomes of the children and families living in Merced County. For the past 20 years, the Commission has played a vital role in building a cohesive, collaborative system of services for children and their families throughout the county. With close to \$2.5 million a year currently allocated by the State in Proposition 10 funds—an amount that declines annually due to the decline in tobacco tax revenue—First 5 Merced has created a number of direct service programs that influence systems build provider capacity and target physical and mental health, early literacy, parenting skills and school readiness. Grants have supported schools, community organizations, non-profits, public agencies and cultural centers which work to provide services to children and their families.

Proposition 10 legislation (the California Children and Families First Act of 1998) requires each county's First 5 organization to prepare a strategic plan describing its goals, objectives, funded programs and services, and measurable outcomes, and to present fiscal projections. First 5 Merced County Commissioners and staff issued a Request for Proposals seeking consultant support for an updated strategic plan, and in December 2020 engaged the services of Barbara Aved Associates to develop this *2020-2025 Strategic Plan*.

The timing of the strategic planning process – January to May 2020 – coincided with one of the most historic and unprecedented times as the crisis of COVID-19 was unfolding, with the long-term financial and societal impacts yet uncertain. As a public entity with administrative flexibility, the Commission can reassess strategies against community needs and make investments based on how this unfolds.

### Role of the Commission

First 5 Merced, an agency of the County and one of 58 county commissions created by Proposition 10, is governed by a nine-member commission with independent authority over the strategic plan and local trust fund. Its unique structure allows the Commission latitude in supporting public and community systems building and bringing new resources into the county

to expand essential services for children and families. To address the priorities established by the Commission in this strategic plan, the Commission intends to play the following roles:

- Engage in identifying initiatives and programs that will provide leadership, guidance and intentional planning;
- Allocate funding to support integrated, collaborative and best-practice programs and services;
- Provide information and education to various audiences to inform them of the needs and concerns of children 0-5 and their families;
- Advocate in support of programs and initiatives that ensure children’s health, family functioning, school readiness and the integration of systems to serve children and families;
- Actively bring together and engage providers, communities and other stakeholders to promote the well-being of Merced County families and children.

### The Strategic Planning Process

Community input and data-driven or evidence-based strategic planning helps funders define their direction and decision-making process. To launch the strategic planning process, a comprehensive needs assessment (with highlights on pages 6-9) was carried out to provide the framework the Commission needed to more strategically plan and guide community investments.\* After identifying the issues of highest relevance to First 5’s mission, various data were gathered to inform the Commission of current needs, gaps, barriers and community perspectives. The information from this research came from the following sources:

- **A Data Dashboard.** Statistical data were collected on 56 common indicators that align with First 5 goals, with comparisons shown between county and statewide status that will allow the Commission and stakeholder groups to track the key data points and monitor progress toward achieving the desired outcomes.
- **Interviews.** Twenty-one key informants representing a cross-section of Merced County health and human service and other professionals with a broad and informed perspective about the county’s population and needs participated in a telephone interview. Commission and staff participated in similar interviews as well as considered questions that afforded historical perspectives and input regarding planning, programming, evaluation and other internal operational issues.
- **Provider Survey.** Twelve individuals representing First 5 Merced County providers and other community professionals responded to an emailed survey\* that invited them to identify highest needs and top priorities, insights and recommendations for 0-5 children and families.

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\* The full Needs Assessment document, with useful data for grant seekers, can be found at [www.first5mercedcounty.org](http://www.first5mercedcounty.org).

\* The original plan was to conduct in-person focus groups. Two meetings were scheduled that had to be cancelled because of the restrictions presented by COVID-19.

- **Parent Survey.** To learn more directly about the needs and experiences of Merced County’s 0-5 children and families, a 16-question survey in English and Spanish was widely distributed at grantee and other community sites. A total of 1,338 parents and other caregivers responded to topics that included access barriers and utilization of services; nutrition and other preventive practices; early learning experiences; highest needs and concerns; and awareness and use of community resources.
- **Others’ Findings.** Other relevant, recent local needs assessments were gathered and reviewed to inform and supplement the First 5 research.
- **Literature.** A literature search and interviews with other funders was undertaken to learn what best-practice interventions, sustainability and systems-level approaches, including revenue maximization strategies, have been used successfully elsewhere that could have applicability to Merced County.



### Being More Impactful

The planning process took place against a backdrop of declining Proposition 10 revenues, as tobacco use rates in California and the Commission’s trust fund balance continue to fall. While these declines were not unexpected, a review of First 5 Merced County’s investments under its current strategic plan was conducted. This review revealed First 5 Merced County’s history of funding direct services and programs for individuals and families, compared to few investments in system-level changes that have the potential to benefit more children and families in the future. Because First 5 believes direct service programs should be rooted within a larger and easily accessible system of support to have an impact large enough to change community-level indicators, the Commission will look for more opportunities for systems-level work as well as giving greater consideration to factors that increase program and organizational sustainability.

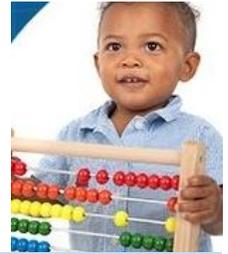
### Setting the Direction

After the assessment phase, the Commission revisited its vision and mission statements and updated these foundational statements. Subsequently, a set of guiding principles that reflect and communicate the Commission’s core values was established as the framework for expected organizational behavior and decision-making.

The Commission then set additional time aside to reach consensus on priorities and to develop the specifics of the plan that provide the foundation for measurement. For each core priority area—strong families, high quality early learning, and children’s health and development—the group discussed examples of investments along a continuum ranging from direct services to organizational capacity building and systems change. The result of these discussions is the four-level structure that contains the following elements:

- Desired outcomes (or goals): what First 5 and its partners hope to achieve
- Objectives: targets or changes needed to reach the desired outcome
- Strategies: approaches First 5 will invest into achieve the outcome
- Community-level impacts: indicators of change, improvement, community-level progress

During a strategic planning retreat with First 5 Merced County Commissioners and staff in June 2020, the group recommitted to its vision and mission, and agreed to a set of guiding principles that reflect and communicate the core values of the Commission.



## VISION STATEMENT

All children in Merced County will thrive in supportive, loving and nurturing environments and enter school healthy and ready to learn.

## MISSION STATEMENT

To provide for the optimal physical, social, emotional and intellectual growth of young children in Merced County.

## GUIDING PRINCIPLES

The guiding principles below reflect the core values of First 5 Merced and guide its work:

- Practicing wise stewardship and maintaining accountability.
- Being transparent about funding decisions and expectations.
- Respecting the diversity, strength, uniqueness, and potential of all children, families and communities.
- Promoting sustainable change by investing in long-term policy, institutional, funding, and systemic changes that extend First 5 reach and impact.
- Soliciting and listening to the ideas of stakeholders and others and encouraging an open dialogue.
- Establishing partnerships and collaborations with similar mission-driven organizations to facilitate programs and services.
- Investing in systems-level changes to promote cultural equity and sustainability, while allowing for program innovation.
- Improving evidence-based programs and practices based on solid evaluation.



# Overview of Selected Merced County Child Demographics and Socioeconomic Indicators

### Child Population by Age Group (2018)

- Ages 0-2 - 12,212
- Ages 3-5 - 12,706
- Ages 6-10 - 22,365

CA Department of Finance, Race/Ethnic Population Detail

### Child Population by Ethnicity

- African American 2.8%
- American Indian 0.2%
- Asian American 6.5%
- Hispanic/Latino 70.5%
- White 17.7%
- Multiracial 2.1%

CA Department of Finance, Race/Ethnic Population Detail

### Top non-English Languages Learners, K-6<sup>th</sup> Grade (2017-18)

- Spanish - 92% (13,694)
- Hmong - 4% (569)
- Punjabi - 2% (243)
- Other - 1.6% (251)

CA Department of Education, Demographics by Language Group

### Migrant Students Ages 0-12 (2018)

- Infants and Toddlers - 172
- Preschool - 420
- School-Age - 1,375
- Total Migrant Families - 1,034

Merced County Office of Education, Migrant Education Program

### Children with Special Needs (2016)

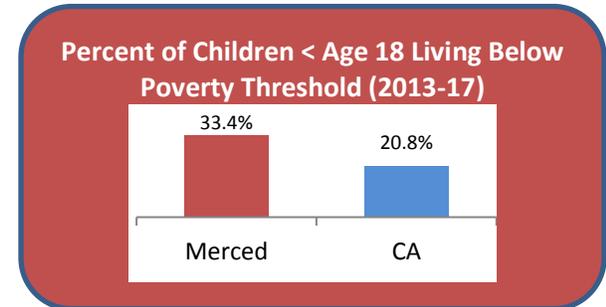
	0-2 yr	3-5 yr	6-12 yr
Intellectual disability	0	0	236
Speech or language impairment	43	263	735
Other health impairment	34	13	262
Emotional disturbance	0	0	45
Specific learning disability	0	0	1308
Autism	0	210	284

CA Department of Education, Special Ed Division (MCOE report)

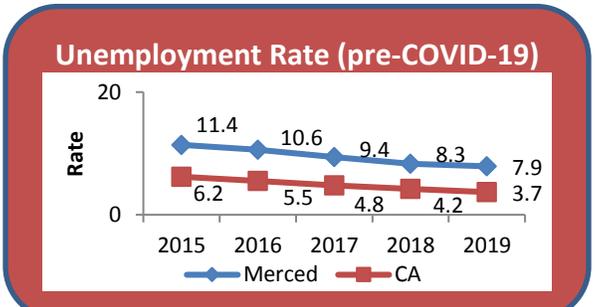
### Health Insurance Coverage (Ages 0-6)

- Medi-Cal (83%)
- Employment-based (17%)

UCLA CA Health Information Survey, 2018.



Public Policy Institute of CA & Stanford Center on Poverty and Inequality



CA Employment Development Department, Labor Market Information



## HIGHLIGHTS FROM THE NEEDS ASSESSMENT

### DATA DASHBOARD

Some of the more positive indicators<sup>1</sup> which reflect progress in Merced County over time or in comparison to the statewide average, include the following:

The percent of children fully immunized by entry into kindergarten and enrolled in licensed child care facilities	97.5% kindergarten (2018-19) 97.0% avg child care centers (2018-19)
The percent of children with a dental visit last in the last year	93.4%, all children ages 2-11 (2018)
The percent of children that eat 5 or more servings of fruit/vegetables daily	66.9% (2018)
The percent of public school students recorded as being homeless at any point during a school year	2.8% (2016)
The rate of hospitalizations due to non-fatal unintentional injuries per 100,000 children	135.7, ages 1-4 (2014)
The percent of women who initiate any or exclusive breastfeeding after childbirth	92.6% (any), 60.4% (exclusive) (2018)

Indicators that are worrisome and warrant continued attention include:

The percent of women who begin prenatal care in the first trimester of pregnancy	67.5% (2015-2017)
The percent of children who frequently eat fast food	66.9% (2018)
The percent of women with postpartum depression	13.5% (2015 avg)
The percent of children with parents in the labor force for whom licensed child care is available	19% (2017)
The percent of children ages 0-5 whose parents read books with them every day	26.4% (2018)
The percent of 3 <sup>rd</sup> grade children at grade-level proficiency in reading and math	41% English, 26% Math (2018-19)

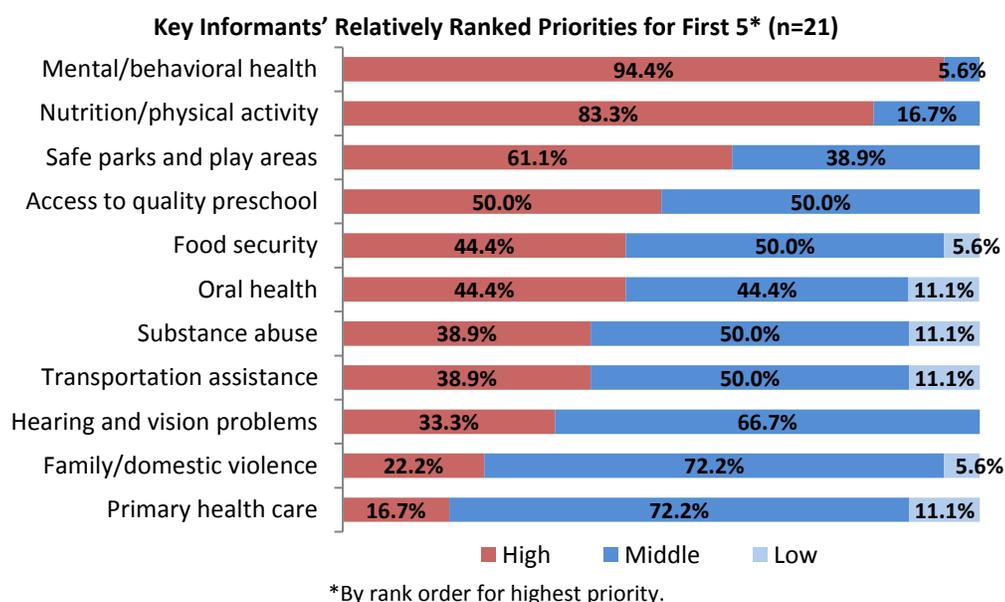
<sup>1</sup> The references for these data are available in the full Needs Assessment report available at [www.first5mercedcounty.org](http://www.first5mercedcounty.org).

Other situations—educational attainment, employment, decent housing—are more troubling because they point to the persistent, multigenerational cycle of poverty and economic disparities—conditions which are likely to be exacerbated by the long-term impact of the COVID-19 epidemic. Taken together, these indicators help provide context for this strategic plan.

- 15.8% (2018) of children are in deep poverty.
- 24.4% (2017) of children ages 0-17 are living in households with limited or uncertain access to adequate food.
- 23.4% of women who gave birth in 2016 did not have a high school/GED diploma.
- As of April 2020, countywide unemployment stood at 18.8% (up from 12.8% in March 2020), which may not represent impending economic conditions due to COVID-19.

### PROVIDER AND KEY INFORMANT INPUT

Merced County professionals offered valuable input on the priorities they believed First 5 should set for future funding, and weighed in on how First 5 could be more helpful to the provider community.



#### Recommendations for More First 5 Provider/Professional Support

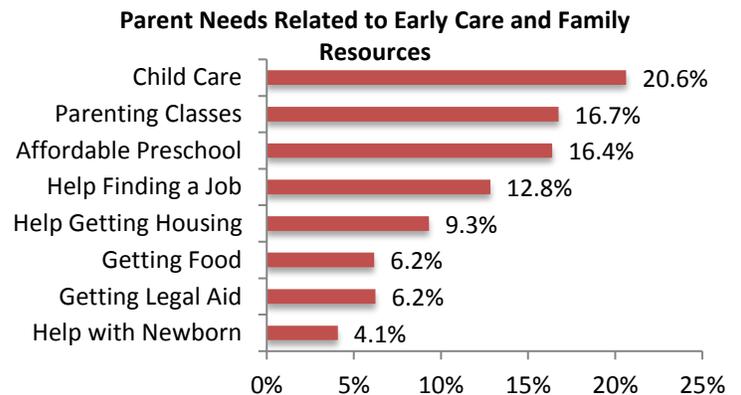
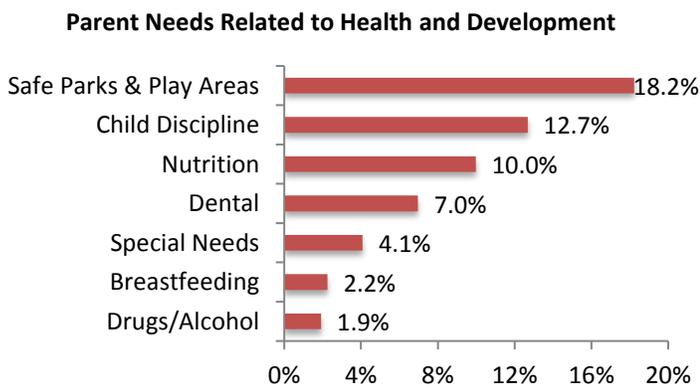
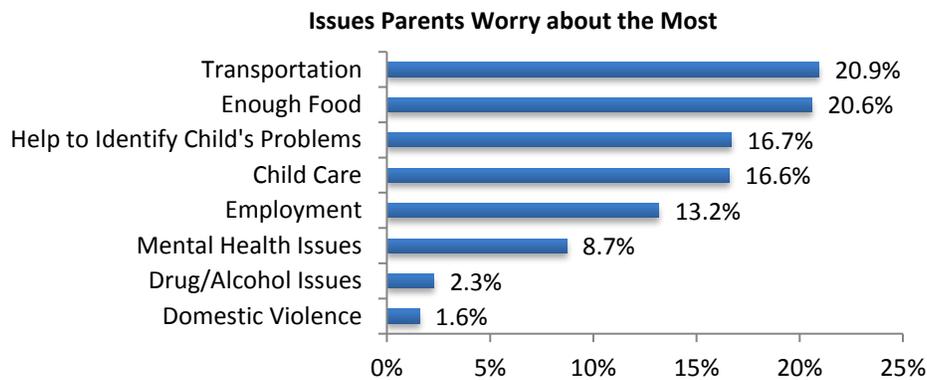
Opportunity	Strategy
Build capacity of local organizations	<ul style="list-style-type: none"> <li>▪ Sponsor a grant-writing workshop every couple of years</li> <li>▪ Sponsor a workshop to increase internal evaluation skills</li> <li>▪ Identify a fiscal partner to serve as an administrative agent</li> <li>▪ Offer or arrange for coaching/mentoring</li> </ul>

Table continues on next page.

Take on more of a convener role	<ul style="list-style-type: none"> <li>Bring more people to the table around issues, promote awareness and advocacy through communications strategies, advocate, and build more diverse partnerships</li> <li>Do more community outreach, e.g., pop-ups at events to distribute educational materials</li> </ul>
Sponsor educational opportunities	<ul style="list-style-type: none"> <li>Bring in trainers</li> <li>Bring in expert speakers</li> <li>Support more evaluation activities</li> <li>Take advantage of UC Merced faculty expertise</li> </ul>
Promote collaborative activities	<ul style="list-style-type: none"> <li>Create new or partner with existing (and diverse) groups</li> <li>Require grant applicants to demonstrate collaborative strategies</li> </ul>

## PARENT INPUT

Areas where over 1,300 surveyed parents felt the most self-assurance was in their ability to tell if their child was making progress in growth and development—possibly due to attending First 5 services. The parents and other caregivers also provided helpful feedback on issues of particular concern to them and identified needs First 5 and its partners could help to address:





# STRATEGIC FRAMEWORK

The strategic direction the Commission has set for the next 5 years identifies desired outcomes, priority objectives; service delivery and other strategies; and community-level indicators of improvement. The Commission recognizes there are overlaps among the strategies, and in many cases the same strategy or strategies can serve to address multiple objectives.



<b>HEALTH AND DEVELOPMENT</b> Children achieve optimal developmental, behavioral and social-emotional health	<b>OBJECTIVES</b>	<b>PRIORITY STRATEGIES</b>
	<ol style="list-style-type: none"> <li>1. Increase the number of children who receive early screening and referrals for follow-up services.</li> <li>2. Increase the number of parents with access to mental health services, including post-partum support for new mothers.</li> <li>3. Increase the number of children who have access to preventive, primary and specialty care services, including dental services.</li> <li>4. Reduce unhealthy food choices, including the consumption of sugar-sweetened beverages.</li> <li>5. Increase the opportunity for children to engage in physical activities and other forms of exercise, including outdoors.</li> </ol>	<ul style="list-style-type: none"> <li>■ Leadership or support of a multi-disciplinary effort to establish an integrated early intervention in Merced County, (e.g., Help Me Grow or a comparable model).</li> <li>■ Integration of developmental and trauma-informed screenings (e.g., ASQ, DRDP) as required by program and evaluation activities into all direct service contracts.</li> <li>■ Facilitation of community and provider outreach and awareness activities and access to up-to-date referral resources.</li> <li>■ Identification, assessment and mental health treatment services through Family Resource Centers, prenatal and community health centers and similar community settings.</li> <li>■ Engagement of target populations to recognize the need to change unhealthy habits with culturally effective, trauma-informed interventions and incentives to maintain the motivation to change (e.g., safe parks).</li> </ul>

## COMMUNITY LEVEL INDICATORS

- Percent of children served by funded partners who receive a developmental screening
- Percent of children with Medi-Cal with a dental visit in the last 12 months
- Percent of women reporting post-partum depression
- Percent of families reporting linkages to appropriate early intervention mental health services





**STRONG FAMILIES**  
Families raise their children in safe, stable and nurturing homes

**OBJECTIVES**

1. Enhance the system of effective family support and strengthening programs.
2. Reduce the number of children who are abused and neglected, and exposed to other forms of violence in their homes.
3. Increase the number of families who participate in programs that build and enhance protective factors that promote optimal development and reduce ACES.
4. Increase the percentage of parents and other caregivers with skills to use effective and appropriate discipline regarding their children’s behavioral issues.
5. Reduce the number of women who experience physical or psychological intimate partner violence, including during pregnancy.
6. Increase the availability of cross-professional training and technical assistance to organizations to provide a comprehensive approach to child and family needs.
7. Increase public awareness regarding the value of effective programs aimed at young children and their families.

**PRIORITY STRATEGIES**

- Targeted intensive and/or clinical family support services, including home visiting and trauma-informed care.
- Communication and awareness strategies including 2-1-1, public service announcements, bus boards, social media platforms, print, radio and television.
- Models that improve the relationship between parents and their children and keeping homes safe (e.g., SafeCare, Protective Factors).
- Community-focused and school-based hubs such as family resource centers that offer a comprehensive range of services to children and families, including information and referral, education classes, case management, home visits, screenings and services, and mental health counseling.
- Concrete support for basic needs such as food, clothing, housing, transportation, and access to essential services that address family-specific needs.
- Professional development for service providers to help families build and draw on natural support networks within their family and community.

**COMMUNITY LEVEL INDICATORS**

- Proportion of parents with improvement in self-assessed protective factors
- Proportion of parents who report improving positive parenting skills
- Number of substantiated cases of abuse and neglect per 1,000 children aged 0-5
- Percent of children ages 0-5 whose parents read books with them every day
- Number of 2-1-1 calls that connect to community referrals





**HIGH-QUALITY LEARNING**  
Children have access to high-quality early learning opportunities

**OBJECTIVES**

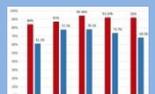
1. Increase the percentage of parents who support learning in their homes by actively engaging in early development activities with their children including reading to their children.
2. Increase the percentage of children participating in quality preschool and other school readiness programs.
3. Increase awareness of and support for high-quality early childhood education (ECE) among parents and policymakers.

**PRIORITY STRATEGIES**

- Engagement with partners to strengthen the infrastructure for ECE professional development and educational attainment.
- Preschool classes, delivery of home-based curricula, summer bridge programs, and support for parents as their children’s first teacher to ensure children are in environments conducive to their development.
- Parenting skills classes, distribution of *Kit for New Parents*, family literacy programs including children’s books and other learning materials.
- Community education and outreach activities (e.g. social marketing, community events, collateral) and support to communicate the importance of high-quality ECE and levels of quality in ECE programs.
- Evaluation using the Quality Rating Improvement System (QRIS).

**COMMUNITY LEVEL INDICATORS**

- Number of children enrolled in high-quality early learning settings
- Percent of children ages 0-5 whose parents read books with them every day
- Percent of 3rd grade children at grade-level proficiency in reading and math
- Communications reach (e.g. count of people reached, communications messages or materials developed, activities implemented)





## INVESTMENT APPROACHES AND EVALUATION

### GRANT SUPPORT

The Commission funds projects on both a one-time basis as well as through multi-year investments. The Commission is open to approaches that are innovative, address a critical issue or trend, or produce results and are evidence-based. The Commission also values projects that:

- Operate countywide
- Serve special populations
- Demonstrate the cost benefit of the proposed services
- Are integrated into consumer-oriented and easily accessible systems
- Lead to sustainability/systems-level change to leave a lasting legacy

The commission will also provide grants for projects and programs that are not addressed under other funding approaches. The special project grant format also allows the Commission to respond rapidly to unanticipated circumstances affecting children and families.

### EVALUATION

The Commission is committed to supporting evidence-based programs and practices based on solid evaluation. Evaluation drives learning. First 5 Merced County will continue to gather, analyze, and report information about the services provided and the effectiveness of those services. Evaluation includes both process and outcome measures. Process or performance measures focus on what and how much was done for accountability purposes (e.g., the number of parents who attending a nutrition class), while outcome measures tell about changes brought about by those efforts (e.g., the percent of attendee parents who adopted healthier eating habits for their family). First 5 is concerned with both how well a program performs and the extent to which services have improved the lives of children and their families.

Each program agreement (contract) will include an Evaluation Plan developed jointly between the grantee and First 5 and in collaboration with the evaluation contractor that will include reporting on at least one objective and outcome measure (e.g., 80% of parents will increase their knowledge of the effects of violence on children). For programs that have established evaluation tools as a part of a program curriculum, those tools may be used and/or new evaluation tools identified. Grantees will submit data to First 5 according to a protocol jointly developed by First 5 and the contractor and participate in periodic shared learning activities. Additionally, when opportunities arise the Commission may conduct other methods of data collection and support studies that can inform and lead to improvements.

As part of its continuous quality improvement, the Commission expects to build infrastructure and leadership capacity and regularly monitor and assess the extent to which the Strategic Plan goals and objectives are being met.



## LONG-RANGE FINANCIAL PLAN

Funding allocations will be based upon the First 5 Merced County Commission's adopted Long Range Financial Plans and annual budgets. The Commission will allocate program funds at a level consistent with available revenue, recognizing that awards are contingent upon the number and nature of proposals considered for funding. While the Commission believes systems-level changes are optimal for leaving a lasting legacy in the face of declining funding levels, the Commissioners would like to maintain some support for much-needed programs and service delivery that have historically been the emphasis of First 5's investments, while recognizing that declining funding levels do not allow for previous levels of funding to be maintained across the board.

Funding processes, grant programs, and grant amounts will be designed to achieve the objectives as outlined in this Strategic Plan. Funds may be awarded pursuant to Requests for Proposals, Invitations to Apply, negotiated contracts, or other funding mechanisms. Commission operations will be carried out pursuant to adopted policies.

All efforts will be made to optimize local Proposition 10 funding by supplementing, pooling or matching existing resources. This includes researching, identifying and applying for funding opportunities that contribute to the vision and mission of First 5 Merced.

The anticipated revenue and expenditures based on the five-year financial plan and decisions made in the strategic plan are displayed in Attachment 2.



# APPENDIX

## ATTACHMENT 1

### ACKNOWLEDGEMENTS

Individuals	Affiliation/Organization
<b>FIRST 5 COMMISSION</b>	
Lee Lor	Commission Chair, Board of Supervisors, District 2
Yvonna Brown	Commission Vice-Chair, Director Human Services Agency
Aaron Lequia	District 1 Representative
Shirley Brown	District 3 Representative
Eva de Long	District 4 Representative
Paula Smith	District 5 Representative
Salvador Sandoval, MD	County Health Officer
Genevieve G. Valentine	Director, Behavioral Health and Recovery Services
<b>FIRST 5 STAFF</b>	
Kathleen Zimmerman	Support Service Analyst
Marie Pickney	Program Manager
Scott Waite	Executive Director
Xee Lor	Office Assistant III
<b>KEY INFORMANT INTERVIEWEES</b>	
Sol Rivas	Building Healthy Communities
Karen Smith	CASA
Jennifer Mockus	Central California Alliance for Health
Donna Perry	Central Valley Regional Center
Jamie Johnson	Child Welfare Services
Joey Chavez	City of Merced Parks & Recreation
Danny Royer	Community Foundation of Merced County
Yamilet Valladolid	Golden Valley Health Centers
Steve Roussos	Hlub Hmong Community Center
Leslie Abasta-Cummings	Livingston Community Health Center
Jennifer Rocha	Los Banos School District Preschool
Melanie Cole	Merced City School District Preschools
Kimiko Vang	Merced County Human Services, CAL Works Home Visitation
Amy Taylor	Merced County Libraries
Dennis Haines	Merced County Office of Education, Family Resource Center
Linda Kaercher	Merced County Office of Education, Head Start
Donna Chin	Merced County Public Health
Manuel Alvarado	United Way
Tim Curley and Esthela de la Cruz	Valley Children's Healthcare
Karen Lopez-Conde	Women Infants and Children (WIC) Supplemental Food Program
Heather Hertan	Yosemite Dental Society (Merced County Dental Society)
<b>STRATEGIC PLANNING CONSULTANT</b>	
Barbara M. Aved	Barbara Aved Associates

## Projected Revenues and Expenditures

Item	FY 19/20	FY 20/21	FY 21/22	FY 22/23	FY 23/24	FY 24/25	Total
Revenue (Prop 10)	\$2,765,872	\$2,541,765	\$2,683,456	\$2,732,169	\$2,655,835	\$2,713,130	\$13,326,355
IMPACT 2020	\$693,267	\$428,112	\$428,112	\$428,112	\$0	\$0	\$1,284,336
Home Visitation Coordination	\$0	\$100,000	\$100,000	\$0	\$0	\$0	\$200,000
Early Literacy/Math (State Match 1:1)	\$0	\$110,000	\$110,000	\$110,000	\$0	\$0	\$330,000
Interest	\$200,000	\$200,000	\$181,829.14	\$149,525.41	\$129,181.53	\$113,053.09	\$773,589
<b>Revenue Total</b>	<b>\$3,659,139</b>	<b>\$3,379,877</b>	<b>\$3,503,397</b>	<b>\$3,419,806</b>	<b>\$2,785,017</b>	<b>\$2,826,183</b>	<b>\$15,914,280</b>
<b>Internal and Operational Costs</b>							
First 5 Staffing		\$1,020,684	\$1,071,719	\$1,125,305	\$1,181,570	\$1,240,648	\$5,639,926
First 5 Services & Supplies		\$213,405	\$224,075	\$235,279	\$247,043	\$259,395	\$1,179,197
Outreach		\$150,000	\$150,000	\$150,000	\$150,000	\$150,000	\$750,000
Evaluation		\$100,000	\$100,000	\$100,000	\$100,000	\$100,000	\$500,000
Sub-Total	\$0	\$1,484,089	\$1,545,794	\$1,610,584	\$1,678,613	\$1,750,043	\$8,069,123
<b>Health &amp; Development</b>							
Help Me Grow		\$300,000	\$300,000	\$300,000	\$300,000	\$300,000	\$1,500,000
Prenatal & Postpartum Care		\$150,000	\$150,000	\$150,000	\$150,000	\$150,000	\$750,000
ACES Community Coalition (ACES Merced)		\$100,000	\$100,000	\$100,000	\$100,000	\$100,000	\$500,000
Safe Play (parks & rec)		\$250,000	\$250,000	\$250,000	\$0	\$0	\$750,000
Sub-Total	\$0	\$800,000	\$800,000	\$800,000	\$550,000	\$550,000	\$3,500,000
<b>Strong Families</b>							
Home Visitation Coordination (State Match 1:1)		\$200,000	\$200,000	\$200,000	\$250,000	\$250,000	\$1,100,000
COVID-19 Relief		\$250,000	\$250,000	\$250,000	\$0	\$0	\$750,000
Parent Education		\$250,000	\$250,000	\$250,000	\$250,000	\$250,000	\$1,250,000
Community Resource & Referral		\$100,000	\$100,000	\$100,000	\$100,000	\$100,000	\$500,000
FRC (Year 1 Planning Grant)		\$50,000	\$1,000,000	\$150,000	\$150,000	\$150,000	\$1,500,000
Sub-Total	\$0	\$850,000	\$1,800,000	\$950,000	\$750,000	\$750,000	\$5,100,000
<b>High Quality Early Learning</b>							
IMPACT 2020 (State Match 4:1)		\$517,740	\$517,740	\$517,740	\$0	\$0	\$1,553,220
Early Literacy/Math (State Match 1:1)		\$320,000	\$320,000	\$320,000	\$320,000	\$320,000	\$1,600,000
Sub-Total	\$0	\$837,740	\$837,740	\$837,740	\$320,000	\$320,000	\$3,153,220
<b>Other</b>							
Capacity Building (Incubator)		\$150,000	\$150,000	\$100,000	\$100,000	\$100,000	\$600,000
Innovation Grant up to \$100K		\$300,000	\$300,000	\$300,000	\$300,000	\$300,000	\$1,500,000
Mini Grants @ \$10K		\$100,000	\$100,000	\$100,000	\$100,000	\$100,000	\$500,000
Sub-Total	\$0	\$550,000	\$550,000	\$500,000	\$500,000	\$500,000	\$2,600,000
<b>Expenditure Total</b>	<b>\$0</b>	<b>\$4,521,829</b>	<b>\$5,533,534</b>	<b>\$4,698,324</b>	<b>\$3,798,613</b>	<b>\$3,870,043</b>	<b>\$22,422,343</b>
<b>Net</b>	<b>\$3,659,139</b>	<b>-\$1,141,952</b>	<b>-\$2,030,137</b>	<b>-\$1,278,517</b>	<b>-\$1,013,596</b>	<b>-\$1,043,860</b>	<b>-\$6,508,063</b>
Fund Balance (\$12,569,055)	12569055	\$11,427,103	\$9,396,966	\$8,118,449	\$7,104,852	\$6,060,992	
Births	4202	3870	4305	4438	4395	4585	