RESOLUTION NO. 2017 - ____

RESOLUTION OF THE SOLANO COUNTY BOARD OF SUPERVISORS ADOPTING REVISED FEE SCHEDULE FOR THE AGRICULTURE DEPARTMENT

Whereas, the laws of the State of California and the provisions of the Solano County Code authorize the Solano County Board of Supervisors to establish and adjust fees that the County Agricultural Commissioner proposes.

Resolved, that the Solano County Board of Supervisors adopts the fees set forth in attached Exhibit I to Solano County Code section 11-110.2, to be effective on July 1, 2017.

Passed and adopted by the Solano County Board of Supervisors at its regular meeting on April 25, 2017 by the following vote:

AYES:	SUPERVISORS	
NOES:	SUPERVISORS	
EXCUSED:	SUPERVISORS	

JOHN M. VASQUEZ, Chair Solano County Board of Supervisors

ATTEST: BIRGITTA E. CORSELLO, Clerk Solano County Board of Supervisors

By: ______ Jeanette Neiger, Chief Deputy Clerk

AGRICULTURAL COMMISSIONER / SEALER OF WEIGHTS AND MEASURES EXHIBIT I

		Est.	Current	Actual	Recm'd				
Ref. #	Service	# of Units	Fee	Cost per	Fee/Unit		Revised	Fee	Description/Exception
		2017/18	Per Unit	Unit	2017/18	Fee	Fee	Authority	
AGRICUL	TURAL COMMISSIONER					r	1		
2831-02	Apiary Registration	8	\$10.00	\$35.00	\$10.00			F&A 29044	Set By Law
2831-07	Apiary Colony Certificate for Export	1	\$90.00 + Mileage @ IRS Rate	\$85.01 + Mileage @ IRS Rate	\$85.00 + Mileage @ IRS Rate		~	F&A 29140-29144	Hourly Rate plus mileage at current IRS rate
			* ***		* • -		\checkmark	CA Code of Reg	
2831-08	Certified Producer Certificate	45	\$90.00	85.01	\$85.00			1392.8	Hourly Rate
2831-09	Certified Producer Certificate with Site Inspection-Amended	3	\$45.00	\$42.50	\$42.50		\checkmark	CA Code of Reg 1392.8	One-half of the cost of the Certified Producer Certificate
2831-24	Farm Labor Contractor		\$67.50	\$63.76	\$63.75		\checkmark	Labor 1695 (a)(9)(b)	3/4 Hourly Rate
2831-25	Farmers Market Certificate	3	\$337.00	\$318.78	\$318.75		\checkmark	CA Code of Reg 1392.8	Hourly Rate
2831-26	Farmers Market Permit (1-4 events only)	0	\$70.00	\$66.59	\$66.58			CA Code of Reg 1392.8	1-4 events over a calendar year
2831-33	Maintenance Gardener Registration	45	\$25.00	N/A	\$25.00			F&A 11734	Set By Law
2831-40	Pest Control Advisor Home Registration	12	\$10.00	N/A	\$10.00			F&A 12034	Set By Law
2831-41	Pest Control Advisor (Other Based) Registration	70	\$5.00	N/A	\$5.00			F&A 12034	Set By Law
2831-42	Pest Control Business Registration	100	\$67.50	\$63.76	\$63.75		\checkmark	F&A 11734	3/4 Hourly Rate
2831-43	Pest Control Pilot (Home Based) Registration	1	\$10.00	N/A	\$10.00			F&A 11923	Set By Law
2831-44	Pest Control Pilot (Other County) Registration	25	\$5.00	N/A	\$5.00			F&A 11923	Set By Law
2831-54	Phytosanitary Field Inspection	875	\$90.00 + Mileage @ IRS Rate	\$85.01 + Mileage @ IRS Rate	\$85.00 + Mileage @ IRS Rate		V	F&A 5202 & 5204	Hourly Rate plus mileage at current IRS rate
2831-62	State & Federal Phytosanitary or Quarantine Compliance Certificate	325	\$67.50	\$63.76	\$63.75		~	F&A 5202 & 5204	3/4 Hourly Rate
2831-62a	State & Federal Phytosanitary or Quarantine Compliance Cert- Additional	500	\$33.75	\$31.88	\$31.88		~	F&A 5202 & 5204	Additional certificate must be issued in conjunction with inspection visit to qualify for discount.
2831-62b	In Person Front Counter State & Federal Phytosanitary or Quarantine Compliance Certificate	5	\$15.00	\$14.45	\$14.00			F&A 5202 & 5204	One sixth of hourly rate.
2831-86	Structrural Pest Control Operator Registration Branches 2 & 3	80	\$10.00	N/A	\$10.00			F&A 15204	Set By Law

AGRICULTURAL COMMISSIONER / SEALER OF WEIGHTS AND MEASURES EXHIBIT I

		Est.	Current	Actual	Recm'd				
Ref. #	Service	# of Units 2017/18	Fee Per Unit	Cost per Unit	Fee/Unit 2017/18	New Fee	Revised Fee	Fee Authority	Description/Exception
	Structrural Pest Control Operator	2017/10	T er onn	onit	2017/10	1 66	166	Autionty	
2831-82	Registration Branch 1	5	\$25.00	N/A	\$25.00			F&A 15204.5	Set By Law
2831-82a	Structrural Pest Control Operator Registration Amendment	0	\$10.00	N/A	\$10.00			F&A 15204.5	Set By Law
2831-83	Truck Shipment Inspection (Sealed)	0	\$90.00 + Mileage @ IRS Rate	\$85.01 + Mileage @ IRS Rate	\$85.00 + Mileage @ IRS Rate		~	F&A 6303(d)	Hourly Rate plus mileage at current IRS rate
2831-84	Apple Maggot Trapping	35	\$90.00 + Mileage @ IRS Rate	\$85.01 + Mileage @ IRS Rate	\$85.00 + Mileage @ IRS Rate		V	County Code 11-110.2	Hourly Rate plus mileage at current IRS rate
2831-85	Environmental Impact Review		\$103.00	\$97.76	\$97.75		~	County Code 11-110.2	Hourly Rate
2831-86	Research - Staff Time	32	\$90.00	85.01	\$85.00		\checkmark	GC 54985	Hourly Rate (1/2 hr. minimum)
2831-89	Hazardous Materials	45	\$73.50	\$69.42	\$69.42		~	County Code 11-110.2	Agricultural portion of an annual fee collected by Resource Mgmnt.
2831-90	Certified Weed Free Forage Inspection	0	\$90.00 + Mileage @ IRS Rate	\$85.01 + Mileage @ IRS Rate	\$85.00 + Mileage @ IRS Rate		V	CA Code of Reg 4500 & 4600	Hourly Rate plus mileage at current IRS rate
2831-91	Hourly Service Rate	N/A	\$90.00 + Mileage @ IRS Rate	\$85.01 + Mileage @ IRS Rate	\$85.00 + Mileage @ IRS Rate		V	County Code 11-110.2	Hourly Rate plus mileage at current IRS rate
WEIGHT	S AND MEASURES								
2840-01	Annual Business Location Fee	698	\$100.00	N/A	\$100.00			B&P 12240(f)	Set By Law
2040 01	Scales (other than Livestock)	000	φ100.00	11/73	φ100.00			Dui 12240(i)	
2840-01a	greater than 10,000 lbs.	45	\$250.00	N/A	\$250.00			B&P 12240(h)	Set By Law
2840-01b	Livestock Scales greater than 10,000 lbs.	8	\$150.00	N/A	\$150.00			B&P 12240(k)	Set By Law
	Scales greater than 10,000 lbs. capacity-State Admin Fee		\$12.00	N/A	\$12.00			B&P 12240(f)	Set By Law
2840-01d	Scales (other than Livestock) 2,000 lbs. to 10,000 lbs.	30	\$150.00	N/A	\$150.00			B&P 12240(h)	Set By Law
2840-01e	Liquefied Gas Meter & Scales 2,000 - 10,000 pounds capacity		\$8.00	N/A	\$8.00			B&P 12240	Set By Law
2840-01f	Livestock Scales 2,000 lbs. To 10,000 lbs.	7	\$100.00	N/A	\$100.00			B&P 12240(k)	Set By Law
2840-01g	LPG Meters (Stationary or Truck Mounted)	49	\$185.00	N/A	\$185.00			B&P 12240(I)	Set By Law
2840-01h	Wholesale & Vehicle Meters	77	\$75.00	N/A	\$75.00			B&P 12240(m)	Set By Law
2840-01i	All Other Commercial Weighing & Measuring Devices	3,000	\$20.00	N/A	\$20.00			B&P 12240(n)	Set By Law

AGRICULTURAL COMMISSIONER / SEALER OF WEIGHTS AND MEASURES EXHIBIT I

Ref. #	Service	Est. # of Units	Current Fee	Actual Cost per	Recm'd Fee/Unit	New	Revised		Description/Exception
	Marinas, Mobilehome Parks, Recreational Vehicle Parks, &	2017/18	Per Unit	Unit	2017/18	Fee	Fee	Authority	
2840-02a	Apartment Complexes Location	54	\$100.00	N/A	\$100.00			B&P 12240(f)	By Law \$100 Flat Rate Fee per location using utility sub-meters
2040-02a		54	φ100.00	N/A	\$100.00			B&P 12240(I) B&P	
2840-02b	Sub-Meter Registration-Electric	4,500	\$3.00	N/A	\$3.00			12240(g)(1)(B) B&P	Set By Law
2840-02c	Sub-Meter Registration-Vapor	2,500	\$4.00	N/A	\$4.00			12240(g)(1)(C)	Set By Law
2840-02d	Sub-Meter Registration-Water	2,750	\$2.00	N/A	\$2.00			B&P 12240(g)(1)(A)	Set By Law
2840-02e	Sub-meter State Admin Fee - Electric, Vapor, Water Sub-meter	10,551	\$0.10	N/A	\$0.10			B&P 12240(f)	Set By Law
2840-04	Requested Commercial Test	0	\$90.00	85.01	\$85.00		\checkmark	B&P 12210.5	Hourly Rate for request of out- of-county vehicle calibration
2840-04a	Requested Commercial Test	0	\$90.00 + Mileage @ IRS Rate	\$85.01 + Mileage @ IRS Rate	\$85.00 + Mileage @ IRS Rate		\checkmark	B&P 12210.5	Hourly Rate plus mileage at current IRS rate device in- county
2840-05	Non-Commercial W&M Device Field Test	18	\$90.00 + Mileage @ IRS Rate	\$85.01 + Mileage @ IRS Rate	\$85.00 + Mileage @ IRS Rate		~	B&P 12210.5	Hourly Rate plus mileage at current IRS rate
	Penalty Fee/Late Device Registration	23	Varies	Varies	Varies			County Code 32- 12	100% of Current Fee Charged. Late Fee charged after 60 days
2840-16	Second Callback	0	\$90.00 + Mileage @ IRS Rate	\$85.01 + Mileage @ IRS Rate	\$85.00 + Mileage @ IRS Rate		~	County Code 11-110.2	Hourly Rate plus mileage at current IRS rate
2840-17	Equipment Request	1	\$90.00 + Mileage @ IRS Rate	\$85.01 + Mileage @ IRS Rate	\$85.00 + Mileage @ IRS Rate		V	County Code 11-110.2	Hourly Rate plus mileage at current IRS rate
2840-20	Standards Verification	0	\$90.00	85.01	\$85.00		\checkmark	County Code 11-110.2	Hourly Rate
2840-21	Service Agent Exam Fee	5	\$35.00	85.01	\$35.00			B&P 12540	Set By Law
	Miscellaneous Scales Less than 2,000 pounds capacity - State Admin Fee, CNG Meter, Fabric Cordage, Wire Meter, Grease and Lube Meter, Odometer, Retail Motor Fuel Dispenser, Retail Meter, Retail Water Meter, Tank (Liquid Test), Taximeter, Vehicle Meter, Wholesale Meter.	5737	\$1.10	N/A	\$1.10			B&P 12240(f)	Set By Law
2840-22	Odomoters (Ambulance, Towing)	75	\$60.00	N/A	\$60.00			B&P 12240(q)	Set By Law

AGRICULTURAL COMMISSIONER / SEALER OF WEIGHTS AND MEASURES EXHIBIT I

Ref. #	Service	Est. # of Units 2017/18	Current Fee Per Unit	Actual Cost per Unit	Recm'd Fee/Unit 2017/18	New Fee	Revised Fee	Fee Authority	Description/Exception
2840-23	Jewelry & Precious Metals	0	\$80.00	N/A	\$80.00			B&P 12240(o)	Set By Law
2840-24	Scales >100<2,000 lbs.	58	\$50.00	N/A	\$50.00			B&P 12240(p)	Set By Law

RESOLUTION NO. 2017 - ____

RESOLUTION OF THE SOLANO COUNTY BOARD OF SUPERVISORS ADOPTING REVISED FEE SCHEDULE FOR ASSESSOR/RECORDER DEPARTMENT

Whereas, the laws of the State of California and the provisions of the Solano County Code authorize the Solano County Board of Supervisors to establish and adjust fees that the Assessor/Recorder Department proposes.

Resolved, that the Solano County Board of Supervisors adopts the fees set forth in attached Exhibit II to Solano County Code section 11-110.3, to be effective on July 1, 2017.

Passed and adopted by the Solano County Board of Supervisors at its regular meeting on April 25, 2017 by the following vote:

AYES:	SUPERVISORS	
NOES:	SUPERVISORS	
EXCUSED:	SUPERVISORS	

JOHN M. VASQUEZ, Chair Solano County Board of Supervisors

ATTEST: BIRGITTA E. CORSELLO, Clerk Solano County Board of Supervisors

By: ______ Jeanette Neiger, Chief Deputy Clerk

Ref. #	Service	Estimated No of Units 2017/18	Current Fee per Unit	Actual Cost Per Unit	Rec'md. Fee per Unit 2017/18	New Fee	Revised Fee	Fee Authority	Description/Exception
	FY2017/18	ASSESSOR E	SSESSOR BUDGET UNIT 1150						
1150-1	Mapping Charge Filed Final Maps (By Lot)		\$184	\$192.00	\$192		х	Govt Code 54985	Charge per created lot or parcel
1150-2	Mapping Charge Parcel Maps (By Lot)		\$184	\$192.00	\$192		х	Govt Code 54985	Charge per created lot or parcel
1150-3	Mapping Charge Condominium Plan/CCR (By Lot)		\$184	\$192.00	\$192		х	Govt Code 54985	Charge per created lot or parcel
1150-4	Mapping Charge Record of Surveys (By Map)		\$146	\$152.70	\$153		х	Govt Code 54985	Charge per created map
1150-5	Boundary Line Adjustments LLA (By Document)		\$211	\$220.07	\$220		Х	Govt Code 54985	Charge per document
1150-6	Certificate of Completion (LAFCO) (By Assessment Parcel Document)		\$117	\$122.38	\$122		х	Govt Code 54985	Charge per document
1150-7 & 8	Assessment Change Request Segregations and Combinations(Per Request)		\$342	\$357.05	\$357		х	Code 54985	Charge per submittal
1150-35	Copy Fee Final Filed Map copy and sale per page		\$29	\$30.32	\$30		х	R&T 409	see column B
1150-10	Copy Fee Assessment Map copy and sale per page		\$14	\$14.60	\$15		х	R&T 409	see column B
1150-11	Copy Fee Assessment Record Print Screen copy and sale per screen		\$4	\$4.49	\$4			R&T 409	see column B
1150-37	Assessment Map Records (Electronic Digital Format) Disk		\$34	\$34.00	\$34			R&T 409	Attoney General opinion No.04-1105,dated 10/3/2005 This is the base charge for Assessment Map Records Digital Format
1150-36	Appraisal Record copy and sale per record		\$12	\$12.35	\$12			R&T 409	see column B
1150-12	Research Fee (Per Hour)		\$108	\$112.28	\$112		х	R&T 409	
1150-16	Bond Letter Fee		\$403	\$421.05	\$421		х	R&T 409	see column B
1150-17	Redevelopment Project Fee		\$500 plus \$2/parcel	\$500 plus \$2/parcel	\$500 plus \$2/parcel			R&T 409, H&S 33328.7	Rate per hour .25hr minimum

Ref. #	Service	Estimated No of Units 2017/18	Current Fee per Unit	Actual Cost Per Unit	Rec'md. Fee per Unit 2017/18	New Fee	Revised Fee	Fee Authority	Description/Exception
1150-18	Property Sales Information		\$85	\$85.00	\$85			R&T 409	This is the base charge. Per record charge (ref#1150-19) will be added to the base amount
1150-19	Property Sales Information, per record charge		\$0.15	\$0.15	\$0.15			R&T 409	Total varies, depending on # of records Base Charge (ref#1150-18) will be added to the per record charge
1150-20	Current Assessment Roll Information		\$100	\$100.00	\$100			R&T 409	This is the base charge. Per record charge (ref#1150-22) will be added to the record charge
1150-21	Prior Year's Assessment Roll Information		\$110	\$110.00	\$110			R&T 409	see column B
1150-22	Assessment Roll Information, per record charge		\$0.01	\$0.01	\$0.01			R&T 409	Total varies, depending on # of records Base Charge will be added (ref#1150-20) to the per record charge
1150-23	Property Characteristics Information-Single Family Homes, County-Wide		\$90	\$90.00	\$90			R&T 409	This is the base charge. Per record charge (ref#1150-24) will be added to the base amount
1150-24	Property Characteristics Information, per record charge		\$0.12	\$0.12	\$0.12			R&T 409	Total varies, depending on # of records Base Charge will be added (ref#1150-23) to the per record charge
1150-25	Boat Ownership Information		\$90	\$90.00	\$90			R&T 409	see column B
1150-26	Situs (Physical) Address Information		\$109	\$109.00	\$109			R&T 409	see column B
1150-27	Subdivision to Parcel Index		\$103	\$103.00	\$103			R&T 409	see column B
1150-28	Reference to All Recorded Documents (affecting ownership change) Per Parcel		\$195	\$195.00	\$195			R&T 409	System generated data
1150-29	Reference to Most Current Document (affecting ownership change) Per Parcel		\$170	\$170.00	\$170			R&T 409	System generated data

Ref. #	Service	Estimated No of Units 2017/18	Current Fee per Unit	Actual Cost Per Unit	Rec'md. Fee per Unit 2017/18	New Fee	Revised Fee	Fee Authority	Description/Exception
1150-30	Property Information by Fund		\$100	\$100.00	\$100			R&T 409	see column B
1150-31	Property System Special Project Request (Programmer Analyst or System Analyst)		\$81	\$81.00	\$81			R&T 409	Hourly rate
1150-32	Old to new parcel index		\$105	\$105.00	\$105			R&T 409	Charge per parcel
1150-33	Customer access to Assessor database		\$25	\$25.00	\$25			R&T 409	Monthly per user fee
RECORI	DER BUDGET UNIT	2909							
2909.01	Certification of Official Records		\$4	\$4.29	\$4			Gvt Cde 27364	BOS Authority
2909.02			\$7	\$7.16	\$7			Gvt Cde 27361.9, 27387	BOS Authority
2909.03	Microfiche Frame Copy Service		\$9	\$9.30	\$9			Gvt Cde 27366	BOS Authority
2909.07a	Official Records Copies (1st Pg)		\$7	\$7.16	\$7			Gvt Cde 27366	BOS Authority
2909.07b	Official Records Copies (1st Page CoinOp)		\$2	\$2.15	\$2			Gvt Cde 27366	BOS Authority
2909.08	Official Records Copies (Additional Pages)		\$1	\$1.07	\$1			Gvt Cde 27366	BOS Authority
2909.09	Pre Lien Notice Program (Per Document)		\$47	\$48.66	\$49		x	Gvt Cde 27361.9, 27387	BOS Authority
2909.1	Record. Fee (1st Page) Base Costs + Mandated Fees		\$13		\$13			No. 2010- 159 Gvt Cde 27361, 27361.4	Code Mandated Standard Fee of \$10 (BOS approved and not to excede \$10, per Gov't code) plus \$1 Micrographics, \$1 Establish days of operation, and \$1 SSN Truncation
<u>2909.1</u> 1	Recording Fee (Additional Pages)		\$3		\$3			Gvt Cde 27361, 27361.4	Code Mandated Standard Fee
2909.12			\$3		\$3			Gvt Cde 27361.2	Code Mandated Standard Fee
2909.13	Recording Fee (Combined Document		\$13		\$13			Gvt Cde 27361.1, 27361.4	Code Mandated Standard Fee
	Recording Fee (Penalty Print)		\$1		\$1			Gvt Cde 27361	Code Mandated Standard Fee

Ref. #	Service	Estimated No of Units 2017/18	Current Fee per Unit	Actual Cost Per Unit	Rec'md. Fee per Unit 2017/18	New Fee	Revised Fee	Fee Authority	Description/Exception
	Recording Fee (IRS Documents)		\$13		\$13			Gvt Cde 27361	Code Mandated Standard Fee
	Recording Fee (Public Agency Releases)		\$12		\$12			Gvt Cde 27361.4	Code Mandated Standard Fee
2909.17	Recording Fee (Additional Indexing >10 names, per group of 10		\$1		\$1			Gvt Cde 27361.8	Code Mandated Standard Fee
2909.18	Recording Fee (Additional Indexing Each Reference)		\$1		\$1			Gvt Cde 27361.2	Code Mandated Standard Fee
	Recording (Survey Monument Fee)		\$10		\$10			Gvt Cde 27585	\$10 fee goes to Public Works
	Recording Fee (No Preliminary Change of Ownership Report)		\$20		\$20			R&T 480.3	Code Mandated Standard Fee
2909.21	Recording Fee (UCC Forms 2 pages or less)		\$10		\$10			UCC 9403-07, Gvt Cde 12194	Code Mandated Standard Fee
2909.21	Recording Fee (UCC Forms 3 or more pages)		\$20		\$20			UCC 9403-07, Gvt Cde 12194	Code Mandated Standard Fee
	Filing Fee (Maps 1st Page)		\$12		\$12			Gvt Cde 27361, 27361.4, 27372	Code Mandated Standard Fee
	Filing Fee (Maps Extra Page)		\$4		\$4			Gvt Cde 27361, 27361.4, 27373	Code Mandated Standard Fee
	Filing Fee (Contracts)		\$5		\$5				Code Mandated Standard Fee Effect of \$3 plus \$1 Micrographics and \$1 Establish days of operation
	Vital Record Copies (Marriage)		\$17		\$17			H&S 103525.5, 103625, 103628	Code Mandated Standard Fee & AB2010 (H&S 103628) BOS authority 2014 AB110.
2909.26	Vital Record Copies (Death/Govt. Death)		\$23		\$23			H&S 103525.5, 103625, 103629	Code Mandated Standard Fee & AB2010 (H&S 103628) BOS authority 2014 AB1053 AB110.

Service	Estimated No of Units 2017/18	Current Fee per Unit	Actual Cost Per Unit	Rec'md. Fee per Unit 2017/18	New Fee	Revised Fee	Fee Authority	Description/Exception
Vital Record Copies (Birth)		\$30		\$30			H&S 103525.5, 103625, 103630	Code Mandated Standard Fee & AB2010 (H&S 103628) BOS authority 2014 AB1053 AB110.
Vital Record Copies (Govt. Birth)		\$21		\$21			H&S 103525.5, 103625, 103631	Code Mandated Standard Fee & AB2010 (H&S 103628) BOS authority 2014 AB1053 AB110.
Vital Record Copies (Govt. Marriage)		\$13		\$13			H&S 103525.5, 103625, 103632	Code Mandated Standard Fee & AB2010 (H&S 103628) BOS authority 1/01/14 AB110.
Compact Disc (CD) of Daily Images of Real Estate Recordings		\$16	\$16.09	\$16			GC27366	BOS Authority: To Recover Cost
Set Up Charge for Specialized Compact Disc Jobs		\$63	\$64.40	\$64		x	GC27366	BOS Authority: To Recover Cost
Compact Disc (CD) of Weekly/Quarterly Images of Real Estate Recordings		\$26	\$26.82	\$27		x	GC27366	BOS Authority: To Recover Cost
SSN Truncation Program (Per Document)		\$1		\$1		Delete	GC 27361(d)	Code Mandated w/ BOS Authority Double Reported: See 2909.1
Electronic Recording Delivery System (ERDS)		0.00						Code Mandated standard fee. To be collected when Solano Recorder is ERDS certified by the California Attorney General per Govt Code 27390-97
	Vital Record Copies (Birth) Vital Record Copies (Govt. Birth) Vital Record Copies (Govt. Birth) Vital Record Copies (Govt. Marriage) Compact Disc (CD) of Daily Images of Real Estate Recordings Set Up Charge for Specialized Compact Disc Jobs Compact Disc Jobs Compact Disc (CD) of Weekly/Quarterly Images of Real Estate Recordings SSN Truncation Program (Per Document) Electronic Recording	ServiceUnits 2017/18Vital Record Copies (Birth)	ServiceEstimated No of Units 2017/18Fee per UnitVital Record Copies (Birth)\$30Vital Record Copies (Govt. Birth)\$21Vital Record Copies (Govt. Birth)\$21Vital Record Copies (Govt. Marriage)\$13Compact Disc (CD) of Daily Images of Real Estate Recordings\$16Set Up Charge for Specialized Compact Disc (CD) of Weekly/Quarterly Images of Real Estate Recordings\$63Compact Disc (CD) of Weekly/Quarterly Images of Real Estate Recordings\$63Compact Disc (CD) of Weekly/Quarterly Images of Real Estate Recordings\$26SSN Truncation Program (Per Document)\$1Electronic Recording Delivery System (ERDS)\$1	ServiceEstimated No of Units 2017/18Fee per UnitActual Cost Per UnitVital Record Copies (Birth)\$30\$30\$30Vital Record Copies (Govt. Birth)\$21\$30\$30Vital Record Copies (Govt. Birth)\$21\$21\$30Vital Record Copies (Govt. Birth)\$21\$31\$31Vital Record Copies (Govt. Marriage)\$13\$31\$31Compact Disc (CD) of Daily Images of Real Estate Recordings\$16\$16.09Set Up Charge for Specialized Compact Disc Jobs\$63\$64.40Compact Disc (CD) of Weekly/Quarterly Images of Real Estate Recordings\$26\$26.82SSN Truncation Program (Per Document)\$1\$1Electronic Recording Delivery System (ERDS)\$1\$1	ServiceEstimated No of Units 2017/18Actual Cost Per Unitper Unit 2017/18Vital Record Copies (Birth)\$30\$30\$30Vital Record Copies (Govt. Birth)\$21\$21\$21Vital Record Copies (Govt. Birth)\$21\$21\$21Vital Record Copies (Govt. Birth)\$13\$13\$13Compact Disc (CD) of Daily Images of Real Estate Recordings\$16\$16.09\$16Set Up Charge for Specialized Compact Disc (CD) of Weekly/Quarterly Images of Real Estate Recordings\$26\$26.82\$27SSN Truncation Program (Per Document)\$1\$1\$1\$1Electronic Recording Delivery System (ERDS)\$1\$1\$1\$1	ServiceEstimated No of Units 2017/18Fee per UnitActual Cost Per Unitper Unit 2017/18New FeeVital Record Copies (Birth)Image of Copies (Govt. Birth)Image of Copies S21Image of Copie	ServiceEstimated No of Units 2017/18Fee per Unit per Unit Per Unit 2017/18New Per Unit Per Unit 2017/18New FeeRevised FeeVital Record Copies (Birth)\$30\$30\$30\$30\$30\$30\$30Vital Record Copies (Govt. Birth)\$21\$21\$21\$21\$21\$21Vital Record Copies (Govt. Birth)\$21\$21\$21\$21\$21\$21Vital Record Copies (Govt. Birth)\$16\$16\$13\$13\$13\$13\$13Compact Disc (CD) of Daily Images of Real Estate Recordings\$16\$16.09\$16\$16\$16\$16\$16Set Up Charge for Specialized Compact Disc (CD) of Weekly/Quarterly Images of Real Estate Recordings\$64.40\$64\$4\$4SSN Truncation Program (Per Document)\$16\$16\$16\$16\$16\$16\$16Electronic Recording Delivery System (ERDS)\$16\$16\$16\$16\$16\$16\$16	ServiceEstimated No of Units 2017/18Fee per Unit per Unit Per UnitActual Cost per Unit 2017/18New FeeRevised FeeFee AuthorityVital Record Copies (Birth)11<

RESOLUTION NO. 2017 - ____

RESOLUTION OF THE SOLANO COUNTY BOARD OF SUPERVISORS ADOPTING REVISED FEE SCHEDULE FOR RESOURCE MANAGEMENT ENVIRONMENTAL HEALTH DIVISION

Whereas, the laws of the State of California and the provisions of the Solano County Code authorize the Solano County Board of Supervisors to establish and adjust fees that the County Resource Management Environmental Health Division proposes.

Resolved, that the Solano County Board of Supervisors adopts the fees set forth in attached Exhibit III-A to Solano County Code section 11-110.4, to be effective on July 1, 2017.

Passed and adopted by the Solano County Board of Supervisors at its regular meeting on April 25, 2017 by the following vote:

SUPERVISORS	
SUPERVISORS	
SUPERVISORS	
	SUPERVISORS SUPERVISORS SUPERVISORS

JOHN M. VASQUEZ, Chair Solano County Board of Supervisors

ATTEST: BIRGITTA E. CORSELLO, Clerk Solano County Board of Supervisors

By: _____ Jeanette Neiger, Chief Deputy Clerk

Fee Code	Category	Estimated No of Units 2017/18	Current Fee Per Unit	Actual Cost per Unit	Rec'md. Fee/Unit 2017/18	New Fee	Revised Fee	Fee Authority	Description/ Exception
PROGRA	AM 16 CONSUMER/FOOD								
	Food Establishment < 300 sq ft							H&S Code	
601	High Risk	0	\$482	\$481.71	\$482			§ 114381(d)	Permit
	Food Establishment < 300 sq ft							H&S Code	
602	Medium Risk	14	\$394	\$393.62	\$394			§ 114381(d)	Permit
	Food Establishment < 300 sq ft							H&S Code	
603	Low Risk	37	\$316	\$316.55	\$316			§ 114381(d)	Permit
	Food Establishment 301 - 1,000 sq							H&S Code	
604	ft High Risk	26	\$748	\$747.33	\$748			§ 114381(d)	Permit
	Food Establishment 301 - 1,000 sq							H&S Code	
605	ft Medium Risk	95	\$644	\$644.11	\$644			§ 114381(d)	Permit
	Food Establishment 301 - 1000 sq		· -		· ·			H&S Code	
606	ft Low Risk	91	\$515	\$514.74	\$515			§ 114381(d)	Permit
	Food Establishment 1,001 - 3,000	-	•					H&S Code	
607	sq ft High Risk	275	\$1,069	\$1,069.39	\$1,069			§ 114381(d)	Permit
	Food Establishment 1,001 - 3,000		+ ,	+ ,	+ ,			H&S Code	
608	sq ft Medium Risk	341	\$878	\$878.08	\$878			§ 114381(d)	Permit
	Food Establishment 1,001 - 3,000		+----	<i></i>	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			H&S Code	
609	sq ft Low Risk	201	\$700	\$700.54	\$700			§ 114381(d)	Permit
	Food Establishment 3,001 - 6,000		<i></i>	<i></i>	<i></i>			H&S Code	
610	sq ft High Risk	85	\$1,477	\$1,476.77	\$1,477			§ 114381(d)	Permit
010	Food Establishment 3,001 - 6,000	00	ψι,	φ1, 11 O.1 1	ψι,			H&S Code	
611	sq ft Medium Risk	66	\$1,209	\$1,209.77	\$1,209			§ 114381(d)	Permit
011	Food Establishment 3,001 - 6,000	00	<i>\</i> ,200	¢1,200.11	<i>\</i> ,200			H&S Code	
612	sq ft Low Risk	25	\$973	¢072.04	\$973			§ 114381(d)	Permit
012	Food Establishment 6,001 - 40,000		\$973	\$973.04	4913			H&S Code	Fernin
613	sq ft High Risk	36	\$1,929	¢1 020 57	\$1,929			§ 114381(d)	Permit
013	Food Establishment 6,001 - 40,000		φ1,929	\$1,929.57	φ1,929			H&S Code	r ennit
614	sq ft Medium Risk	19	\$1,582	\$1,582.75	\$1,582			§ 114381(d)	Permit
014	Food Establishment 6,001 - 40,000		φ1,562	φ1,362.75	φ1,562			H&S Code	rennit
615	sq ft Low Risk	15	\$1,264	\$1,264.82	\$1,264			§ 114381(d)	Permit
015	Food Establishment > 40,000 sq ft	15	φ1,204	φ1,204.02	φ1,204			H&S Code	Fernin
616	High Risk	14	\$2,155	¢2 155 20	¢0 155			§ 114381(d)	Permit
010	Food Establishment > 40,000 sq ft	14	φ2,155	\$2,155.29	\$2,155			H&S Code	rennit
617	Medium Risk	11	\$1,767	\$1,767.17	\$1,767			§ 114381(d)	Permit
017	Food Establishment > 40,000 sq ft	11	φ1,707	φ1,707.17	φ1,707			H&S Code	i ennit
618	Low Risk	1	\$1,413	\$1,413.46	\$1,413			§ 114381(d)	Permit
010	LOW MISK	1	ψ1,413	φ1,413.40	ψ1,413			Bus. &	1 ennit
								Professions	
	Food Establishment, Veteran							Code	
619	Exemption High Risk	3	\$0	\$411.38	\$0			§ 16102	Permit
013	Exemption right tisk	5	ψŪ	φ+11.50	ψŪ			Bus. &	T Offinit
								Professions	
	Food Establishment, Veteran							Code	
620	Exemption Med Risk	3	\$0	\$393.68	\$0			§ 16102	Permit
020		3	ΦΟ	4 393.00	φU			-	r Gittill
								Bus. &	
	Food Fotobliphment Materian							Professions	
604	Food Establishment, Veteran Exemption Low Risk	20	\$ 0	¢040.00	# 0			Code	Permit
621		22	\$0	\$316.03	\$0			§ 16102	Fermit

Fee Code	Category	Estimated No of Units 2017/18	Current Fee Per Unit	Actual Cost per Unit	Rec'md. Fee/Unit 2017/18	New Fee	Revised Fee	Fee Authority	Description/ Exception
	Food Establishment, Non-profit							H&S Code	
622	High Risk	3	\$0	\$411.38	\$0			§ 114381(d)	Permit
	Food Establishment, Non-profit							H&S Code	
623	Med Risk	21	\$0	\$393.68	\$0			§ 114381(d)	Permit
	Food Establishment, Non-profit							H&S Code	
624	Low Risk	41	\$0	\$316.03	\$0			§ 114381(d)	Permit
						/		H&S Code	
625	Catering Registration	2	\$0	\$396.37	\$397	\checkmark		§ 114381(d)	Permit
								Bus. & Professions Code	_
627	Food Facility, Veteran Exemption	25	\$0	\$102.17	\$0			§ 16102	Permit
628	Food Facility, Non-profit Exemption	21	\$0	\$102.17	\$0			H&S Code § 114381(d)	Permit
<u></u>	Food Establishment - Public School Cafeterias	100	¢o	¢202.00	¢o			H&S Code § 114381(d)	Permit
632		108	\$0	\$393.68	\$0			H&S Code	Feinin
C 1 1	Food Facility - Vending Machine Site Fee	4.4	¢400	¢400 50	¢4.00				Dormit
644	Each Additional Vending	11	\$166	\$166.53	\$166			§ 114381(d)	Permit
447	5	07	¢00	¢00.00	¢00			H&S Code	Dormit
117	Machine Food Facility - Vend. Machine Vet	27	\$33	\$33.03	\$33			§ 114381(d) H&S Code	Permit
645	Exempt Site Fee	1	\$0	¢166 52	م			§ 114381(d)	Permit
040		1	Ф О	\$166.53	\$0			H&S Code	Feinin
110	Each Additional Vending Machine	F	¢o	¢22.02	۴o				Permit
118		5	\$0	\$33.03	\$0			§ 114381(d)	Feinin
646	Mobile Food Facility- One event	F		¢407.60	¢100	\checkmark		H&S Code	Dormit
646	fee Mahila Faad Facility, Saasanal	5		\$137.63	\$138			§ 114381(d)	Permit
0.47	Mobile Food Facility- Seasonal	45		¢000.05	¢0.40	\checkmark		H&S Code	Dormit
647	mobile event	15		\$339.95	\$340			§ 114381(d)	Permit
648	Food Facility - Temp. Food Booth High Risk (1 event) **	541	\$102	\$101.85	\$102			H&S Code § 114381(d)	Permit
649	Food Facility - Temp. Food Booth High Risk Seasonal **	147	\$267	\$267.00	\$267			H&S Code § 114381(d)	Permit
0.0			+_ 01	¢201100	\$ _0.				
	Food Facility - Temp. Food Booth							H&S Code	
650	Low Risk - 1 event **	185	\$47	\$46.79	\$47			§ 114381(d)	Permit
	Food Facility - Temp Food Booth							H&S Code	
651	Low Risk Seasonal **	105	\$149	\$148.64	\$149			§ 114381(d)	Permit
	Cottage Food- Dierct and/or							H&S Code	
671	Wholesale-permit	11	\$316	\$316.55	\$316			§ 114289.5	Permit
								Bus. & Professions	
075	Cottage Food Permit- Veteran	,			. -			Code	D
672	Exemption	1	\$0	\$316.55	\$0			§ 16102	Permit
677	Farm Stand	3	\$126	\$126.62	\$126			H&S Code § 114381(d)	Permit
	Food Facility - Certified Farmers							H&S Code	
678	Market	7	\$421	\$421.15	\$421			§ 114381(d)	Permit
	Food Establishment - Private							H&S Code	
683	School	4	\$490	\$489.96	\$490			§ 114381(d)	Permit

				r			1		
Fee Code	Category	Estimated No of Units	Current Fee	Actual Cost per	Rec'md. Fee/Unit			Fee	Description/
	outegoly	2017/18	Per Unit	Unit	2017/18	New Fee	Revised Fee	Authority	Exception
								H&S Code	
688	Food Establishment - Day Care	0	\$423	\$422.52	\$423			§ 114381(d)	Permit
								H&S Code	
691	Food Establishment - Seasonal	5	\$268	\$268.38	\$268			§ 114381(d)	Permit
	Special Event Organizer- Non-							H&S Code	
692	Profit	50	\$0	\$225.71	\$0			§ 114381(d)	Permit
	Food Facility - Special Event							H&S Code	
696	Organizer 2 - 5 booths **	135	\$225	\$225.71	\$225			§ 114381(d)	Permit
	Food Facility - Special Event							H&S Code	
697	Organizer 6 - 10 booths **	59	\$338	\$338.57	\$338			§ 114381(d)	Permit
	Food Facility - Special Event							H&S Code	
698	Organizer > 10 booths **	27	\$449	\$448.67	\$449			§ 114381(d)	Permit
000		£1	ψττυ	ψ -1- 0.07	ψ - 3		1		
0.55	Food Facility- Speciali Event	_		AF----	• - • -	\checkmark		H&S Code	Dec. 11
699	organizer > 20 booths	5	-	\$590.43	\$590			§ 114381(d)	Permit
101 102									
104 105									
112 113								H&S Code	
116	Food Facility - Motorized Vehicle	50	\$171	\$170.66	\$171			§ 114381(d)	Permit
								Bus. &	
								Professions	
	Food Facility - Veterans Exempt	47	\$ \$\$	\$ 470.00	\$ 0			Code	Dermit
114	Vehicle	17	\$0	\$170.60	\$0			§ 16102	Permit
115	Food Facility - Non Profit Vehicle	5	\$0	\$170.66	\$0			H&S Code § 114381(d)	Permit
115	Food Facility - Mobile Food Prep.	5	φU	\$170.00	φU			H&S Code	Femili
103 109	Vehicle	68	\$208	\$207.82	\$208			§ 114381(d)	Permit
106 107			¢200	<i>\</i>	\$ _00			3	
108 110									
111 119	Food Facility - Non-motorized food							H&S Code	
120	cart	66	\$113	\$112.86	\$113			§ 114381(d)	Permit
	Plan Checking Fee/Constructi	ion Insp. (See Below	')					
	-			-				H&S Code	
111	Food Establishment < 300 sq ft	3	\$902	\$902.85	\$902			§ 114381(d)	Permit
	Food Establishment 301-1,000 sq	~	÷00-	<i>Q</i> CCLICC	400L			H&S Code	
112	ft	8	\$1,311	\$1,311.61	\$1,311			§ 114381(d)	Permit
	Food Establishment 1,001-3,000				·			H&S Code	
113	sq ft	10	\$1,509	\$1,509.80	\$1,509			§ 114381(d)	Permit
	Food Establishment 3,001-9,000							H&S Code	
114	sq ft	8	\$1,784	\$1,783.68	\$1,784			§ 114381(d)	Permit
		â	AC 7 00		AC T C			H&S Code	Dec. 11
115	Food Establishment > 9,000 sq ft	3	\$2,500	\$2,500.74	\$2,500			§ 114381(d)	Permit
116	Remodel Plan Check	77	¢ro4		¢ro A			H&S Code & 11/381(d)	Permit
116		27	\$594	\$594.56	\$594			§ 114381(d)	Permit
	Minor Plan Checks (hourly rate)	00	# 400	#407.00	# 400		\checkmark	H&S Code § 114381(d)	Permit
	winter Flatt Checks (noutly fate)	20	\$130	\$137.63	\$138			3 114301(u)	Feilill

Fee Code	Category	Estimated No of Units 2017/18	Current Fee Per Unit	Actual Cost per Unit	Rec'md. Fee/Unit 2017/18	New Fee	Revised Fee	Fee Authority	Description Exception
ROGR	AM 16R FOOD REGISTRAT	ION							
	Cottage Food-Direct Sales Only-							H&S Code	
600	Registration	51	\$96	\$96.34	\$96			§ 114289.5	Registratior
								Bus. &	
								Professions	
	Cottage Food-Direct Sales Only-							Code	
605	Registration	8	\$0	\$96.34	\$0			§ 16102	Registration
ROGR	AM 21 HAZARDOUS MATE	RIALS / V	VASTE PR	OGRAM*					
								H&SC §§	
400				* (= 0 0 0	• (= 0		\checkmark	255404.5,	Б.,
160	Unmanned Facility	232	\$444	\$452.88	\$453			25513	Permit
							\checkmark	H&SC §§ 255404.5,	
161	1-4 Personnel	627	\$302	\$308.04	\$308		·	25513	Permit
101		021	Q OOL	<i>\</i>	\$000			H&SC §§	
							\checkmark	255404.5,	
162	5-9 Personnel	252	\$496	\$505.92	\$506			25513	Permit
								H&SC §§	
400		107	* ***	* ***	• ••••		\checkmark	255404.5,	Б.,
163	10-19 Personnel	137	\$818	\$834.36	\$834			25513	Permit
							\checkmark	H&SC §§ 255404.5,	
164	20-49 Personnel	107	\$1,197	\$1,220.94	\$1,221		·	25513 25513	Permit
101		101	ψ1,101	¢1,220.01	ψι,ι			H&SC §§	
							\checkmark	255404.5,	
165	50-99 Personnel	37	\$1,599	\$1,630.98	\$1,631			25513	Permit
								H&SC §§	
			* ••••••	* ••• • •• • •• • ••	* ••••••		\checkmark	255404.5,	D "
166	100-249 Personnel	26	\$2,238	\$2,282.76	\$2,283			25513	Permit
							\checkmark	H&SC §§ 255404.5,	
167	> 250 Personnel	16	\$3,287	\$3,352.74	\$3,353			25513	Permit
			<i>\\\\\\\\\\\\\</i>	¢0,00±11 1	<i></i>			H&SC §§	
							\checkmark	255404.5,	
168	> 10,000 gal & < 10 Personnel	8	\$1,610	\$1,642.20	\$1,642			25513	Permit
								H&SC §§	
								255404.5,	
197	City/County/School Facility	178	\$0	\$1,220.94	\$0			25513	Permit
			• • • • • •	• • • • • • • •	• • •		\checkmark	Solano County	–
198	Injection Well Permit	3	\$1,051	\$1,072.02	\$1,072			Code	Permit
222	Environmental Management Ag Hazmat Fee	129	\$19.50	\$19.89	\$19.50			255404.5, 25513	
	* The system is adjusted annually by the	-				104.5(h)	(1) to inclu		ssessment
ROGR	AM 22 EMERGENCY RESP						() 10 1101	2.25 a calonalyo a	
	Emergency incident response			I	I		./	H&S Code	
246	(hourly rate)	14	\$145	\$149.05	\$149		\checkmark	§ 101325	

Fee Code	Category	Estimated No of Units 2017/18	Current Fee Per Unit	Actual Cost per Unit	Rec'md. Fee/Unit 2017/18	New Fee	Revised Fee	Fee Authority	Description/ Exception
PROGR	AM 23A ABOVE GROUND T	ANKS							
110	10,000 to 100,000 gallons per facility	44	\$292	\$297.84	\$298		\checkmark	H&SC § 25270.6	permit
111	100,001 to 1,000,000 gallons per facility	6	\$438	\$446.76	\$447		~	H&SC § 25270.6	permit
112	1,000,001 to 10,000,000 gallons per facility	0	\$730	\$744.60	\$745		\checkmark	H&SC § 25270.6	permit
113	10,000,001 to 100,000,000 gallons per facility	1	\$1,022	\$1,042.44	\$1,042		~	H&SC § 25270.6	permit
114	> 100,000,001 gallons per facility	1	\$1,314	\$1,340.28	\$1,340		~	H&SC § 25270.6	permit
197	City/County/School Facility Above Ground Storage Tank 10,000 - 100,000 gallons per facility	0	\$292	\$297.84	\$298		Ý	H&SC § 25270.6	HSC 25270.6(b) - no fee exemption can be provided for municipal/ school above ground tanks.
	AM 23U UNDERGROUND S			,					<u> </u>
310	Underground storage tanks facilit			ations					
	Permit to store (+)	30	\$453	\$462.06	\$462		\checkmark	H&SC § 25287	Permit
	Each tank charged @	57	\$273	\$278.46	\$278		\checkmark	H&SC § 25287	Permit
311	Underground storage tank service station facility								
	Permit to store (+)	132	\$453	\$462.06	\$462		~	H&SC § 25287	Permit
	Each tank charged @	397	\$273	\$278.46	\$278		~	H&SC § 25287	Permit
326	County/City/School Tank Site	14	\$0	\$462.06	\$0			H&SC § 25287	Permit
305	Each tank charged @ Plan check/Construction Inspection	24	\$0	\$278.46	\$0			H&SC § 25287	Permit
305					[H&SC §	
	1-2 tanks per facility	1	\$1,109	\$1,131.18	\$1,131		~	25287 H&SC §	Permit
	Each additional tank	1	\$156	\$159.12	\$159		~	25287	Permit
322	Agricultural Tank	0	\$453	\$462.06	\$462		~	H&SC § 25287	Permit
	Each tank charge @	0	\$273	\$278.46	\$278		~	H&SC § 25287	Permit
360	Underground Storage Tanks at Federal Facilities	4	\$453	\$462.06	\$462		~	H&SC § 25287	Permit
	Each tank charge @	12	\$273	\$278.46	\$278		\checkmark	H&SC § 25287	Permit

Fee Code	Category	Estimated No of Units 2017/18	Current Fee Per Unit	Actual Cost per Unit	Rec'md. Fee/Unit 2017/18	New Fee	Revised Fee	Fee Authority	Description/ Exception
070	Underground Storage Tanks at		A 150	A (A A A	.		\checkmark	H&SC §	Demoit
370	State Facilities	1	\$453	\$462.06	\$462			25287 H&SC §	Permit
	Each tank charge @	7	\$273	\$278.46	\$278		\checkmark	25287	Permit
382	Modification/Repair (Tank)								
	1-2 tanks per facility	1	\$857	\$874.14	\$874		~	H&SC § 25287	Permit
	Each additional tank	1	\$156	\$159.12	\$159		~	H&SC § 25287	Permit
380	Modification/Repair (Piping Only)	4	\$424	\$432.48	\$432		\checkmark	H&SC § 25287	Permit
390	Removal of Tanks								T
	1-2 tanks per facility	1	\$943	\$961.86	\$961		~	H&SC § 25287	Permit
	Each additional tank	1	\$156	\$159.12	\$159		\checkmark	H&SC § 25287	Permit
381	Permit to Remove & Install New Tar	-	÷ · • •						
	1-2 tanks per facility	1	\$1,657	\$1,690.14	\$1,690		~	H&SC § 25287	Permit
	Each additional tank	1	\$156	\$159.12	\$159		\checkmark	H&SC § 25287	Permit
399	Temporary Closure Application	0	\$103	\$105.06	\$105		\checkmark	H&SC § 25287	Permit
	Hazardous Waste / Hazardous Materials-Activity Not Already Covered (Hourly rate)	1	\$145	\$149.05	\$149		~	H&SC § 25287	
PROGR	AM 24 HOUSING AND INST	ITUTION	S	· · ·			<u> </u>		
11	Housing dwelling unit complaint investigation hourly rate	20	\$130	\$137.63	\$138		~	H&S Code § 101325	Permit
130	Hotel/Motel/Bed and Breakfast	67	\$232	\$232.59	\$232			H&S Code § 101325	Permit
	-each additional unit	4311	\$17	\$16.52	\$17			H&S Code § 101325	Permit
PROGR	AM 26 LAND USE								
613	Subdivisions - Up to four parcels	1	\$1,487	\$1,487.78	\$1,487			H&S Code § 101325	Permit
611	- each additional parcel after 4	0	\$338	\$338.57	\$338			H&S Code § 101325	Permit
612	Subdivision - major map revision	0	\$833	\$832.66	\$833			H&S Code § 101325	Permit
614	Subdivision - minor map revision	0	\$415	\$415.64	\$415			H&S Code § 101325	Permit
623	Lot line adjustment/Boundary line modification	3	\$416	\$415.64	\$416			H&S Code § 101325	Permit
624	Building Envelope Modification	1	\$319	\$319.30	\$319			H&S Code § 101325	Permit
664	Use permit (Planning Commission)	1	\$1,815	\$1,815.34	\$1,815			H&S Code § 101325	Permit

Fee Code	Category	Estimated No of Units 2017/18	Current Fee Per Unit	Actual Cost per Unit	Rec'md. Fee/Unit 2017/18	New Fee	Revised Fee	Fee Authority	Description/ Exception
667	Use permit - Agriculture	0	\$1,361	\$1,361.16	\$1,361			H&S Code § 101325	Permit
680	Use Permit (Minor or Minor Revision)	26	\$647	\$646.86	\$647			H&S Code § 101325	Permit
683	Use Permit (Minor or Minor Revision)- Agriculture	0	\$485	\$485.83	\$485			H&S Code § 101325	Permit
692	Marsh Development Permit (ZA)	0	\$242	\$242.23	\$242			H&S Code § 101325	Permit
695	Marsh Development Permit (PC)	0	\$647	\$646.86	\$647			H&S Code § 101325	Permit
696	Marsh Development (PC) Revision	0	\$415	\$415.64	\$415			H&S Code § 101325	Permit
	Hourly rate for Land-use review in excess of fee/hourly rate	0	\$130	\$137.63	\$138		~	H&S Code § 101325	
PROGR	AM 29 HAZARDOUS MATE			TION- NO					
	Initial Review Phase I/II (up to 8 hours)	4	\$1,175	\$1,187.12	\$1,187		\checkmark	H&S Code § 101325	voluntary project oversight fee
	Contaminated Site Investigation/Remedial Action (up to 16 hours)	1	\$2,350	\$2,374.24	\$2,374		~	H&S Code § 101325	voluntary project oversight fee
	Hourly rate for review in excess of time covered by permit fee	4	\$147	\$148.38	\$148		~	H&S Code § 101325	
PROGR	AM 36 RECREATIONAL HE	ALTH FA	CILITIES						
605	Pool/Spa Municipal/School sites	25	\$0	\$176.17	\$0			H&S Code § 101325	Permit
501	Pool/Spa Site Fee (non municipal/school)	255	\$176	\$176.17	\$176			H&S Code § 101325	Permit
601 602	Pool/Spa	397	\$257	\$257.37	\$257			H&S Code § 101325	Permit
	Swimming Pool/Spa Plan Check	0	\$1,591	\$1,591.00	\$1,591			H&S Code § 101325	Permit
	Each Additional Pool/Spa Plan Check	0	\$435	\$434.91	\$435			H&S Code § 101325	Permit
	Swimming Pool/Spa Remodel (hourly rate)	0	\$130	\$137.63	\$138		\checkmark	H&S Code § 101325	Permit
PROGRAM	M 41 WASTE TIRE ENFORCEMENT	PROGRAM	И						
							Delete	Pub Resources	FY17/18 to
	Hourly reimbursemnet rate	1	\$145	\$145.13	\$0			Code § 42847	delete

Fee Code	Category	Estimated No of Units 2017/18	Current Fee Per Unit	Actual Cost per Unit	Rec'md. Fee/Unit 2017/18	New Fee	Revised Fee	Fee Authority	Description/ Exception
PROGR	AM 42 LIQUID WASTE								
211	Septic Tank/Sewage Complaint Investigations (hourly rate)	17	\$130	\$137.63	\$138		\checkmark	Health & Safety Code § 101325	
212	Septic tank destruction	3	\$327	\$327.56	\$327			Health & Safety Code § 101325	Permit
214	Septic tank-new installation	10	\$1,349	\$1,348.77	\$1,349			Health & Safety Code § 101325	Permit
215	VA/FHA/Loan application inspection	0	\$406	\$406.01	\$406			Health & Safety Code § 101325	Permit
224	VA/FHA/Loan App Combined Well/Septic + \$25.00 sample	0	\$563	\$562.91	\$563			Health & Safety Code § 101325	Permit
213	Alternative sewage disposal system	26	\$2,369	\$2,368.61	\$2,369			Health & Safety Code § 101325	Permit
	per hour charge over 17.25 hours	0	\$130	\$137.63	\$138		~	Health & Safety Code § 101325	Permit
219	Septic tank-repair/maintenance	40	\$559	\$558.78	\$559			Health & Safety Code § 101325	Permit
220	Septic Tank - tightline connection to existing system only	7	\$263	\$262.87	\$263			Health & Safety Code § 101325	Permit
201, 202, 203	Septic tank/chemical toilet/grease pumper truck	44	\$186	\$185.80	\$186			Health & Safety Code § 101325	Permit
255	Chemical toilet company <50 units	6	\$419	\$419.77	\$419			Health & Safety Code § 101325	Permit
256	Chemical toilet company >50 units	2	\$841	\$840.92	\$841			Health & Safety Code § 101325	Permit
	Site evaluation (soil profile/percolation test review per project per lot)	13	\$526	\$550.52	\$551		~	Health & Safety Code § 101325	Permit
	-over 4.00 hours (hourly rate)	0	\$130	\$137.63	\$138		~	Health & Safety Code § 101325	Permit
270	Preliminary site review (surface features only)	0	\$263	\$275.26	\$275		~	Health & Safety Code § 101325	Permit
	-over 2 hours (hourly rate)	0	\$130	\$137.63	\$138		~	Health & Safety Code § 101325	Permit

Fee Code	Category	Estimated No of Units 2017/18	Current Fee Per Unit	Actual Cost per Unit	Rec'md. Fee/Unit 2017/18	New Fee	Revised Fee	Fee Authority	Description/ Exception
	Building Permit Review	177	\$217	\$217.46	\$217			Health & Safety Code § 101325	Plan review
481 482 483 484 485 486 487	Operational Permit	337	\$202	\$202.32	\$202			Health & Safety Code § 101325	Permit
488	Graywater dispersal system	0	\$263	\$262.87	\$263			101325	Review and/or Permit
	-over 2.03 hours (per hour)	0	\$130	\$137.63	\$138		~	Health & Safety Code § 101325	Review and/or Permit
PROGR	AM 44 SOLID WASTE								
422	Garbage collection permit fee	4	\$258	\$258.74	\$258			Public Resources Code § 43213	Permit
401 402 403 404 423	refuse or tallow swill hauling vehicle	93	\$174	\$174.79	\$174			Public Resources Code § 43213	Permit
424	Solid Waste Facility-Notification	4		\$2,325.95	\$2,325	\checkmark		Public Resources Code § 43213	
434	Class I Facility	0	\$8,562	\$8,561.96	\$8,562			Public Resources Code § 43213	Permit
435	Drilling Mud Disposal Facility	1	\$8,562	\$8,561.96	\$8,562			Public Resources Code § 43213	Permit
436	Solid Waste Disposal Facilities per ton Local Enforcement Agency (LEA) fee	2	\$1.03	\$1.03	\$1.03			Public Resources Code § 43213	Permit
437	Animal Burial Site Solid Waste Facility	1	\$1,579.00	\$1,578.62	\$1,579			Public Resources Code § 43213	Permit
442	Composting/Chipping and Grinding Facility (not operated w/ local landfill)		\$2,325	\$2,325.95	\$2,325			Public Resources Code § 43213	Permit

Fee Code	Category	Estimated No of Units 2017/18	Current Fee Per Unit	Actual Cost per Unit	Rec'md. Fee/Unit 2017/18	New Fee	Revised Fee	Fee Authority	Description/ Exception
								Public	
								Resources	
470		0	CO 474	\$0,474,00	CO 474			Code	Dermit
479	Closed Solid Waste Facility	3	\$2,171	\$2,171.80	\$2,171			§ 43213 Public	Permit
								Resources	
								Code	
445	Garbage transfer station	1	\$6,514	\$6,514.03	\$6,514			§ 43213	Permit
								Public	
								Resources	
								Code	
461	Septage Disposal Site	0	\$4,654	\$4,654.65	\$4,654			§ 43213	Permit
462	Biosolid Landspreading Site	0	¢1 001	¢1 061 12	¢1 001			H&S Code	Permit
462	Registration Biosolid site inspection (per hour)	8	\$1,061	\$1,061.13	\$1,061			§ 101325	Permit
	after 95.7 hours per site field +						\checkmark	H&S Code	
	office time	0	\$130	\$137.63	\$138			§ 101325	Permit
		-	•	,	•			H&S Code	
463	Biosolid Landspreading Notification	3	\$13,162	\$13,161.56	\$13,162			§ 101325	Permit
								Solano County	
	Biosolids Research and Education							Code, Chapter	
NP44	Fee per acre land applied	1,100	\$15	\$0.00	\$15			25, section 25- 402(a)8	Research fee
INF 44		1,100	φισ	φ0.00	φισ			402(a)0	Researchitee
496	Closed Class I Facility	2	\$1,371	\$1,370.79	\$1,371			H&S Code	Permit
	Waste disposal plan check fee								
446	(Other than Class III)	0	\$574	\$573.92	\$574			H&S Code	Permit
	Corbogo Convice Exemption initial						\checkmark		
424	Garbage Service Exemption initial review fee (incorporated area)	1	\$130	\$137.63	\$138		v	H&S Code	Permit
727	Garbage Service Exemption	1	ψ100	\$157.05	ψ100				1 cinin
1	renewal review fee (incorporated								
425	area)	1	\$66	\$66.06	\$66			H&S Code	Permit
PROGR	AM 46 SMALL WATER SYS	TEMS		-					
							I	H&S Code	
660	State small water system	10	\$376	\$375.73	\$376			§ 101325	Permit
			\$0.0	<i>\\\\\\\\\\\\\</i>	\$0.0			0	voluntary
	Private well water sampling (Plus							H&S Code	inspection
666	\$25.00 each add'l sample)	0	\$249	\$249.11	\$249			§ 101325	service
									voluntary
	Private well general inspection							H&S Code	inspection
681	w/sample (R/E Transaction)	0	\$378	\$378.48	\$378			§ 101325	service
WATER	WELL FEES								
	Monitoring or Cathodic protection								
	well (construction or destruction							H&S Code	
644	permit)	85	\$475	\$474.82	\$475			§ 101325	Permit
			A	•	.			H&S Code	_
	-each additional well after 2	0	\$160	\$159.65	\$160			§ 101325	Permit

Fee Code	Category	Estimated No of Units 2017/18	Current Fee Per Unit	Actual Cost per Unit	Rec'md. Fee/Unit 2017/18	New Fee	Revised Fee	Fee Authority	Description/ Exception
								H&S Code	
688	Well Destruction Permit	15	\$475	\$474.82	\$475			§ 101325	Permit
	 -water supply well: each additional well 	7	¢160	¢150.65	¢160			H&S Code § 101325	Permit
		/	\$160	\$159.65	\$160			H&S Code	Feinin
669	Well Construction Permit	20	\$613	\$613.83	\$613			§ 101325	Permit
								H&S Code	
	- each additional well	5	\$475	\$474.82	\$475			§ 101325	Permit
	- destruction at the same	0	¢400	¢450.05	¢4.00			H&S Code	Dermit
	time	9	\$160	\$159.65	\$160			§ 101325 H&S Code	Permit
691	Well Repair	0	\$258	\$258.74	\$258			§ 101325	Permit
091	Boring permit (Per project site, 5	0	ψ2.00	φ230.74	ψ2.30			H&S Code	1 citilit
668	borings maximum)	123	\$258	\$258.74	\$258			§ 101325	Permit
	AM 48 MISCELLANEOUS FI		+	7 -000	<i>+</i>				
								H&S Code	<u> </u>
4891	Business License Review	38	\$78	\$78.45	\$78			§ 101325	
								0	
	Hourly rate- Environmental Health						\checkmark	H&S Code	
4892	activity not otherwise specified	0	\$130	\$137.63	\$138			§ 101325	
								H&S Code	
6	Reinspection Fee	10	\$258	\$258.74	\$258			§ 101325	
	PROGRAM 48G-CONFINED	ANIMAL	FACILITY	OPERATION OPERATION	ON (CAFC))			
	Construction Permit- Initial Review (Review construction plans, comprehensive nutrient management plans and construction oversightdoes not include well construction or							H&S Code	
	inspection)	0	\$5,166	\$5,166.63	\$5,166			§ 101325	Permit
	-Each additional hour over 37.5						\checkmark	H&S Code	
	hours	0	\$130	\$137.63	\$138			§ 101325	
	Plan Check Fee Confined Animal Facility Operation Expansion (Review construction plans, comprehensive nutrient management plans and construction oversightdoes not include well construction or inspection) -Each additional hour over 9.4	0	\$1,292	\$1,292.35	\$1,292			H&S Code § 101325 H&S Code	plan review
	hours	0	\$130	\$137.63	\$138		\checkmark	§ 101325	
400	Operational Permit (Review of sampling analysis data and records, site inspections)	2	\$3,468	\$3,468.28	\$3,468			H&S Code § 101325	Permit
-	-Each additional hour over 25.2						\checkmark	H&S Code	
	hours	0	\$130	\$137.63	\$138		\checkmark	§ 101325	

RESOURCE MANAGEMENT - ENVIRONMENTAL HEALTH DIVISION EXHIBIT III-A

Fee Code	Category	Estimated No of Units 2017/18	Current Fee Per Unit	Actual Cost per Unit	Rec'md. Fee/Unit 2017/18	New Fee	Revised Fee	Fee Authority	Description/ Exception
	Per hour charge for staff time for activity not otherwise specified (Response to complaints, review of						~	H&S Code	
	site specific data)	0	\$130	\$137.63	\$138			§ 101325	
PROGR	AM 49 BODY ART								
911	Permanent Body Art Facility- Practice Site	34	\$197	\$196.81	\$197			H&S Code § 119312	Permit
912	Permanent Body Art Facility - Mobile Practice Site	0	\$197	\$196.81	\$197			H&S Code § 119316	Permit
913	Temporary Body Art Facility	0	\$130	\$137.63	\$138		~	H&S Code § 119317.5	Permit
914	Temporary Body Art Event Sponsor	0	\$197	\$196.81	\$197			H&S Code § 119318 H&S Code	Permit
915	Body Art Practitioner Registration Plan Review- Permanent Body Art	90	\$99	\$99.09	\$99			§ 119306 H&S Code	Registration
916	Facility Practice Site Plan Review- Permanent Body Art	0	\$329	\$328.94	\$329			§ 119312 H&S Code	plan review
917	Facility Mobile Practice Site	0	\$197	\$196.81	\$197			§ 119312	plan review
PROGR	AM 50 EXTREMELY HAZAR		ATERIALS	6 (RMP's)					
560	Unmanned Facility	3	\$756	\$771.12	\$771		\checkmark	H&SC § 25535.5	Permit
561	Federal Facility	0	\$756	\$771.12	\$771		~	H&SC § 25535.5	Permit
562	UGT Facility/RMPP Discl	0	\$756	\$771.12	\$771		~	H&SC § 25535.5	Permit
563	RMP 10-19 Employees	5	\$756	\$771.12	\$771		~	H&SC § 25535.5 H&SC	Permit
564	RMP 20-49 Employees	1	\$756	\$771.12	\$771		~	§ 25535.5 H&SC	Permit
565	RMP 50-99 Employees	0	\$756	\$771.12	\$771		✓ ✓	§ 25535.5 H&SC	Permit
566	RMP 100-249 Employees	1	\$756	\$771.12	\$771		✓ ✓	§ 25535.5 H&SC	Permit
567	RMP > 250 Employees	2	\$756	\$771.12	\$771		✓ ✓	§ 25535.5 H&SC	Permit
568	RMP < 10 employees	3	\$756	\$771.12	\$771			§ 25535.5 H&SC	Permit
597	School/County/City Facility	4	\$0	\$0.00	\$0			§ 25535.5	Permit

All delinquent fees are subject to an additional penalty of double the fee amount.

RESOLUTION NO. 2017 - ____

RESOLUTION OF THE SOLANO COUNTY BOARD OF SUPERVISORS ADOPTING REVISED FEE SCHEDULE FOR RESOURCE MANAGEMENT PLANNING SERVICES DIVISION

Whereas, the laws of the State of California and the provisions of the Solano County Code authorize the Solano County Board of Supervisors to establish and adjust fees that the County Resource Management Planning Services Division proposes.

Resolved, that the Solano County Board of Supervisors adopts the fees set forth in attached Exhibit III-B to Solano County Code section 11-110.4, to be effective on July 1, 2017.

Passed and adopted by the Solano County Board of Supervisors at its regular meeting on April 25, 2017 by the following vote:

AYES:	SUPERVISORS	
NOES:	SUPERVISORS	
EXCUSED:	SUPERVISORS	

JOHN M. VASQUEZ, Chair Solano County Board of Supervisors

ATTEST: BIRGITTA E. CORSELLO, Clerk Solano County Board of Supervisors

By: _____ Jeanette Neiger, Chief Deputy Clerk

RESOURCE MANAGEMENT - PLANNING SERVICES DIVISION EXHIBIT III-B

Ref. #	No of Units Fee Cost per Fe		Rec'md. Fee/Unit*	New	Revised Fee	Fee Authoritv	Description/Exception		
		2017/18	Per Unit*	Unit*	2017/18	Fee			
PLANNI	NG DIVISION								
	Agriculture Preserve						\checkmark	Gov 65104	
2912-01	Application	0	\$1,096	\$1,234.52	\$1,129		v	G0V 65104	
	Alquist-Priolo Proposal						\checkmark	PRC 2625	
2912-03	Processing	0	\$783	\$881.80	\$806		, ,	110 2023	
2912-04	Architectural Review	1	\$783	\$881.80	\$806		\checkmark	Gov 65909.5	
	Waiver of Architectural						\checkmark	Gov 65909.5	
2912-04.1	Standard	6	\$313	\$352.72	\$322		Ŷ	GOV 05909.5	
								Cal. Business &	
	Dusiness Lisense Deview		<i>6</i> 4 5 7	¢470.00	# 404		\checkmark	Professions Code	
2912-05	Business License Review	24	\$157	\$176.36	\$161			§16100	
2912-05.1	Business License Renewal	300	\$94	\$105.82	\$97		\checkmark	Cal. Business & Professions Code	
2312-00.1	Review	300	ψ 3 4	ψ105.02	ψ31			§16100	
2912-06	Development Agreement	0	\$8,140	\$9,170.72	\$8,384		\checkmark	Gov 65104	
2912-00	Development Agreement	0	φ 0,140	ψ 9 ,170.72	д 0,304			000 00104	
2912-07	Revision	0	\$1,409	\$1,587.24	\$1,451		\checkmark	Gov 65104	
2012 01	Environmental Review - Initial	Ŭ	ψ1,400	\$1,001.21	ψ1,401				
2912-08	Study	10	\$704	\$793.62	\$726		\checkmark	PRC 21089(a)	
	Environmental Review -	-	· · ·						
2912-09	Negative Declaration	14	\$2,113	\$2,380.86	\$2,177		\checkmark	PRC 21089(a)	
	Negative Declaration						\checkmark		
2912-11	Mitigation Monitoring	1	\$1,565	\$1,763.60	\$1,612		v	PRC 21089(a)	
	Environmental Review -								
	Process EIR (20% of	0	Varies	Varies	Varies			PRC 21089(a)	
2912-12	Contract)								
	General Plan Amendment -						\checkmark	Gov 65104	
2912-14	Merit Hearing	0	\$3,131	\$3,527.20	\$3,225		v	G0V 65104	
	General Plan Amendment -						\checkmark	Gov 65104	
2912-15	Completed Application	0	\$4,696	\$5,290.80	\$4,837			001 00104	
	Contracted General Plan								
	Amendment (Composite	0	Varies	Varies	Varies			Gov 65104	
	Hourly Rate or 20% of								
2912-16	Contract)								
	Marsh Development Permit						\checkmark		
2912-17	(MDP) Application with Use Permit	0	\$783	\$881.80	\$806		ř	PRC 29520(b)	
2312-11	MDP Application - Zoning	U	ψ103	ψ001.00	φουσ			· NO 23020(D)	
2912-18	Administrator (ZA)	1	\$2,348	\$2,645.40	\$2,419		\checkmark	PRC 29520(b)	
201210		,	Ψ2,070	<i>42</i> ,010.40	Ψ2,ΤΙΟ				
2912-19	MDP - ZA Revision	0	\$626	\$705.44	\$645		\checkmark	PRC 29520(b)	
		-	÷0	Ŧ	+- · 0			(-)	
2912-20	MDP - ZA Extension	0	\$626	\$705.44	\$645		\checkmark	PRC 29520(b)	
	MDP Application - Planning						\checkmark		
2912-21	Commission	0	\$3,914	\$4,409.00	\$4,031		v	PRC 29520(b)	
	MDP - Planning Commission						\checkmark		
2912-22	Revision	0	\$1,252	\$1,410.88	\$1,290			PRC 29520(b)	

RESOURCE MANAGEMENT - PLANNING SERVICES DIVISION EXHIBIT III-B

Ref. #	Service	Estimated	Current	Actual	Rec'md.			Fee Authoritv	Description/Exception
		No of Units	Fee	Cost per	Fee/Unit*	New	Revised Fee	Authonity	
		2017/18	Per Unit*	Unit*	2017/18	Fee			
	MDP - Planning Commission		.	¢4,004,50	.		\checkmark		
2912-23	Extension Mutual Agreement - Utility	0	\$1,096	\$1,234.52	\$1,129			PRC 29520(b)	
2912-24	Lines/Facilities	0	\$3,914	\$4,409.00	\$4,031		\checkmark	Gov 65104	
	Planned Unit Development			• • • • • •			\checkmark	Gov 65909.5	
2912-25	(PUD)	0	\$3,522	\$3,968.10	\$3,628			001 00000.0	
2912-27	PUD: Extension to Exercise	0	\$1,096	\$1,234.52	\$1,129		\checkmark	Gov 65909.5	
2912-28	PUD: Minor Revision	0	\$1,409	\$1,587.24	\$1,451		\checkmark	Gov 65909.5	
	Performance Standards								
2912-29	(Composite Hourly Rate applied)	0	\$1,565	\$1,763.60	\$1,612		\checkmark	Gov 65909.5	
2912-29	Review & Report as required	0	φ1,505	\$1,703.00	\$1,01Z		,		
2912-30	by Permit	0	\$548	\$617.26	\$564		\checkmark	Gov 65909.5	
2012 21	Peolomation Plan Application	2	¢4.606	¢5 200 80	¢4 007		\checkmark	Gov 65104	
2912-31	Reclamation Plan Application	2	\$4,696	\$5,290.80	\$4,837				
	Reclamation Plan Application						\checkmark	Gov 65104	
2912-32	with Use Permit	0	\$1,878	\$2,116.32	\$1,935				
2912-33	Reclamation Plan Annual Site Visit	6	\$939	\$1,058.16	\$967		\checkmark	Gov 65104	
2312-00	Interim Reclamation	0	φ000	\$1,000.10	4001		\checkmark	0 05404	
2912-33.1	Management Plan	0	\$939	\$1,058.16	\$967		v	Gov 65104	
	Extension of Interim						\checkmark	000000000	
2912.33.2	Reclamation Management Plan	0	\$470	\$529.08	\$484		v	Gov 65104	
	Planning Commission (PC)	-	• • •		• ••••		\checkmark	Gov 65909.5	
2912-34	Interpretation	0	\$1,252	\$1,410.88	\$1,290		·	G0v 05909.5	
2912-35	Request for Specific Information	0	\$157	\$176.36	\$161		\checkmark	Gov 65104	
2912-36	Rezone	1	\$3,131	\$3,527.20	\$3,225		\checkmark	Gov 65909.5	
2912-37	Specific Plan Review	0	\$3,287	\$3,703.56	\$3,386		\checkmark	Gov 65456	
2912-38	Sign Permit	0	\$470	\$529.08	\$484		\checkmark	Gov 65909.5	
	Subdivision - Lot Line						\checkmark	Gov 66451.2	
2912-39	Adjustment Subdivision - Minor	7	\$1,565	\$1,763.60	\$1,612		-	000 00401.2	
2912-40	Subdivision Tentative Map	5	\$2,739	\$3,086.30	\$2,822		\checkmark	Gov 66451.2	
	Subdivision - Revision to		+_1	. ,	<i> </i>				
	approved Tentative Parcel		A 700	\$ 004.00	* ***		\checkmark	Gov 66451.2	
2912-41	Map	0	\$783	\$881.80	\$806				
2912-42	Subdivision - Waiver Parcel Map	0	\$470	\$529.08	\$484		\checkmark	Gov 66451.2	
2312-42	Subdivision - Extension of	0	ψ+70	ψ020.00	ψτυτ				
2912-43	Parcel Map Filing	0	\$470	\$529.08	\$484		\checkmark	Gov 66451.2	
	Major Subdivision - Tentative						\checkmark	Gov 66451.2	
2912-44	Мар	0	\$3,914	\$4,409.00	\$4,031		ļ	00100701.2	
	Major Subdivision - Review of						\checkmark	Gov 66451.2	
2912-45	Revised Tentative Map	0	\$1,565	\$1,763.60	\$1,612			20. 00 10 112	

RESOURCE MANAGEMENT - PLANNING SERVICES DIVISION EXHIBIT III-B

Ref. #	Service	Estimated No of Units	Current Fee	Actual Cost per	Rec'md. Fee/Unit*	New	Revised Fee	Fee Authoritv	Description/Exception
		2017/18	Per Unit*	Unit*	2017/18	Fee			
2912-46	Revision to Approved Tentative Map	0	\$1,590	\$1,798.87	\$1,645		\checkmark	Gov 66451.2	
2912-47	Final Map Filing Date Extension	0	\$1,172	\$1,322.70	\$1,209		\checkmark	Gov 66451.2	
2912-48	Recordation of Certificate of Compliance	4	\$470	\$529.08	\$484		~	Gov 66451.2	
2912-40	Reversion to Acreage	0	\$1,096	\$1,234.52	\$1,129		~	Gov 66499.14	
2912-50	Minor Use Permit Application	3	\$1,565	\$1,763.60			\checkmark	Gov 65909.5	
2912-51	Minor Use Permit Application - Extension	0	\$470	\$529.08	\$484		~	Gov 65909.5	
2912-52	Minor Use Permit Application - Minor Revision	1	\$783	\$881.80	\$806		\checkmark	Gov 65909.5	
2912-53	Use Permit Application - Planning Commission (PC)	3	\$3,914	\$4,409.00	\$4,031		~	Gov 65909.5	
2912-54	Use Permit Application - PC Extension	0	\$1,018	\$1,146.34	\$1,048		\checkmark	Gov 65909.5	
2912-55	Use Permit - PC Minor Revision	2	\$2,348	\$2,645.40	\$2,419		~	Gov 65909.5	
2912-56	Variance Permit Application	0	\$1,174	\$1,322.70	\$1,209		~	Gov 65909.5	
2912-57	Variance Permit - Minor Revision	0	\$783	\$881.80	\$806		\checkmark	Gov 65909.5	
2912-58	Appeal to Planning Commission or Board of Supervisors	1	\$150	-	\$150		~	Gov 65104	
2912-59	Copies of Meeting Tapes (plus \$5.00 per tape)	1	\$94	\$105.82	\$97		\checkmark	Gov 65104	
2912-60	Zone Text Amendment	2	\$3,131	\$3,527.20	\$3,225		\checkmark	Gov 65909.5	
2912-61	Administrative Permit	2	\$783	\$881.80	\$806		\checkmark	Gov 65909.5	
2912-62	Minor Use Permit- Amendment	1		\$1,322.70	\$1,209	\checkmark			
2912-66	Building Permit Plan Review (BPPR) - New Residential Bldg	28	\$50	\$56.44	\$52		\checkmark	Gov 65104	
2912-66.1	BPPR - New Commercial/Industrial (major)	10	\$391	\$440.90	\$403		~	Gov 65104	
2912-66.2	BPPR - New Commercial/ Industrial (minor)	14	\$391	\$440.90			\checkmark	Gov 65104	
2912-66.3	BPPR Residential Addition/Remodel	35	\$157	\$176.36	\$161		~	Gov 65104	
2912-66.5	BPPR - Swimming Pool	14	\$78	\$88.18	\$81		\checkmark	Gov 65104	

RESOURCE MANAGEMENT - PLANNING SERVICES DIVISION EXHIBIT III-B

Ref. #	Service	Estimated No of Units 2017/18	Current Fee Per Unit*	Actual Cost per Unit*	Rec'md. Fee/Unit* 2017/18	New Fee	Revised Fee	Fee Authoritv	Description/Exception
2912-66.6	BPPR - Barn, Garage, Carport	24	\$335	\$379.17	\$347		~	Gov 65104	
2912-66.7	BPPR - Conversion of Accessory Structure	2	\$313	\$352.72	\$322		~	Gov 65104	
2912-66.10	BPPR Structures Other than Building	20	\$157	\$176.36	\$161		~	Gov 65104	
2912-67	Composite Staff Hourly Rate		\$157	\$176.36	\$161		\checkmark	BOS	
2912-69	ALUC Staff Review	5	\$157	\$176.36	\$161		~	Gov 65104	
2912-74	Address Assignment and Road Name	34	\$157	\$176.36	\$161		~	Gov 65104	
2912-76	Initiate EIR Process (NOP,RFQ, Consult. select)	0	\$5,244	\$5,908.06	\$5,402		~	PRC 21089(a)	
2913-01	Solid Waste Planning Fee	N/A	\$50,000	\$50,000	\$50,000			PRC 41901	
2913-02	Solid Waste Mitigation Fee	N/A	\$0.21 per ton of waste landfilled	\$0.21 per ton of waste landfilled	\$0.21 per ton of waste landfilled			PRC 41901	
2912-63	Administrative Permit - Agriculture	2	\$589	\$663.11	\$606		~	Gov 65909.5	
2912-64	Minor Use Permit - Agriculture	2	\$1,177	\$1,326.23	\$1,213		~	Gov 65909.5	
2912-65	Use Permit - Agriculture	4	\$2,941	\$3,313.80	\$3,030		~	Gov 65909.5	
2912-73	Use Permit - Amendment P.C.	1	\$2,348	\$2,645.40	\$2,419		~	Gov 65909.5	
2912-74	Type II Home Occupation Permit	0	\$70	\$79.36	\$73		~	Gov 65909.5	
2912-77	Zoning Clearance	3	\$157	\$176.36	\$161		~	Gov 65909.5	

* Staff time exceeding 100% of the per unit hours is subject to billing at the Composite Hourly Rate.

** The Application Filing Fee for an after-the fact entitlement is double the adopted fee not to exceed \$1,000.

RESOLUTION NO. 2017 - ____

RESOLUTION OF THE SOLANO COUNTY BOARD OF SUPERVISORS ADOPTING REVISED FEE SCHEDULE FOR RESOURCE MANAGEMENT BUILDING AND SAFETY DIVISION

Whereas, the laws of the State of California and the provisions of the Solano County Code authorize the Solano County Board of Supervisors to establish and adjust fees that the County Resource Management Building and Safety Division proposes.

Resolved, that the Solano County Board of Supervisors adopts the fees set forth in attached Exhibit III-C to Solano County Code section 11-110.4, to be effective on July 1, 2017.

Passed and adopted by the Solano County Board of Supervisors at its regular meeting on April 25, 2017 by the following vote:

AYES:	SUPERVISORS	
NOES:	SUPERVISORS	
EXCUSED:	SUPERVISORS	

JOHN M. VASQUEZ, Chair Solano County Board of Supervisors

ATTEST: BIRGITTA E. CORSELLO, Clerk Solano County Board of Supervisors

By: _____ Jeanette Neiger, Chief Deputy Clerk

RESOURCE MANAGEMENT - BUILDING AND SAFETY DIVISION EXHIBIT III-C

BUILDING S	SERVICES DIVISION - BUILDIN	IG FEES							
valued per the t Construction C	- Building permit fees are those prescr table published by the Building Standar osts" table published by the Internation ses. (See Supplemental Service Fees,	ds Journal i al Code Coι	n May 2003	applied to th	e occupanci	es and	types of	construction in	the "Square Foot
	Plan Review - The plan review fee s Section 107.3 and Table 1-A, excep	shall be as s				0			
	Plumbing - Fees shall be set forth i Table 1-1, except for hourly services						n 103.4	and	
	Electrical - Fees shall be set forth in Chapter 3, Section 304 and Table 3	n the 1996 a	dopted editi	on of the Un	iform Admin	istrative			e National Electrical Code
	Mechanical - Fees shall be set forth Section 115 and Table 1-1, except f								nical Code, Chapter 1,
BUILDING S	SERVICES DIVISION - SUPPLE	MENTAL	SERVICE	E FEE					
Ref. #	Service	Estimated No of Units 2017/18	Current Fee Per Unit	Actual Cost per Unit	Rec'md. Fee/Unit 2017/18	New Fee	Revised Fee	Fee Authority	Description/Exception
	New Residential Building (VB/R3)	12	\$1,449	\$1,524.00	\$1,524		v	Cal. Health & Safety Code §17951 and CBC	*Net per trip rate of \$127 is calculated by taking the hourly service rate and multiplying it by the Supplemental Fee Factor (57 minutes) or 95%.
	New Commercial or Industrial Building	12	\$1,449	\$1,524.00	\$1,524		~	Cal. Health & Safety Code §17951 and CBC	*Net per trip rate of \$127 is calculated by taking the hourly service rate and multiplying it by the Supplemental Fee Factor (57 minutes) or 95%.
	New Commercial or Industrial Remodel	8	\$966	\$1,016.00	\$1,016		~	Cal. Health & Safety Code §17951 and CBC	*Net per trip rate of \$127 is calculated by taking the hourly service rate and multiplying it by the Supplemental Fee Factor (57 minutes) or 95%.
	Residential Addition (VB/R3)	8		\$1,016.00	\$1,016		~	Cal. Health & Safety Code §17951 and CBC	*Net per trip rate of \$127 is calculated by taking the hourly service rate and multiplying it by the Supplemental Fee Factor (57 minutes) or 95%.

RESOURCE MANAGEMENT - BUILDING AND SAFETY DIVISION EXHIBIT III-C

Ref. #	Service	Estimated No of Units 2017/18	Current Fee Per Unit	Actual Cost per Unit	Rec'md. Fee/Unit 2017/18	New Fee	Revised Fee	Fee Authority	Description/Exception
	Residential Remodel (VB/R3)	5	\$604	\$635.00	\$635		~	Cal. Health & Safety Code §17951 and CBC	*Net per trip rate of \$127 is calculated by taking the hourly service rate and multiplying it by the Supplemental Fee Factor (57 minutes) or 95%.
	Swimming Pool (VB/M1)	5	\$604	\$635.00	\$635		~	Cal. Health & Safety Code §17951 and CBC	*Net per trip rate of \$127 is calculated by taking the hourly service rate and multiplying it by the Supplemental Fee Factor (57 minutes) or 95%.
	Barns, Garage, Carport (VB/U), Mnfg. Home, Carport (VB/U), & Similar Accessory Bldg.	5	\$604	\$635.00	\$635		~	Cal. Health & Safety Code §17951 and CBC	*Net per trip rate of \$127 is calculated by taking the hourly service rate and multiplying it by the Supplemental Fee Factor (57 minutes) or 95%.
	Conversion of Accessory Structure	5	\$604	\$635.00	\$635		~	Cal. Health & Safety Code §17951 and CBC	*Net per trip rate of \$127 is calculated by taking the hourly service rate and multiplying it by the Supplemental Fee Factor (57 minutes) or 95%.
	Structures other than buildings (e.g. loading platforms, retaining walls, residential towers, sidings, patio covers, etc.)	2	\$241	\$254.00	\$254		~	Cal. Health & Safety Code §17951 and CBC	*Net per trip rate of \$127 is calculated by taking the hourly service rate and multiplying it by the Supplemental Fee Factor (57 minutes) or 95%.
	Change/repair of electrical service or Power Pole	2	\$241	\$254.00	\$254		~	Cal. Health & Safety Code §17951 and CBC	*Net per trip rate of \$127 is calculated by taking the hourly service rate and multiplying it by the Supplemental Fee Factor (57 minutes) or 95%.
	Mechanical	1	\$121	\$127.00	\$127		¥	Cal. Health & Safety Code §17951 and CBC	*Net per trip rate of \$127 is calculated by taking the hourly service rate and multiplying it by the Supplemental Fee Factor (57 minutes) or 95%.

RESOURCE MANAGEMENT - BUILDING AND SAFETY DIVISION EXHIBIT III-C

Ref. #	Service	Estimated No of Units 2017/18	Current Fee Per Unit	Actual Cost per Unit	Rec'md. Fee/Unit 2017/18	New Fee	Revised Fee	Fee Authority	Description/Exception
	Plumbing change	1	\$121	\$127.00	\$127		~	Cal. Health & Safety Code §17951 and CBC	*Net per trip rate of \$12' is calculated by taking the hourly service rate and multiplying it by the Supplemental Fee Factor (57 minutes) or 95%.
	Net Per Trip & Reinspection Fee	1	\$121	\$127.00	\$127		~	Cal. Health & Safety Code §17951 and CBC	*Net per trip rate of \$127 is calculated by taking the hourly service rate and multiplying it by the Supplemental Fee Factor (57 minutes) or 95%.
	Demolition (Commercial, Residential, other)	1	\$121	\$127.00	\$127		~	Cal. Health & Safety Code §17951 and CBC	*Net per trip rate of \$127 is calculated by taking the hourly service rate and multiplying it by the Supplemental Fee Factor (57 minutes) or 95%.
	Hourly Service Rate & Rate exceeding the estimated number of units.		\$134	\$133.18	\$133		✓	Cal. Health & Safety Code §17951 and CBC	Inspections exceeding the number of units will be charged at an hourly rate with a minimum of one hour.
	Inspections exceeding the estimated num	ber of units w				nimum of	one hour		one nour.
*	Net Per Trip Rate of \$127 per trip is calcu	lated by takin	ig the Hourly S	Service Rate a	and multiplying	g it by the	Supplem	nental Fee Factor	(57 minutes) or 95%.
BUILDING SE	ERVICES DIVISION - MISCEL		S FEES						
	Preparation of Title 24 Documents (Minor) additions	1	\$168	\$173.13	\$173		\checkmark	Calif. Building Code (CBC)	
	Title 24 Plan Check Fee	1	\$134	\$139.84	\$140		~	CBC	
	Micro Graphics or Document Storage (per permit) Sprinkler System Review (per	925	\$10	\$10	\$10			CBC	
	square foot)	30	\$0.15	\$0.15	\$0.15			CBC	
	Records Research (per hour - 1/4 hour minimum)	24	\$134	\$133.18	\$133		\checkmark	CBC	
	Fire Plan Check (Minor) - additions	20	\$134	\$139.84	\$140		\checkmark	CBC	
	Fire Plan Check (Major) - New	40	\$268	\$279.68	\$280		\checkmark	CBC	
	Structures Except Ag Barns	18	φ200	φ219.00	ψ200			000	

RESOURCE MANAGEMENT - BUILDING AND SAFETY DIVISION EXHIBIT III-C

Ref. #	Service	Estimated No of Units 2017/18	Current Fee Per Unit	Actual Cost per Unit	Rec'md. Fee/Unit 2017/18	New Fee	Revised Fee	Fee Authority	Description/Exception
	Hourly Rate for Abandoned Vehicle Abatement & Code Compliance	15	\$145	\$246.69	\$247		~	CBC § 107.1 & H&S § 17951 (b)	
	Code Enforcement Reinspection - Initial reinspection no fee. Second and subsequent reinspections. Does not preclude court judgment for actual costs.	25	\$217	\$296.03	\$296		~	CBC § 107.1 & H&S § 17951 (b)	Reinspections are 1.2 hours
	Business License Renewal Code Enforcement Review	321	\$25	\$25.00	\$25			B&P § 16100 (a)	Flat fee

All direct charges incurred by the County for towing services, vehicle impound facilities, property title search cost, and any other charges incurred directly related to the abatement of the vehicles in question, will be accounted for and their recovery(s). All delinquent fees are subject to an additional penalty of double the fee amount.

RESOLUTION NO. 2017 - ____

RESOLUTION OF THE SOLANO COUNTY BOARD OF SUPERVISORS ADOPTING REVISED FEE SCHEDULE FOR RESOURCE MANAGEMENT SURVEYOR AND COUNTY ENGINEERING DIVISION

Whereas, the laws of the State of California and the provisions of the Solano County Code authorize the Solano County Board of Supervisors to establish and adjust fees that the County Resource Management Surveyor and County Engineering Division proposes.

Resolved, that the Solano County Board of Supervisors adopts the fees set forth in attached Exhibit III-E to Solano County Code section 11-110.4, to be effective on July 1, 2017.

Passed and adopted by the Solano County Board of Supervisors at its regular meeting on April 25, 2017 by the following vote:

AYES:	SUPERVISORS	
NOES:	SUPERVISORS	
EXCUSED:	SUPERVISORS	

JOHN M. VASQUEZ, Chair Solano County Board of Supervisors

ATTEST: BIRGITTA E. CORSELLO, Clerk Solano County Board of Supervisors

By: _____ Jeanette Neiger, Chief Deputy Clerk

RESOURCE MANAGEMENT - PUBLIC WORKS, ENGINEERING AND SURVEYOR EXHIBIT III-E

							1		
Ref. #	Service	Estimated	Current	Actual	Rec'md.			Fee Authority	Description/Exception
		No of Units	Fee	Cost per	Fee/Unit	New	Revise		
		2016/17	Per Unit	Unit	2017/18	Fee	d Fee		
SURVEY	OR/ENGINEER DIVISIO	N							
1904-02	Civil Engineer Hourly Rate	N/A	\$121	\$120.01	\$120		x	Gov. Code § 66451.2	Average weighted hourly rate. Actual rate will be charged per individual employee at the time of service.
1904-04	Map Check: Parcel	5	\$1,473	\$1,531.11	\$1,531		х	Gov. Code § 66451.2	*First two sheets; additional sheets are \$750; separate map sheets or supplemental documents are \$150
1904-05	Map Check: Record of Survey	28	\$831	\$861.25	\$861		х	Gov. Code § 27372	*First sheet; additional sheets are \$435
1904-06	Map Check: Subdivisions	1	\$1,031	\$1,052.64	\$1,053		x	Gov. Code § 66451.2	*First sheet; additional sheets are \$490; separate map sheets or supplemental documents are \$115
1904-12	Map Reproduction-Mylar and Vellum up to 18" X 26" sheets	50	\$14	\$14	\$14			Gov. Code § 66451.2	\$4.30 per square foot for larger sheets
1904-15	Map Reproduction-Microfilm & Blackline 18" X 26" sheets	250	\$6.50	\$6.50	\$6.50			Gov. Code § 66451.2	\$2.00 per square foot for larger sheets
1904-19	Record of Survey, Parcel Map: Indexing - first sheet	28	\$5	N/A	N/A			Gov. Code § 27372	Amount fixed by code.
1904-19b	Record of Survey, Parcel Map: Indexing - additional sheets	15	\$2	N/A	N/A			Gov. Code § 27372	Amount fixed by code.
1904-20	Map Amendment, Correction & Survey Filing	2	\$5	N/A	N/A			Gov. Code § 27372	Amount fixed by code.
1904-21	Filing of Corner Record	16	\$6	N/A	N/A			B&P Code § 8773.2	Amount fixed by code.
1904-26	County Surveyor Hourly Rate	N/A	\$138	\$130.89	\$131		x	Gov. Code § 66451.2	Weighted hourly rate. Actual rate will be charged per individual employee at the time of service.
1904-36	Engineering Technician Hourly Rate	N/A	\$94	\$97.92	\$98		x	Gov. Code § 66451.2	Average weighted hourly rate. Actual rate will be charged per individual employee at the time of service.
ROADS	DIVISION								
3010-01	Encroachment Permit	138	\$445	\$465.13	\$465		x	Street & Hwy Code § 1460 Cal. Const. Art. XI, § 7	* Fee listed is for standard permits, including single-family residential driveways. The fee is \$610 for major permits involving trenching in the roadway, traffic control, commercial driveways or other complex items. The fee for annual permits is \$120 per 1/10 mile, plus \$0.23 per foot under 1/10 mile; adjoining owners, public utilities and public agencies are exempt.
3010-05	Subdivision Plan Check & Inspection	6	\$2,420	\$2,456.16	\$2,456		х	GC65104	*
3010-08	Road Vacation Application Processing	1	\$2,924	\$2,934.63	\$2,935		x	Streets & Highways Code § 8321	

RESOURCE MANAGEMENT - PUBLIC WORKS, ENGINEERING AND SURVEYOR EXHIBIT III-E

							1	I
3010-09	Transportation Permit-Trip	650	\$29	\$29.38	\$29	x	Cal Veh. Code § 35795	
3010-10	Transportation Permit-Annual	100	\$98	\$97.92	\$98	x	Cal Veh. Code § 35795	
3010-11	Assembly Permits	2	\$466	\$489.61	\$490	x	Cal. Const. Art. XI, § 7	Non-profit organizations are exempt
3010-12	Renaming of Private Road	0	\$425	\$446.57	\$447	x	Cal. Const. Art. XI, § 7	
3010-22	Installation of Private Road Signs	1	\$466	\$489.61	\$490	x	Cal. Const. Art. XI, § 7	
3010-22a	Private Road Sign Replacement - Special trip	0	\$412	\$416.17	\$416	x	Cal. Const. Art. XI, § 7	
3010-22b	Private Road Sign Replacement - Routine	0	\$293	\$293.77	\$294	x	Cal. Const. Art. XI, § 7	
3010-23a	Use Permit Review	40	\$351	\$370.02	\$370	x	Gov Code 65909.5	*
3010-24a	General Plan Amendment	1	\$316	\$318.98	\$319	x	Gov Code 65104 and 66014	*
3010-25a	Zoning Amendment	4	\$316	\$318.98	\$319	х	Gov Code 65909.5	*
3010-27a	Minor Subdivision: Tentative Map	5	\$936	\$956.95	\$957	х	Gov. Code § 66451.2	*
3010-27c	Minor Subdivision: Review Map Extension	2	\$379	\$382.78	\$383	х	Gov. Code § 66451.2	*
3010-28a	Major Subdivisions: Tentative Map	1	\$1,820	\$1,913.89	\$1,914	х	Gov. Code § 66451.2	*
3010-28b	Major Subdivisions: Review Revised Map	1	\$1,294	\$1,339.72	\$1,340	х	Gov. Code § 66451.2	*
3010-28c	Major Subdivisions: Review Map Extension	1	\$1,294	\$1,307.83	\$1,308	Х	Gov. Code § 66451.2	*
3010-29	Lot Line Adjustment	5	\$684	\$701.76	\$702	х	Gov. Code § 66451.2	
3010-30	Building Envelope Review	0	\$473	\$478.47	\$478	x	California Building Code section 109	
3010-33	Building Permit Checklist Review	50	\$81	\$88.13	\$88	x	California Building Code section 109	
3010-34	Oil and Gas Well Drilling Security	10	\$553	\$587.54	\$588	х	BOS	Plus \$50,000 min. road damage bond per site
3010-35	Certificate of Compliance	12	\$484	\$510.37	\$510	х	Gov. Code § 66451.2	*
3010-36	Grading Permit Application/Determin	42	\$121	\$132.01	\$132	x	California Building Code section 109	
3010-37	Grading Permit (Minor)	30	\$626	\$660.07	\$660	x	California Building Code section 109	*
3010-38	Grading Permit (Major)	12	\$1,825	\$1,920.21	\$1,920	x	California Building Code section 109	*
3010-39	Land Leveling Permit	2	\$759	\$780.09	\$780	x	California Building Code section 109	*
3010-40	Flood Zone Determination	200	\$47	\$48.96	\$49	x	California Building Code section 109	

RESOURCE MANAGEMENT - PUBLIC WORKS, ENGINEERING AND SURVEYOR EXHIBIT III-E

3010-41	Environmental Review of Initial Study	0	\$210	\$223.29	\$223		х	PRC 21089(a)	*
3010-42	Marsh Development Permit	2	\$158	\$165.87	\$166		x	PRC 29520(b)	* Planning Commission review is \$575 minimum deposit
3010-43	Construction Plans and Specifications	60	\$40	\$40.00	\$40				Fee is for construction specifications with 120 or fewer pages. Specifications with more than 120 pages cost \$50 per set. Oversize plan sheets cost \$4 per sheet.
3010-44	Permit Non-Compliance Investigation (hourly rate)	N/A		\$120.01	\$120	х		BOS	Fee charged per hour for investigation of permit non- compliance and issuance of a Notice of Violation.

* The amount listed is the minimum deposit. An additional deposit will be taken for applications requiring extensive review. The applicant will be charged for the actual cost of performing the work.

RESOLUTION NO. 2017 - ____

RESOLUTION OF THE SOLANO COUNTY BOARD OF SUPERVISORS ADOPTING REVISED FEE SCHEDULE FOR THE PUBLIC GUARDIAN

Whereas, the laws of the State of California and the provisions of the Solano County Code authorize the Solano County Board of Supervisors to establish and adjust fees that the Public Guardian proposes.

Resolved, that the Solano County Board of Supervisors adopts the fees set forth in attached Exhibit IV to Solano County Code section 11-110.5, to be effective on July 1, 2017.

Passed and adopted by the Solano County Board of Supervisors at its regular meeting on April 25, 2017 by the following vote:

JOHN M. VASQUEZ, Chair Solano County Board of Supervisors

ATTEST: BIRGITTA E. CORSELLO, Clerk Solano County Board of Supervisors

By: _____ Jeanette Neiger, Chief Deputy Clerk

PUBLIC GUARDIAN EXHIBIT IV

			Estimated	Current	Actual	Rec'md.				
Ref. #	Service	Hours Per Unit	No of Units 2017/18	Fee Per Unit	Cost per Unit	Fee/Unit 2017/18	New Fee	Revised Fee	Fee Authority	Description /Exception
1041-01	Conservatorship Fee	7	150	\$663	\$ 629	\$629			Probate Code	Per Month
1041-03	Extraordinary Fee	1	15	\$95	\$ 90	\$90			Probate Code	Hourly Rate
1041-04	Final Accounting Fee	8	46	\$758	\$ 719	\$719		\checkmark	Probate Code	Per Estate
1041-06	Property Management	4	5	\$379	\$ 360	\$360		\checkmark	Probate Code	Per Month
1041-07	Property Sales Fee	12	2	\$1,137	\$ 1,079	\$1,079		\checkmark	Probate Code	Per Real Estate Transaction
1041-09	Property Disposal Fee	3	7	\$284	\$ 270	\$270		\checkmark	Probate Code	Per Transaction

RESOLUTION NO. 2017 - ____

RESOLUTION OF THE SOLANO COUNTY BOARD OF SUPERVISORS ADOPTING REVISED FEE SCHEDULE FOR THE TAX COLLECTOR / TREASURER / COUNTY CLERK DEPARTMENT

Whereas, the laws of the State of California and the provisions of the Solano County Code authorize the Solano County Board of Supervisors to establish and adjust fees that the County Tax Collector/Treasurer/County Clerk Department proposes.

Resolved, that the Solano County Board of Supervisors adopts the fees set forth in attached Exhibit V to Solano County Code section 11-110.6, to be effective on July 1, 2017.

Passed and adopted by the Solano County Board of Supervisors at its regular meeting on April 25, 2017 by the following vote:

AYES:	SUPERVISORS	
NOES:	SUPERVISORS	
EXCUSED:	SUPERVISORS	

JOHN M. VASQUEZ, Chair Solano County Board of Supervisors

ATTEST: BIRGITTA E. CORSELLO, Clerk Solano County Board of Supervisors

By: _____ Jeanette Neiger, Chief Deputy Clerk

Ref. #	Service							Fee
		Estimated	Current	Actual	Rec'md.			Authority
		No of Units	Fee	Cost per	Fee/Unit	New	Revised	
		2017/18	Per Unit	Unit	2017/18	Fee	Fee	
								CC §1719, GC
1300-01	Returned (Dishonored) Check	2	35.00	36.40	35.00			§6157 (b)
								CC §1719, GC
1300-02	Returned (Dishonored) Check Tax Collector Only	330	40.00	57.59	40.00			§6157 (b), R&T §2509.2
1300-02	Research (Per ¼ hour, ¼ hour		40.00	57.55	40.00			GC §6253 &
1300-11	minimum)	6	22.00	22.62	23.00		\checkmark	54985
1000.01	Credit Card Processing Eco*	0	0.05%		0.050			CC 54095
1300-21	Credit Card Processing Fee*	0	2.35%	-	2.35%			GC 54985
1300-22	Debit Card Processing Fee*	0	2.35%	-	2.35%			GC 54985
	Payments Received By							
1300-23	Electronic Wire	200	9.00	8.76	9.00			GC §54985
	Delinquent Secured Taxes							RT §2621 &
1311-01	Collection Cost	10,000	10.00	1.41	10.00			2706
	Dedemation Ofers Ores							RT §4112 (a)
1311-02		50	1.50	1.50	1.50			(b)
	Redemption County Cost (Man Fee Amt. Excess rev offsets							RT §4112 (a)
1311-03	Pub Costs 1311-22)	50	150.00	7.30	150.00			(b)
								RT §4112.4 &
								3704.7 GC
1311-04	Redemption Personal Contact	50	105.00	107.96	108.00		\checkmark	54985
	Redemption Power to Sell Cost							RT §4112(1),
1311-05	- Cost Recovery	75	40.00	38.85	40.00			4672.2
	Tax Collector's Certificate - Lot		05.00	07.05	07.00		,	
1311-11	Line Adjustment Subdivision/Parcel Maps	20	35.00	37.35	37.00		~	GC §66412(d)
1311-12	Handling	1	35.00	37.35	37.00		\checkmark	GC §54985
1311-13	Segregation of Parcel Handling Redemption 5-Pay Plan	1	35.00	37.35	37.00		\checkmark	GC §54985 RT §4217(b)
1311-14	Handling	300	55.00	58.56	60.00		\checkmark	GC§54985
								RT §4673 &
	Redemption Fee - Fee set by		45.00		45.00			4112 (a)(b) & 3702
1311-15	Statute Unsecured Delinquent Account	300	15.00	14.14	15.00			3/02
1311-16		20	163.00	176.55	163.00			RT §2922 (e)
								RT §4673 &
1014 04	Parties of Interest Search	50	150.00	151 04	150.00			4112 (a)(b) & 3702
1311-21		50	150.00	151.21	150.00			5102
	Redemt Pub Costs (Tax Sale).							
	Fee does not cover full cost. Excess rev from 1311-03 Man							RT §4673 &
1311-22	fee covers shortfall	50	90.00	144.56	90.00			4112 (a)(b) & 3702
1011-22		50	00.00	144.00	00.00		1	

Ref. #	Service	Estimated	Current	Actual	Rec'md.			Fee
		No of Units	Fee	Cost per	Fee/Unit	New	Revised	Authority
		2017/18	Per Unit	Unit	2017/18	Fee	Fee	
		2017/10	Fer Onic	Onit	2017/10	1.66	166	RT §4673 &
								4112 (a)(b) &
1311-23	Internet Auction Cost	56	300.00	168.28	300.00			3702
	Mobile Home Duplicate Tax							
1311-31	Clearance Certificate	55	20.00	20.38	20.00			GC §54985
1311-32	Duplicate Tax Bill	134	2.00	2.12	2.00			GC 54985
	Sec Tax Roll: Whole or Part:							
1311-41	Electronic File Sec Tax Roll: Detailed	42	100.00	99.90	100.00			GC 54985
1311-42		15	600.00	599.90	600.00			GC 54985
10111 42	g	10	000.00	000.00	000.00			
	Sec & Supp Tax Roll Detailed							
1311-43	Charges: Electronic File	16	630.00	629.90	630.00		_	GC 54985
1130-44	All Redemption Charges	10	100.00	99.90	100.00			GC 54985
				00.00				
1130-45	Special Assessments By Fund	0	140.00	139.90	140.00			GC 54985
	SCIPS Special Project Request							
	(Programmer Analyst or							
1311-51	System Analyst Per Hour)	0	150.00	150.00	150.00			GC 54985
	Special Assessment Request By Fund (Corrected Tax Bills)							
1311-61	Per Bill	0	32.00	33.94	32.00			GC §54985
								HS
								§103625,10364
1312-01	Certified Copy of Confidential License	68	16.00	17.53	17.00		\checkmark	0,100430, 103628(c)
1312-01		00	10.00	17.00	17.00			100020(0)
	Process Server Registration							
	(includes 1 ID card) - Fee set		110.00	70 70	110.00			BP §22352, 22455
1312-11	by statute	30	110.00	72.70	110.00			BP §22455
1312-12	Professional Photocopier	0	175.00	72.70	175.00			22455
1312-13	Unlawful Detainer Assistant	0	182.00	72.70	182.00			BP §6404-6405
1312-14	Legal Document Assistant	4	182.00	72.70	182.00			BP §6402-6416
			.02.00	12.10	102.00			0
1312-15	Humane Officer Appointment	0	5.00	4.85	5.00			CC §14502(e)
1212.04	Miscellaneous Proof of Publication Filings	0	2.25	1.62	0 DF			GC 26850
1312-21	Professional Photocopier	0	2.20	1.02	2.25		+	0020000
	Registrant is also a registered							BP §22453-
1311-43	process server	1	100.00	72.70	100.00			22455
								GC §26840
								(.3,.11,.0,7), 54985,HS
								100430/100435,
1312-31	Marriage License (Public)	1,575	90.00	84.58	90.00			WI 18304

Ref. #	Service				_			Fee
		Estimated	Current	Actual	Rec'md.	News	B ucket	Authority
		No of Units 2017/18	Fee Per Unit	Cost per Unit	Fee/Unit 2017/18	New Fee	Revised Fee	
1312-32	Marriage License (Confidential)	83	100.00	94.66	100.00	1.66		GC §26840 (.3,.11,.0,7), 54985,HS 100430/100435, WI 18304
1312-33		0	90.00	94 59	90.00			GC §26840 (.3,.11,.0,7), 54985,HS 100430/100435, WI 18304
1312-33	Affidavit of Duplicate Marriage	0	90.00	84.58	90.00			W110304
1312-34	License	4	32.00	29.08	32.00			FC §360
1312-35	Ammended Marriage License Marriage License: Atter Hours	45	27.00	24.23	27.00			HS §103700 \$11, GC54985 \$14
1312-36	Issuance * Per Half Hour. OT Upcharge	5	60.00	54.93	60.00			GC §26840.2, 54985
1312-41	Marriage Ceremonies Civil Marriage Ceremonies Performed On Site	280	50.00	50.08	50.00			GC §26861
1312-42	Witness Fee For Ceremony	8	27.00	24.23	27.00			GC §54985
1312-43		0	27.00	25.04	27.00			GC §54985
1312-44	Deputy Commissioner of Civil Marriages (One Day, One Ceremony)	0	100.00	90.47	100.00			GC §26861, FC 401(b)
1312-45	Marriage Ceremononies Weekend Rate	0	110.00	101.78	110.00			GC §26861, FC 401(b)
1312-51	FBNS: Fictitious Business Name Statement	2,050	50.00	45.24	50.00			BP §17929(a),(b) GC 54985
1312-52	FBNS: Each Add Owner/Business Name on FBS	720	7.00	6.46	7.00			BP §17929(a),(b) GC 54985
1312-53	FBNS: Abandonment / Withdrawal	50	40.00	35.54	40.00			BP §17929(a),(b) GC 54985
1312-54	FBNS: Weekly FNS Report	80	24.00	21.81	24.00			GC §54985
1312-55	FBNS: Certified Copy	35	11.00	9.69	11.00			GC §54985
	Notary Public Oath	390	40.00	38.77	40.00		1	GC 8213
1312-62	Verifying of Notary	135	15.00	14.54	15.00			GC §26852.1, 54985
1312-63	Certification of Documents	68	11.00	9.69	11.00			GC §26833

Ref. #	Service	Estimated	Current	Actual	Rec'md.			Fee Authority
		No of Units	Fee	Cost per	Fee/Unit	New	Revised	
		2017/18	Per Unit	Unit	2017/18	Fee	Fee	
1312-64	Translation Certification	1	24.00	21.81	24.00			GC §54985
1312-71	Power of Attorney	1	33.00	29.89	33.00			GC §26855.1, 54985
1312-72	Power of Attorney Additional Names	5	7.00	6.46	7.00			GC §26855.1, 54985
1312-73	POA Revocation (Each Name)	0	7.00	6.46	7.00			GC §26855.1, 54985
1312-81	Professional Photocopier Additional I.D. Card	4	12.00	11.31	12.00			BP §22457,22352(d), 6404,6407

RESOLUTION NO. 2017 - ____

RESOLUTION OF THE SOLANO COUNTY BOARD OF SUPERVISORS ADOPTING REVISED FEE SCHEDULE FOR THE AUDITOR-CONTROLLER DEPARTMENT

Whereas, the laws of the State of California and the provisions of the Solano County Code authorize the Solano County Board of Supervisors to establish and adjust fees that the County Auditor-Controller Department proposes.

Resolved, that the Solano County Board of Supervisors adopts the fees set forth in attached Exhibit VI to Solano County Code section 11-110.7, to be effective on July 1, 2017.

Passed and adopted by the Solano County Board of Supervisors at its regular meeting on April 25, 2017 by the following vote:

AYES:	SUPERVISORS	
NOES:	SUPERVISORS	
EXCUSED:	SUPERVISORS	

JOHN M. VASQUEZ, Chair Solano County Board of Supervisors

ATTEST: BIRGITTA E. CORSELLO, Clerk Solano County Board of Supervisors

By: ______ Jeanette Neiger, Chief Deputy Clerk

AUDITOR-CONTROLLER EXHIBIT VI

	Summary of Fees									
Ref. #	Service	Estimated No of Units 2017/18	Current Fee Per Unit	Unit of Service (x)	Actual Cost per Unit*	Recommended Fee/Unit (x) 2017/18	New Fee	Revised Fee	Fee Authority	Description/Exception
1	Audit Services	1079	\$118.00		\$118.47	\$118.00			GC 26909	Rates charged to external agencies.
2	Property Tax Services	2400	\$119.00		\$116.00	\$116.00		~	GC 25265	Rate is calculated for special project requests
3	PC4750 Reporting Services	50	\$137.00		\$140.81	\$141.00		~	PC4750	Rate is calculated for compilation of the PC4750 claim.
4	Accounting/Financial Reporting Services	0	\$116.00		\$120.13	\$120.00		~	GC 25265	Rate is calculated for special project requests by non- County agencies
5	General Accounting services - transaction processing fee	9,584	\$7.43	(a)	\$7.59	\$7.59		~	GC 25265	Rate is calculated for services provided to non-county agencies
6	General Accounting services - check reissuance fee	100	up to \$20	(b)	\$111.21	up to \$20			Cal Const. Art. X Sec7	Recovery of costs
7	Payroll - special projects	731	\$82.00		\$82.05	\$82.00			GC 25265	Rate is calculated for special project requests

* Actual cost per unit is based on requested budget for FY2017/18

(a) Unit = transaction

(b) Sliding scale fee: for check amount \$100 and under the fee is \$10; check amount over \$100 the fee is \$20

(x) All units are hourly, unless noted.

The Auditor-Controller provides various services such as auditing, property tax information, accounting and payroll services to independent special districts, title companies, and other agencies. If the department fees are not increased for FY2017/18 the loss in revenues will not have a significant effect on the department.

RESOLUTION NO. 2017 - _____

RESOLUTION OF THE SOLANO COUNTY BOARD OF SUPERVISORS ADOPTING REVISED FEE SCHEDULE FOR THE REGISTRAR OF VOTERS

Whereas, the laws of the State of California and the provisions of the Solano County Code authorize the Solano County Board of Supervisors to establish and adjust fees that the County Registrar of Voters proposes.

Resolved, that the Solano County Board of Supervisors adopts the fees set forth in attached Exhibit VII to Solano County Code section 11-110.8, to be effective on July 1, 2017.

Passed and adopted by the Solano County Board of Supervisors at its regular meeting on April 25, 2017 by the following vote:

SUPERVISORS	
SUPERVISORS	
SUPERVISORS	
	SUPERVISORS SUPERVISORS SUPERVISORS

JOHN M. VASQUEZ, Chair Solano County Board of Supervisors

ATTEST: BIRGITTA E. CORSELLO, Clerk Solano County Board of Supervisors

By: ______ Jeanette Neiger, Chief Deputy Clerk

REGISTRAR OF VOTERS EXHIBIT VII

		Est.	Current	Actual	Rec'md.				
		No of Units	Fee	Cost	Fee/Unit	New		Fee	Description/Exception
Ref. #	Service	2017/18	Per Unit	Per Unit	2017/18	Fee	Revised Fee	Authority	
1550-01	Research - Staff Time (not for election district billing) customer requests only.	0	\$34.35 per 1/4 hour (w/ a minimum of 1/4 hour)	\$36.90 per 1/4 hour (min)	\$36.90 per 1/4 hour (w/ a minimum of 1/4 hour)		√	GC 6253 GC 26854 GC 54985	
1550-02a	General Copies - First Page	14	\$0.75	\$2.46	DELETE		DEL	EC 2167, GC 54985	FY17/18 DELETE to align charges with the countywide copy fees
1550-02b	General Copies - Each Additional Page	66	\$0.10	\$0.11	DELETE		DEL	EC 2167, GC 54985	FY17/18 DELETE to align charges with the countywide copy fees
1550-03	Certified Affidavit	53	\$1.50	¢0.94	\$1.50			EC 2167, GC 54985	
	Custom Reports/Files		actual costs (\$34.35 per 1/4 hour & supplies)	\$9.84 actual costs (\$36.90 per 1/4 hour & supplies)	actual costs		~	GC 26831	
1550-06	Vote-By-Mail File Subscription	4	\$232.00	Fixed Rate based on length of VBM period, and # of subscribers per election: \$241.90	\$242.00		V	GC 26831	
1550-08a	Campaign Statement Copies	1,241	\$0.10 per page	\$12.30	\$0.10 per page			GC 81008 sets max at .10	
1550-08b	Campaign Statement Copies 5 years or more older	0	\$5 retrieval fee plus \$0.10 per page	\$73.80 plus \$0 .11 per page	\$5 retrieval fee plus \$0.10 per page			GC 81008	
1550-09a	Economic Interest Statement-Copy	667	\$0.10 per page	\$12.30	\$0.10 per page			GC 81008 sets max at .10	
1550-09b	Economic Interest Statement Copy 5 years or more older	0	\$5 retrieval fee plus \$0.10 per page	\$73.80 plus \$0 .11 per page	\$5 retrieval fee plus \$0.10 per page			GC 81008	
1550-10	Late Fines - Campaign & Economic Interest	0	\$10 per day up to \$100 max.	Variable	\$10 per day up to \$100 max.			GC 81013 sets max at 10.00	
1550-12		0	\$0.50 per 1000 names	\$1.00 per 1000 names	\$0.50 per 1000 names			EC2184 sets max at \$.50 per 1000 names	100 names/page \$.10/page
1550-13a	Maps - All production maps excluding Fairfield/Suisun	0	\$100.00	\$100.90	\$100.00			GC 6253 / 54985	2.75'x3.66', \$10 per sq. ft.
1550-13b	Maps- Production map - Fairfield/Suisun	0	\$250.00	\$250.00	\$250.00			GC 6253 / 54985	5'x5', \$10 per sq. ft.
1550-130	Maps - Custom All Sizes	0	\$34.35 per 1/4 hour (min) + Direct Material Cost	\$36.90 per 1/4 hour (min) + Direct Material Cost	\$36.90 per 1/4 hour (min) + Direct Material Cost		V	GC 6253 / 54985	

REGISTRAR OF VOTERS EXHIBIT VII

		Est.	Current	Actual	Rec'md.				
		No of Units	Fee	Cost	Fee/Unit	New		Fee	Description/Exception
Ref. #	Service	2017/18	Per Unit	Per Unit	2017/18	Fee	Revised Fee	Authority	
	Certification of							GC 26833	
1550-16	Documents - each	0	\$4.00	\$9.84	\$4.00			GC 20033 GC54985	
1000 10		Ű	ψ 1.00	40.01	ϕ1.00			000.000	
1550-18	Voter Search Certified	0	\$5.00	\$36.90	\$5.00			GC 26854	
1550-22	Indices Mailing	0	Actual Costs	Variable	Actual Costs			GC 54985	Direct Material Costs
	Special Request							GC 26854	Direct Material Costs
1550-23	Mailings	0	Actual Costs	Variable	Actual Costs			GC 54985	(vendor billing to ROV)
			employee hourly	employee hourly	employee hourly benefited rate				
	Staff Time Hourly Rate -		benefited rate +	benefited rate +	+ 103%				
1550-24	Election Support	0	93% overhead	103.08% overhead	overhead		\checkmark	EC 10520	
	Deposit per Registered Voter to Run Special								
1550-32	Election	0	\$4.00	Variable	\$4.00			EC 10002	
1550-34	County Counsel Staff Time for City/School District/Special District Elections	0	Actual Costs	Variable	Actual Costs			Cal. Const. art. XI, § 7	
1550-40	Local, Special, Vacancy and Consolidated Districts	0	Direct Material Costs	Variable	Direct Material Costs			Election Code 10002,	Direct Material Costs (vendor billing to ROV)
1550-41	Recount Costs	0	Direct Material Costs	Variable	Direct Material Costs			Election Code 10002,	Direct Material Costs (vendor billing to ROV)
	Notice of Intent to Circulate Petition	0	\$200.00	Unknown	\$200.00			Election Code 9103(b)	

RESOLUTION NO. 2017 - ____

RESOLUTION OF THE SOLANO COUNTY BOARD OF SUPERVISORS ADOPTING REVISED FEE SCHEDULE FOR THE CLERK OF THE BOARD

Whereas, the laws of the State of California and the provisions of the Solano County Code authorize the Solano County Board of Supervisors to establish and adjust fees that the County Clerk of the Board proposes.

Resolved, that the Solano County Board of Supervisors adopts the fees set forth in attached Exhibit VIII to Solano County Code section 11-110.9, to be effective on July 1, 2017.

Passed and adopted by the Solano County Board of Supervisors at its regular meeting on April 25, 2017 by the following vote:

SUPERVISORS	
SUPERVISORS	
SUPERVISORS	
	SUPERVISORS SUPERVISORS SUPERVISORS

JOHN M. VASQUEZ, Chair Solano County Board of Supervisors

ATTEST: BIRGITTA E. CORSELLO, Clerk Solano County Board of Supervisors

By: ______ Jeanette Neiger, Chief Deputy Clerk

CLERK OF THE BOARD OF SUPERVISORS EXHIBIT VIII

Ref. #	Service	Estimated No of Units 2017/18	Current Fee Per Unit	Actual Cost per Unit	Rec'md. Fee 2017/18	New Fee	Revised Fee	Fee Authority	Description/Exception
1000-01	Certified Copies (per page)	0	\$6.00		\$6.00			GC 54985 & GC 6253	BOS Authority
1000-02b	Meeting Tapes (CD & Jacket)	0	\$21.00		\$21.00			GC 54985 & GC6 253	BOS Authority
1000-03	Research - Clerk of the Board	0	\$113.00	\$121.20	\$121.00		v	GC 54985 & GC 6253	Hourly rate (15 minute or \$30.25 minimum)
1000-04	Research - Administrative Secretary/Office Assistant II/III	0	\$81.00	\$82.20	\$82.00		v	GC 54985 & GC 6253	Hourly rate (15 minute or \$20.75 minimum)
1000-05	EIR Administration	102	\$50.00	N/A	\$50.00			F&G 711.4	Revision effective January 2007
1000-07	Certified Verbatim Transcript Assessment Appeals Board	0	\$81.00	\$82.20	\$82.00		v	RTC 1611	Hourly Rate
1000-08	Assessment Appeal Application Processing Fee (per parcel)	0	\$35.00	N/A	\$35.00			Cal. Const., Art. 13, Sec. 16	BOS Authority
1100-04	Agenda Packet Subscription (per month)	12	\$60.00	\$71.19	\$60.00			GC 54985 & GC 54954.1	BOS Authority

RESOLUTION NO. 2017 - ____

RESOLUTION OF THE SOLANO COUNTY BOARD OF SUPERVISORS ADOPTING REVISED FEE SCHEDULE FOR COUNTY COUNSEL

Whereas, the laws of the State of California and the provisions of the Solano County Code authorize the Solano County Board of Supervisors to establish and adjust fees that County Counsel proposes.

Resolved, that the Solano County Board of Supervisors adopts the fees set forth in attached Exhibit IX to Solano County Code section 11-110.10, to be effective on July 1, 2017.

Passed and adopted by the Solano County Board of Supervisors at its regular meeting on April 25, 2017 by the following vote:

AYES:	SUPERVISORS	
NOES:	SUPERVISORS	
EXCUSED:	SUPERVISORS	

JOHN M. VASQUEZ, Chair Solano County Board of Supervisors

ATTEST: BIRGITTA E. CORSELLO, Clerk Solano County Board of Supervisors

By: ______ Jeanette Neiger, Chief Deputy Clerk

COUNTY COUNSEL EXHIBIT IX

Ref. #	Service	Estimated No of Units 2017/18	Current Fee Per Unit	Actual Cost per Unit	Rec'md. Fee/Unit 2017/18	New Fee	Revised Fee	Fee Authority	Description/Exception
							~	Cal. Const.	
1400	Legal Services	Varies	165.00	180.00	180.00			art. XI, § 7	Hourly rate for services

RESOLUTION NO. 2017 - _____

RESOLUTION OF THE SOLANO COUNTY BOARD OF SUPERVISORS ADOPTING REVISED FEE SCHEDULE FOR HEALTH AND SOCIAL SERVICES DEPARTMENT

Whereas, the laws of the State of California and the provisions of the Solano County Code authorize the Solano County Board of Supervisors to establish and adjust fees that the County Health and Social Services Department proposes.

Resolved, that the Solano County Board of Supervisors adopts the fees set forth in attached Exhibit XI to Solano County Code section 11-110.12, to be effective on July 1, 2017.

Passed and adopted by the Solano County Board of Supervisors at its regular meeting on April 25, 2017 by the following vote:

SUPERVISORS	
SUPERVISORS	
SUPERVISORS	
	SUPERVISORS SUPERVISORS SUPERVISORS

JOHN M. VASQUEZ, Chair Solano County Board of Supervisors

ATTEST: BIRGITTA E. CORSELLO, Clerk Solano County Board of Supervisors

By: _____ Jeanette Neiger, Chief Deputy Clerk

Ref. #	Proc. #	Service	Unit of Service	Current Fee Per Unit	Actual Cost per Unit	Rec'md. Fee Per Unit FY2017/18	New Fee	Revised Fee	Fee Authority	Description/Exception
MENTAL H	EALTH F	PROGRAM SERVICES				<u> </u>				
7700-101	341	MH Outpatient Services	1 min	\$5.98	\$5.10	\$5.36		Revised	Department of	FY15-16 cost report
7700-102	320	MH Medication	1 min	\$11.07	\$9.45	\$9.92		Revised	Healthcare	rate, plus 2% Home
7700-103	371	MH Crisis Intervention	1 min	\$8.92	\$7.61	\$7.99		Revised	Services	Health Index, plus 3%
7700-104	303	MH Case Management	1 min	\$4.64	\$3.97	\$4.17		Revised	(DHCS)	COLA
SUBSTANC	CE ABUS	E PROGRAMS								
7560-101		OP Indiv Cnsl'ing - Non Perinatal	Per Visit	\$75.00	\$75.00	\$75.00				
7560-103		OP Group Cnsl'ing - Non Perinatal	Per Visit	\$35.00	\$35.00	\$35.00				
7560-105		Dav Care Rehab - Non Perinatal	Per Visit	\$82.00	\$82.00	\$82.00				
7560-106		Day Care Rehab - Perinatal	Per Visit	\$82.00	\$82.00	\$82.00			DHCS	Contract Rate
7560-107		Residential Treatment - Perinatal	Per Day	\$101.00	\$101.00	•				
7560-108		Residential Treatment - Non Perinatal	Per Day	\$60.00	\$60.00					
PUBLIC HE	EALTH P	ROGRAMS				· · · · ·				
7831-101		Targeted Cose Management	Procedure	\$407.46	\$583.40	\$583.40		Revised	DHCS	Per FY16/17 TCM
7831-101		Targeted Case Management	Procedure	 φ407.40	φ 003.4 0	ა ეიე.40		Revised		Cost Report
7809-102		Medical Marijuana ID Card (Medi-Cal Client)	Card	\$100.00	\$200.00	\$50.00		Revised	CA Dept of Public Health	
7809-103		Medical Marijuana ID Card (non-Medi-Cal Client)	Card	\$200.00	\$200.00	\$100.00		Revised	CA Dept of Public Health	
7809-104		Medi-Cal Marijuana ID Card (County Medical Services Program (CMSP)	Card	N/A	\$200.00	\$0.00	New		CA Dept of Public Health	
7809-105		Transit letter for non-contagious diseases		\$25.00	\$25.50	\$25.00			CA Dept of Public Health	
7809-106		Emergency death certificate filing for religious or cultural needs		\$100.00	\$102.00	\$100.00			CA Dept of Public Health	
7809-107		Late payment fee for disposition of human remains permit		\$5.00	\$5.00	\$5.00			CA Dept of Public Health	Market Survey
7809-108		Standard birth certificate fee		\$30.00	\$30.00	\$30.00			CA Dept of Public Health	
7809-109		Expedited service for birth certificate		\$50.00	\$20.40	\$50.00			CA Dept of Public Health	
California Cł	hildren Se	ervices (CCS)								
7853-101		Assessment Fee	per family	\$0 - \$20	N/A	\$0 - \$20				Sliding scale based or
7853-102		Enrollment Fee	per family	\$0 - \$1,440	N/A	\$0 - \$1,440			DHCS / CCS	State AGI and/or Federal Poverty Guidelines
FAMILY HE	ALTH SI	ERVICES								
Family Healt	h Service	es - Primary Care Clinic								
7582-101	10060	Incision and Drainage	Procedure	\$201.00	\$464.53	\$207.00		Revised		
7582-102	10120	Incision & Removal of Foreign Body, Simple	Procedure	\$266.00	N/A	\$274.00		Revised		
7582-103	11000	SURGICAL CLEANSING OF SKIN	Procedure	N/A	TBD	\$96.00	New		1	
7582-104		DEB SUBQ TISSUE 20 SQ CM/<	Procedure	N/A	TBD	\$208.00	New	1	1	
7582-105	11300	Shave Skin Lesion	Procedure	\$172.00	N/A	\$177.00		Revised	1	
7582-106	11301	Shave Skin Lesion	Procedure	\$209.00	N/A	\$215.00		Revised	1	
7582-107	11302	Shave Skin Lesion	Procedure	\$246.00	N/A	\$253.00		Revised	1	
7582-108		Shave Skin Lesion	Procedure	\$270.00	N/A	\$278.00		Revised	1	
7582-109		Shave Single Lesion, 0.5cm or less	Procedure	\$174.00	\$198.28	\$179.00		Revised	1	
7582-110	11306	Shave Skin Lesion	Procedure	\$213.00	N/A	\$219.00		Revised	1	
7582-111	11307	Shave Skin Lesion	Procedure	\$249.00	N/A	\$256.00		Revised		
7582-112	11308	Shave Skin Lesion	Procedure	\$260.00	N/A	\$268.00		Revised		

Ref. #	Proc. #	Service	Unit of	Current Fee	Actual Cost	Rec'md. Fee Per	New Fee	Revised	Fee Authority	Description/Exception
			Service	Per Unit	per Unit	Unit FY2017/18		Fee		
7582-113	11310	Shave Skin Lesion	Procedure	\$199.00	N/A	\$205.00		Revised		
7582-114	11311	Shave Skin Lesion	Procedure	\$190.00	N/A	\$196.00		Revised		
7582-115	11312	Shave Skin Lesion	Procedure	\$278.00	N/A	\$286.00		Revised		
7582-116	11313	Shave Skin Lesion	Procedure	\$319.00	N/A	\$329.00		Revised		
7582-117	11400	EXC TR-EXT B9+MARG 0.5 < CM	Procedure	\$217.00	\$379.69	\$224.00		Revised		
7582-118	11401	EXC TR-EXT B9+MARG 0.6-1 CM	Procedure	\$257.00	N/A	\$265.00		Revised		
7582-119	11402	EXC TR-EXT B9+MARG 1.1-2 CM	Procedure	\$284.00	N/A	\$293.00		Revised		
7582-120	11403	EXC TR-EXT B9+MARG 2.1-3 CM	Procedure	\$326.00	N/A	\$336.00		Revised		
7582-121 7582-122	11404 11406	EXC TR-EXT B9+MARG 3.1-4 CM EXC TR-EXT B9+MARG > 4.0 CM	Procedure Procedure	\$369.00 \$521.00	N/A N/A	\$380.00 \$537.00		Revised Revised		
7582-122	11400	EXC H-F-NK-SP B9+MARG 0.5 <	Procedure	\$213.00	\$390.09	\$219.00		Revised		
7582-120	11421	EXC H-F-NK-SP B9+MARG 0.6-1	Procedure	\$269.00	φ000.05 N/A	\$277.00		Revised		
7582-125	11422	EXC H-F-NK-SP B9+MARG 1.1-2	Procedure	\$299.00	N/A	\$308.00		Revised		
7582-126	11423	EXC H-F-NK-SP B9+MARG 2.1-3	Procedure	\$342.00	\$743.43	\$352.00		Revised		
7582-127	11424	EXC H-F-NK-SP B9+MARG 3.1-4	Procedure	\$393.00	N/A	\$405.00		Revised		
7582-128	11426	EXC H-F-NK-SP B9+MARG > 4 CM	Procedure	\$550.00	N/A	\$567.00		Revised		
7582-129	11440	EXC FACE-MM B9+MARG 0.5 < CM	Procedure	\$235.00	N/A	\$242.00		Revised		
7582-130	11441	EXC FACE-MM B9+MARG 0.6-1 CM	Procedure	\$288.00	N/A	\$297.00		Revised		
7582-131	11442	EXC FACE-MM B9+MARG 1.1-2 CM	Procedure	\$321.00	N/A	\$331.00		Revised		
7582-132	11443	EXC FACE-MM B9+MARG 2.1-3 CM	Procedure	\$379.00	N/A	\$390.00		Revised		
7582-133	11444	EXC FACE-MM B9+MARG 3.1-4 CM	Procedure	\$471.00	N/A	\$485.00		Revised		
7582-134	11446	EXC FACE-MM B9+MARG > 4 CM	Procedure	\$648.00	N/A	\$667.00		Revised		
7582-135	11600	EXC TR-EXT MLG+MARG 0.5 < CM	Procedure	\$333.00	N/A	\$343.00		Revised		
7582-136	11601	EXC TR-EXT MLG+MARG 0.6-1 CM	Procedure	\$393.00	N/A	\$405.00		Revised		
7582-137 7582-138	11602 11603	EXC TR-EXT MLG+MARG 1.1-2 CM EXC TR-EXT MLG+MARG 2.1-3 CM	Procedure	\$426.00 \$482.00	N/A N/A	\$439.00 \$496.00		Revised Revised		
7582-138	11603	EXC TR-EXT MLG+MARG 2.1-3 CM EXC TR-EXT MLG+MARG 3.1-4 CM	Procedure Procedure	\$462.00	N/A	\$496.00		Revised		
7582-139	11604	EXC TR-EXT MLG+MARG > 4 CM	Procedure	\$754.00	N/A	\$777.00		Revised		
7582-140	11620	EXC H-F-NK-SP MLG+MARG 0.5 <	Procedure	\$336.00	N/A	\$346.00		Revised		
7582-142	11621	EXC H-F-NK-SP MLG+MARG 0.6-1	Procedure	\$395.00	N/A	\$407.00		Revised		
7582-143	11622	EXC H-F-NK-SP MLG+MARG 1.1-2	Procedure	\$439.00	N/A	\$452.00		Revised		
7582-144	11623	EXC H-F-NK-SP MLG+MARG 2.1-3	Procedure	\$510.00	N/A	\$525.00		Revised		
7582-145	11624	EXC H-F-NK-SP MLG+MARG 3.1-4	Procedure	\$572.00	N/A	\$589.00		Revised		
7582-146	11626	EXC H-F-NK-SP MLG+MAR > 4 CM	Procedure	\$683.00	N/A	\$703.00		Revised		
7582-147	11640	EXC FACE-MM MALIG+MARG 0.5 <	Procedure	\$347.00	N/A	\$357.00		Revised		
7582-148	11641	EXC FACE-MM MALIG+MARG 0.6-1	Procedure	\$409.00	N/A	\$421.00		Revised		
7582-149	11642	EXC FACE-MM MALIG+MARG 1.1-2	Procedure	\$464.00	N/A	\$478.00		Revised		
7582-150	11643	EXC FACE-MM MALIG+MARG 2.1-3	Procedure	\$541.00	N/A	\$557.00		Revised		
7582-151	11644	EXC FACE-MM MALIG+MARG 3.1-4	Procedure	\$664.00	N/A	\$684.00		Revised		
7582-152	11646	EXC FACE-MM MLG+MARG > 4 CM	Procedure	\$857.00	N/A	\$883.00		Revised		
7582-153	11750	Nail Avulsion 30D-F/U	Procedure	\$316.00	\$550.24	\$325.00		Revised		
7582-154 7582-155	11976 11981	Norplant Removal INSERT DRUG IMPLANT DEVICE	Procedure Procedure	\$255.00 N/A	N/A TBD	\$263.00 \$310.00	New	Revised		
7582-155		REMOVE DRUG IMPLANT DEVICE	Procedure	N/A N/A	TBD		New	<u> </u>		
7582-150		REMOVE DRUG INIT EART DEVICE	Procedure	N/A	TBD		New	†		
7582-158	15851	Suture Removal	Procedure	\$191.00	\$226.54	\$197.00		Revised		
7582-159	16000	INITIAL TREATMENT OF BURN(S)	Procedure	N/A	TBD	\$118.00	New			
7582-160	16020	DRESS/DEBRID P-THICK BURN S	Procedure	N/A	TBD	\$145.00	New	1		
7582-161	16025	DRESS/DEBRID P-THICK BURN M	Procedure	N/A	TBD	\$254.00	New]	
7582-162	17110	Destruction of Benign Lesions	Procedure	\$197.00	\$328.03	\$203.00		Revised		
7582-163	17333	SureSwab®, Vaginosis/Vaginitis Plus	Procedure	\$16.00	N/A	\$16.00				
7582-164	17340	Cryocutery	Procedure	\$84.00	N/A	\$87.00		Revised		
7582-165	20550	Injection, Single Tendon Sheath or Ligament	Procedure	\$98.00	N/A	\$101.00		Revised		
7582-166	20552	Inj Trigger Point, 1/2 Muscl	Procedure	\$94.00	\$186.93	\$97.00		Revised	1	
7582-167	20610	DRAIN/INJECT JOINT/BURSA	Procedure	N/A	TBD	\$102.00	New			
7582-168	27040	BIOPSY OF SOFT TISSUES	Procedure	\$598.00	\$954.22	\$616.00		Revised		
7582-169	29085	Wrist/Hand Cast	Procedure	\$214.00	\$320.64	\$220.00		Revised		
7582-170		Elbow/Wrist Brace (Apply)	Procedure	\$49.00	N/A	\$50.00		Revised		
7582-171		Short Leg Cast (Apply)	Procedure	\$153.00	N/A	\$158.00		Revised		
7582-172		Routine Venipuncture	Procedure	\$4.00	N/A	\$4.00		<u> </u>		
7582-173			Procedure	\$3.00	N/A	\$3.00	N 1	Revised		
7582-174	40819	EXCISE LIP OR CHEEK FOLD	Procedure	N/A	TBD	\$585.00	New		l l	

Ref. #	Proc. #	Service	Unit of Service	Current Fee Per Unit	Actual Cost per Unit	Rec'md. Fee Per Unit FY2017/18	New Fee	Revised Fee	Fee Authority	Description/Exception
7582-175	41010	INCISION OF TONGUE FOLD	Procedure	N/A	TBD	\$384.00	New			
7582-176	57160	Insert pessary/other device	Procedure	N/A	TBD	\$132.00	New			
7582-177	57170	Fitting of diaphragm/cap	Procedure	N/A	TBD	\$102.00	New			
7582-178		Colposcopy	Procedure	\$216.00	N/A	\$222.00		Revised		
7582-179	57421	Exam/biopsy of vag w/scope	Procedure	N/A	TBD	\$266.00	New			
7582-180		Exam of cervix w/scope	Procedure	N/A	TBD	\$184.00	New			
7582-181		Colpo w/ Biopsy	Procedure	\$293.00	\$661.71	\$302.00		Revised		
7582-182		Biopsy of cervix w/scope	Procedure	N/A	TBD	\$242.00	New			
7582-183		Endocerv curettage w/scope	Procedure	N/A	TBD	\$229.00	New			
7582-184		Bx of Cervix w/scope, leep	Procedure	\$483.00	\$792.42	\$497.00		Revised		
7582-185		Conx of cervix w/scope, leep	Procedure	\$542.00	\$917.65	\$558.00		Revised		
7582-186		Cervical Biopsy	Procedure	\$220.00	\$366.95	\$227.00		Revised		
7582-187		Endocervical curettage	Procedure	N/A	TBD	\$176.00	New			
7582-188		Cryocautery of cervix	Procedure	N/A	TBD	\$247.00	New			
7582-189		Conization of cervix	Procedure	N/A	TBD	\$445.00	New			
7582-190		Endometrial Biopsy	Procedure	\$206.00	\$426.48	\$212.00	N	Revised		
7582-191		Bx done w/colposcopy add-on	Procedure	N/A	TBD	\$80.00	New	Dut t		
7582-192		Insert Intrauterine Device	Procedure	\$243.00	\$262.95	\$250.00		Revised		
7582-193		Remove Intrauterine Device	Procedure	\$157.00	\$332.17	\$162.00		Revised		
7582-194		Removal Impacted Ear Wax	Procedure	\$83.00	\$161.77	\$85.00		Revised		
7582-195		Chest E-Ray	Procedure	\$96.00	N/A	\$99.00		Revised		
7582-196		Chest E-Ray CYTOPATH C/V AUTO FLUID REDO	Procedure	\$124.00	N/A	\$128.00	New	Revised		
7582-197			Procedure	N/A	TBD	\$34.00	New	Devised		
7582-198		IM Admin 1st/Only Component IM Admin Each Addl Component	Injection	\$45.00	\$32.00	\$32.00		Revised		
7582-199			Injection	\$21.00	\$32.00	\$32.00		Revised		
7582-200	90465	Immune Admin 1 Inj, ,8 yrs Immune Admin Addt'l Inj, ,8 yr	Injection	\$13.00 \$13.00	\$32.00 \$32.00	\$32.00		Revised		
7582-201	90466 90467	Immune Admin Addit Hij, ,8 yr	Injection		\$32.00	\$32.00 \$11.00		Revised Revised		
7582-202 7582-203	90467	Immune Admin O/N Add'I, < 8 yrs	Injection	\$13.00 \$13.00	\$11.00	\$11.00		Revised		
7582-203	90408	Immunization Administration	Injection Injection	\$13.00	\$32.00	\$32.00		Revised		
7582-204		Immunization Administration	Admin Fee	\$6.00	\$32.00	\$11.00		Revised		
7582-205		Additional Immunization Administration	Injection	\$24.00	\$32.00			Revised		
7582-200	90472	Immunization Administration oral/nasal	Injection	\$45.00	\$11.00	\$11.00		Revised		
7582-208	90474	Immunization Administration Additional oral/nasal	Injection	\$21.00	\$11.00	\$11.00		Revised		
7582-209	90620	MENB PR W/OMV VACCINE IM	Injection	N/A	TBD	\$236.00	New	Reviseu		
7582-203		MENB RLP VACCINE IM	Injection	N/A	TBD	\$177.00	New			
7582-210		MENB RLP VACCINE IM	Procedure	N/A	TBD	\$177.00	New			
7582-212		Hepatitis A (Adult)	Injection	\$81.00	\$62.00	\$83.00	New	Revised		
7582-213	90633	Hepatitis A Vaccine (Child) 2 dose schedule		\$57.00	\$35.00	\$59.00		Revised		
7582-214	90647	HIB Vaccine, PRP-OMP, IM	Injection Injection	\$70.00	\$30.00	\$72.00		Revised		
7582-214		Hemophilus Influenza b (Hib) PRP-T	Injection	\$70.00	\$30.00	\$46.00		Revised		
7582-215		Human Papilloma Virus (HPV)	Injection	\$208.00				Revised		
7582-217		HPV Typ Bival 3 Dose IM	Injection	\$190.00	\$215.00	\$196.00		Revised		
7582-218		Flu Vaccine No Preserv 6-35M	Injection	\$49.00	φ <u>2</u> 10.00 N/A	Delete				
7582-219		Flu Vaccine No Preserve 3& >	Injection	\$27.00	N/A	Delete				
7582-220		Influenza Virus 6-35 months	Injection	\$15.00	N/A	Delete				
7582-221		Influenza Virus 3 yrs +	Injection	\$24.00	N/A	Delete				
7582-222		Flu Vaccine Nasal	Injection	\$32.00	N/A	Delete				
7582-223		Pneumoccal vaccine	Injection	\$256.00	\$94.00	\$268.00		Revised		
7582-224		Flu Vaccine 4 Valent Nasal	Injection	\$37.00	N/A	Delete				
7582-225		Rabies Vaccine	Injection	\$349.00	\$337.00	\$380.00		Revised	1	
7582-226		Rotavirus	Injection	\$113.00	\$120.00	\$118.00		Revised	1	
7582-227		Rotovirus Vacc 2 dose oral	Injection	N/A	TBD	\$163.00	New		1	
7582-228		Flu Vac No Prsv 4 VAL 6-35 Mo	Injection	\$41.00	N/A	Delete			1	
7582-229		Flu Vac No Prsv 4 VAL 3 Yrs+	Injection	\$32.00	N/A	Delete			1	
7582-230		DTAP-IPV Vacc 4-6 Yr	Injection	\$71.00	\$59.00	\$73.00		Revised	1	
7582-231	90698	Pentacel Vaccine	Injection	\$117.00	\$107.00	\$127.00		Revised		
7582-232	90700	Diphtheria, tetanus & pertussis (Dtap) < 7yrs	Injection	\$39.00	\$24.00	\$41.00		Revised		
7582-233	90703	Tetanus Toxoid	Injection	\$68.00	\$24.00	\$70.00		Revised	1	
1002-200										

7582-236 90713 F 7582-237 90714 T 7582-238 90714 T 7582-239 90715 T 7582-240 90716 V 7582-241 90723 E 7582-242 90731 F 7582-243 90732 F 7582-244 90733 N 7582-245 90734 N 7582-244 90739 F 7582-245 90740 F 7582-247 90739 F 7582-247 90734 H 7582-247 90743 F 7582-247 90744 F 7582-250 90744 F 7582-251 90746 F 7582-253 90748 V 90633- 90748 V 907582-254 90791 S 7582-255 90791 S 7582-256 90792 S 7582-257	MMRV Vaccine Poliovirus (injection) TD Vac No PRSV>/= 7IM TD VACCINE >7 IM Tetanus, Diphtheria & Pertussis Tdap > 7yrs Varicella (Chickenpox) DTAP Hep B IPV Vaccine, IM Hepatitis B Pneumoccal vaccine Meningococcal vaccine, sc Meningococcal vaccine, sc Meningococcal Conjugate Zoster Vacc, SC Hepatitis B, Vaccine Adult IM Recombivax HB 40 mcg Hepatitis B, Adol, 2 Dose Hepatitis B, Adol, 4 DOSE IM Hep B HIB Vaccine Various Vaccines (DTAP, Flu, Hep A, Hep B, Hib, HPV, Influenza, MMR, MMRV, Meningococcal, Pentacel, Pneumonococcal, Poliovirus, Rotovirus, Varicella) Psychiatric Diagnostic Eval (no medical services) Psychiatric Diagnostic Eval (w/ medical	Injection Injection Injection Injection Injection Injection Injection Injection Injection Injection Injection Injection Injection Injection Injection Injection Injection Injection Injection Injection	\$229.00 \$45.00 \$34.00 \$141.00 \$103.00 \$180.00 \$125.00 \$160.00 \$156.00 \$249.00 \$156.00 \$249.00 \$47.00 \$67.00 \$67.00 \$67.00 \$13.00	\$36.00 \$24.00 TBD \$39.00 \$128.00 \$128.00 \$17.00 \$96.00 \$130.00 \$130.00 \$134.00 \$248.00 TBD \$128.00 \$34.00 \$36.00	\$50.00 \$40.00 \$40.00 \$56.00 \$106.00 \$19.00 \$136.00 \$181.00 \$184.00 \$60.00 \$60.00 \$69.00 \$96.00 \$96.00 \$184.00	New	Revised Revised Revised Revised Revised Revised Revised Revised Revised Revised Revised Revised Revised Revised Revised	DHCS	**Higher of 2017 MediCare/MediCal rates + multiplier
7582-237 90714 T 7582-238 90714 T 7582-239 90715 T 7582-240 90716 V 7582-241 90723 E 7582-242 90731 F 7582-243 90732 F 7582-244 90733 N 7582-245 90734 N 7582-246 90736 Z 7582-247 90739 F 7582-248 90740 F 7582-249 90743 F 7582-250 90744 F 7582-251 90746 F 7582-252 90747 F 7582-253 90748 V 90633- 90748 V 907582-254 90791 F 7582-255 90791 F 7582-256 90792 S 7582-257 90833 F 7582-258 90843 F 7582-259	TD Vac No PRSV>/= 7IM TD VACCINE >7 IM Tetanus, Diphtheria & Pertussis Tdap > 7yrs Varicella (Chickenpox) DTAP Hep B IPV Vaccine, IM Hepatitis B Pneumoccal vaccine, IM Meningococcal vaccine, sc Meningococcal Conjugate Zoster Vacc, SC Hepatitis B vaccine Adult IM Recombivax HB 40 mcg Hepatitis B, Adol, 2 Dose Hepatitis B, Adol, 2	Injection Injection Injection Injection Injection Injection Injection Injection Injection Injection Injection Injection Injection Injection Injection Injection Injection Injection	\$34.00 N/A \$54.00 \$1141.00 \$103.00 \$18.00 \$125.00 \$160.00 \$156.00 \$249.00 N/A \$179.00 \$67.00 \$67.00 \$93.00 N/A	\$24.00 TBD \$39.00 \$128.00 \$81.00 \$17.00 \$96.00 \$130.00 \$130.00 \$134.00 \$34.00 \$34.00 \$34.00 \$34.00 \$76.00	\$40.00 \$40.00 \$56.00 \$106.00 \$19.00 \$136.00 \$181.00 \$184.00 \$296.00 \$69.00 \$69.00 \$96.00 \$184.00	New	Revised Revised Revised Revised Revised Revised Revised Revised Revised Revised Revised	DHCS	MediCare/MediCal
7582-238 90714 T 7582-239 90715 T 7582-240 90716 V 7582-241 90723 F 7582-242 90731 F 7582-243 90732 F 7582-244 90733 N 7582-245 90734 N 7582-246 90736 Z 7582-247 90739 F 7582-248 90740 F 7582-249 90743 F 7582-247 90739 F 7582-247 90740 F 7582-250 90744 F 7582-251 90746 F 7582-253 90748 V 90633- 90748 V 907582-254 90791 F 7582-255 90791 F 7582-256 90792 S 7582-257 90833 F 7582-261 92250 F 7582-254	TD VACCINE >7 IM Tetanus, Diphtheria & Pertussis Tdap > 7yrs Varicella (Chickenpox) DTAP Hep B IPV Vaccine, IM Hepatitis B Pneumoccal vaccine Meningococcal vaccine, sc Meningococcal conjugate Zoster Vacc, SC Hepatitis B vaccine Adult IM Recombivax HB 40 mcg Hepatitis B, Adol, 2 Dose Hepatitis B, Adult HEPB VACC ILL PAT 4 DOSE IM Hep B HIB Vaccine Various Vaccines (DTAP, Flu, Hep A, Hep B, Hib, HPV, Influenza, MMR, MMRV, Meningococcal, Pentacel, Pneumonococcal, Poliovirus, Rotovirus, Varicella) Psychiatric Diagnostic Eval (no medical services) Psychiatric Diagnostic Eval (w/ medical	Injection Injection Injection Injection Injection Injection Injection Injection Injection Injection Injection Injection Injection Injection Injection Injection Injection	N/A \$54.00 \$141.00 \$103.00 \$18.00 \$125.00 \$125.00 \$160.00 \$156.00 \$249.00 N/A \$179.00 \$67.00 \$67.00 \$67.00 \$67.00	TBD \$39.00 \$128.00 \$81.00 \$96.00 \$130.00 \$130.00 \$248.00 TBD \$128.00 \$34.00 \$34.00 \$34.00 \$34.00 \$76.00	\$40.00 \$56.00 \$106.00 \$19.00 \$136.00 \$181.00 \$181.00 \$296.00 \$60.00 \$69.00 \$69.00 \$96.00 \$184.00	New	Revised Revised Revised Revised Revised Revised Revised Revised Revised Revised	DHCS	MediCare/MediCal
7582-239 90715 7 7582-240 90716 V 7582-241 90723 C 7582-242 90731 F 7582-243 90732 F 7582-244 90733 N 7582-245 90734 N 7582-246 90736 Z 7582-247 90739 F 7582-248 90740 F 7582-249 90743 F 7582-250 90744 F 7582-251 90746 F 7582-252 90747 F 7582-253 90748 V 7582-254 90633- 90748 90633 90748 V 7582-254 90791 F 7582-255 90791 F 7582-256 90792 S 7582-257 90837 F 7582-260 90853 G 7582-261 92250 F 7582-261	Tetanus, Diphtheria & Pertussis Tdap > 7yrs Varicella (Chickenpox) DTAP Hep B IPV Vaccine, IM Hepatitis B Pneumoccal vaccine Meningococcal vaccine, sc Meningococcal conjugate Zoster Vacc, SC Hepatitis B vaccine Adult IM Recombivax HB 40 mcg Hepatitis B, Adol, 2 Dose Hepatitis B	Injection Injection Injection Injection Injection Injection Injection Injection Injection Injection Injection Injection Injection Injection Injection	\$54.00 \$141.00 \$103.00 \$18.00 \$125.00 \$160.00 \$156.00 \$249.00 \$179.00 \$67.00 \$67.00 \$67.00 \$67.00	\$39.00 \$128.00 \$81.00 \$17.00 \$96.00 \$130.00 \$130.00 \$248.00 TBD \$128.00 \$34.00 \$34.00 \$34.00 \$34.00 \$76.00	\$56.00 \$160.00 \$19.00 \$136.00 \$181.00 \$188.00 \$296.00 \$69.00 \$69.00 \$96.00 \$96.00 \$184.00	New	Revised Revised Revised Revised Revised Revised Revised Revised Revised	DHCS	MediCare/MediCal
7582-239 90715 7 7582-240 90716 V 7582-241 90723 E 7582-242 90731 F 7582-243 90732 F 7582-244 90733 N 7582-245 90734 N 7582-245 90736 Z 7582-246 90739 F 7582-247 90739 F 7582-248 90740 F 7582-250 90744 F 7582-251 90746 F 7582-252 90747 F 7582-253 90748 K 9053- 90748 K 907582 90791 F 7582-255 90791 F 7582-256 90792 S 7582-257 90832 F 7582-258 90834 F 7582-259 90837 G 7582-260 90837 G 7582-261 9	Tyrs Varicella (Chickenpox) DTAP Hep B IPV Vaccine, IM Hepatitis B Pneumoccal vaccine Meningococcal vaccine, sc Meningococcal conjugate Zoster Vacc, SC Hepatitis B vaccine Adult IM Recombivax HB 40 mcg Hepatitis B, Adol, 2 Dose Hepatitis B, Adol, 2 Dose Hepatitis B, Adol, PAT 4 DOSE IM Hep B HIB Vaccine Various Vaccines (DTAP, Flu, Hep A, Hep B, Hib, HPV, Influenza, MMR, MMRV, Meningococcal, Pentacel, Pneumonococcal, Poliovirus, Rotovirus, Varicella) Psychiatric Diagnostic Eval (no medical services) Psychiatric Diagnostic Eval (w/ medical	Injection Injection Injection Injection Injection Injection Injection Injection Injection Injection Injection Injection	\$141.00 \$103.00 \$125.00 \$160.00 \$156.00 \$249.00 \$4779.00 \$67.00 \$67.00 \$93.00 N/A \$67.00	\$128.00 \$81.00 \$17.00 \$96.00 \$130.00 \$130.00 \$248.00 TBD \$128.00 \$34.00 \$34.00 \$34.00 \$60.00 TBD \$76.00	\$160.00 \$106.00 \$19.00 \$136.00 \$181.00 \$168.00 \$296.00 \$60.00 \$69.00 \$69.00 \$96.00 \$96.00 \$184.00		Revised Revised Revised Revised Revised Revised Revised Revised Revised	DHCS	MediCare/MediCal
7582-241 90723 E 7582-242 90731 F 7582-243 90732 F 7582-244 90733 N 7582-245 90734 N 7582-246 90736 Z 7582-247 90739 F 7582-248 90740 F 7582-249 90743 H 7582-250 90744 F 7582-251 90746 H 7582-252 90747 F 7582-253 90748 H 7582-254 90633- 90748 90633- 90748 K 7582-255 90791 F 7582-256 90792 F 7582-257 90832 F 7582-258 90834 F 7582-259 90837 F 7582-260 90853 C 7582-261 92250 E 7582-261 92551 F 7582-264	DTAP Hep B IPV Vaccine, IM Hepatitis B Pneumoccal vaccine Meningococcal vaccine, sc Meningococcal Conjugate Zoster Vacc, SC Hepatitis B vaccine Adult IM Recombivax HB 40 mcg Hepatitis B, Adol, 2 Dose Hepatitis B, Adol, 2 Dose	Injection Injection Injection Injection Injection Injection Injection Injection Injection Injection Injection Injection	\$103.00 \$18.00 \$125.00 \$160.00 \$156.00 \$249.00 N/A \$179.00 \$67.00 \$67.00 \$67.00 \$67.00	\$81.00 \$17.00 \$96.00 \$130.00 \$130.00 \$248.00 TBD \$128.00 \$34.00 \$34.00 \$34.00 \$60.00 TBD \$76.00	\$106.00 \$19.00 \$136.00 \$181.00 \$168.00 \$296.00 \$60.00 \$184.00 \$69.00 \$69.00 \$96.00 \$184.00		Revised Revised Revised Revised Revised Revised Revised Revised	DHCS	MediCare/MediCal
7582-242 90731 F 7582-243 90732 F 7582-244 90733 N 7582-245 90734 N 7582-246 90736 Z 7582-247 90739 F 7582-248 90740 F 7582-249 90743 F 7582-250 90744 F 7582-251 90746 F 7582-252 90747 F 7582-253 90748 F 7582-254 90748 N 90633- 90748 F 7582-254 90791 S 7582-255 90792 S 7582-256 90792 S 7582-257 90832 F 7582-259 90837 F 7582-259 90837 F 7582-260 90853 C 7582-261 92250 E 7582-261 92551 F 7582-264 <t< td=""><td>Hepatitis B Pneumoccal vaccine Meningococcal vaccine, sc Meningococcal Conjugate Zoster Vacc, SC Hepatitis B vaccine Adult IM Recombivax HB 40 mcg Hepatitis B, Adol, 2 Dose Hepatitis B, Adol, 2 Dose He</td><td>Injection Injection Injection Injection Injection Injection Injection Injection Injection Injection Injection</td><td>\$103.00 \$18.00 \$125.00 \$160.00 \$156.00 \$249.00 N/A \$179.00 \$67.00 \$67.00 \$67.00 \$67.00</td><td>\$81.00 \$17.00 \$96.00 \$130.00 \$130.00 \$248.00 TBD \$128.00 \$34.00 \$34.00 \$34.00 \$34.00 \$76.00</td><td>\$19.00 \$136.00 \$181.00 \$168.00 \$296.00 \$60.00 \$184.00 \$69.00 \$69.00 \$96.00 \$184.00</td><td></td><td>Revised Revised Revised Revised Revised Revised Revised Revised</td><td>DHCS</td><td>MediCare/MediCal</td></t<>	Hepatitis B Pneumoccal vaccine Meningococcal vaccine, sc Meningococcal Conjugate Zoster Vacc, SC Hepatitis B vaccine Adult IM Recombivax HB 40 mcg Hepatitis B, Adol, 2 Dose Hepatitis B, Adol, 2 Dose He	Injection Injection Injection Injection Injection Injection Injection Injection Injection Injection Injection	\$103.00 \$18.00 \$125.00 \$160.00 \$156.00 \$249.00 N/A \$179.00 \$67.00 \$67.00 \$67.00 \$67.00	\$81.00 \$17.00 \$96.00 \$130.00 \$130.00 \$248.00 TBD \$128.00 \$34.00 \$34.00 \$34.00 \$34.00 \$76.00	\$19.00 \$136.00 \$181.00 \$168.00 \$296.00 \$60.00 \$184.00 \$69.00 \$69.00 \$96.00 \$184.00		Revised Revised Revised Revised Revised Revised Revised Revised	DHCS	MediCare/MediCal
7582-242 90731 F 7582-243 90732 F 7582-244 90733 N 7582-245 90734 N 7582-246 90736 Z 7582-247 90739 F 7582-248 90743 F 7582-249 90743 F 7582-250 90744 F 7582-251 90746 F 7582-252 90747 F 7582-253 90748 F 7582-254 90738 F 7582-255 90791 F 7582-256 90792 F 7582-257 90832 F 7582-258 90834 F 7582-259 90837 F 7582-260 90833 F 7582-261 92250 E 7582-261 92250 F 7582-264 92553 A 7582-264 92553 A 7582-265	Pneumoccal vaccine Meningococcal vaccine, sc Meningococcal Conjugate Zoster Vacc, SC Hepatitis B vaccine Adult IM Recombivax HB 40 mcg Hepatitis B, Adol, 2 Dose Hepatitis B, Ad	Injection Injection Injection Injection Injection Injection Injection Injection Injection Injection Injection	\$18.00 \$125.00 \$160.00 \$156.00 \$249.00 N/A \$179.00 \$67.00 \$67.00 \$93.00 N/A \$67.00	\$17.00 \$96.00 \$130.00 \$248.00 TBD \$128.00 \$34.00 \$34.00 \$60.00 TBD \$76.00	\$19.00 \$136.00 \$181.00 \$168.00 \$296.00 \$60.00 \$184.00 \$69.00 \$69.00 \$96.00 \$184.00		Revised Revised Revised Revised Revised Revised Revised Revised	DHCS	MediCare/MediCal
7582-243 90732 F 7582-244 90733 N 7582-245 90734 N 7582-246 90736 Z 7582-247 90739 F 7582-248 90740 F 7582-249 90743 F 7582-249 90743 F 7582-250 90744 F 7582-251 90746 F 7582-253 90748 F 7582-254 90633- G 90748 Various 9 90748 V F 7582-255 90791 F 7582-256 90792 S 7582-257 90832 F 7582-258 90834 F 7582-259 90837 F 7582-260 90853 G 7582-261 92250 E 7582-261 92250 E 7582-263 92552 F 7582-264 925	Pneumoccal vaccine Meningococcal vaccine, sc Meningococcal Conjugate Zoster Vacc, SC Hepatitis B vaccine Adult IM Recombivax HB 40 mcg Hepatitis B, Adol, 2 Dose Hepatitis B, Ad	Injection Injection Injection Injection Injection Injection Injection Injection Injection Injection	\$125.00 \$160.00 \$156.00 \$249.00 N/A \$179.00 \$67.00 \$67.00 \$93.00 N/A \$67.00	\$96.00 \$130.00 \$248.00 TBD \$128.00 \$34.00 \$34.00 \$60.00 TBD \$76.00	\$136.00 \$181.00 \$168.00 \$296.00 \$60.00 \$184.00 \$69.00 \$69.00 \$96.00 \$184.00		Revised Revised Revised Revised Revised Revised Revised	DHCS	
7582-244 90733 N 7582-245 90734 N 7582-246 90736 Z 7582-247 90739 F 7582-248 90740 F 7582-249 90743 F 7582-249 90743 F 7582-250 90744 F 7582-251 90746 F 7582-252 90747 F 7582-253 90748 F 90533- 90748 F 90748 Various y 90633- 90748 VFC F 7582-255 90791 F 7582-256 90792 F 7582-257 90832 F 7582-258 90834 F 7582-259 90837 F 7582-260 90853 G 7582-261 92250 E 7582-261 92250 E 7582-263 92552 F 7582-264 <	Meningococcal vaccine, sc Meningococcal Conjugate Zoster Vacc, SC Hepatitis B vaccine Adult IM Recombivax HB 40 mcg Hepatitis B, Adol, 2 Dose Hepatitis B, Adol, 2 Dose Hepatitis B, Adol, 2 Dose Hepatitis B, Adult HEPB VACC ILL PAT 4 DOSE IM Hep B HIB Vaccine Various Vaccines (DTAP, Flu, Hep A, Hep B, Hib, HPV, Influenza, MMR, MMRV, Meningococcal, Pentacel, Pneumonococcal, Poliovirus, Rotovirus, Varicella) Psychiatric Diagnostic Eval (no medical services) Psychiatric Diagnostic Eval (w/ medical	Injection Injection Injection Injection Injection Injection Injection Injection Injection	\$160.00 \$156.00 \$249.00 N/A \$179.00 \$67.00 \$93.00 \$93.00 N/A \$67.00	\$130.00 \$130.00 \$248.00 TBD \$128.00 \$34.00 \$34.00 \$60.00 TBD \$76.00	\$181.00 \$168.00 \$296.00 \$60.00 \$184.00 \$69.00 \$69.00 \$96.00 \$184.00		Revised Revised Revised Revised Revised		rates + multiplier
7582-245 90734 N 7582-246 90736 Z 7582-247 90739 F 7582-248 90740 F 7582-249 90743 F 7582-249 90744 F 7582-250 90744 F 7582-251 90746 F 7582-252 90747 F 7582-253 90748 F 90633- 90748 Y 907582-254 90791 F 7582-255 90791 F 7582-256 90792 F 7582-257 90832 F 7582-258 90834 F 7582-259 90837 F 7582-260 90853 C 7582-261 92250 E 7582-261 92250 E 7582-263 92552 F 7582-264 92553 A 7582-265 93000 E	Meningococcal Conjugate Zoster Vacc, SC Hepatitis B vaccine Adult IM Recombivax HB 40 mcg Hepatitis B, Adol, 2 Dose Hepatitis B, Adol, 2 Dose Hepatitis B, Adol, 2 Dose Hepatitis B, Adult HEPB VACC ILL PAT 4 DOSE IM Hep B HIB Vaccine Various Vaccines (DTAP, Flu, Hep A, Hep B, Hib, HPV, Influenza, MMR, MMRV, Meningococcal, Pentacel, Pneumonococcal, Poliovirus, Rotovirus, Varicella) Psychiatric Diagnostic Eval (no medical services)	Injection Injection Injection Injection Injection Injection Injection Injection	\$156.00 \$249.00 N/A \$179.00 \$67.00 \$67.00 \$93.00 N/A \$67.00	\$130.00 \$248.00 TBD \$128.00 \$34.00 \$34.00 \$60.00 TBD \$76.00	\$168.00 \$296.00 \$60.00 \$184.00 \$69.00 \$69.00 \$96.00 \$184.00		Revised Revised Revised Revised Revised		
7582-246 90736 Z 7582-247 90739 I 7582-248 90740 F 7582-249 90743 I 7582-250 90744 I 7582-251 90746 I 7582-252 90747 I 7582-253 90748 I 7582-254 90633- I 90748 Various I 90748 V Various 90748 V I 7582-255 90791 F 7582-256 90792 S 7582-257 90832 F 7582-258 90834 F 7582-259 90837 F 7582-260 90835 C 7582-261 92250 E 7582-261 92250 E 7582-263 92552 F 7582-264 92553 A 7582-265 93000 E	Zoster Vacc, SC Hepatitis B vaccine Adult IM Recombivax HB 40 mcg Hepatitis B, Adol, 2 Dose Hepatitis B, Adol, 2 Dose Hepatitis B, Adult HEPB VACC ILL PAT 4 DOSE IM Hep B HIB Vaccine Various Vaccines (DTAP, Flu, Hep A, Hep B, Hib, HPV, Influenza, MMR, MMRV, Meningococcal, Pentacel, Pneumonococcal, Poliovirus, Rotovirus, Varicella) Psychiatric Diagnostic Eval (no medical services)	Injection Injection Injection Injection Injection Injection Injection	\$249.00 N/A \$179.00 \$67.00 \$93.00 N/A \$67.00	\$248.00 TBD \$128.00 \$34.00 \$34.00 \$60.00 TBD \$76.00	\$296.00 \$60.00 \$184.00 \$69.00 \$69.00 \$96.00 \$184.00		Revised Revised Revised Revised		
7582-247 90739 F 7582-248 90740 F 7582-249 90743 F 7582-250 90744 F 7582-251 90746 F 7582-252 90747 F 7582-253 90748 F 7582-254 90633- 90748 907582-254 90791 F 7582-255 90791 F 7582-256 90792 F 7582-257 90832 F 7582-258 90834 F 7582-259 90835 C 7582-260 90835 C 7582-261 92250 E 7582-261 92250 E 7582-263 92552 F 7582-264 92553 A 7582-265 93000 E	Hepatitis B vaccine Adult IM Recombivax HB 40 mcg Hepatitis B, Adol, 2 Dose Hepatitis B, Adol, 2 Dose Hepatitis B, Adult HEPB VACC ILL PAT 4 DOSE IM Hep B HIB Vaccine Various Vaccines (DTAP, Flu, Hep A, Hep B, Hib, HPV, Influenza, MMR, MMRV, Meningococcal, Pentacel, Pneumonococcal, Poliovirus, Rotovirus, Varicella) Psychiatric Diagnostic Eval (no medical services)	Injection Injection Injection Injection Injection Injection Injection	N/A \$179.00 \$67.00 \$93.00 N/A \$67.00	TBD \$128.00 \$34.00 \$34.00 \$60.00 TBD \$76.00	\$60.00 \$184.00 \$69.00 \$69.00 \$96.00 \$184.00		Revised Revised Revised Revised		
7582-248 90740 F 7582-249 90743 F 7582-250 90744 F 7582-251 90746 F 7582-252 90747 F 7582-253 90748 F 7582-254 90748 F 90633- 90748 90748 F 7582-254 90791 F 7582-255 90791 F 7582-256 90792 F 7582-257 90832 F 7582-259 90834 F 7582-259 90837 F 7582-260 90853 C 7582-261 92250 E 7582-261 92251 F 7582-263 92552 F 7582-264 92553 A 7582-265 93000 E	Recombivax HB 40 mcg Hepatitis B, Adol, 2 Dose Hepatitis B, Ped/Adol Hepatitis B, Adult HEPB VACC ILL PAT 4 DOSE IM Hep B HIB Vaccine Various Vaccines (DTAP, Flu, Hep A, Hep B, Hib, HPV, Influenza, MMR, MMRV, Meningococcal, Pentacel, Pneumonococcal, Poliovirus, Rotovirus, Varicella) Psychiatric Diagnostic Eval (no medical services)	Injection Injection Injection Injection Injection Injection	\$179.00 \$67.00 \$93.00 N/A \$67.00	\$128.00 \$34.00 \$34.00 \$60.00 TBD \$76.00	\$184.00 \$69.00 \$69.00 \$96.00 \$184.00		Revised Revised Revised		
7582-249 90743 F 7582-250 90744 F 7582-251 90746 F 7582-252 90747 F 7582-253 90748 F 7582-253 90748 F 7582-254 90633- 90748 F 7582-254 90791 F 7582-255 90791 F 7582-256 90792 F 7582-257 90832 F 7582-258 90834 F 7582-259 90837 F 7582-260 90853 C 7582-261 92250 E 7582-261 92250 E 7582-263 92552 F 7582-264 92553 A 7582-265 93000 E	Hepatitis B, Adol, 2 Dose Hepatitis B, Ped/Adol Hepatitis B, Adult HEPB VACC ILL PAT 4 DOSE IM Hep B HIB Vaccine Various Vaccines (DTAP, Flu, Hep A, Hep B, Hib, HPV, Influenza, MMR, MMRV, Meningococcal, Pentacel, Pneumonococcal, Poliovirus, Rotovirus, Varicella) Psychiatric Diagnostic Eval (no medical services) Psychiatric Diagnostic Eval (w/ medical	Injection Injection Injection Injection Injection	\$67.00 \$67.00 \$93.00 N/A \$67.00	\$34.00 \$34.00 \$60.00 TBD \$76.00	\$69.00 \$69.00 \$96.00 \$184.00	New	Revised Revised Revised		
7582-250 90744 F 7582-251 90746 F 7582-252 90747 F 7582-253 90748 F 7582-253 90748 F 7582-254 90633- 90748 90788 90748 F 7582-254 90791 F 7582-255 90791 F 7582-256 90792 F 7582-257 90832 F 7582-259 90834 F 7582-259 90837 F 7582-260 90853 G 7582-261 92250 E 7582-262 92551 F 7582-263 92552 F 7582-264 92553 A 7582-265 93000 E	Hepatitis B, Ped/Adol Hepatitis B, Adult HEPB VACC ILL PAT 4 DOSE IM Hep B HIB Vaccine Various Vaccines (DTAP, Flu, Hep A, Hep B, Hib, HPV, Influenza, MMR, MMRV, Meningococcal, Pentacel, Pneumonococcal, Poliovirus, Rotovirus, Varicella) Psychiatric Diagnostic Eval (no medical services) Psychiatric Diagnostic Eval (w/ medical	Injection Injection Injection Injection	\$67.00 \$93.00 N/A \$67.00	\$34.00 \$60.00 TBD \$76.00	\$69.00 \$96.00 \$184.00	New	Revised Revised		
7582-251 90746 F 7582-252 90747 F 7582-253 90748 F 7582-254 90633- 90748 90633- 90748 F 97582-254 90748 F 90748 Various 90633- 90748 V F 7582-254 90791 F 7582-255 90792 F 7582-256 90792 F 7582-257 90832 F 7582-259 90834 F 7582-260 90853 C 7582-261 92250 E 7582-262 92551 F 7582-264 92553 A 7582-264 92553 A 7582-265 93000 E	Hepatitis B, Adult HEPB VACC ILL PAT 4 DOSE IM Hep B HIB Vaccine Various Vaccines (DTAP, Flu, Hep A, Hep B, Hib, HPV, Influenza, MMR, MMRV, Meningococcal, Pentacel, Pneumonococcal, Poliovirus, Rotovirus, Varicella) Psychiatric Diagnostic Eval (no medical services) Psychiatric Diagnostic Eval (w/ medical	Injection Injection Injection	\$93.00 N/A \$67.00	\$60.00 TBD \$76.00	\$96.00 \$184.00	New	Revised		
7582-252 90747 F 7582-253 90748 F 7582-254 90633- 90748 90633- 90748 7582-255 90791 F 7582-255 90791 F 7582-256 90792 F 7582-257 90832 F 7582-258 90834 F 7582-259 90837 F 7582-259 90837 F 7582-260 90853 G 7582-261 92250 E 7582-263 92551 F 7582-264 92553 A 7582-265 93000 E	HEPB VACC ILL PAT 4 DOSE IM Hep B HIB Vaccine Various Vaccines (DTAP, Flu, Hep A, Hep B, Hib, HPV, Influenza, MMR, MMRV, Meningococcal, Pentacel, Pneumonococcal, Poliovirus, Rotovirus, Varicella) Psychiatric Diagnostic Eval (no medical services) Psychiatric Diagnostic Eval (w/ medical	Injection Injection	N/A \$67.00	TBD \$76.00	\$184.00	New			
7582-253 90748 F 7582-254 90633- 90748 90633- 90748 90748 F 7582-254 90791 F F F 7582-255 90791 F S F 7582-256 90792 F S S 7582-257 90832 F T S S 7582-258 90837 F T S S S 7582-259 90837 F T S	Hep B HIB Vaccine Various Vaccines (DTAP, Flu, Hep A, Hep B, Hib, HPV, Influenza, MMR, MMRV, Meningococcal, Pentacel, Pneumonococcal, Poliovirus, Rotovirus, Varicella) Psychiatric Diagnostic Eval (no medical services) Psychiatric Diagnostic Eval (w/ medical	Injection	\$67.00	\$76.00		New	Revised		
Various 90633- 90748 Various 90633- 90748 Various 90748 7582-255 90791 F 7582-255 90791 F 7582-256 90792 F 7582-257 90832 F 7582-258 90834 F 7582-259 90837 F 7582-260 90853 G 7582-261 92250 E 7582-263 92551 F 7582-264 92553 A 7582-265 93000 E	Various Vaccines (DTAP, Flu, Hep A, Hep B, Hib, HPV, Influenza, MMR, MMRV, Meningococcal, Pentacel, Pneumonococcal, Poliovirus, Rotovirus, Varicella) Psychiatric Diagnostic Eval (no medical services) Psychiatric Diagnostic Eval (w/ medical	Injection			\$69.00		Revised	1	1
7582-254 90633- 90748 P 907582-255 90791 F 7582-256 90792 F 7582-257 90832 F 7582-258 90834 F 7582-259 90837 F 7582-260 90853 C 7582-261 92250 E 7582-263 92552 F 7582-264 92553 A 7582-265 93000 E	B, Hib, HPV, Influenza, MMR, MMRV, Meningococcal, Pentacel, Pneumonococcal, Poliovirus, Rotovirus, Varicella) Psychiatric Diagnostic Eval (no medical services) Psychiatric Diagnostic Eval (w/ medical		\$13.00	•					1
7582-255 90791 s 7582-256 90792 F 7582-257 90832 F 7582-258 90834 F 7582-259 90837 F 7582-260 90835 C 7582-261 92250 E 7582-262 92551 F 7582-263 92552 F 7582-264 92553 A 7582-265 93000 E	services) Psychiatric Diagnostic Eval (w/ medical	Procedure		\$27.00	\$27.00		Revised		
7582-256 90792 F 7582-257 90832 F 7582-258 90834 F 7582-259 90837 F 7582-260 90853 C 7582-261 92250 E 7582-262 92551 F 7582-263 92552 F 7582-264 92553 A 7582-265 93000 E	Psychiatric Diagnostic Eval (w/ medical		\$206.00	\$652.97	\$212.00		Revised		
7582-257 90832 F 7582-258 90834 F 7582-259 90837 F 7582-260 90853 G 7582-261 92250 E 7582-262 92551 F 7582-263 92552 F 7582-264 92553 A 7582-265 93000 E	services)	Procedure	\$228.00	N/A	\$235.00		Revised		
7582-258 90834 F 7582-259 90837 F 7582-260 90853 G 7582-261 92250 E 7582-262 92551 F 7582-263 92552 F 7582-264 92553 A 7582-264 92553 A 7582-265 93000 E	Psychotherapy, 30 min	Procedure	\$99.00	\$325.42	\$102.00		Revised		
7582-259 90837 F 7582-260 90853 G 7582-261 92250 E 7582-262 92551 F 7582-263 92552 F 7582-264 92553 A 7582-264 92553 A 7582-265 93000 E	Psychotherapy, 45 min	Procedure	\$132.00	-			Revised		
7582-260 90853 C 7582-261 92250 E 7582-262 92551 F 7582-263 92552 F 7582-264 92553 A 7582-265 93000 E	Psytx Pt &/Family, 60 min	Procedure	\$198.00		\$204.00		Revised		
7582-261 92250 E 7582-262 92551 F 7582-263 92552 F 7582-264 92553 A 7582-265 93000 E	Group Psychotherapy	Procedure	\$40.00	-	\$41.00		Revised		
7582-262 92551 F 7582-263 92552 F 7582-264 92553 A 7582-265 93000 E	Eye exam with photos	Procedure	\$263.00	-			Revised		
7582-263 92552 F 7582-264 92553 A 7582-265 93000 E	Pure Tone Hearing Test, Air	Procedure	\$21.00		\$22.00		Revised	-	
7582-264 92553 A 7582-265 93000 E	Pure Tone Audiometry, Air	Procedure	\$58.00		· · ·		Revised		
7582-265 93000 E	Audiometry, Air & Bone	Procedure	\$69.00	-	\$71.00		Revised		
	EKG						Revised	-	
7500 066 0000F F		Procedure	\$52.00	-		Nou	Revised	-	
	Electrocardiogram tracing	Procedure	N/A	TBD	\$24.00	New			
	Electrocardiogram tracing	Procedure	N/A	TBD		New			
	Electrocardiogram report	Procedure	N/A	TBD		New	Dente 1	4	1
	Airway Inhalation Treatment	Procedure	\$34.00				Revised	4	1
	Nebulizer TX Initial	Procedure	\$55.00				Revised	4	1
	Pulm Funct Test Oscillometry	Procedure	\$130.00				Revised	4	1
	Psycho Testing by Psych/Phys	Procedure	\$125.00				Revised	4	1
	Developmental Test. Extend	Procedure	\$207.00		\$213.00		Revised	4	1
	Neurobehavioral status exam	Procedure	\$148.00				Revised	4	1
	Neuropsych Tst by Psch/Phys	Procedure	\$159.00	N/A	\$164.00		Revised	4	1
7582-276 96150 n	Health & Behavior Assessment (15 minutes)	Procedure	\$42.00	N/A	\$43.00		Revised		
(582-277 96151	Health & Behavior Re-Assessment (15 minutes)	Procedure	\$40.00	N/A	\$41.00		Revised		
	Health & Behavior Intervention (15 minutes	Procedure	\$38.00	N/A	\$39.00		Revised		
7582-279 96372 T	Ther/Proph/Diag Inj, SC/IM	Procedure	\$45.00	\$117.27	\$46.00		Revised]	1
7582-280 97597 F	RMVL DEVITAL TIS 20 CM/<	Procedure	N/A	TBD	\$138.00	New]	1
	RMVL DEVITAL TIS ADDL 20CM/<	Procedure	N/A	TBD	\$79.00	New		1	1
		Procedure	\$438.00		\$451.00		Revised	1	1
	Medical Nutrition Therapy, Initial	Procedure	\$377.00		\$388.00		Revised	1	1
	Medical Nutrition Therapy, Initial Medical Nutrition Therapy, Follow-up	Procedure	\$193.00				Revised	1	
		Procedure	\$52.00		\$54.00		Revised	1	1
	Medical Nutrition Therapy, Follow-up Nutrition Therapy, Group		\$76.00				Revised	1	1
7582-287 98927 0	Medical Nutrition Therapy, Follow-up	Procedure	wru.uu	0100.75	φ. 5.50		Revised	1	

Ref. #	Proc. #	Service	Unit of Service	Current Fee Per Unit	Actual Cost per Unit	Rec'md. Fee Per Unit FY2017/18	New Fee	Revised Fee	Fee Authority	Description/Exception
7500.000	00000	Ostoonathia Manipulatian	Describer	# 440.00	#004.00	¢100.00		Devices		
7582-288 7582-289	98928 98929	Osteopathic Manipulation Osteopathic Manipulation	Procedure Procedure	\$119.00 \$143.00	\$301.38 \$365.57	\$123.00 \$147.00		Revised Revised		
7582-269	98929	Medical svcs after hours	Procedure	\$143.00	مردمودة N/A	\$147.00		Revised		
7582-290	99030	Visual Acuity Screen	Procedure	\$19.00	\$13.03	\$20.00		Revised		
7582-291	99201	New Patient Visit - Focused	Procedure	\$74.00	\$130.95	\$76.00		Revised		
7582-292	99202	New Patient Visit - Expanded	Procedure	\$125.00	\$248.74	\$129.00		Revised		
7582-294	99203	New Patient Visit - Detailed	Procedure	\$179.00	\$375.00			Revised		
7582-295	99204	New Patient Visit - Comprehensive	Procedure	\$271.00	\$638.53	\$279.00		Revised		
7582-296	99205	New Patient Visit	Procedure	\$337.00	\$831.50			Revised		
7582-297	99211	Established Patient - Minimal	Procedure	\$41.00	\$46.07	\$42.00		Revised		
7582-298	99212	Established Patient - Focused	Procedure	\$74.00	\$125.70			Revised		
7582-299	99213	Established Patient - Expanded	Procedure	\$122.00	\$252.73	\$126.00		Revised		
7582-300	99214	Established Patient - Detailed	Procedure	\$179.00	\$390.57	\$184.00		Revised		
7582-301	99215	Established Patient-Comprehensive	Procedure	\$239.00	\$551.17	\$246.00		Revised		
7582-302	99241	Office Consult - Lvl 1	Procedure	\$95.00	N/A	\$98.00		Revised		
7582-303	99242	Office Consult - Lvl 2	Procedure	\$168.00	\$341.54	\$173.00		Revised		
7582-304	99243	Office Consult - Lvl 3	Procedure	\$222.00	N/A	\$229.00		Revised	1	
7582-305	99244	Office Consult - Lvl 4	Procedure	\$314.00	\$768.25	\$323.00		Revised	1	
7582-306	99381	HX/PE New PT 1-11 MONTHS	Procedure	\$197.00	\$383.76	-		Revised	1	
7582-307	99382	HX/PE New PT 1-4 YRS	Procedure	\$209.00	\$407.64	\$215.00		Revised	1	
7582-308	99383	HX/PE New PT 5-11 YRS	Procedure	\$206.00	\$433.67	\$212.00		Revised		
7582-309	99384	HX/PE New PT 12+YRS	Procedure	\$221.00	\$511.16	-		Revised		
7582-310	99385	HX/PE New PT 18-39YRS	Procedure	\$310.00	\$490.53	\$319.00		Revised		
7582-311	99386	PREV VISIT, NEW, AGE 40-64	Procedure	\$329.00	\$595.97	\$339.00		Revised		
7582-312	99387	Init pm e/m new pat 65+ yrs	Procedure	N/A	TBD	\$247.00	New			
7582-313	99391	HX/PE RETURN PT 0-1 YRS	Procedure	\$147.00	\$350.41	\$151.00		Revised		
7582-314	99392	HX/PE RETURN PT 1-4 YRS	Procedure	\$163.00	\$383.76	\$168.00		Revised		
7582-315	99393	HX/PE RETURN PT 5-11 YRS	Procedure	\$161.00	\$383.76	\$166.00		Revised		
7582-316	99394	HX/PE RETURN PT 12+YRS	Procedure	\$178.00	\$433.67	\$183.00		Revised		
7582-317	99395	HX/PE RETURN PT 18-39 YRS	Procedure	\$249.00	\$446.39	\$256.00		Revised		
7582-318	99396	HX/PE RETURN PT 40-64 YRS	Procedure	\$235.00	\$485.14	\$242.00		Revised		
7582-319	99397	Per pm reeval est pat 65+ yr	Procedure	N/A	TBD	\$203.00	New			
7582-320	99406	Behav Chng Smoking 3-10 Min	Procedure	\$23.00	\$61.29	\$24.00		Revised		
7582-321	99407	Behav Chng Smoking <10 Min	Procedure	\$44.00	N/A	\$45.00		Revised		
7582-322	CHEAR	Hearing Audiometric (CHDP)	Procedure	\$19.00	N/A	\$20.00		Revised		
7582-323	CVIS6	Vision Snellen 3 to 6 Years	Procedure	\$7.00	N/A	\$7.00				
7582-324	CVIS7	Vision Snellen 7 Plus Years	Procedure	\$4.00	N/A	\$4.00				
7582-325	G0008	Admin Influenza Virus Vaccine	Injection	\$42.00	\$32.00	\$32.00		Revised		
7582-326	G0009	Admin Pneumococcal Vaccine	Injection	\$42.00	\$32.00	\$32.00		Revised		
7582-327	G0402	Initial preventive exam	Procedure	\$276.00	\$319.85	-		Revised		
7582-328		Ppps, initial visit	Procedure	\$285.00	\$319.85	\$288.00		Revised		
7582-329		Ppps, subseq visit	Procedure	\$195.00	\$319.85			Revised		
7582-330		FQHC PPS: visit new patient	Procedure	\$251.01	\$319.85			Revised		
7582-331		FQHC PPS: visit, estab pt	Procedure	\$187.10				Revised		
7582-332		FQHC PPS: visit, ippe or awv	Procedure	\$251.01	\$319.85			Revised		
7582-333		FQHC PPS: visit, mh new pt	Procedure	\$251.01	\$477.11	\$254.00		Revised		
7582-334		FQHC PPS: visit, mh estab pt	Procedure	\$187.10		\$189.00 \$125.00		Revised		
7582-335		Alcohol and/or Drug Assessment	Procedure	\$131.00	N/A	\$135.00		Revised		
7582-336		Alcohol and/or drug services	Procedure	\$133.00	N/A	\$137.00 \$27.00		Revised		
7582-337		Assert comm tx pgm per diem	Procedure	\$26.00	N/A			Revised		
7582-338	J0131	Acetaminophen injection	Injection	\$7.00 \$7.00	N/A	\$7.00 \$8.00		Device 1		
7582-339	J0400	Abilify Maintena,300mg	Injection	\$7.00	N/A	-		Revised		
7582-340 7582-341	J0456	Azithromycin Ceftriaxone sodium injection	Injection	\$11.00	\$4.00	-		Revised		
	J0696	Methylprednisolone 20 mg inj	Injection	\$8.00	\$2.00 TBD		Now			
7582-342 7582-343	J1020		Procedure	N/A N/A		\$13.00 \$14.00	New			
7582-343	J1030	Methylprednisolone 40 mg inj Methylprednisolone 80 mg inj	Procedure	N/A N/A	TBD TBD	\$14.00 \$20.00	New			
7582-344	J1040 J1050	Depo Proverat 150mg	Procedure				New			
7582-345	J1050 J1885	Ketorolac tromethamine inj 30mg	Injection	\$7.00 \$21.00	\$36.00 \$3.00			Revised		
7582-346		Risperidone, long acting,12.5mg/2ml	Injection	\$21.00 \$16.00	\$3.00 N/A			Revised		
1 302-341	J2794	nopendone, iong adding, iz.3mg/2mi	Injection	φ10.0U		\$18.00		revised		
7582-348	J3301	Triamcinolone acetonide inj (Kenalog-10)	Injection	\$10.00	\$11.00	\$10.00				
7582-349	J3420	Vitamin B12 injection	Injection	\$9.00	\$7.00	\$13.00		Revised		
1002-043	00420		injection	ψ9.00	φι.00	φ13.00		17641960	l I	

Ref. #	Proc. #	Service	Unit of Service	Current Fee Per Unit	Actual Cost per Unit	Rec'md. Fee Per Unit FY2017/18	New Fee	Revised Fee	Fee Authority	Description/Exception
7582-350	J3490	Drugs unclassified injection	Injection	\$1.00	N/A	\$1.00				
7582-351	J7297	Levonorgestrel - 3 Year	Injection	N/A	TBD	\$384.00	New			
7582-352	J7298	Levonorgestrel -5 year	Injection	N/A	TBD	\$384.00	New			
7582-353	J7300	Intraut copper contraceptive (ParaGard)	Injection	\$1,061.00	N/A	\$1,093.00		Revised		
7582-354	J7302	Levonorgestrel iu contracept (Mirena)	Injection	\$1,110.00	\$384.00	Delete				
7582-355	J7307	Nexplanon (Etonogestrel implant system)	Procedure	N/A	TBD	\$1,108.00	New			
7582-356		Cerv flexible non-adjustable	Procedure	\$31.00	N/A	\$32.00		Revised		
7582-357	L1825	Ko elastic knee cap	Procedure	\$12.00	N/A	\$12.00		-		
7582-358 7582-359	L1901 L3807	Prefab ankle orthosis WHFO,no joint, prefabricated	Procedure	\$3.00 \$25.00	N/A N/A	\$3.00 \$26.00		Deviced		
7582-359	L3007	Wrist cock-up non-molded	Procedure Procedure	\$25.00	N/A	\$26.00		Revised Revised		
7582-360	L3908	HFO, no joint, prefabricated	Procedure	\$08.00	N/A N/A	\$33.00		Revised		
7582-362	L4350	Ankle control orthosi prefab	Procedure	\$104.00	N/A	\$107.00		Revised		
7582-363	n/a	X-Ray Services	Procedure	Various	N/A	Various		1 to vio o u		
7582-364	Q2039	NOS Flu Vaxx, >3yr IM	Injection	\$30.00	N/A	\$31.00		Revised		
7582-365	STD	STD Test	Procedure	\$29.00	\$44.00	\$44.00		Revised		
7582-366	T1017	Targeted Case Management	Procedure	\$72.00	N/A	\$74.00		Revised		
7582-367	X5752	Vitamin B-12 up to 1000 mcg	Injection	\$4.00	N/A	\$4.00				
7582-368	X5864	Sodium Ceftriaxone (250MG)	Injection	\$12.00	N/A	\$12.00				
7582-369	X6048	Phenytoin Sodium Dilantin 50mg/ml	Injection	\$7.00	N/A	\$7.00				
7582-370	X6714	Bicillin LA 600,000 units	Injection	\$4.00	N/A	\$4.00				
7582-371	Z9750	Family Planning Group Education (per person)	Procedure	\$6.00	N/A	\$6.00				
7582-372	Z9751	Family Planning Individual Education	Procedure	\$22.00	N/A	\$23.00		Revised		
7582-373	Z9752	Family Planning Counseling (up to 15 mins)	Procedure	\$32.00	N/A	\$33.00		Revised		
7582-374	Z9753	Family Planning Counseling (16-30 mins)	Procedure	\$52.00	N/A	\$54.00		Revised		
7582-375	Z9754	Family Planning Counseling (31-45 mins)	Procedure	\$74.00	N/A	\$76.00		Revised		
Supplies	1 1 1 0 0		literes	¢2.00	N1/A	¢0.00		r		
7582-376 7582-377		Elastic garment/covering Ace Wrap	Item Item	\$3.00 \$1.00	N/A	\$3.00 \$1.00				
7582-377		Dressing-Sterile	Item	\$1.00	N/A N/A	\$1.00				
7582-379		Arm Sling	Item	\$4.00	\$12.00	\$12.00		Revised	DHCS	Invoice
7582-380	Z7610T	Tray-Sterile/Pelvic	Item	\$43.00	N/A	\$44.00		Revised		
7582-381		Wrist Brace	Item	\$13.00	N/A	\$50.00		Revised		
Family Healt	h Service	s - Laboratory							•	
7582-382	N/A	Handling Fee for Outside Laboratory COC Procedure	Procedure	\$61.00	N/A	Delete				** Higher of 2017 MediCare/MediCal
7582-383	N/A	Handling Fee for Outside Laboratory Medical HF	Procedure	\$17.00	N/A	Delete				rates + multiplier or invoice
7582-384	Z5218	Handling Fee for Outside Laboratory w/out Office Visit	Procedure	\$17.00	N/A	\$18.00		Revised		
7582-385	Z5220	Handling Fee for Outside Laboratory w/ Office Visit	Procedure	\$17.00	N/A	\$18.00		Revised	DHCS	
Various		Various laboratory procedures (organ or disease-oriented panels, drug testing, therapeutic drug assays, urninalisys, chemistry, hematology & coagulation, immunology, microbiology, include routine venipuncture & capillary blood draw)	Procedure	Contract Rate	N/A	Contract Rate				
Family Healt	n Service	es - Dental Clinic	1					1		
7581-101	D0120	Periodic Oral Evaluation - Established Patient	Procedure	\$23.00	\$52.00	\$52.00		Revised		
7581-102	D0150	Comprehensive Oral Evaluation - New or Established Patient	Procedure	\$39.00	\$74.28	\$75.00		Revised		
7581-103	D0170	Re-evaluation of limited problem focused-		\$116.00	\$66.85	\$119.00				
1001100	20110	assessing previously existing condition	Procedure	ψι ιο.ου	ψυυ.υυ	ψ113.00		Revised		

Ref. #	Proc. #	Service	Unit of Service	Current Fee Per Unit	Actual Cost per Unit	Rec'md. Fee Per Unit FY2017/18	New Fee	Revised Fee	Fee Authority	Description/Exception
7581-104	D0180	Comprehensive Periodontal Evaluation - New or Established Patient	Procedure	\$60.00	\$74.28	\$75.00		Revised		
7581-105	D0210	Intraoral-Complete Series (including bitewings)	X-ray	\$62.00	\$148.56	\$150.00		Revised		
7581-106	D0220	Intraoral - Periapical 1st film	X-ray	\$18.00	\$37.14	\$37.00		Revised		
7581-107	D0230	Intraoral - Periapical Each Additional Film	X-ray	\$7.00	\$18.57	\$19.00				
7581-108	D0240	Intraoral - Occlusal Film	X-ray	\$15.00	\$44.57	\$45.00				
7581-109	D0270	Bitewing - Single Film	X-ray	\$8.00	\$37.14	\$37.00				
7581-110	D0272	Bitewing - Two Films	X-ray	\$23.00	\$44.57	\$45.00		Revised		
7581-111	D0273	Bitewing - Three Films	X-ray	\$39.00	\$59.42	\$59.00		Revised		
7581-112	D0274	Bitewing - Four Films	X-ray	\$30.00	\$74.28	\$74.00		Revised	-	
7581-113	D0330	Panoramic Film	X-ray	\$39.00	\$118.85	\$119.00		Revised	-	
7581-114	D0350	Oral/Facial Photographic Images	X-ray	\$9.00	\$74.28	\$74.00		Destand		
7581-115	D0363	Cone Beam-Three-Dimensional Image	X-ray	\$127.00	N/A	\$131.00		Revised		
7581-116	D0367	Cone Beam Ct Capture and Interpre View of Both Jaw	X-ray	\$127.00	N/A	\$131.00		Revised		
7581-117	D0381	Cone Beam Ct Im Capture and view of 1 full Dental	X-ray	\$77.00	N/A	\$79.00		Revised		
7581-118	D0382	Cone Beam Ct Im Capture View 1 Full Dental Arc	X-ray	\$77.00	N/A	\$79.00		Revised		
7581-119	D0383	Cone Beam Ct Im Cap View of Both Jaws Cranium	X-ray	\$77.00	N/A	\$79.00		Revised		
7581-120	D0384	Cone Beam Ct Im Cap TMJ Wseries Two or More Exposure	X-ray	\$77.00	N/A	\$79.00		Revised		
7581-121	D0460	Pulp Vitality Tests	Procedure	\$79.00	N/A	\$81.00		Revised		
7581-122	D0470	Diagnostic Casts	Procedure	\$116.00	N/A	\$119.00		Revised		
7581-123	D0482	Direct Immunofluorescence	Procedure	\$17.00	N/A	\$18.00		Revised		
7581-124	D1110	Prophylaxis - Adult	Procedure	\$62.00	\$111.42	\$111.00		Revised		
7581-125	D1120	Prophylaxis - Child	Procedure	\$46.00	\$74.28	\$74.00		Revised		
7581-126	D1206	Fluoride Varnish Child 0-5	Procedure	\$27.00	\$44.57	\$45.00				
7581-127	D1206	Fluoride Varnish Child 6-20	Procedure	\$12.00	\$44.57	\$45.00			-	
7581-128	D1206	Fluoride Varnish Adult 21 & over	Procedure	\$9.00	\$44.57	\$45.00			-	
7581-129	D1208	Topical Application of Varnish Child 0-5	Procedure	\$27.00	\$37.14	\$37.00		-		
7581-130	D1208	Topical Application of Varnish Child 6-20	Procedure	\$12.00	\$37.14	\$37.00				
7581-131	D1208	Topical Application of Varnish Adult 21+	Procedure	\$9.00	\$37.14	\$37.00			-	
7581-132	D1330	Oral Hygiene Instructions	Procedure	\$25.00	\$52.00	\$52.00		Revised	-	
7581-133	D1351	Sealant - Per Tooth	Procedure	\$34.00	\$59.42	\$59.00		Revised		
7581-134 7581-135	D1555 D2140	Removal of Fixed Space Maintainer Amalgam - 1 surface	Procedure Procedure	\$46.00 \$60.00	N/A \$148.56	\$47.00 \$62.00		Revised Revised	-	
7581-135		Amalgam - 2 surgaces	Procedure	\$74.00	\$163.42	\$76.00		Revised		
7581-130		Amalgam - 3 surfaces	Procedure	\$74.00	\$200.56			Revised		
7581-138		Amalgam - 4+ surfaces	Procedure	\$93.00	\$245.12			Revised		
7581-139		Resin-Based Composite - 1 Surface	Procedure	\$85.00	\$148.56			Revised		
7581-140	D2331	Resin-Based Composite - 2 Surfaces	Procedure	\$93.00	\$222.84	\$96.00		Revised		
7581-141	D2332	Resin-Based Composite - 3 Surfaces	Procedure	\$104.00	\$259.98	\$107.00		Revised		
7581-142	D2335	Resin-Based Composite - 4+ Surfaces	Procedure	\$131.00	\$297.12	\$135.00		Revised]	
7581-143	D2391	Resin-Based Composite-one surface, posterior	Procedure	\$71.00	\$148.56	\$73.00		Revised		
7581-144	D2392	Resin-Based Comp[osite-2 surfaces, posterior	Procedure	\$84.00	\$297.12	\$87.00		Revised		
7581-145	D2393	Resin-Based Composite-3 surfaces, posterior	Procedure	\$104.00	\$401.11	\$107.00		Revised		
7581-146	D2394	resin-Based Composite-4+ surfaces, posterior	Procedure	\$119.00	\$423.40	\$123.00		Revised		
7581-147	D2740	Crown - Procelain/Ceramic	Procedure	\$525.00	\$1,485.60	\$750.00		Revised	1	
7581-148	D2750	Crown - Procelain High Noble	Procedure	\$731.00				Revised		
7581-149	D2751	Crown - Porcelain (fused to metal)	Procedure	\$525.00	\$1,188.48	\$600.00		Revised		
7581-150	D2790	Crown - Full Cast High Noble	Procedure	\$476.00	\$1,411.32	\$700.00		Revised		
7581-151	D2799	Provisional Crown	Procedure	\$60.00	\$430.82			Revised		
7581-152	D2920	Recement Crown	Procedure	\$47.00	\$111.42			Revised		
7581-153	D2930	Stainless Steel Crown - Primary Tooth	Procedure	\$116.00	\$297.12	\$150.00		Revised	l	

Ref. #	Proc. #	Service	Unit of Service	Current Fee Per Unit	Actual Cost per Unit	Rec'md. Fee Per Unit FY2017/18	New Fee	Revised Fee	Fee Authority	Description/Exception
7581-154	D2931	Stainless Steel Crown - Permanent Tooth	Procedure	\$139.00	\$445.68	\$225.00		Revised		
7581-155	D2940	Sedative Filling	Procedure	\$70.00	\$111.42	\$72.00		Revised		
7581-156		Core Buildup, Including Any Pins	Procedure	\$87.00	\$297.12	\$90.00		Revised	1	
7581-157	D2951	Pin Retention, Per Tooth	Procedure	\$124.00	N/A	\$128.00		Revised		
7581-158	D2952	Post and Core	Procedure	\$116.00	N/A	\$119.00		Revised		
7581-159	D2954	Prefabricated Post and Core	Procedure	\$116.00	\$371.40	\$119.00		Revised		
7581-160	D2960	Labial Veneer, Resin Laminate (office)	Procedure	\$246.00	N/A	\$253.00		Revised		
7581-161	D2961	Labial Veneer, Resin Laminate (lab)	Procedure	\$249.00	N/A	\$256.00		Revised		
7581-162	D2962	Labial Veneer, Porcelain Laminate	Procedure	\$249.00	N/A	\$256.00		Revised		
7581-163	D2970	Temporary Crown	Procedure	\$70.00	N/A	\$72.00		Revised		
7581-164	D2999	Unspecified Restorative Procedure, By Report	Procedure	\$104.00	N/A	\$107.00		Revised		
7581-165	D3110	Pulp Cap - Direct	Procedure	\$83.00	\$92.85	\$93.00		Revised		
7581-166	D3120	Pulp Cap - Indirect	Procedure	\$82.00	N/A	\$84.00		Revised		
7581-167	D3220	Therapeutic Pulpotomy	Procedure	\$110.00	\$222.84	\$113.00		Revised		
7581-168	D3221	Pulpal Debridement	Procedure	\$97.00	\$297.12	\$100.00		Revised	1	
7581-169		Pulpal Therapy - Anterior	Procedure	\$110.00	N/A	\$113.00		Revised		
7581-170		Pulpal Therapy - Posterior	Procedure	\$110.00	N/A	\$113.00		Revised	1	
7581-171		Root Canal - Anterior	Procedure	\$334.00	\$757.65	\$344.00		Revised		
7581-172	D3320	Root Canal - Bicuspid	Procedure	\$403.00	\$854.22	\$415.00		Revised		
7581-173 7581-174	D3330 D3346	Root Canal - Molar Retreatment of previous root canal therapy -	Procedure	\$511.00 \$334.00	\$1,039.92 \$817.08	\$526.00 \$344.00		Revised	-	
7581-175	D3347	anterior Retreatment of previous root canal therapy -	Procedure	\$403.00	N/A			Revised	-	
7581-176	D3348	bicuspid Retreatment of previous root canal therapy -	Procedure	\$511.00	N/A			Revised		
7561-176	D3340	molar	Procedure	\$511.00	N/A	\$520.00		Revised		
7581-177	D3351	Apexification/Recalcification	Procedure	\$155.00	N/A	\$160.00		Revised		
7581-178	D3410	Apicoectomy/Periradicular Surgery - Anterior	Procedure	\$155.00	N/A	\$160.00		Revised		
7581-179	D3421	Apicoectomy/Periradicular Surgery - Bicuspid	Procedure	\$155.00	N/A	\$160.00		Revised		
7581-180	D3999	Unspecified Endodontic Procedure by Report	Procedure	\$105.00	N/A	\$108.00		Revised		
7581-181	D4210	Gingivectomy (Quad)	Procedure	\$286.00	N/A	\$295.00		Revised		
7581-182	D4211	Gingivectomy 1-3 Teeth	Procedure	\$200.00	\$259.98	\$260.00		Revised		
7581-183	D4240	Gingival Flap (4 or more teeth)	Procedure	\$349.00	N/A	\$359.00		Revised		
7581-184	D4241	Gingival Flap (less than 4 teeth)	Procedure	\$218.00	N/A	\$225.00		Revised		
7581-185	D4245	Apically Positioned Flap	Procedure	\$263.00	N/A	\$271.00		Revised		
7581-186		Clinical Crown Lengthening	Procedure	\$349.00	N/A	\$359.00		Revised		
7581-187		Osseous Surgery (Quadrant)	Procedure	\$541.00	N/A	\$557.00		Revised	4	
7581-188		Osseous Surgery (less than 4 teeth)	Procedure	\$401.00	N/A	\$413.00		Revised		
7581-189		Provisional Splinting (Intracoronal)	Procedure	\$434.00	N/A			Revised	4	
7581-190 7581-191	D4321 D4341	Provisional Splinting (Extracoronal) Periodontal Scaling & Root Planing - four or	Procedure	\$564.00 \$161.00	N/A \$371.40			Revised	-	** 2017 DentiCal rates
7581-192	D4342	more teeth per quadrant Periodontal Scaling & Root Planing-one to	Procedure	\$107.00	\$200.56			Revised	DHCS	+ multiplier
		three teeth per quadrant	Procedure					Revised	4	
7581-193		Full Mouth Debridement	Procedure	\$148.00	\$185.70			Revised	4	
7581-194	D4910	Periodontal Maintenance	Procedure	\$201.00	\$148.56	\$207.00		Revised	-	
7581-195	D4999	Unspecified Periodontal Procedure (by report)	Procedure	\$102.00	N/A			Revised		
7581-196		Complete Denture - Maxillary	Procedure	\$695.00	\$1,857.00			Revised	4	
7581-197		Complete Denture - Mandibular	Procedure	\$695.00	\$1,857.00	\$950.00		Revised	4	
7581-198		Immediate Denture – Maxillary	Procedure	\$603.00	N/A	\$695.00		Revised	4	
7581-199		Immediate Denture – Mandibular	Procedure	\$603.00	\$2,042.70			Revised	4	
7581-200	D5211	Maxillary Partial Denture (resin base)	Procedure	\$731.00	\$1,262.76	\$753.00		Revised	4	
7581-201		Mandibular Partial Denture (resin base)	Procedure	\$731.00	\$1,314.75			Revised		
7581-202	D5213	Maxillary Partial Denture (metal base)	Procedure	\$731.00	\$2,228.39	\$1,110.00		Revised	1	
7581-203	D5214	Mandibular Partial Denture (metal base)	Procedure	\$731.00	\$2,228.39	\$1,110.00		Revised]	

7881-200 0547	Ref. #	Proc. #	Service	Unit of Service	Current Fee Per Unit	Actual Cost per Unit	Rec'md. Fee Per Unit FY2017/18	New Fee	Revised Fee	Fee Authority	Description/Exception
1981-20 Eds.21 Adjust Partial Denturo Munkliny Procedure \$39.00 \$89.14 \$40.00 Revised 1981-20 Eds.21 Adjust Partial Denture Munkliny Procedure \$37.00 \$222.34 \$223.00 Revised 1981-20 Eds.00 Replane Maining of Revin Toeln Procedure \$37.00 \$222.84 \$223.00 Revised 1981-210 Eds.00 Denturo Barn Denturo Denturo - Procedure S108.00 NA/A \$110.00 Revised 1981-216 De500 Add Casto De tasing Partial Denture - Drocedure S108.00 \$371.40 \$311.10 Revised 1981-221 De570 Reline Mandiaur Partial Denture - Drocedure S108.00 \$374.40 \$371.00 Revised 1981-221 De570		D5410		Procedure			\$40.00		Revised		
181:20 DS42 Algus Pariat Denturo - Manifolular Procedure \$38:0.0 \$88:1.4 \$40.00 Revised 181:20 DS50 Replice Masing or Broken Teelh - Forcedure \$77:0.0 \$22:22.4 52:20 DRevised 181:20 DS50 Replice Masing or Broken Teelh - Forcedure \$57:0.0 \$22:24.4 52:20 DRevised 191:21 DS50 Denture Rave Repair/Cash Terme Procedure \$35:0.0 N/A \$58:0.0 Prevised 191:221 DS50 Denture Rave Repair/Cash Terme Procedure \$35:0.0 N/A \$10:0.0 Revised 191:221 DS50 Add Tooth D- Straing Pariat Denture Procedure \$10:0.00 N/A \$11:1.00 Revised 191:210 DS70 Relation Complete Manifoliar Denture - Office Procedure \$10:0.00 N/A \$11:1.00 Revised 191:20 DS70 Relation Complete Manifoliar Denture - Office Procedure \$10:0.00 \$37:1.00 Revised 191:220 DS70 Relation Complete Manifoliar Denture - Lab Procedure		D5411	, ,	Procedure	\$39.00	\$89.14	\$40.00		Revised		
7581-200 DS510 Repair Broken Compiles Durture Base Procedure S77.200 S222.84 S223.00 Revised 7591-201 DS600 Repair Resping or Broken Teelth Procedure S87.00 S222.84 S223.00 Revised 7591-211 DS600 Repair Resping for Broken Teelth Procedure S87.00 S222.84 S223.00 Revised 7591-211 DS600 Repair Respinge Technic Teelth Procedure S93.00 S222.84 S223.00 Revised 7591-214 DS600 Add Clasp to Estiming Partial Denture Procedure S150.00 N/A S111.00 Revised 7591-216 DS737 Refine Compilete Marillary Denture - Office Procedure S150.00 N/A S111.00 Revised 7591-210 DS741 Raine Marillary Denture - Office Procedure S160.00 S371.40 S371.00 Revised 7591-210 DS741 Raine Marillary Denture - Lab Procedure S160.00 S371.40 S371.00 Revised 7591-220 DS750 Reline Maril	7581-206	D5421	Adjust Partial Denture - Maxillary		\$39.00	\$89.14	\$40.00		Revised		
7581-200 Descu Revised Revised 7581-200 Definition Revised Revised 7581-210 Definition Revised Revised 7581-215 Definition Revised Revised 7581-215 Definition Revised Revised 7581-216 Definition Revised Revised 7581-220 Definition Revised Revised 7581-221 Definition Revised Revised 7581-222 Definiiiiiiiiiiiiiiiiiiiiiiiiiiiii	7581-207	D5422	Adjust Partial Denture - Mandibular	Procedure	\$39.00	\$89.14	\$40.00		Revised		
1981-200 DoS:d Complete Denture (each toth) Procedure \$14:00 \$14:8:00 \$14:8:00 7581-201 D5620 Beruine Base Repair/Cast Frame Procedure \$355:00 N/A \$356:00 Revised 7581-210 D5620 Beruine Base Repair/Cast Frame Procedure \$355:00 N/A \$356:00 Revised 7581-210 D562 Add Tom to Easing Partal Denture Procedure \$377:00 \$222:24 \$222:30 Revised 7581-216 D576 Reline Complete Mandhulz Denture - Offce Procedure \$118:00 N/A \$111:00 Revised 7581-216 D577 Reline Complete Mandhulz Denture - Offce Procedure \$108:00 \$371:40 \$371:40 \$371:40 \$371:40 \$371:40 \$381:42 \$384:42 \$38	7581-208	D5510	Repair Broken Complete Denture Base	Procedure	\$77.00	\$222.84	\$223.00		Revised		
7581-211 DS200 Beruter Base Repair/Cast Frame Procedure \$355.00 N/A \$366.00 Revised 7581-212 DS560 Repair of Repise Broken Testh-, per tooth Procedure \$37.00 \$222.40 \$222.00 Revised 7581-216 DS660 Add Tooth or Existing Parial Detrure Procedure \$315.00 N/A \$111.00 Revised 7581-216 DS630 Rotine Complete Manifuly Detrure - Office Procedure \$108.00 N/A \$111.00 Revised 7581-216 DS730 Rotine Complete Manifuly Detrure - Office Procedure \$108.00 N/A \$111.00 Revised 7581-216 DS740 Reline Manifulary Parial Detrure - Office Procedure \$216.00 \$371.40 \$371.00 Revised 7581-220 DS760 Reline Manifular Detrure - Lab Procedure \$216.00 N/A \$222.00 Revised 7581-222 DS761 Reline Manifular Detrure - Lab Procedure \$216.00 N/A \$222.00 Revised 7581-222 DS761 Relin	7581-209	D5520		Procedure	\$77.00	\$148.56	\$149.00		Revised		
1981-21 D5630 Reprint Of Majolan Brokon Clasp Pronedure \$155.00 N/A \$160.00 Revised 1981-213 D5600 Add Tooth to Existing Partial Denture Procedure \$33.00 \$222.44 \$223.00 Revised 1981-214 D5660 Add Tooth to Existing Partial Denture Procedure \$106.00 N/A \$111.00 Revised 1981-214 D5660 Add Tooth to Existing Partial Denture - Office Procedure \$108.00 N/A \$111.00 Revised 1981-211 D5740 Reline Complete Mandbular Denture - Office Procedure \$108.00 \$371.40 \$371.00 Revised 1781-220 D5760 Reline Complete Mandbular Denture - Lab Procedure \$216.00 \$342.2 \$594.00 Revised 1781-221 D5751 Reline Mandbular Denture - Lab Procedure \$216.00 N/A \$222.00 Revised 1781-221 D57560 Reline Mandbular Partial Denture - Lab Procedure \$346.00 \$742.80 \$894.00 Revised 1781-221 D55760		D5610	Repair Resin Denture Base	Procedure	\$93.00	\$222.84	\$223.00		Revised		
7581-213 D5640 Replace Broken Toeth: por tooth Pronedure \$77.00 \$222.84 \$223.00 Revined 7581-214 D5560 Add Clasp to Existing Partial Denture Procedure \$315.00 N/A \$160.00 Revised 7581-214 D5560 Add Clasp to Existing Partial Denture - Office Procedure \$108.00 N/A \$111.00 Revised 7581-216 D5740 Reline Complete Mandbular Denture - Office Procedure \$108.00 \$371.40 \$371.00 Revised 7581-219 D5741 Reline Complete Mandbular Denture - Office Procedure \$108.00 \$371.40 \$371.00 Revised 7581-220 D5750 Reline Complete Mandbular Denture - Lab Procedure \$216.00 \$394.24 \$594.00 Revised 7581-220 D5761 Reline Mandbular Denture - Lab Procedure \$216.00 N/A \$222.00 Revised 7581-220 D5761 Reline Mandbular Denture - Lab Procedure \$348.00 \$742.80 \$743.00 Revised 7581-220 D5761 <td>7581-211</td> <td>D5620</td> <td>Denture Base Repair/Cast Frame</td> <td>Procedure</td> <td>\$355.00</td> <td>N/A</td> <td></td> <td></td> <td>Revised</td> <td></td> <td></td>	7581-211	D5620	Denture Base Repair/Cast Frame	Procedure	\$355.00	N/A			Revised		
2781-214 D5600 Add Tooln to Existing Parital Denture Procedure \$303.00 \$222.84 \$222.00 Revised 7891-215 D5600 Add Clarp to Existing Parital Denture - Office Procedure \$108.00 N/A \$111.00 Revised 7891-216 D5730 Reline Complete Mandbular Denture - Office Procedure \$108.00 N/A \$111.00 Revised 7891-210 D5740 Reline Complete Mandbular Denture - Office Procedure \$108.00 \$371.40 \$371.00 Revised 7891-221 D5770 Reline Complete Mandbular Denture - Lab Procedure \$140.00 \$94.42 \$94.00 Revised 7891-221 D5770 Reline Complete Mandbular Denture - Lab Procedure \$216.00 N/A \$222.00 Revised 7891-221 D5761 Reline Mandbular Denture - Lab Procedure \$216.00 N/A \$222.00 Revised 7891-222 D5761 Reline Mandbular Denture - Lab Procedure \$216.00 N/A \$222.00 Revised 7891-222 D56521 <td>7581-212</td> <td>D5630</td> <td>Repair or Replace Broken Clasp</td> <td>Procedure</td> <td>\$155.00</td> <td>N/A</td> <td>\$160.00</td> <td></td> <td>Revised</td> <td></td> <td></td>	7581-212	D5630	Repair or Replace Broken Clasp	Procedure	\$155.00	N/A	\$160.00		Revised		
1781-121 D5600 Add Clasp to Existing Partial Derture Procedure \$155.00 N/A \$110.00 Revised 7881-215 D5730 Refine Complete Marillular Derture - Office Procedure \$108.00 N/A \$111.00 Revised 7581-215 D5741 Refine Marillur Partial Derture - Office Procedure \$108.00 \$371.40 \$371.00 Revised 7581-216 D5741 Refine Marillur Partial Derture - Office Procedure \$108.00 \$371.40 \$371.00 Revised 7581-220 D5750 Refine Complete Maxillary Denture - Lab Procedure \$216.00 \$594.24 \$594.00 Revised 7581-221 D5757 Refine Marillary Denture - Lab Procedure \$216.00 N/A \$222.00 Revised 7581-222 D5670 Refine Marillary Denture - Lab Procedure \$216.00 N/A \$222.00 Revised 7581-222 D5620 Incerin Partial Denture (Maxillary) Procedure \$246.00 \$742.80 \$743.30 Revised 7581-220 D5620	7581-213	D5640		Procedure	\$77.00	\$222.84	\$223.00		Revised		
781-216 D5730 Reline Complete Maxillary Denture - Office Procedure \$108.00 N/A \$111.00 Revised 781-217 D5737 Reline Complete Maxillary Denture - Office Procedure \$108.00 N/A \$111.00 Revised 781-218 D5740 Reline Maxillary Partial Denture - Office Procedure \$108.00 \$371.40 \$371.00 Revised 781-220 D6750 Reline Complete Maxillary Denture - Lab Procedure \$216.00 \$594.24 \$594.00 Revised 781-220 D5760 Reline Complete Maxillary Denture - Lab Procedure \$216.00 N/A \$222.00 Revised 781-222 D5760 Reline Maxillary Tential Denture - Lab Procedure \$216.00 N/A \$222.00 Revised 781-222 D5670 Reline Maxillary Tential Denture - Lab Procedure \$216.00 N/A \$322.00 Revised 781-222 D5621 Interm Partial Denture - Lab Procedure \$138.00 \$742.80 \$743.00 Revised 781-222 D6891	7581-214	D5650	Add Tooth to Existing Partial Denture	Procedure	\$93.00	\$222.84	\$223.00		Revised		
Procedure Status Description Revised 7891-271 D5740 Revised Procedure \$108.00 N/A \$111.00 Revised 7891-211 D5740 Raine Maxiliary Partial Denture - Office Procedure \$108.00 \$371.40 \$371.00 Revised 7891-220 D5761 Raine Anabular Partial Denture - Office Procedure \$108.00 \$371.40 \$371.00 Revised 7891-220 D5757 Raine Complete Maxillary Denture - Lab Procedure \$216.00 \$594.24 \$594.00 Revised 7891-221 D5761 Raine Complete Maxillary Denture - Lab Procedure \$216.00 N/A \$222.00 Revised 7891-221 D5761 Raine Maxillary Partial Denture (Maxillary) Procedure \$348.00 \$742.80 \$743.00 Revised 7891-222 D5820 Insern Partial Denture (Maxillary) Procedure \$348.00 \$742.80 \$743.00 Revised 7891-221 D5890 Procedure (Maxillary Partial Denture - Partial Denture (Maxillary) Procedure \$188.00	7581-215	D5660	Add Clasp to Existing Partial Denture	Procedure	\$155.00	N/A	\$160.00		Revised		
7681-217 D6731 Reline Complete Mandbular Denture - Office Procedure \$108.00 N/A \$111.00 Revised 7581-218 D5740 Reline Mandbular Parial Denture - Office Procedure \$108.00 \$371.40 \$371.00 Revised 7581-220 D5750 Reline Complete Maxiliary Denture - Lab Procedure \$216.00 \$504.24 \$594.00 Revised 7581-221 D5751 Reline Complete Maxiliary Denture - Lab Procedure \$216.00 NAA \$222.00 Revised 7581-221 D5761 Reline Mandbular Parial Denture - Lab Procedure \$216.00 NAA \$222.00 Revised 7581-224 D5820 Interim Parial Denture (Maxiliary) Procedure \$344.00 \$742.30 \$743.00 Revised 7581-224 D5820 Interim Parial Denture (Maxiliary) Procedure \$324.00 \$742.30 \$743.00 Revised 7581-220 D6850 Tissue ConditioningParial Denture (Maxiliary) Procedure \$320.00 N/A \$163.00 Revised 7581-220 <td< td=""><td>7581-216</td><td>D5730</td><td>Reline Complete Maxillary Denture - Office</td><td>Procedure</td><td>\$108.00</td><td>N/A</td><td>\$111.00</td><td></td><td>Revised</td><td></td><td></td></td<>	7581-216	D5730	Reline Complete Maxillary Denture - Office	Procedure	\$108.00	N/A	\$111.00		Revised		
17581-218 D5740 Reline Maxillary Partial Denture - Office Procedure \$108.00 \$371.40 \$371.00 Revised 7581-219 D5741 Reline Mandbular Partial Denture - Office Procedure \$108.00 \$371.40 \$371.00 Revised 7581-220 D5750 Reline Complete Maxillary Denture - Lab Procedure \$216.00 \$394.24 \$594.00 Revised 7581-221 D5751 Reline Complete Maxillary Denture - Lab Procedure \$216.00 N/A \$222.00 Revised 7581-221 D5761 Reline Mandbular Partial Denture (Lab) Procedure \$248.00 \$742.80 \$743.00 Revised 7581-222 D5820 Interim Partial Denture (Maxillary) Procedure \$22.00 N/A \$353.00 Revised 7581-220 D5850 Tissue ConditioningPartial Denture Procedure \$158.00 N/A \$163.00 Revised 7581-220 D6850 Tissue ConditioningPartial Denture Procedure \$178.00 N/A \$163.00 Revised 7581-220 D6060 <td>7581-217</td> <td>D5731</td> <td>Reline Complete Mandibular Denture -</td> <td></td> <td>\$108.00</td> <td>N/A</td> <td>\$111.00</td> <td></td> <td></td> <td></td> <td></td>	7581-217	D5731	Reline Complete Mandibular Denture -		\$108.00	N/A	\$111.00				
7881-210 D5741 Reline Mandbular Partial Denture - Office Procedure \$106.00 \$371.40 \$371.40 Revised 7881-220 D5750 Reline Complete Maxillary Denture - Lab Procedure \$216.00 \$594.24 \$594.00 Revised 7881-221 D5751 Reline Complete Maxillary Denture - Lab Procedure \$216.00 NAA \$222.00 Revised 7881-222 D5761 Reline Mandbular Partial Denture - Lab Procedure \$216.00 NAA \$222.00 Revised 7581-222 D5821 Interim Partial Denture (Mandbular) Procedure \$344.00 \$742.80 \$743.00 Revised 7581-222 D5821 Trestim Partial Denture (Mandbular) Procedure \$185.00 NA \$185.00 Revised 7581-221 D5895 Tssue Continning?artial Denture Procedure \$193.00 \$401.11 \$199.00 Revised 7581-221 D6059 Abutment Supported Porcelain Fused to Matal Crown (redominately base meth) Procedure \$827.00 NA \$852.00 Revised 7581-	7581-218	D5740			\$108.00	\$371.40	\$371.00				
7681-220 D5750 Reline Complete Maxillary Denture - Lab Procedure \$216.00 \$594.24 \$594.00 Revised 7581-221 D5751 Reline Complete Mandbular Denture - Lab Procedure \$216.00 \$594.24 \$594.00 Revised 7581-222 D5760 Reline Maxillary Partial Denture - Lab Procedure \$216.00 N/A \$222.00 Revised 7581-222 D5761 Reline Maxillary Partial Denture - Lab Procedure \$216.00 N/A \$222.00 Revised 7581-226 D5821 Interim Partial Denture (Mandbular) Procedure \$344.00 \$742.80 \$743.00 Revised 7581-226 D5850 Tissue Contininity?artall Denture Procedure \$158.00 N/A \$163.00 Revised 7581-227 D6059 Abumment Supported Porcelain Fused to Matal Crown (high noble metal) Procedure \$827.00 N/A \$852.00 Revised 7581-230 D6060 Abumment Supported Porcelain Fused to High avaid to Matal Crown (high noble) Procedure \$827.00 N/A \$852.00 Revised											
7581-221 D5751 Reline Complete Mandbular Denture - Lab Procedure \$216.00 \$594.24 \$594.00 Revised 7581-222 D5760 Reline Maxillary Partial Denture - Lab Procedure \$216.00 N/A \$222.00 Revised 7581-222 D5820 Reline Mandbular Partial Denture - Lab Procedure \$216.00 N/A \$222.00 Revised 7581-225 D6821 Interim Partial Denture (Mardibular) Procedure \$348.00 \$742.80 \$743.00 Revised 7581-226 D6820 Interim Partial Denture (Mardibular) Procedure \$328.00 \$742.80 \$743.00 Revised 7581-226 D5820 ConditioningPartial Denture Procedure \$158.00 N/A \$163.00 Revised 7581-220 D6059 Abutment Supported Porcelain Fused to Metal Procedure \$1780.00 N/A \$882.00 Revised 7581-230 D6060 Abutment Supported Porcelain Fused to Metal Procedure \$788.00 N/A \$8812.00 Revised 7581-231 D60616	7581-220	D5750			\$216.00	\$594.24	\$594.00				
7581-223 D5761 Reline Mandbular Partial Denture - Lab Procedure \$216.00 N/A \$222.00 Revised 7581-224 D5820 Interim Partial Denture (Mandbular) Procedure \$348.00 \$742.80 \$743.00 Revised 7581-226 D5821 Interim Partial Denture (Mandbular) Procedure \$348.00 \$742.80 \$743.00 Revised 7581-226 D5807 Tissue ConditioningPartial Denture Procedure \$158.00 N/A \$163.00 Revised 7581-228 D5982 Surgery Stert Procedure \$193.00 \$401.11 \$199.00 Revised 7581-229 D6066 Abutment Supported Porcelain Fused to Metal Crown (high noble metal) Procedure \$827.00 N/A \$852.00 Revised 7581-230 D6066 Abutment Supported Porcelain Fused to Metal Procedure \$827.00 N/A \$852.00 Revised 7581-231 D6066 Abutment Supported Porcelain Fused to Metal Procedure \$827.00 N/A \$852.00 Revised 7581-232 D6642 Pontic (porcela	7581-221	D5751			\$216.00	\$594.24	\$594.00		Revised		
7581-223 D5761 Reline Mandbular Partial Denture (Lab Procedure \$216.00 N/A \$222.00 Revised 7581-224 D5621 Interim Partial Denture (Maxillary) Procedure \$348.00 \$742.80 \$743.00 Revised 7581-226 D5621 Interim Partial Denture (Maxillary) Procedure \$348.00 \$742.80 \$743.00 Revised 7581-226 D5680 Tissue Conditioning/Partial Denture Procedure \$158.00 N/A \$163.00 Revised 7581-228 D5682 Surgery Stent Procedure \$153.00 \$401.11 \$199.00 Revised 7581-220 D6069 Abutment Supported Porcelain Fused to Metal Crown (high noble metal) Procedure \$788.00 N/A \$862.00 Revised 7581-230 D6060 Abutment Supported Porcelain Fused to Metal Crown (predominately base metal) Procedure \$827.00 N/A \$862.00 Revised 7581-231 D6060 Abutment Supported Porcelain Fused to Metal Crown (predominately base metal) Procedure \$827.00 N/A \$862.00 Revised<	7581-222	D5760			\$216.00	N/A	\$222.00				
7581-224 D6820 Interim Partial Denture (Maxiliar) Procedure \$348.00 \$742.80 \$743.00 Revised 7581-225 D5821 Interim Partial Denture (Maxiliar) Procedure \$348.00 \$742.80 \$743.00 Revised 7581-227 D589 Tissue Conditioning/Partial Denture Procedure \$3200 N/A \$\$6.00 Revised 7581-227 D5895 Surgery Stent Procedure \$193.00 \$401.11 \$199.00 Revised 7581-229 D6059 Metal Crown (high noble metal) Procedure \$193.00 \$401.11 \$199.00 Revised 7581-230 D6060 Abutment Supported Porcelain Fused to Metal Crown (noble metal) Procedure \$788.00 N/A \$852.00 Revised 7581-231 D6060 Abutment Supported Porcelain Fused to Metal Crown (noble metal) Procedure \$827.00 N/A \$852.00 Revised 7581-231 D6060 Abutment Supported Porcelain/Ceramic Procedure \$726.00 N/A \$857.00 Revised 7581-232 D6055 <td< td=""><td>7581-223</td><td>D5761</td><td>Reline Mandibular Partial Denture - Lab</td><td>Procedure</td><td></td><td>N/A</td><td></td><td></td><td>Revised</td><td></td><td></td></td<>	7581-223	D5761	Reline Mandibular Partial Denture - Lab	Procedure		N/A			Revised		
T7581-225 D5821 Interim Partial Denture (Mandibular) Procedure \$348.00 \$742.80 \$743.00 Revised 7581-226 D5850 Tissue Conditioning/Partial Denture Procedure \$92.00 N/A \$95.00 Revised 7581-227 D5899 Imspecified Removable Prosthodontic Procedure, \$193.00 \$401.11 \$199.00 Revised 7581-228 D5892 Surgery Stent Procedure \$193.00 \$401.11 \$199.00 Revised 7581-229 D6050 Metal Crown (high noble metal) Procedure \$827.00 N/A \$812.00 Revised 7581-231 D6060 Abutment Supported Porcelain Fused to Metal Crown (noble metal) Procedure \$827.00 N/A \$852.00 Revised 7581-231 D6060 Portic (porcelain Fused to Metal Crown Procedure \$726.00 N/A \$852.00 Revised 7581-232 D6606 Portic (porcelain Fused to high noble) Procedure \$726.00 N/A \$852.00 Revised 7581-234 D6241 Portic (porcelain Fused To Predomina	7581-224	D5820	Interim Partial Denture (Maxillary)		\$348.00	\$742.80	\$743.00				
7581-226D5850Tissue Conditioning/Parial DentureProcedure\$92.00N/A\$95.00Revised7581-227D5899Unspecified Removable Prosthodontic Procedure, By ReportProcedure\$158.00N/A\$163.00Revised7581-229D5962Surgery StentProcedure\$133.00\$401.11\$199.00Revised7581-229D6069Abutment Supported Porcelain Fused to Metal Crown (high noble metal)Procedure\$827.00N/A\$852.00Revised7581-230D6060Abutment Supported Porcelain Fused to Metal Crown (noble metal)Procedure\$788.00N/A\$852.00Revised7581-231D6061Abutment Supported Porcelain Fused to Metal Crown (noble metal)Procedure\$827.00N/A\$852.00Revised7581-232D6066Mplant Supported Porcelain/Ceramic CrownProcedure\$827.00N/A\$852.00Revised7581-232D6240Pontic (porcelain fused to high noble)Procedure\$726.00N/A\$852.00Revised7581-235D6750Grown - Porcelain Fused To Precominantly Base MetalProcedure\$726.00\$1,337.04\$675.00Revised7581-236D6751Base MetalProcedure\$77.00\$148.56\$79.00Revised7581-237D6930Re-cement Fixed Partial DentureProcedure\$252.00\$1,312.04Revised7581-238D6751Base MetaProcedure\$77.00\$148.56\$79.00Revised7581	-										
7581-227 D5899 Procedure, By Report Procedure \$158.00 N/A \$163.00 Revised 7581-228 D5962 Surgery Stent Procedure \$133.00 \$401.11 \$199.00 Revised 7581-229 D6059 Abutment Supported Porcelain Fused to Metal Crown (high noble metal) Procedure \$827.00 N/A \$852.00 Revised 7581-230 D6060 Abutment Supported Porcelain Fused to Metal Crown (predominately base metal) Procedure \$788.00 N/A \$852.00 Revised 7581-231 D6061 Crown (noble metal) Procedure \$827.00 N/A \$852.00 Revised 7581-232 D6065 Implant Supported Porcelain/Fused to Metal Crown (noble metal) Procedure \$827.00 N/A \$852.00 Revised 7581-232 D6265 Crown - Porcelain Fused to High noble) Procedure \$572.00 N/A \$852.00 Revised 7581-235 D6750 Crown - Porcelain Fused to High Noble Metal Procedure \$572.00 \$1,37.04 \$675.00 Revised 758											
7581-228D5982Surgery StentProcedure\$193.00\$401.11\$199.00Revised7581-229D6059Metal Crown (high noble metal)Procedure\$827.00N/A\$862.00Revised7581-230D6060Abutment Supported Porcelain Fused to Metal Crown (nobe metal)Procedure\$788.00N/A\$812.00Revised7581-231D6061Abutment Supported Porcelain Fused to Metal Crown (nobe metal)Procedure\$827.00N/A\$852.00Revised7581-232D6066Crown (nobe metal)Procedure\$827.00N/A\$852.00Revised7581-232D6066Crown (nobe metal)Procedure\$827.00N/A\$852.00Revised7581-232D6067Forown (nobe metal)Procedure\$726.00N/A\$852.00Revised7581-233D6240Pontic (porcelain fused to high noble)Procedure\$726.00N/A\$675.00Revised7581-235D6750Crown - Porcelain Fused To Predominantly MetalProcedure\$726.00\$1,782.72\$850.00Revised7581-236D6751Base MetaProcedureProcedure\$772.00\$1,88.76Revised7581-238D6939Unspecified Fixed Prosthodontic ProcedureProcedure\$72.00\$1,88.76Revised7581-241D7140Extraction - SurgicalProcedure\$131.00\$297.12\$297.00Revised7581-242D7240Extraction - SurgicalProcedure\$155.00\$341.69<			Unspecified Removable Prosthodontic								
7581-229D6059Abutment Supported Porcelain Fused to Metal Crown (high noble metal)Procedure\$827.00N/A\$852.00Revised7581-230D6060Abutment Supported Porcelain Fused to Metal Crown (predominately base metal)\$788.00N/A\$812.00Revised7581-231D6061Abutment Support Porcelain Fused to Metal Crown (noble metal)Procedure\$827.00N/A\$852.00Revised7581-232D6061Bottment Support Porcelain Fused to Metal Crown (noble metal)Procedure\$827.00N/A\$852.00Revised7581-232D6065Brontic (porcelain fused to high noble)Procedure\$726.00N/A\$748.00Revised7581-235D6740Pontic (porcelain Fused To Pircedvire)\$726.00\$1.337.04\$\$757.00Revised7581-236D6750Crown - Porcelain Fused To Precodure\$726.00\$1.782.72\$850.00Revised7581-236D6751Crown - Porcelain Fused To Precodure\$726.00\$1.782.72\$850.00Revised7581-237D6930Reciment Fixed Partial DentureProcedure\$772.00\$1.88.48\$600.00Revised7581-238D6930Reciment Fixed Prosthodontic ProcedureProcedure\$63.00\$1.83.42\$163.00Revised7581-240D7140Extraction - SurgicalProcedure\$209.00\$44.56\$44.00Revised7581-241D7220Extraction - SurgicalProcedure\$151.00\$297.12\$297.00Revised758	7581-228	D5982			\$193.00	\$401.11	\$199.00				
7581-230D6060Abutment Supported Porcelain Fused to Metal Crown (robe metal)\$788.00N/A\$812.00Revised7581-231D6061Abutment Support Porcelain Fused to Metal Crown (robe metal)Procedure\$827.00N/A\$852.00Revised7581-232D6065Implant Supported Porcelain/Ceramic CrownProcedure\$827.00N/A\$852.00Revised7581-233D6240Pontic (porcelain fused to high noble)Procedure\$726.00N/A\$748.00Revised7581-234D6241Pontic (porcelain fused to base metal)Procedure\$726.00\$1,337.04\$675.00Revised7581-236D6750Crown - Porcelain Fused to High Noble MetalProcedure\$726.00\$1,782.72\$850.00Revised7581-236D6750Crown - Porcelain Fused To Predominantly Base MetaProcedure\$776.00\$1,188.48\$600.00Revised7581-237D6930Re-cement Fixed Partial DentureProcedure\$770.00\$148.56\$79.00Revised7581-238D6999 Unspecified Fixed Prosthodontic ProcedureProcedure\$63.00\$163.42\$163.00Revised7581-240D7210Extraction - SimpleProcedure\$290.00\$146.60\$297.12\$297.00Revised7581-241D7220Extraction - Completely BonyProcedure\$131.00\$297.12\$297.00Revised7581-244D7220Extraction - Completely BonyProcedure\$213.00\$44.568\$446.00Re			Abutment Supported Porcelain Fused to								
7581-231D6061Crown (noble metal)Procedure\$827.00N/A\$852.00Revised7581-232D6065Implant Supported Porcelain/Ceramic CrownProcedure\$827.00N/A\$852.00Revised7581-233D6240Pontic (porcelain fused to high noble)Procedure\$726.00N/A\$675.00Revised7581-234D6241Pontic (porcelain fused to base metal)Procedure\$502.00\$1,337.04\$675.00Revised7581-235D6750Crown - Porcelain Fused to High Noble MetalProcedure\$726.00\$1,782.72\$850.00Revised7581-236D6751Crown - Porcelain Fused to Predominantly Base MetaProcedure\$525.00\$1,188.48\$600.00Revised7581-237D6930Re-cement Fixed Partial DentureProcedure\$77.00\$148.56\$79.00Revised7581-238D6999Unspecified Fixed Prosthodontic ProcedureProcedure\$48.00N/A\$49.00Revised7581-238D6990Unspecified Fixed Prosthodontic ProcedureProcedure\$131.00\$297.12\$297.00Revised7581-241D7220Extraction - SurgicalProcedure\$131.00\$297.12\$297.00Revised7581-242D7230Extraction - Rottily BonyProcedure\$255.00\$1/4.56\$446.00Revised7581-242D7230Extraction - Rottily BonyProcedure\$255.00\$1/4.56\$446.00Revised7581-244D7230Extraction - Rot	7581-230	D6060	Abutment Supported Porcelain Fused to		\$788.00	N/A	\$812.00				
7581-232D6005 CrownCrownProcedure\$827.00N/A\$852.00Revised7581-233D6240Pontic (porcelain fused to high noble)Procedure\$726.00N/A\$748.00Revised7581-234D6241Pontic (porcelain fused to base metal)Procedure\$502.00\$1,337.04\$675.00Revised7581-235D6750Crown - Porcelain Fused to High Noble MetalProcedure\$726.00\$1,782.72\$850.00Revised7581-236D6751Crown - Porcelain Fused To Predominantly Base MetaProcedure\$525.00\$1,188.48\$600.00Revised7581-237D6930Re-cement Fixed Partial DentureProcedure\$77.00\$148.56\$79.00Revised7581-238D6999Unspecified Fixed Prosthodontic ProcedureProcedure\$48.00N/A\$49.00Revised7581-238D6999Unspecified Fixed Prosthodontic ProcedureProcedure\$48.00N/A\$49.00Revised7581-240D7140Extraction - SimpleProcedure\$150.00\$163.42\$163.00Revised7581-240D7220Extraction - Sorti TissueProcedure\$155.00\$341.69\$342.00Revised7581-241D7220Extraction - Sorti TissueProcedure\$155.00\$341.69\$342.00Revised7581-244D7230Extraction - Root TipProcedure\$155.00\$297.12\$297.00Revised7581-244D7260Extraction - Root TipProcedure	7581-231	D6061		Procedure	\$827.00	N/A	\$852.00		Revised		
7581-234D6241Pontic (porcelain fused to base metal)Procedure\$502.00\$1,337.04\$675.00Revised7581-235D6750Crown - Porcelain Fused to High Noble MetalProcedure\$726.00\$1,782.72\$850.00Revised7581-236D6751Crown - Porcelain Fused To Predominantly Base MetaProcedure\$525.00\$1,188.48\$600.00Revised7581-237D6930Re-cement Fixed Partial DentureProcedure\$77.00\$148.56\$79.00Revised7581-238D6999Unspecified Fixed Prosthodontic ProcedureProcedure\$63.00\$163.42\$163.00Revised7581-238D7140Extraction - SimpleProcedure\$63.00\$163.42\$163.00Revised7581-240D7210Extraction - SurgicalProcedure\$131.00\$297.12\$297.00Revised7581-242D7230Extraction - SurgicalProcedure\$155.00\$341.69\$342.00Revised7581-244D7250Extraction - Root TipProcedure\$255.00N/A\$263.00Revised7581-244D7250Extraction - Root TipProcedure\$255.00N/A\$263.00Revised7581-244D7250Extraction - Root TipProcedure\$277.00Revised7581-244D7250Extraction - Root TipProcedure\$255.00N/A\$263.007581-244D7250Extraction - Root TipProcedure\$255.00N/A\$263.00Revised7581-244 <td>7581-232</td> <td>D6065</td> <td></td> <td>Procedure</td> <td>\$827.00</td> <td>N/A</td> <td>\$852.00</td> <td></td> <td>Revised</td> <td></td> <td></td>	7581-232	D6065		Procedure	\$827.00	N/A	\$852.00		Revised		
7581-235 D6750 Crown - Porcelain Fused to High Noble Metal Procedure \$726.00 \$1,782.72 \$850.00 Revised 7581-236 D6751 Crown - Porcelain Fused To Predominantly Base Meta Procedure \$525.00 \$1,188.48 \$600.00 Revised 7581-237 D6930 Re-cement Fixed Partial Denture Procedure \$77.00 \$148.56 \$79.00 Revised 7581-237 D6999 Unspecified Fixed Prosthodontic Procedure Procedure \$63.00 \$118.8.48 \$600.00 Revised 7581-238 D6999 Unspecified Fixed Prosthodontic Procedure Procedure \$48.00 N/A \$49.00 Revised 7581-239 D7140 Extraction - Simple Procedure \$131.00 \$297.12 \$297.00 Revised 7581-241 D7220 Extraction - Soft Tissue Procedure \$209.00 \$445.68 \$446.00 Revised 7581-242 D7230 Extraction - Completely Bony Procedure \$255.00 N/A \$263.00 Revised 7581-244 D7250		D6240	Pontic (porcelain fused to high noble)	Procedure	\$726.00	N/A	\$748.00		Revised		
7581-235 D6750 Crown - Porcelain Fused to High Noble Metal Procedure \$726.00 \$1,782.72 \$850.00 Revised 7581-236 D6751 Crown - Porcelain Fused To Predominantly Base Meta Procedure \$525.00 \$1,188.48 \$600.00 Revised 7581-237 D6930 Re-cement Fixed Partial Denture Procedure \$77.00 \$148.56 \$79.00 Revised 7581-237 D6999 Unspecified Fixed Prosthodontic Procedure Procedure \$63.00 \$118.8.48 \$600.00 Revised 7581-238 D6999 Unspecified Fixed Prosthodontic Procedure Procedure \$48.00 N/A \$49.00 Revised 7581-239 D7140 Extraction - Simple Procedure \$131.00 \$297.12 \$297.00 Revised 7581-241 D7220 Extraction - Soft Tissue Procedure \$209.00 \$445.68 \$446.00 Revised 7581-242 D7230 Extraction - Completely Bony Procedure \$255.00 N/A \$263.00 Revised 7581-244 D7250	7581-234	D6241	Pontic (porcelain fused to base metal)	Procedure	\$502.00	\$1,337.04	\$675.00		Revised]	
7581-236D6751Base MetaProcedure\$525.00\$1,188.48\$600.00Revised7581-237D6930Re-cement Fixed Partial DentureProcedure\$77.00\$148.56\$79.00Revised7581-238D6999Unspecified Fixed Prosthodontic ProcedureProcedure\$48.00N/A\$49.00Revised7581-239D7140Extraction - SimpleProcedure\$63.00\$163.42\$163.00Revised7581-240D7210Extraction - SurgicalProcedure\$131.00\$297.12\$297.00Revised7581-241D7220Extraction - Soft TissueProcedure\$100.00\$445.68\$446.00Revised7581-242D7230Extraction - Partially BonyProcedure\$255.00N/A\$263.00Revised7581-244D7240Extraction - Completely BonyProcedure\$155.00\$341.69\$342.00Revised7581-245D7270Tooth Re-implantationProcedure\$155.00\$297.12\$297.00Revised7581-245D7270Tooth Re-implantationProcedure\$121.00N/A\$278.00Revised7581-246D7286Biopsy of Oral TissueProcedure\$121.00N/A\$125.00Revised7581-248D7320Alveoloplasty w/ ExtractionsProcedure\$77.00\$311.98\$79.00Revised7581-248D7320Alveoloplasty w/o ExtractionsProcedure\$155.00\$393.68\$160.00Revised	7581-235	D6750	5	Procedure	\$726.00	\$1,782.72	\$850.00		Revised		
7581-238D6999Unspecified Fixed Prosthodontic ProcedureProcedure\$48.00N/A\$49.00Revised7581-239D7140Extraction - SimpleProcedure\$63.00\$163.42\$163.00Revised7581-240D7210Extraction - SurgicalProcedure\$131.00\$297.12\$297.00Revised7581-241D7220Extraction - Soft TissueProcedure\$155.00\$341.69\$342.00Revised7581-242D7230Extraction - Partially BonyProcedure\$209.00\$445.68\$446.00Revised7581-243D7240Extraction - Completely BonyProcedure\$255.00N/A\$263.00Revised7581-244D7250Extraction - Root TipProcedure\$155.00\$297.12\$297.00Revised7581-245D7270Tooth Re-implantationProcedure\$155.00\$297.12\$297.00Revised7581-245D7286Biopsy of Oral TissueProcedure\$121.00N/A\$278.00Revised7581-247D7310Alveoloplasty w/ ExtractionsProcedure\$77.00\$311.98\$79.00Revised7581-248D7320Alveoloplasty w/o ExtractionsProcedure\$155.00\$393.68\$160.00Revised	7581-236	D6751		Procedure	\$525.00	\$1,188.48	\$600.00		Revised		
TotalDispectited Fixed ProcedureProcedureProcedureKevised7581-239D7140Extraction - SimpleProcedure\$63.00\$163.42\$163.00Revised7581-240D7210Extraction - SurgicalProcedure\$131.00\$297.12\$297.00Revised7581-241D7220Extraction - Soft TissueProcedure\$155.00\$341.69\$342.00Revised7581-242D7230Extraction - Soft TissueProcedure\$209.00\$445.68\$446.00Revised7581-244D7250Extraction - Completely BonyProcedure\$255.00N/A\$263.00Revised7581-244D7250Extraction - Root TipProcedure\$155.00\$297.12\$297.00Revised7581-245D7270Tooth Re-implantationProcedure\$270.00N/A\$278.00Revised7581-246D7286Biopsy of Oral TissueProcedure\$121.00N/A\$125.00Revised7581-247D7310Alveoloplasty w/ ExtractionsProcedure\$77.00\$311.98\$79.00Revised7581-248D7320Alveoloplasty w/o ExtractionsProcedure\$155.00\$393.68\$160.00Revised	7581-237	D6930	Re-cement Fixed Partial Denture	Procedure	\$77.00	\$148.56	\$79.00		Revised]	
7581-239 D7140 Extraction - Simple Procedure \$63.00 \$163.42 \$163.00 Revised 7581-240 D7210 Extraction - Surgical Procedure \$131.00 \$297.12 \$297.00 Revised 7581-241 D7220 Extraction - Soft Tissue Procedure \$155.00 \$341.69 \$342.00 Revised 7581-242 D7230 Extraction - Partially Bony Procedure \$209.00 \$445.68 \$446.00 Revised 7581-243 D7240 Extraction - Completely Bony Procedure \$255.00 N/A \$263.00 Revised 7581-244 D7250 Extraction - Root Tip Procedure \$155.00 \$297.12 \$297.00 Revised 7581-245 D7270 Tooth Re-implantation Procedure \$121.00 N/A \$278.00 Revised 7581-246 D7286 Biopsy of Oral Tissue Procedure \$121.00 N/A \$125.00 Revised 7581-247 D7310 Alveoloplasty w/ Extractions Procedure \$177.00 \$33	7581-238	D6999	Unspecified Fixed Prosthodontic Procedure	Procedure	\$48.00	N/A	\$49.00		Revised		
7581-240 D7210 Extraction - Surgical Procedure \$131.00 \$297.12 \$297.00 Revised 7581-241 D7220 Extraction - Soft Tissue Procedure \$155.00 \$341.69 \$342.00 Revised 7581-242 D7230 Extraction - Partially Bony Procedure \$209.00 \$445.68 \$446.00 Revised 7581-243 D7240 Extraction - Completely Bony Procedure \$255.00 N/A \$263.00 Revised 7581-244 D7250 Extraction - Root Tip Procedure \$155.00 \$297.12 \$297.00 Revised 7581-245 D7270 Tooth Re-implantation Procedure \$270.00 N/A \$278.00 Revised 7581-246 D7286 Biopsy of Oral Tissue Procedure \$121.00 N/A \$125.00 Revised 7581-247 D7310 Alveoloplasty w/ Extractions Procedure \$77.00 \$331.98 \$79.00 Revised 7581-248 D7320 Alveoloplasty w/o Extractions Procedure \$155.00	7581-239	D7140	Extraction - Simple		\$63.00	\$163.42	\$163.00				
7581-241 D7220 Extraction - Soft Tissue Procedure \$155.00 \$341.69 \$342.00 Revised 7581-242 D7230 Extraction - Partially Bony Procedure \$209.00 \$445.68 \$446.00 Revised 7581-243 D7240 Extraction - Completely Bony Procedure \$255.00 N/A \$263.00 Revised 7581-244 D7250 Extraction - Root Tip Procedure \$155.00 \$297.12 \$297.00 Revised 7581-245 D7270 Tooth Re-implantation Procedure \$270.00 N/A \$278.00 Revised 7581-246 D7286 Biopsy of Oral Tissue Procedure \$121.00 N/A \$125.00 Revised 7581-247 D7310 Alveoloplasty w/ Extractions Procedure \$77.00 \$311.98 \$79.00 Revised 7581-248 D7320 Alveoloplasty w/o Extractions Procedure \$155.00 \$393.68 \$160.00 Revised	7581-240	D7210	Extraction - Surgical	Procedure	\$131.00	\$297.12	\$297.00		Revised]	
7581-242 D7230 Extraction - Partially Bony Procedure \$209.00 \$445.68 \$446.00 Revised 7581-243 D7240 Extraction - Completely Bony Procedure \$255.00 N/A \$263.00 Revised 7581-244 D7250 Extraction - Root Tip Procedure \$155.00 \$297.12 \$297.00 Revised 7581-245 D7270 Tooth Re-implantation Procedure \$270.00 N/A \$278.00 Revised 7581-246 D7286 Biopsy of Oral Tissue Procedure \$121.00 N/A \$125.00 Revised 7581-247 D7310 Alveoloplasty w/ Extractions Procedure \$77.00 \$311.98 \$79.00 Revised 7581-248 D7320 Alveoloplasty w/o Extractions Procedure \$155.00 \$393.68 \$160.00 Revised			Extraction - Soft Tissue								
7581-243 D7240 Extraction - Completely Bony Procedure \$255.00 N/A \$263.00 Revised 7581-244 D7250 Extraction - Root Tip Procedure \$155.00 \$297.12 \$297.00 Revised 7581-245 D7270 Tooth Re-implantation Procedure \$270.00 N/A \$278.00 Revised 7581-246 D7286 Biopsy of Oral Tissue Procedure \$121.00 N/A \$125.00 Revised 7581-247 D7310 Alveoloplasty w/ Extractions Procedure \$77.00 \$311.98 \$79.00 Revised 7581-248 D7320 Alveoloplasty w/o Extractions Procedure \$155.00 \$393.68 \$160.00 Revised	7581-242	D7230	Extraction - Partially Bony						Revised]	
7581-244 D7250 Extraction - Root Tip Procedure \$155.00 \$297.12 \$297.00 Revised 7581-245 D7270 Tooth Re-implantation Procedure \$270.00 N/A \$278.00 Revised 7581-246 D7286 Biopsy of Oral Tissue Procedure \$121.00 N/A \$125.00 Revised 7581-247 D7310 Alveoloplasty w/ Extractions Procedure \$77.00 \$311.98 \$79.00 Revised 7581-248 D7320 Alveoloplasty w/o Extractions Procedure \$155.00 \$393.68 \$160.00 Revised		D7240	Extraction - Completely Bony	Procedure	\$255.00	N/A	\$263.00		Revised]	
7581-246 D7286 Biopsy of Oral Tissue Procedure \$121.00 N/A \$125.00 Revised 7581-247 D7310 Alveoloplasty w/ Extractions Procedure \$77.00 \$311.98 \$79.00 Revised 7581-248 D7320 Alveoloplasty w/o Extractions Procedure \$155.00 \$393.68 \$160.00 Revised	7581-244	D7250	Extraction - Root Tip	Procedure							
7581-246 D7286 Biopsy of Oral Tissue Procedure \$121.00 N/A \$125.00 Revised 7581-247 D7310 Alveoloplasty w/ Extractions Procedure \$77.00 \$311.98 \$79.00 Revised 7581-248 D7320 Alveoloplasty w/o Extractions Procedure \$155.00 \$393.68 \$160.00 Revised	7581-245	D7270	Tooth Re-implantation	Procedure	\$270.00	N/A	\$278.00		Revised]	
7581-248 D7320 Alveoloplasty w/o Extractions Procedure \$155.00 \$393.68 \$160.00 Revised	7581-246	D7286	Biopsy of Oral Tissue	Procedure	\$121.00	N/A			Revised		
	7581-247	D7310	Alveoloplasty w/ Extractions	Procedure	\$77.00	\$311.98	\$79.00		Revised		
7581-249 D7410 Excise Benjan Less up to 1.25 cm Procedure \$155.00 N/A \$160.00 Revised	7581-248	D7320	Alveoloplasty w/o Extractions	Procedure	\$155.00	\$393.68	\$160.00		Revised		
	7581-249	D7410	Excise Benign Less up to 1.25 cm	Procedure	\$155.00	N/A	\$160.00		Revised		

Ref. #	Proc. #	Service	Unit of Service	Current Fee Per Unit	Actual Cost per Unit	Rec'md. Fee Per Unit FY2017/18	New Fee	Revised Fee	Fee Authority	Description/Exception
7581-250	D7411	Excision of Benign Lesion greater than 1.25 cm	Procedure	\$386.00	N/A	\$398.00		Revised		
7581-251	D7412	Excision of Benign Lesion, Complicated	Procedure	\$502.00	N/A	\$517.00		Revised		
7581-252	D7440	Excision Malignant Tumor - up to 1.25 cm	Procedure	\$502.00	N/A	\$517.00		Revised		
7581-253	D7471	Removal of benign nonodontogenic cyst or tumor - lesion diameter > 1.25 cm	Procedure	\$386.00	N/A	\$398.00		Revised		
7581-254	D7472	Removal of Torus Palatinus	Procedure	\$309.00	N/A	\$318.00		Revised		
7581-255	D7473	Removal of Torus Mandibularis	Procedure	\$232.00	N/A	\$239.00		Revised		
7581-256	D7510	Incision & Drainage of Abscess	Procedure	\$77.00	\$200.56	\$201.00		Revised		
7581-257	D7530	Excision of Foreign Body	Procedure	\$93.00	N/A	\$96.00		Revised		
7581-258	D7970	Excision of Hyperplastic Tissue - per arch	Procedure	\$155.00	N/A	\$160.00		Revised		
7581-259	D7971	Excision of Pericoronal Gingiva	Procedure	\$148.00	\$252.55	\$253.00		Revised		
7581-260	D7980	Sialolithotomy	Procedure	\$363.00	N/A	\$374.00		Revised		
7581-261	D7982	Salivary Fistula Dilation	Procedure	\$564.00	N/A	\$581.00		Revised		
7581-262	D7983	Salivary fistula Closure	Procedure	\$185.00	N/A	\$191.00		Revised		
7581-263	D9110	Palliative (Emergency) Treatment of Dental Pain	Procedure	\$70.00	\$148.56	\$149.00		Revised		
7581-264	D9210	Local Anesthesia not in conjunction w/operative or surgical procedures	Procedure	\$70.00	\$66.85	\$72.00		Revised		
7581-265	D9220	Deep sedation/general anesthesia first 30 minutes	Procedure	\$157.00	N/A	\$162.00		Revised		
7581-266	D9230	Inhalation of Nitrous Oxide	Procedure	\$46.00	N/A	\$47.00		Revised		
7581-267	D9430	Office Visit	Procedure	\$31.00	\$89.14	\$32.00		Revised		
7581-268	D9440	After Hours Office Visit	Procedure	\$54.00	N/A	\$56.00		Revised		
7581-269	D9610	Therapeutic Parenteral Drug, Single Administration	Procedure	\$23.00	\$32.00	\$32.00		Revised		
7581-270	D9910	Application of Desensitizing Medicine	Procedure	\$66.00	\$66.85	\$68.00		Revised		
7581-271	D9930	Treatment of Complications (Post-Surgical) Unusual Circumstances, by Report	Procedure	\$23.00	\$126.28	\$24.00		Revised		
7581-272	D9940	Occlusal Guard/Bleaching Tray	Procedure	\$125.00	\$742.80	\$740.00		Revised		
7581-273	D9951	Occlusal Adjustment - Limited	Procedure	\$39.00	\$170.84	\$40.00		Revised		
7581-274	D9972	Bleaching - External per Arch	Procedure	\$80.00	N/A	\$82.00		Revised		
7581-275	D9973	Bleaching - External per Tooth	Procedure	\$85.00	N/A	\$88.00		Revised		
	NO-YOLA	REGIONAL PUBLIC HEALTH LABORATO	RY							
Urinalysis	1	1		n		1		1	n	
7807-101	81001	Urine Dipstick automated, with microscopic	Procedure	\$15.00	\$27.95	\$15.00				
7807-102	81002	Urine Dipstick non-automated, no microscopic	Procedure	\$15.00	\$19.01	\$15.00				
7807-103	81003	Urine Dipstick automated, no microscopic	Procedure	\$15.00	\$9.16	\$15.00				
7807-104	81015	Microscopic only	Procedure	\$15.00	\$15.98	\$15.00]	
7807-105	81025	Pregnancy Test	Procedure	\$15.00	\$14.67	\$15.00				

Ref. #	Proc. #	Service	Unit of Service	Current Fee Per Unit	Actual Cost per Unit	Rec'md. Fee Per Unit FY2017/18	New Fee	Revised Fee	Fee Authority	Description/Exception
Chemistry			I							
7807-106	82270	Occult Blood	Procedure	\$10.00	\$7.57	\$10.00				
7807-107	83655	Lead	Procedure	\$5.00	\$13.89	\$5.00				
Immunology	r									
7807-108	86480	TB Test IFNg response	Procedure	\$86.00	\$98.69	\$86.00				
7807-109	86481	TB Test cell-mediated IFNg response	Procedure	\$80.00	\$95.02	\$86.00		Revised		
7807-110	86592	Syphilis Test, Qualitative	Procedure	\$10.00	\$9.96	\$10.00			-	
7807-111	86593	Syphilis Test, Quantitative	Procedure	\$10.00	\$16.31	\$10.00				
7807-112	86689	HTLV or HIV Antibody, Confirmatory Test, oral fluid	Procedure	\$65.00	\$131.95	\$65.00				
7807-113	86689	HTLV or HIV Antibody, Confirmatory Test, serum	Procedure	\$55.00	\$64.25			Revised		
7807-114	86703	HIV-1 and HIV-2	Procedure	\$33.00	\$68.49	\$33.00			-	
7807-115	86780	Treponema Pallidum	Procedure	\$18.00	\$54.08	\$18.00			-	
7807-116	86787	Varicella-zoster IgM antibody*	Procedure	\$30.00	\$65.00	\$65.00		Revised		
7807-117	86705	Hepatitis B core IgM antibody*	Procedure	N/A	\$45.00	\$45.00	New			
7807-118	86709	Hepatitis A IgM antibody*	Procedure	N/A	\$45.00	\$45.00	New	Device	4	
7807-119	86803	Hepatitis C antibody screening*	Procedure	\$22.00	\$86.00	\$86.00	Now	Revised	1	
7807-120	87340	Hepatitis B surface antigen screening*	Procedure	N/A	\$42.00	\$42.00	New			
Microbiology 7807-121	9 87015	Concentration (any type) for Infectious Agents	Procedure	\$16.00	\$23.13	\$16.00				
7807-122	87040	Culture, Bacterial; Blood	Procedure	\$22.00	\$45.39	\$22.00				
7807-123	87045	Culture, Stool, Aerobic	Procedure	\$22.00	\$70.28	\$22.00				
7807-124	87046	Culture, Stool, Aerobic, Add'l Pathogens	Procedure	\$22.00	\$35.14	\$22.00				
7807-125	87070	Culture, Any Other Source	Procedure	\$22.00	\$45.39	\$22.00				
7807-126	87075	Culture, Any Source Except Blood	Procedure	\$22.00	\$45.39	\$22.00				
7807-127	87076	Culture, Anaerobic Isolate	Procedure	\$19.00	\$39.12	\$19.00				
7807-128	87077	Culture, Aerobic Isolate	Procedure	\$19.00	\$21.17	\$19.00				
7807-129	87081	Culture, Presumptive, Pathogenic Organisms	Procedure	\$16.00	\$33.81	\$16.00				
7807-130	87086	Culture, Bacterial; Quantitative Colony Count, Urine	Procedure	\$19.00	\$23.88	\$19.00				
7807-131	87088	Culture w/ Isolation	Procedure	\$19.00	\$39.12	\$19.00				
7807-132	87101	Culture, Fungi (skin, hair, nails)	Procedure	\$20.00	\$37.56	\$20.00				
7807-133	87102	Culture, Fungi Other Source (treated)	Procedure	\$20.00	\$40.68	\$20.00				
7807-134	87102	Culture, Fungi Other Source (direct)	Procedure	\$20.00	\$40.68	\$20.00				
7807-135	87103	Culture, Fungi, Blood	Procedure	\$20.00	\$103.30	\$100.00		Revised		
7807-136	87106	Fungi Identification, Yeast	Procedure	\$24.00	\$50.09	\$24.00				
7807-137	87107	Fungi Identification, Mold	Procedure	\$24.00	\$50.09	\$24.00			4	
7807-138	87116	Culture, Tubercle or Other Acid-Fast Bacilli	Procedure	\$25.00	\$51.64	\$25.00				
7807-139	87118	Culture, Mycobacterial, Identification	Procedure	\$28.00	\$44.29	\$28.00				
7807-140	87116	Culture, Tubercule or Other Acid-Fast Bacilli; Blood	Procedure	N/A	\$103.30		NEW			
7807-141	87140	Culture Typing, Immunofluorescent	Procedure	\$31.00	\$32.84	\$31.00			-	
7807-142	87143	71 07	Procedure	\$22.00	\$22.31	\$22.00			-	
7807-143	87147	Culture, Immunologic	Procedure	\$20.00 \$48.00	\$25.03 \$52.89	\$20.00 \$48.00			{	
7807-144 7807-145	87149 87166	Culture, Identification by Nucleic Acid Darkfield examination, any source, without	Procedure Procedure	\$48.00 \$15.00	\$52.89 \$14.89	\$48.00				
7807-146	87168	collection	Dropodure	\$7.00		\$20.00		Povidad	1	
7807-146	87168	Macroscopic Exam Arthropod Macroscopic Exam Parasite	Procedure Procedure	\$7.00	\$20.06 \$20.06	\$20.00		Revised Revised	1	
7807-147	87176	Tissue Homogenization, Culture	Procedure	\$10.00	\$20.06	\$20.00		17641260	1	
7807-148	87172	Pinworm Exam	Procedure	\$10.00	\$23.31	\$10.00			1	
7807-149	87172	Ova and Parasites, Direct Smears	Procedure	\$22.00	\$45.64	\$22.00			1	
7807-150	87181	Susceptibility Studies	Procedure	\$21.00	\$23.48	\$11.00			1	
7807-152	87184		Procedure	\$16.00	\$28.17	\$16.00	-	ł	1	
7807-153	87186	Microbe Susceptible, MIC	Procedure	\$15.00	\$15.21	\$15.00			1	
7807-154	87188	TB Sensitivity-3 drugs	Procedure	\$16.00	\$171.42	\$16.00	L		1	
7807-155	87190	Susceptibility Studies, Proportion Method	Procedure	\$13.00	\$25.03				1	
. I		1	1			1	0	1	1	l de la constante de

Ref. #	Proc. #	Service	Unit of Service	Current Fee Per Unit	Actual Cost per Unit	Rec'md. Fee Per Unit FY2017/18	New Fee	Revised Fee	Fee Authority	Description/Exception
7807-156	87205	Smear, Primary Source	Procedure	\$10.00	\$11.24	\$10.00				
7807-157	87206	Smear, Fluorescent/Acid Stain	Procedure	\$15.00	\$28.11	\$15.00				
7807-158	87207	Smear, Special Stain	Procedure	\$15.00	\$28.17	\$15.00				
7807-159	87209	Smear, Complex Stain	Procedure	\$31.00	\$31.44	\$31.00				
7807-160	87210	Smear, Wet Mount, Saline/Ink	Procedure	\$10.00	\$9.98	\$10.00				
7807-161	87220	Tissue examination, KOH	Procedure	\$10.00	\$9.98					
7807-162		Antibody Detection, NOS, IF	Procedure	\$16.00	\$37.00	\$16.00				
7807-163	87300	AG Detection, Polyval, IF	Procedure	\$45.00	\$58.92	\$45.00				
7807-164	87491	Chlamydia Trachomatis, amplified probe	Procedure	\$46.00	\$52.94	\$46.00				
7807-165	87501	influenza virus, RT PCR, each type or subtype	Procedure	\$46.00	\$49.72	\$46.00				
7807-166	87502	influenza virus, RT PCR, first 2 types or subtype	Procedure	\$46.00	\$99.44	\$46.00				
7807-167	87503	influenza virus, RT PCR, each additional type or subtype beyond 2	Procedure	\$46.00	\$49.72	\$46.00			DPH	Market Survey
7807-168	87517	Hepatitis B DNA Quantitative*	Procedure	N/A	\$226.00		NEW			
7807-169	87522	Hepatitis C RNA Quantitative*	Procedure	N/A	\$206.00		NEW			
7807-170	87529	Herpes Simplex Virus, Amplified Probe	Procedure	\$40.00	\$49.72	\$40.00				
7807-171	87535	HIV-1, Amplified Probe Detection	Procedure	N/A	\$186.00	\$186.00	NEW			
7807-172	87536	HIV-1 Viral Load Quantification	Procedure	N/A	\$186.00	\$186.00	NEW			
7807-173	87551	Mycobacteria Species, Amplified Probe	Procedure	\$150.00	\$165.10	\$150.00				
7807-174	87556	Mycobacterium tuberculosis complex, RT PCR	Procedure	\$100.00	\$102.40	\$100.00				
7807-175	87591	Neisseria Gonorrhoeae, Amplified Probe	Procedure	\$46.00	\$52.94	\$46.00				
7807-176	87661	Trichomonas vaginalis, Amplified Probe	Procedure	N/A	\$52.94	\$46.00	NEW			
7807-177	87798	Infectious Agent NOS, Amplified Probe, Each Organism	Procedure	\$46.00	\$49.72					
7807-178	87801	Amplified Probe	Procedure	\$125.00	\$149.16	\$125.00				
7807-179	87880	Strep A antigen, direct	Procedure	\$15.00	\$16.60					
7807-180		Shiga-like toxin detection	Procedure	\$30.00	\$43.06	\$40.00		Revised		
Miscellaneo										
7807-181	99001	Specimen Handling Fee	Procedure	at cost	N/A	at cost				
7807-182	NA	Rabies detection - immunofluorescence	Procedure	\$45.00	\$46.06					
7807-183	NA	Borrelia immunofluorescence (IFA)	Procedure	\$23.00	\$11.05	\$10.00		Revised		
7807-184	NA	Water 10 tube MPN test (<3per week)	Procedure	\$45.00	\$49.26	\$45.00				
7807-185	NA	Water 10 tube MPN test (>3per week)	Procedure	\$45.00	\$49.26	\$45.00				
7807-186	NA	Water 15 tube MPN test w/ fecal (15 tubes)	Procedure	\$45.00	\$52.18					
7807-187	NA	Water heterotrophic plate count	Procedure	\$15.00	\$15.13	•				
7807-188	NA	Culture, water microbiological	Procedure	\$22.00	\$45.39	\$22.00				
7807-189	NA	Water presence/absence coliform (<3 per week)	Procedure	\$25.00	\$27.12	\$24.00		Revised		
7807-190	NA	Water presence/absence coliform (>3 per week)	Procedure	\$18.00	\$18.12					
7807-191		PAC Quantitray (<3 per week)	Procedure	\$25.00	\$31.18					
7807-192		PAC Quantitray (>3 per week)	Procedure	\$23.00	\$21.32					
7807-193		Enterolert Quantitray (<3 per week)	Procedure	\$25.00	\$24.68					
7807-194 7807-195	NA NA	Enterolert Quantitray (>3 per week) Filter & freeze for membrane filtration	Procedure Procedure	\$23.00 \$50.00	\$22.73 \$50.49					
7807-196	NA	testing by outside lab Outside Environmental Chemical & Bacteriological Testing Non-Diagnostic Screening Permit Fee		Actual cost plus 50% handling fee (\$8 minimum)						
7807-197	NA	(Annual)	Permit	\$80.00	\$80.04	\$80.00				

HEALTH AND SOCIAL SERVICES EXHIBIT XI

Ref. #	Proc. #	Service	Unit of Service	Current Fee Per Unit	Actual Cost per Unit	Rec'md. Fee Per Unit FY2017/18	New Fee	Revised Fee	Fee Authority	Description/Exception
7807-198	NA	Health Screening Certification-Single Event	Permit	\$40.00	\$41.94	\$40.00				
7807-199	NA	Health Screening Certification-Each addl. Site w/filing	Permit	\$40.00	\$41.94	\$40.00				
7807-200	NA	Health Screening Certification-Consultation (per hour)	Permit	\$100.00	\$119.15	\$100.00				
7807-201	NA	West Nile Virus FA Testing	Procedure	\$60.00	\$60.63	\$60.00				
7807-202		STD Screening Panel - comprehensive	Procedure	\$55.00	\$68.97	\$55.00				
7807-203	NA	STD Screening Panel - limited	Procedure	N/A	\$25.76	\$25.00	New			
7807-204	NA	Food cultures per suspect pathogens	Procedure	\$80.00	\$81.18	\$80.00				
7807-205	NA	Alkalinity, total (as CaCO3)	Procedure	\$25.00	\$25.69	\$25.00				
7807-206	NA	Ammonia	Procedure	\$30.00	\$30.83	\$30.00				
7807-207	NA	Bromide	Procedure	\$27.00	\$27.75	\$27.00				
7807-208	NA	Fluoride	Procedure	\$27.00	\$17.47	\$27.00				
7807-209	NA	Sulfate	Procedure	\$27.00	\$27.75	\$27.00				
7807-210	NA	Chloride	Procedure	\$27.00	\$27.75	\$27.00				
7807-211	NA	Nitrate	Procedure	\$27.00	\$27.75	\$27.00				
7807-212	NA	Nitrite	Procedure	\$27.00	\$27.75	\$27.00				
7807-213	NA	Nitrate + Nitrite	Procedure	\$35.00	\$35.46	\$35.00				
7807-214	NA	Anion chemistry panel	Procedure	\$57.00	\$56.93	\$57.00				
7807-215	NA	pH	Procedure	\$14.00	\$14.38	\$14.00				
7807-216	NA	Phosphorus	Procedure	\$27.00	\$27.75	\$27.00				
7807-217	NA	Specific Conductance	Procedure	\$19.00	\$19.53	\$19.00				
7807-218	NA	Total Dissolved Solids	Procedure	\$22.00	\$22.61	\$22.00				
7807-219	NA	Total Suspended Solids	Procedure	\$22.00	\$22.61	\$22.00				
7807-220	NA	Turbidity	Procedure	\$19.00	\$19.53	\$19.00				
7807-221	NA	*Total Organic Carbon	Procedure	\$56.00	\$56.53	\$56.00				
7807-222	NA	Arsenic	Procedure	\$30.00	\$30.83	\$30.00				
7807-223	NA	Calcium	Procedure	\$30.00	\$30.83	\$30.00				
7807-224	NA	Potassium	Procedure	\$30.00	\$30.83	\$30.00			1	
7807-225	NA	Magnesium	Procedure	\$30.00	\$30.83	\$30.00			1	
7807-226	NA	Selenium	Procedure	\$30.00	\$30.83				1	
7807-227	NA	Sodium	Procedure	\$30.00	\$30.83				1	
7807-228	NA	Barium	Procedure	\$30.00	\$30.83	\$30.00			1	
7807-229	NA	Autoclave sterility testing	Procedure	N/A	\$34.49		New		1	
7807-230	NA	Autoclave sterilization of instruments or supplies	Procedure	N/A	\$7.52	\$7.00	New		<u> </u>	

Health and Social Services may need to adjust its fees charged to clients during the year as reimbursement rates from Medi-Cal, Medicare or other third party payers change or as the volume of services rendered changes to allow us to recover more of our actual costs. If actual costs for services, procedures or supply items increase, H&SS may elect to pass the increased cost on to the client. Any new procedures added during the fiscal year will be based on the higher of prevailing rates established by Medicare/Medi-Cal plus a multiplier or based on actual costs established by contract amounts or invoices.

RESOLUTION NO. 2017 - _____

RESOLUTION OF THE SOLANO COUNTY BOARD OF SUPERVISORS ADOPTING REVISED FEE SCHEDULE FOR THE SHERIFF'S DEPARTMENT

Whereas, the laws of the State of California and the provisions of the Solano County Code authorize the Solano County Board of Supervisors to establish and adjust fees that the County Sheriff's Department proposes.

Resolved, that the Solano County Board of Supervisors adopts the fees set forth in attached Exhibit XIII to Solano County Code section 11-110.14, to be effective on July 1, 2017.

Passed and adopted by the Solano County Board of Supervisors at its regular meeting on April 25, 2017 by the following vote:

AYES:	SUPERVISORS	
NOES:	SUPERVISORS	
EXCUSED:	SUPERVISORS	

JOHN M. VASQUEZ, Chair Solano County Board of Supervisors

ATTEST: BIRGITTA E. CORSELLO, Clerk Solano County Board of Supervisors

By: _____ Jeanette Neiger, Chief Deputy Clerk

SHERIFF'S OFFICE EXHIBIT XIII

	Services	Estimated	Current/	Actual	Rec'md.			Fee	Description/ Exception
Ref #		No of Units	Prior Fee	Cost per	Fee	New	Revised	Authority (1)	
		2017/18	Per Unit	Unit 2017/18	2017/18	Fee	Fee		
	General						A		
1	Report Processing Fee (Applies to all requests for reports maintained by Sheriff-Coroner)	445	\$19.00	\$19.93	\$20.00		x	GC 6253 (b)	Fee covers cost of processing request for copies of reports. Includes time required to maintain administrative controls, locate the requested document, prepare document for reproduction, and process payment.
			\$1.00 first page \$0.20 subsequent	\$0.07 first page \$0.07 subsequent	\$1.00 first page \$0.20 subsequent				Gov Code authorizes the Sheriff to charge \$1.00 per copy. Does not include retrieval, filing, or payment processing.
2	Сору Fee	200	pages	pages	pages			GC 26727	
3	Public Records Act Research Records and Warrants	4	68/hour	73.08/hour	DEL		DELETE	GC6253(b)	FY17/18 to be deleted
3	Concealed weapon permit	440	\$105.00	\$354.50	\$107.00		х	PC 26190(b) and (d)	Fee capped by Code at \$100 plus inflation.
4	Concealed weapon permit - Renewal	630	\$25.00	\$91.64	\$25.00			PC 26190(c) and (d)	Fee capped by Code at \$25 plus inflation.
5	Concealed weapon permit - Amendment/Replacement	200	\$10.00	\$77.31	\$10.00			PC 26190(e)	Fee capped by Code at \$10 plus inflation.
6	Business License	20	\$84.00	\$76.46	\$76.00		x	County Code 14- 19	Records and warrants check for business license applicants. Code authorizes recovery of costs to take
7	Livescan (Fingerprinting)	675	\$48.00	\$48.30	\$48.00			PC 13300(e)	fingerprints and process documents.
8	Notary Fee	20	\$10.00	NA	\$15.00		X	GC 8211	Fees for general notary services established at \$15 by Code
9	Report vehicle repossession	20	\$15.00	NA	\$15.00			GC 26751	Code sets fee of \$15 for receipt and filing report of repossession
10	Criminal offender record information (includes clearance letter)	25	\$40.00	\$42.03	\$42.00		x	Cal. Const. art. XI, § 7	Fee to recover cost of researching criminal offender record.
11	Clearance letter - No criminal history	20	\$13.00	\$14.15	\$14.00		х	Cal. Const. art. XI, § 7	Fee includes criminal background check when no criminal history exists.

SHERIFF'S OFFICE EXHIBIT XIII

	Services	Estimated	Current/	Actual	Rec'md.			Fee Authority (1)	Description/ Exception
Ref #		No of Units	Prior Fee	Cost per	Fee	New	Revised		
		2017/18	Per Unit	Unit 2017/18	2017/18	Fee	Fee		
12	Research (subpoena) (per 15 minutes)	25	\$6.00	\$14.01	\$6.00			Evid Code 1563(b)(1)	Code caps cost of research associated with a subpoena at \$24/hour, charged in increments of 15 minutes.
13	Vehicle release fee	63	\$219.00	\$222.52	\$223.00		x	Vehicle Code 22850.5	Fee consists of administrative costs relating to removal, impound, storage, and release of motor vehicles.
14	Second hand dealer (2 year fee)	0	\$59.00	\$59.55	\$60.00		x	BPC 21641	Fee is to recover costs to process application and transmit fee charged by DoJ.
15	Bingo license	1	\$50.00	\$351.69	\$50.00			PC 326.5(l)(1)	According to Code, the fee, whether for the initial license or renewal, shall not exceed fifty dollars (\$50) annually.
16	Mug shots	25	\$16.00	\$17.06	\$17.00		x	PC 11105.6	Fee is to recover costs to provide authorized individuals copy of mug shot.

SHERIFF'S OFFICE EXHIBIT XIII

	Services	Estimated	Current/	Actual	Rec'md.			Fee Authority (1)	Description/ Exception
Ref #		No of Units	Prior Fee	Cost per	Fee	New	Revised		
		2017/18	Per Unit	Unit 2017/18	2017/18	Fee	Fee		
	Property ID								
17	Audio/Visual Processing Fee	10	\$25.00	\$38.28	\$38.00		x	Cal. Const. art. XI, § 7	Fee to recover administrative costs associated with receiving and accomplishing requests for crime scene audio/visual data.
18	Firearm Storage (Administration Fee)	2	\$103.00	\$104.22	\$104.00		x	PC 33880(a)	Fee reflects administrative costs related to seizing, impounding, storage, and release of a firearm
19	Firearm Storage (Daily Fee)	5	\$3.00	\$4.28	\$4.00		x	PC 33880(a)	Fee is for daily storage beyond the date the firearm is formally released to the owner.
	Criminal Justice Administration								
20	Booking Fee		NA		NA			GC 29552	Current law provides \$35 million to California counties to offset booking costs. Booking fees are prohibited until such time that state funding falls below the \$35 million threshhold.
21	Jail Access		\$335.45	\$351.56	\$351.56		x	GC 29550(a)(2) GC 29552	California Code allows the County to charge other jurisdictions a jail access fee for bookings of low-level offenses in excess of an agency's three-year average of such bookings. This fee is computed by the Auditor-Controller.

r –	Services	Estimated	Current/	Actual	Rec'md.			Fee	Description/ Exception
Ref #		No of Units	Prior Fee	Cost per	Fee	New	Revised	Authority (1)	
		2017/18	Per Unit	Unit 2017/18	2017/18	Fee	Fee		
	Alternative to Custody	2017/10		01112017/10	2011/10	100	100		
22	Work Furlough Application	8	\$182.00	\$185.77	\$186.00		x	PC 1208.2(b)(1)	Fee includes administrative cost associated with processing the application.
23	Work Furlough Daily Fee	90	1 1/2 Hrly. Wage per day plus applicable 3rd party costs	\$36.10	1 1/2 Hrly. Wage per day plus applicable 3rd party costs			PC 1208.2(b)(1)	According to Code, the Board of Supervisors may prescribe a program fee, not to exceed the pro rata cost of administration, to be paid by each person according to his or her ability to pay. Fee reflects Sheriff monitoring costs plus any additional costs incurred by the client and charged by the vendor.
24	Work Release Application	325	\$169.00	\$171.53	\$172.00		х	PC 4024.3(f)	Fee includes administrative cost associated with processing the application.
25	Work Release Daily Fee	1,500	1 1/2 Hrly. Wage per day plus applicable 3rd party costs	\$36.10	1 1/2 Hrly. Wage per day plus applicable 3rd party			PC 4024.3(f)	According to Code, the Board of Supervisors may prescribe a program fee, not to exceed the pro rata cost of administration, to be paid by each person according to his or her ability to pay. Fee reflects Sheriff monitoring costs plus any additional costs incurred by the client and charged by the vendor.
								DC 4000 040()	Fee includes administrative cost associated with
26	Electronic Monitoring Application	235	\$191.00	\$194.69	\$195.00		х		processing the application.

	Services	Estimated	Current/	Actual	Rec'md.			Fee Authority (1)	Description/ Exception
Ref #		No of Units	Prior Fee	Cost per	Fee	New	Revised		
		2017/18	Per Unit	Unit 2017/18	2017/18	Fee	Fee		
27	Electronic Monitoring Daily	285	1 1/2 Hrly. Wage per day plus applicable 3rd party costs	\$36.10	1 1/2 Hrly. Wage per day plus applicable 3rd party costs			PC1203.016(g)	According to Code, the Board of Supervisors may prescribe a program fee, not to exceed the pro rata cost of administration, to be paid by each person according to his or her ability to pay. Fee reflects Sheriff monitoring costs plus any additional costs incurred by the client and charged by the vendor.
28	Electronic Monitoring Equipment Install Fee	10	\$69.00	\$70.85	\$71.00		x	PC1203.016(g)	Fee reflects cost of assembling, installing, and recording monitoring device.
29	Drug Testing	80	\$19.00	\$20.16	\$20.00		x	PC1203.016(g)	Fee is to administer and process drug tests.
30	Follow-up Laboratory Work	10	\$49.00	\$51.97	\$52.00		Х	PC1203.016(g)	Fee is to administer and process follow-up drug tests. Includes contracted laboratory analysis.
31	Electronic Monitoring Equipment Tampering Charge	2	\$143.00	\$145.76	\$146.00		х	PC1203.016(g)	Fee to respond to, and determine cause of, tampering activity by the client.

Ref #	Services	Estimated No of Units	Current/ Prior Fee	Actual	Rec'md. Fee	New	Revised	Fee Authority (1)	Description/ Exception
-		2017/18	Prior Fee Per Unit	Cost per Unit 2017/18	Fee 2017/18	New Fee	Fee		
32	ATC Rescheduling Fee	2017/18	\$45.00	\$46.32	\$46.00		X	PC1203.016(g)	Fee for administrative cost associated with reschedules.
	Inmates								
33	Inmate Marriage	2	\$192.00	\$189.63	\$190.00		x	Cal. Const. art. XI, § 7	Fee reflects cost to review and process marriage request, and additional time of correctional officer to safely transfer the inmate to/from the ceremony. Fee does not include marriage license or cost of ceremony.
34	Transportation of Low-Risk Inmate to Inmate's personal Doctor	1	\$280.00	\$286.44	\$286.00		x	PC 4023	Code allows inmates to decline County provided health care and to obtain treatment at his/her own expense. Fee reflects additional cost to County to safely transport inmate to the care provider.
35	Transportation of High-Risk Inmate to Inmate's personal Doctor	0	\$480.00		\$484.00		x	PC 4023	Code allows inmates to decline County provided health care and to obtain treatment at his/her own expense. Fee reflects additional cost to County to safely transport inmate to the care provider.

Ref #	Services	Estimated No of Units	Current/ Prior Fee	Actual Cost per	Rec'md. Fee	New	Revised	Fee Authority (1)	Description/ Exception
		2017/18	Per Unit	Unit 2017/18	2017/18	Fee	Fee		
36	Medical Co-pay for Inmates*	1,650	\$3.00	NA	\$3.00			PC 4011.2	Amount is set by statute and is subject to change. Fee applies to each inmate-initiated medical visit.
	Background Investigations								
37	Level 1 Background Investigation (Abbreviated 3 year) plus actual travel costs	2	\$328.00	\$359.13	\$359 plus applicable travel costs		×		Fees reflect administrative cost to accomplish background investigations. Compensation increases resulted in
38	Level 2 Background Investigation (Full 3 year) plus actual travel costs & per diem if applicable	1	\$2,404 plus applicable travel costs	\$2,643.87	\$2,644 plus applicable travel costs		x		increased costs. These fees do not include Livescan fingerprint rolling fee, Department of Justice (DOJ) Livescan Fee, and DOJ Child Abuse Research
39	Level 3 Background Investigation, Sworn & Non- Sworn (Full 10 year) plus actual travel costs & per diem if applicable	15	\$2,804 plus applicable travel costs	\$3,043.87	\$3,044 plus applicable travel costs		×	Cal. Const. art. XI, § 7	Fee. All background investigations require an additional Livescan fingerprint rolling fee, Department of Justice (DOJ) Livescan Fee, and DOJ Child Abuse Research Fee.
40	Background Investigation - Failed	100	\$466.00	\$508.51	\$509.00		×	Cal. Const. art. XI, § 7	Fee is intended to recover average cost of Level II and Level III background investigations that result in the applicant's disqualification.

	Services	Estimated	Current/	Actual	Rec'md.			Fee Authority (1)	Description/ Exception
Ref #		No of Units	Prior Fee	Cost per	Fee	New	Revised	Authority (1)	
		2017/18	Per Unit	Unit 2017/18	2017/18	Fee	Fee		
	Civil Processing								
41	Automobile Levy*	0	\$100 plus applicable service fees and third party costs	NA	\$100 plus applicable service fees and third party costs			GC 26722	Fee amount is set by statute and is subject to change. The fee is for serving, executing, or processing any writ or order where the levying officer is required to take immediate possession of the property levied upon.
42	Bench Warrant (Failure to Appear on Order of Exam)*	100	\$50.00	NA	\$50.00			GC 26744	Fee amount is set by statute and is subject to change.The fee is for serving or executing a bench warrant arising from a failure to appear on order of exam.
43	Bench Warrant (Failure to Appear on Subpoena or Court Order)*	16	\$140.00	NA	\$140.00			GC 26744.5	Fee amount is set by statute and is subject to change. The fee is for serving or executing a bench warrant arising from a failure to appear on subpoena or court order.
44	Cancellation of any service before or after an attempt*	0	\$40.00		\$40.00			GC 26736	Fee amount is set by statute and is subject to change. The fee is for cancellation of the service or execution of any process or notice prior to its completion.
45	Claim of Defendant*	14	\$40.00		\$40.00			GC 26721	Fee amount is set by statute and is subject to change. The fee is for serving or executing any process or notice required by law or the litigants to be served.
46	Claim of Plaintiff & Order*	492	\$40.00	NA	\$40.00			GC 26721	Fee amount is set by statute and is subject to change.The fee is for serving or executing any process or notice required by law or the litigants to be served.
47	Execution Bank Levy*	500	\$40.00	NA	\$40.00			GC 26721	Fee amount is set by statute and is subject to change. The fee is for serving or executing any process or notice required by law or the litigants to be served.

	Services	Estimated	Current/	Actual	Rec'md.			Fee Authority (1)	Description/ Exception
Ref #		No of Units	Prior Fee	Cost per	Fee	New	Revised	Autionty (1)	
		2017/18	Per Unit	Unit 2017/18	2017/18	Fee	Fee		
48	Execution Earnings Withholding Order (EWO) & EWO-Support*	500	\$35.00	NA	\$35.00			GC 26750	Fee amount is set by statute and is subject to change.The fee is for serving an earnings withholding order.
49	Execution Third Party Levy*	10	\$40.00	NA	\$40.00			GC 26721	Fee amount is set by statute and is subject to change. The fee is for serving or executing any process or notice required by law or the litigants to be served.
			÷ - • •					-	Fee amount is set by
50	Keeper 8 Hour*	10	\$240.00	NA	\$240.00			GC 26722, GC 26726(a)	statute and is subject to change. Fee is for taking possession of property levied upon and keeping and caring for the property.
51	Miscellaneous Orders*	170	\$40.00	NA	\$40.00			GC 26721	Fee amount is set by statute and is subject to change.The fee is for serving or executing any process or notice required by law or the litigants to be served.
52	Not Found on Writs, Orders, Notices*	0	\$35.00	NA	\$35.00			GC 26738	Fee amount is set by statute and is subject to change. The fee is for certifying that a person or property cannot be found at the address specified.
53	Not Found Summons*	0	\$40.00		\$40.00			GC 26721.2(c)	Fee amount is set by statute and is subject to change. The fee is for certifying that a person or property cannot be found at the address specified.
54	Notice to Quit*	40	\$40.00	NA	\$40.00			GC 26721	Fee amount is set by statute and is subject to change. The fee is for serving or executing any process or notice required by law or the litigants to be served.
55	Order of Examination*	40	\$40.00		\$40.00			GC 26721	Fee amount is set by statute and is subject to change. The fee is for serving or executing any process or notice required by law or the litigants to be served.

Ref #	Services	Estimated No of Units	Current/ Prior Fee	Actual Cost per	Rec'md. Fee	New	Revised	Fee Authority (1)	Description/ Exception
		2017/18	Per Unit	Unit 2017/18	2017/18	Fee	Fee		
56	Order to Show Cause*	350	\$40.00	NA	\$40.00			GC 26721	Fee amount is set by statute and is subject to change. The fee is for serving or executing any process or notice required by law or the litigants to be served.
57	OSC/Temporary Restraining Order*	50	\$40.00	NA	\$40.00			GC 26721	Fee amount is set by statute and is subject to change. The fee is for serving or executing any process or notice required by law or the litigants to be served.
58	Possession, Writ for Real Property*	400	\$85.00	NA	\$85.00			GC 26733.5	Fee amount is set by statute and is subject to change. The fee is for serving a writ of possession of real property on an occupant or occupants or for posting and serving a copy on the judgment debtor.
59	Prejudgment Claim of Right *	50	\$40.00	NA	\$40.00			GC 26721.1 GC 26720.9	Fee amount is set by statute and is subject to change. In an action for unlawful detainer, the non-refundable fee is set by Code for service of a summons, complaint, and pre- judgment claim of right to possession.

	Services	Estimated	Current/	Actual	Rec'md.			Fee Authority (1)	Description/ Exception
Ref #		No of Units	Prior Fee	Cost per	Fee	New	Revised	, autoniy (1)	
		2017/18	Per Unit	Unit 2017/18	2017/18	Fee	Fee		
60	Real/Personal Property Sale*	20	\$90 plus applicable service fees and third party costs	NA	\$90 plus applicable service fees and third party costs			GC 26730	Fee amount is set by statute and is subject to change. This fee combines Real Property Levy and Sale, and Personal Property Sale. T
61	Removal of Occupant from Premises*	750	\$60.00	NA	\$60.00			GC 26733.5	Fee amount is set by statute and is subject to change.The fee is for removing an occupants from the premises and putting a person in possession of the premises.
62	Reposting Writ for Real Property*	100	\$40.00	NA	\$40.00			GC 26733.5 GC 26721 GC 26720.9	Fee amount is set by statute and is subject to change.Fee is for reposting of a notice to vacate.
63	Subpoena/Subpoena Duces Tecum*	150	\$40.00	NA	\$40.00			GC 26721	Fee amount is set by statute and is subject to change.The fee is for serving or executing any process or notice required by law or the litigants to be served.
64	Summons & Complaint*	150	\$40.00	NA	\$40.00			GC 26721.1 GC 26720.9	Fee amount is set by statute and is subject to change. In an action for unlawful detainer, the non-refundable fee is for service of a summons, complaint, and pre- judgment claim of right to possession.
65	Summons & Complaint/Unlawful Detainer*	150	\$40.00		\$40.00			GC 26721.1 GC 26720.9	Fee amount is set by statute and is subject to change.In an action for unlawful detainer, the non-refundable fee is for service of a summons, complaint, and pre- judgment claim of right to possession.

Ref #	Services	Estimated	Current/	Actual	Rec'md.			Fee Authority (1)	Description/ Exception
Rei #		No of Units	Prior Fee	Cost per	Fee	New	Revised		
		2017/18	Per Unit	Unit 2017/18	2017/18	Fee	Fee		
66	Summons & Petition*	250	\$40.00	NA	\$40.00			GC 26721	Fee amount is set by statute and is subject to change.The fee is for serving or executing any process or notice required by law or the litigants to be served.
67	Till Tap*	10	\$100.00	NA	\$100.00			GC 26722	Fee amount is set by statute and is subject to change. The fee is for serving, executing, or processing any writ or order where the levying officer is required to take immediate possession of the property levied upon.
68	Writ of Attachment*	1	\$40 plus applicable service fees and third party costs	NA	\$40 plus applicable service fees and third party costs			GC 26721	Fee amount is set by statute and is subject to change. The fee is for serving or executing any process or notice required by law or the litigants to be served.
69	Writ of Possession (Claim and Delivery)*	1	\$100 plus applicable third-party costs	NA	\$100 plus applicable third-party costs			GC 26722	Fee amount is set by statute and is subject to change. The fee is for serving, executing, or processing any writ or order where the levying officer is required to take immediate possession of the property levied upon.

	Services	E a time at a d	Common 44	Astual	Rec'md.			Fee	Description/ Exception
Ref #		Estimated No of Units	Current/ Prior Fee	Actual Cost per	Fee	New	Revised	Authority (1)	
		2017/18	Per Unit	Unit 2017/18	2017/18	Fee	Fee		
	Coroner	2011/10		01112011/10		100	100		
70	Handling and Removal	235	\$382.00	\$382.65	\$383.00			GC 27472 GC 54985(a)	Fee is to recover costs to transport and process decedent. Although GC 27472 caps the fee for body removal and storage at \$100, County Counsel advised that GC 54985(a) authorizes the Board of Supervisors to increase the fee to recover actual costs.
								GC 27472	Fee is to recover daily cost for storage beyond release date. Fee is based on County facility costs allocated to Sheriff. Although GC 27472 caps the fee for body removal and storage at \$100, County Counsel advised that GC 54985(a) authorizes the Board of Supervisors to increase the fee to recover actual
71	Storage Costs (per day) Sheriff Service	50	\$8.00	\$9.02	\$9.00		Х	GC 54985(a)	costs.
			\$113.74 per	\$109.15 per	\$109.15 per				
72	Sergeant Sheriff	NA	hour	hour	hour		х		
73	Deputy Sheriff	NA	\$97.59 per hour	\$97.42 per hour	\$97.42 per hour		х		
15			\$53.78 per	\$52.76 per	\$52.76 per				
74	Security Officer	NA	hour	hour	hour		Х		Fees reflects cost for
75	Dispatcher	NA	\$72.53 per hour	\$73.74 per hour	\$73.74 per hour		х		dedicated, one-time, non-contract security
76	Patrol Vehicle		\$43.47 per day plus \$0.52 per mile	\$47.47 per day plus	\$47.47 per day plus \$0.52 per mile		x	Cal. Const. art. XI, § 7	service. Additional fees may apply if situations require focused units and equipment.
77	Daily Housing Fee	NA	\$171 per day	\$178.98	\$179 per day		x	Cal. Const. art. XI, § 7	The fee reflects the cost to house one inmate for one day; however, the marginal cost to house an inmate may fluctuate 10-50%.

RESOLUTION NO. 2017 - ____

RESOLUTION OF THE SOLANO COUNTY BOARD OF SUPERVISORS ADOPTING REVISED FEE SCHEDULE FOR THE PROBATION DEPARTMENT

Whereas, the laws of the State of California and the provisions of the Solano County Code authorize the Solano County Board of Supervisors to establish and adjust fees that the Probation Department proposes.

Resolved, that the Solano County Board of Supervisors adopts the fees set forth in attached Exhibit XIV to Solano County Code section 11-110.2, to be effective on July 1, 2017.

Passed and adopted by the Solano County Board of Supervisors at its regular meeting on April 25, 2017 by the following vote:

AYES:	SUPERVISORS	
NOES:	SUPERVISORS	
EXCUSED:	SUPERVISORS	

JOHN M. VASQUEZ, Chair Solano County Board of Supervisors

ATTEST: BIRGITTA E. CORSELLO, Clerk Solano County Board of Supervisors

By: _____ Jeanette Neiger, Chief Deputy Clerk

Service	Estimated No. of Units 2017/18	Current Fee Unit	Actual Cost per Unit	Rec'md. Fee/Unit 2017/18	New Fee	Revised Fee	Fee Authority	Description/Exception
COLLECTION AND OTHER SERVI	CES							
Installment Account Processing Fee							PC	Processing of payments made in installments, not to exceed
Fines \$50 or less	62	\$ 25.00	\$ 36.98	\$ 25.00			1203.1b(h) +	the administrative and clerical
Fines from \$51 to \$100	38	\$ 40.00	\$ 52.32	\$ 40.00			BOS Resolution	costs of the collection of those
Fines \$101 to \$150	44	\$ 65.00	\$ 83.00	\$ 65.00			recondition	installment payments, \$75 maximum; Fee charged must
Fines over \$150	76	\$ 75.00	\$ 113.69	\$ 75.00				consider client's ability to pay.
Victim Restitution Service Fee	249	up to 15% of the amount paid	Variable	up to 15% of the amount paid			PC 1203.1(l) W&I 730.6(q)	Offenders required by Court orders to pay victims restitution may be charged a fee to cover the actual administrative cost of collecting restitution, not to exceed 15% of the total amount ordered to be paid.
Intra-State Transfer Processing Fee	28	\$ 300.00	\$ 374.95	\$ 300.00			PC 1203.9(d) PC 1203.1b + County Ordinance W&I 751	Offender to pay the sending county a reasonable cost to transfer jurisdiction to the probationer's permanent county of residence, not to exceed the amount determined to be the actual average cost; Fee charged must consider client's ability to pay.
Inter-State Compact Transfer Processing Fee	12	\$ 300.00	\$ 357.12	\$ 300.00			PC 1203.1b + County Ordinance	Offender to pay the sending county a reasonable cost to transfer jurisdiction to the probationer's permanent state of residence, not to exceed the amount determined to be the actual average cost; Fee charged must consider client's ability to pay.
Drug Test Fee (Basic Screen + Add-ons)	794	 \$ 4.50 + any applicable third-party charges 	\$ 5.35 + any applicable third-party charges	\$ 4.50 + any applicable third-party charges			PC 1203.1ab W&I 729.9	Where drug testing is a condition of probation, probationer shall pay a reasonable fee, which shall not exceed the actual cost of the testing; Fee charged must consider client's ability to pay.

Service	Estimated No. of Units 2017/18	Current Fee Unit	Actual Cost per Unit	Rec'md. Fee/Unit 2017/18	New Fee	Revised Fee	Fee Authority	Description/Exception
LiveScan Background Investigation Fee	0	\$ 25.00	\$ 29.64	\$ 25.00			PC 11105(e)	As part of a background investigation conducted on behalf of vendors and/or community partners for their staff and volunteers, a fee
		any applicable third-party charges	 any applicable third-party charges 	any applicable third-party charges				sufficient to reimburse the County for obtaining summary criminal history information may be charged.
Сору Fee	0	 \$ 0.75 First Page \$ 0.12 Each Add'I Page 	N/A	 \$ 0.75 First Page \$ 0.12 Each Add'I Page 			County Ordinance + GC 6253(b)	Fee conforms to charge assessed by General Services; Countywide copy fee to include copy of public records associated with a public records request.
Returned Check Fee	10	\$ 35.00	N/A	\$ 35.00			Civil Code 1719(a)(1)	Fee conforms to charge assessed by Treasurer/Tax Collector; When bank returns check, unable to deposit due to insufficient funds, payor may be charged a fee not to exceed twenty-five dollars (\$25) for the first check passed on insufficient funds and an amount not to exceed thirty-five dollars (\$35) for each subsequent check to that payee.
ADULT SERVICES								
Probation Supervision Fee (Annual)	165	\$ 840.00	\$ 4,422.26	\$ 840.00			+ County	Offender to pay a reasonable cost of any probation supervision or conditional sentence, not to exceed the amount determined to be the actual average cost; Fee charged must consider client's ability to pay.
Post-Release Community Supervision Fee	0	\$ 840.00	\$ 4,691.13	\$ 840.00			+ County	Offender to pay a reasonable cost of any probation supervision or conditional sentence, not to exceed the amount determined to be the actual average cost; Fee charged must consider client's ability to pay.
OffenderLink Set Up and Supervision Fee (Annual)	100	\$ 420.00	\$ 555.75	\$ 420.00			+ County	Offender to pay a reasonable cost of any probation supervision or conditional sentence, not to exceed the amount determined to be the actual average cost; Fee charged must consider client's ability to pay.

Service	Estimated No. of Units 2017/18	Current Fee Unit	Actual Cost per Unit	Rec'md. Fee/Unit 2017/18	New Fee	Revised Fee	Fee Authority	Description/Exception
Banked Case Supervision Fee (Annual)	89	\$ 300.00	\$ 365.38	\$ 300.00			+ County	Offender to pay a reasonable cost of any probation supervision or conditional sentence, not to exceed the amount determined to be the actual average cost; Fee charged must consider client's ability to pay.
Pre-sentence Investigation and Report Fee	101	\$ 600.00	\$ 748.91	\$ 600.00			+ County	Offender to pay a reasonable cost of conducting a pre- sentence investigation and completing Court report, not to exceed the amount determined to be the actual average cost; Fee charged must consider client's ability to pay.
Pre-plea Investigation and Report Fee	17	\$ 600.00	\$ 846.59	\$ 600.00			+ County	Offender to pay a reasonable cost of conducting a pre-plea investigation and completing Court report, not to exceed the amount determined to be the actual average cost; Fee charged must consider client's ability to pay.
Post-Termination Petition for Relief Fee	9	\$ 150.00	\$ 213.28	\$ 150.00			PC 1203.4(d)	Petition for change of plea or setting aside verdict, offender (26 years of age or older) may be required to reimburse the county for actual costs of services rendered, whether or not petition is granted and/or records are sealed or expunged, \$150 maximum; Fee charged must consider client's ability to pay.
Non-Probation Misdemeanant Petition for Relief Fee	0	\$ 60.00	\$ 201.88	\$ 60.00			PC 1203.4a(c)	Petition for dismissal of charge, offender may be required to reimburse the county for actual costs of services rendered, \$60 maximum; Fee charged must consider client's ability to pay.
Domestic Violence Batter's Program Certification and Re Certification Fee	0	\$ 250.00	\$ 703.21	\$ 250.00			PC 1203.097 (c)(5)(B)	Probation Dept has the sole authority to approve a batterer's program for Court referrals as probation terms and conditions, Batterer's programs may be charged a fee to cover costs of administering the approval process, \$250 maximum.

Service	Estimated No. of Units 2017/18	Current Fee Unit	Actual Cost per Unit	Rec'md. Fee/Unit 2017/18	New Fee	Revised Fee	Fee Authority	Description/Exception
Global Positioning System Monitoring Fee	0	\$ 8.96 + any applicable	\$ 10.58 + any applicable	\$ 8.96 + any applicable			PC 1210.15(a)	Offenders on probation may be charged for supervision that utilizes continuous electronic monitoring devices; Fee charged must consider client's ability to pay and client must have first satisfied all other outstanding base fines,
		third-party charges	third-party charges	third-party charges				local/state penalties, restitution fines and orders.
Probation Supervision Fee (Annual)	209	\$ 1,800.00	\$ 3,062.83	\$ 1,800.00			()	Offender's parents may be charged for the cost to the county for probation supervision; Fee charged must consider parent's ability to pay.
Felony Diversion Probation Supervision Fee (Annual)	37	\$ 1,800.00	\$ 2,427.33	\$ 1,800.00				Offender's parents may be charged for the cost to the county for probation supervision; Fee charged must consider parent's ability to pay.
Misdemeanant Diversion Probation Supervision Fee (Annual)	49	\$ 400.00	\$ 506.82	\$ 400.00				Offender's parents may be charged for the cost to the county for probation supervision; Fee charged must consider parent's ability to pay.
Disposition Investigation and Report Fee	189	\$ 1,200.00	\$ 1,374.98	\$ 1,200.00				The Board of Supervisors may impose a fee in an amount necessary to recover any product or service; Service provided as required by Juvenile CA Rules of Court Sect 5.785 is similar to Adult Pre-Sentence Investigation and Report Fee authorized by Penal Code.
		\$ 15.00	N/A	\$ 15.00			VC 40805.5 + BOS resolution	Assessment of \$15 imposed on every person who violates his or her promise to appear or fails to comply with court orders, all monies to be used for system automation.
Juvenile Traffic FTA/FTP Automation-Admin Fee	0	\$ 10.00	N/A	\$ 10.00			VC 40805.6 + BOS resolution	In conjunction with the Automation assessment, an Administrative assessment of \$10 imposed to cover the cost of recording and maintaining the offender's prior convictions and the cost of notifying DMV to attach or restrict the offender's drivers license or car registration.

Service	Estimated No. of Units 2017/18	Current Fee Unit	Actual Cost per Unit	Rec'md. Fee/Unit 2017/18	New Fee	Revised Fee	Fee Authority	Description/Exception
Electronic Monitoring Fee	2,969	\$ 23.00 + any applicable third-party charges	\$ 31.49 + any applicable third-party charges	\$ 9.00		X \$.9.00 Resolution 2017 For approval 4/25/17 effective 5/1/2017	W&I 903.2(a)	Effective 5/1/2017 - fee is reduced to \$9.00 per day Offender's parents may be charged for the cost to the county for electronic surveillance of the minor; Fee charged must consider parent's ability to pay.
Home Supervision Fee	2,177	\$ 20.00	\$ 27.11	\$ 20.00			W&I 903.2(a)	Offender's parents may be charged for the cost to the county for home supervision; Fee charged must consider parent's ability to pay.
Post-Notice Custody Fee	28	\$ 100.00	\$ 360.29	\$0.00		X \$0.00 Moratorium Resolution 2017 For approval 4/25/17 effective 5/1/2017	W&I 903.25	Moratorium effective May 1, 2017; Allows for reasonable costs of food, shelter, and care of the minor while in custody pending release within 12 hours of parent/guardian receipt of release notice,
Juvenile Detention Facility Support Fee	7,678	\$ 30.00	\$ 86.88	\$0.00		X \$0.00 Moratorium Resolution 2017 For approval 4/25/17 effective 5/1/2017	W&I 903	Moratorium effective May 1, 2017; Allows for actual costs of support (i.e., food, food prep, clothing, personal supplies, and medical expenses), excluding costs of incarceration,
New Foundations Program Support Fee	1,158	\$ 30.00	\$ 229.34	\$0.00		X \$0.00 Moratorium Resolution 2017 For approval 4/25/17 effective 5/1/2017	W&I 903	treatment, or supervision, 903(c)(1) maximum cost is \$30 per day, adjusted every 3rd year beginning Jan 1, 2012 to reflect annual average CPI for All Urban Consumers, \$31.08 maximum for 2012; Fee charged must consider parent's ability to pay.

RESOLUTION NO. 2017 - ____

RESOLUTION OF THE SOLANO COUNTY BOARD OF SUPERVISORS ADOPTING REVISED FEE SCHEDULE FOR RESOURCE MANAGEMENT PARKS AND RECREATION

Whereas, the laws of the State of California and the provisions of the Solano County Code authorize the Solano County Board of Supervisors to establish and adjust fees that the County Resource Management Parks and Recreation proposes.

Resolved, that the Solano County Board of Supervisors adopts the fees set forth in attached Exhibit XVI to Solano County Code section 11-110.4, to be effective on July 1, 2017.

Passed and adopted by the Solano County Board of Supervisors at its regular meeting on April 25, 2017 by the following vote:

AYES:	SUPERVISORS	
NOES:	SUPERVISORS	
EXCUSED:	SUPERVISORS	

JOHN M. VASQUEZ, Chair Solano County Board of Supervisors

ATTEST: BIRGITTA E. CORSELLO, Clerk Solano County Board of Supervisors

By: ______ Jeanette Neiger, Chief Deputy Clerk

Ref. #	Service	Estimated No of Units FY2017/18	Current Fee Per Unit	Actual Cost per Unit	Rec'md. Fee/Unit FY2017/18	New Fee	Revised Fee	Fee Authority	Description/Exception
PARK	ADMINISTRATION								
DUPL	ICATION								
001	Duplication of documents		County Standard Rate		County Standard Rate			Solano County Code Section 11- 111	
PARK	ING								
002	Auto Parking ^E		\$6		\$6				Per day, year round. Auto Parking Fees for veterans and active military are waived from the Sunday prior to Veterans Day through the Saturday following Veterans Day in November.
003	Annual Parking/ Launch Pass		\$89		\$89			Solano County Code Section 19-90	For 12 Months from Purchase Month - Unlimited parking and boat launching
004	Annual Parking/Launch Pass, County Resident		\$75		\$75			Solano County Code Section 19-90	Applies to Solano County resident For 12 Months from Purchase Month - Unlimited parking and boat launching
	Annual Parking/ Launch Pass - Senior/Disabled ^A		\$49		\$49			Solano County Code Section 19-90	For 12 Months from Purchase Month - Unlimited parking and boat launching
006	Annual Parking/Launch Pass, Senior/Disabled ^A , County resident		\$42		\$42			Solano County Code Section 19-90	Applies to Solano County resident For 12 Months from Purchase Month - Unlimited parking and boat launching
007	Bus Parking		\$15		\$15			Solano County Code Section 19-90	Per day, 10 or more passenger capacity. Waived for publicly funded school activity.
GROI	JP PICNIC AREAS/OTH	ER							

Ref. #	Service	Estimated No of Units FY2017/18	Current Fee Per Unit	Actual Cost per Unit	Rec'md. Fee/Unit FY2017/18	New Fee	Revised Fee	Fee Authority	Description/Exception
008	Less than 50 people ^E		\$34		\$34			Solano County Code Section 19-90	Per group - Lake Solano. Fees waived for Group Pad Rental at Lake Solano Park for the Vacaville Sunrise Rotary Annual Alvin Bonifacio Memorial Fishing Derby, occuring on one day annually in September or October.
009	50 to 100 people ^E		\$90		\$90			Solano County Code Section 19-90	Per group - Lake Solano. Fees waived for Group Pad Rental at Lake Solano Park for the Vacaville Sunrise Rotary Annual Alvin Bonifacio Memorial Fishing Derby, occuring on one day annually in September or October.
010	101 to 150 people ^E		\$124		\$124			Solano County Code Section 19-90	Per group - Lake Solano. Fees waived for Group Pad Rental at Lake Solano Park for the Vacaville Sunrise Rotary Annual Alvin Bonifacio Memorial Fishing Derby, occuring on one day annually in September or October.
	151 to 300 people (no more than 250 people per big pad) ^E		\$197		\$197				'Per group - Lake Solano Fees waived Group Pad Rental at Lake Solano Park for the Vacaville Sunrise Rotary Annual Alvin Bonifacio Memorial Fishing Derby, occuring on one day annually in September or October.E

Ref. #	Service	Estimated No of Units FY2017/18	Current Fee Per Unit	Actual Cost per Unit	Rec'md. Fee/Unit FY2017/18	New Fee	Revised Fee	Fee Authority	Description/Exception
012	300 to 500 people (no more than 250 people per big pad) ^E		\$225		\$225			Solano County Code Section 19-90	'Per group - Lake Solano Fees waived Group Pad Rental at Lake Solano Park for the Vacaville Sunrise Rotary Annual Alvin Bonifacio Memorial Fishing Derby, occuring on one day annually in September or October.E
013	Over 500 people (no more than 250 people per big pad) ^E		\$281		\$281			Solano County Code Section 19-90	Per group - Lake Solano. Fees waived for Group Pad Rental at Lake Solano Park for the Vacaville Sunrise Rotary Annual Alvin Bonifacio Memorial Fishing Derby, occuring on one day annually in September or October.
014	Youth Group Area, day use - over 20 people		\$84		\$84			Solano County Code Section 19-90	Per group per day - Lake Solano
015	Youth Group Area, day use - 20 people or less		\$56		\$56			Solano County Code Section 19-90	Per group per day - Lake Solano
016	Boat Rentals - hourly (for County-operated rentals only)		\$10		\$10			Solano County Code Section 19-90	Per hour - Lake Solano (rate does not apply for concessionaire operator)
	Boat Rentals - half-day (for County-operated rentals only)		\$ 30.00		\$ 30.00				Half day (4 hours) - Lake Solano (rate does not apply for concessionaire operator)
018	Miscellaneous Merchandise for Resale	Current M	arket Value	Current N	/arket Value			Solano County Code Section 19-90	Multiple Items

Ref. #	Service	Estimated No of Units FY2017/18	Current Fee Per Unit	Actual Cost per Unit	Rec'md. Fee/Unit FY2017/18	New Fee	Revised Fee	Fee Authority	Description/Exception
019	Vendor's Permit		\$25		\$25			Solano County Code Section 19-90	Per day plus 10% of gross
20	Reservation Fee (non-refundable) ^B		\$9		\$9			Solano County Code Section 19-90	Per reservation: campsites, picnic sites, other park facilities
CAMF	PING								
021	Campsite Fee Utility Hookup Regular -Year Round/1st Vehicle,		\$34		\$34			Solano County Code Section 19-90	Per day
022	Additional Utility Hookups Regular		\$10		\$10			Solano County Code Section 19-90	When multiple RVs are hooked up at single site
023	Campsite Fee Utility Hookup Regular w/sewer - Year Round 1st Vehicle		\$37		\$37			Solano County Code Section 19-90	Per day
024	Additional Utility Hookups with Sewer		\$15		\$15			Solano County Code Section 19-90	When multiple RVs are hooked up at single site
025	Campsite Fee - Utility Hookup -Year Round 1st Vehicle Senior ^A /Disabled		\$20		\$20			Solano County Code Section 19-90	Per day
026	Campsite Fee Utility Hookup w/sewer - Year Round 1st Vehicle Senior ^A /Disabled		\$22		\$22			Solano County Code Section 19-90	Per day
027	Campsite Fee No Utilities -Regular -Year Round/1st Vehicle		\$25		\$25			Solano County Code Section 19-90	Per day - Lake Solano
028	Campsite Fee No Utilities -Year Round/1st Vehicle Senior ^A / Disabled		\$13		\$13			Solano County Code Section 19-90	Per day - Lake Solano

Ref. #	Service	Estimated No of Units FY2017/18	Current Fee Per Unit	Actual Cost per Unit	Rec'md. Fee/Unit FY2017/18	New Fee	Revised Fee	Fee Authority	Description/Exception
029	Premium Campsite		\$10		\$10				Per day, per site (In addition to per day fee) - Lake Solano
030	Bicycle Campsite		\$5		\$5			Solano County Code Section 19-90	Per person. For campers arriving by bicycle only. Maximum stay of 2 nights.
031	Non-Camper Utility Hookups Regular		\$34		\$34			Solano County Code Section 19-90	Per day
032	Non-Camper Utility Hookups w/sewer		\$37		\$37			Solano County Code Section 19-90	Per day
033	Non Camper Shower Fee		\$7		\$7			Solano County Code Section 19-90	Per day
034	Non-Camper Dump Fee Regular		\$19		\$19			Solano County Code Section 19-90	Per dump
035	Youth Group Area (camping) 21 or more campers		\$84		\$84			Solano County Code Section 19-90	Per group per day - Lake Solano
036	Youth Group Area Camping under 21 people		\$56		\$56			Solano County Code Section 19-90	Reduced Fee for smaller Groups
037	Dogs (campground only with rabies certificate)		\$1		\$1			Solano County Code Section 19-90	Per day
038	Additional Vehicles (overflow parking lot)		\$10		\$10			Solano County Code Section 19-90	Per day
BOAT	LAUNCH/STORAGE								

Ref. #	Service	Estimated No of Units FY2017/18	Current Fee Per Unit	Actual Cost per Unit	Rec'md. Fee/Unit FY2017/18	New Fee	Revised Fee	Fee Authority	Description/Exception
039	Boat Storage		\$40		\$40			Solano County Code Section 19-90	Per month plus \$2 key deposit - Sandy Beach
040	Boat Launch Fee (with parking) ^E		\$10		\$10			Solano County Code Section 19-90	Per launch of trailered craft. Includes daily parking fee. Does not apply to car-top, hand-carried boats. Fees waived for Boat Launch Fees for veterans and active military from the Sunday prior to Veterans Day through the Saturday following Veterans Day in November.
	AL OF EXHIBIT ROOM . GRAMS	AT LAKE SC	DLANO NAT	URE CENT	TER FOR EX	HIBITION	S AND EE	DUCATIONAL/F	RECREATIONAL
041	Rental Fee, Mon- Thurs ^c		\$55		\$55			Solano County Code Section 19-90	Per Hour, renter supplies insurance or purchases county rider
042	Rental Fee, full day, Mon-Thurs ^C		\$250		\$250			Solano County Code Section 19-90	Per day, from 8:30 am- 3:30 pm
043	Rental Fee, Fri - Sun and Holidays ^C		\$66		\$66			County Code	Per Hour (20% Premium) renter supplies insurance or purchases county rider
044	Rental Fee, full day, Fri - Sun and Holidays ^C		\$300		\$300			Solano County Code Section 19-90	Per day, from 8:30 am- 3:30 pm
045	Rental Fee, Mon- Thurs, commercial ^D		\$71		\$71			Solano County Code Section 19-90	Per Hour, renter supplies insurance or purchases county rider
	Rental Fee, full day, Mon-Thurs, commercial ^D		\$314		\$314			Solano County Code Section 19-90	Per day, from 8:30 am- 3:30 pm

Ref. #	Service	Estimated No of Units FY2017/18	Current Fee Per Unit	Actual Cost per Unit	Rec'md. Fee/Unit FY2017/18	New Fee	Revised Fee	Fee Authority	Description/Exception
047	Rental Fee, Fri - Sun and Holidays, commercial ^D		\$85		\$85				Per Hour (20% Premium) renter supplies insurance or purchases county rider
048	Rental Fee, full day, Fri - Sun and Holidays, commercial ^D		\$376		\$376			Solano County Code Section 19-90	Per day, from 8:30 am- 3:30 pm
049	Room Set Up and Tear Down		\$65		\$65			Solano County Code Section 19-90	Per Hour, if staff available
050	Kitchen Use Fee ^C		\$25		\$25			Solano County Code Section 19-90	Flat Fee, per event. Only available for use when renting exhibit room
051	Patio Use Fee ^C		\$25		\$25				Flat Fee, per event for exclusive use of patio. Only available for use when renting exhibit room.
052	Outdoor Education Circle Fee ^C		\$50		\$50			Solano County Code Section 19-90	Flat Fee, per event for exclusive use of outdoor education circle. Only available for use when renting exhibit room.
053	Cleaning/Security Deposit		\$350		\$350			Solano County Code Section 19-90	Refundable
054	Room Cancellation Fee		\$55		\$55			Solano County Code Section 19-90	Collected if less than 30 day notice
SERV	ICE FEES								

Ref. #	Service	Estimated No of Units FY2017/18	Current Fee Per Unit	Actual Cost per Unit	Rec'md. Fee/Unit FY2017/18	New Fee	Revised Fee	Fee Authority	Description/Exception				
055	Ranger Staff Special Services		\$65		\$65			Solano County Code Section 19-90	Per Hour, for: Exclusive interpretive program (tour, nature walk, class presentation); or similar program; or ranger staff services required outside of park normal operating hours (e.g. opening early for program set up).				
056	Interpretive Program Preparation Fee		\$65		\$65			Solano County Code Section 19-90	Flat Rate, per program				
057	Parks Division Permit Processing Fee		\$65		\$65			Solano County Code Section 19-90	Flat Rate, per permit				
A	Senior is age 65 and ov	er / any Disa	bled Citizen										
	Requires payment in ad cancelled more than 14	days from o	riginally plan	ned date c	of arrival.								
С	Non-profit groups with c Nature Center; other fee		3) status and	d publicly f	unded agenc	ies receiv	e 25% dis	count on rental	and use fees for the				
D	Use of Nature Cente		nercial purp	oses will	also require	issuanc	e of a ver	ndor permit if a	any goods are sold.				
E	^E Fees waived for 1) Group Pad Rental at Lake Solano Park for the Vacaville Sunrise Rotary Annual Alvin Bonifacio Memorial Fishing Derby, occuring on one day annually in September or October and 2) Auto Parking and Boat Launch Fees for veterans and active military from the Sunday prior to Veterans Day through the Saturday following Veterans Day in November.												
	Fee Authority Summary				411, Chapte ode and the			•	e concerning Parks				
#144-06-200-5596A; Management Agreement with United States Dept. of the Interior													
#DAC	W05-01-75-721; Lease	Agreement v	#DACW05-01-75-721; Lease Agreement with United States Dept. of the Army										

RESOLUTION NO. 2017 - ____

RESOLUTION OF THE SOLANO COUNTY BOARD OF SUPERVISORS ADOPTING REVISED FEE SCHEDULE FOR THE SHERIFF DEPARTMENT'S ANIMAL CARE SERVICES

Whereas, the laws of the State of California and the provisions of the Solano County Code authorize the Solano County Board of Supervisors to establish and adjust fees that the Sheriff Department's Animal Care Services proposes.

Resolved, that the Solano County Board of Supervisors adopts the fees set forth in attached Exhibit XVII to Solano County Code section 11-110.18, to be effective on July 1, 2017.

Passed and adopted by the Solano County Board of Supervisors at its regular meeting on April 25, 2017 by the following vote:

AYES:	SUPERVISORS	
NOES:	SUPERVISORS	
EXCUSED:	SUPERVISORS	

JOHN M. VASQUEZ, Chair Solano County Board of Supervisors

ATTEST: BIRGITTA E. CORSELLO, Clerk Solano County Board of Supervisors

By: _____ Jeanette Neiger, Chief Deputy Clerk

		Estimated	Current/	Actual	Recommended			1	
Ref. #	Service	No of Units	Prior Fee	Cost per	Fee/Unit	New	Revised	Fee Authority	Description/Exception
		2017/18	Per Unit	Unit	2017/18	Fee	Fee		
	ANIMAL ADOPTION								
001	Animal Adoption - Dog	245	\$95	\$390.85	\$150		x	F&A 31108	The public may adopt a dog from the County Shelter and the County may impose a fee to cover reasonable costs. The recommended adoption fee reflects the cost to evaluate and prepare the dog for adoption and includes the cost for spay/neuter services; Rabies, DA2PP and Bordatella vaccinations; deworming; and a microchip.
002	Animal Adoption - Cat	200	\$80	\$319.12	\$120		x	F&A 31752	The public may adopt a cat from the County Shelter and the County may impose a fee to cover reasonable costs. The recommended adoption fee reflects the cost to evaluate and prepare the cat for adoption and includes the cost for spay/neuter services; Rabies and FVRCP vaccinations; deworming; and a microchip.
003	Senior Cat/Dog 6 yrs and Older	50	Half the applicable adoption fee	\$345.93	Half the applicable adoption fee			F&A 31108 & 31752	The public may adopt a senior dog/cat from the County Shelter and the County may impose a fee to cover reasonable costs. The recommended fee is intended to encourage adoption of hard-to-adopt animals and the fee cannot exceed 1/2 the applicable adoption fee.
004	Seniors for Seniors (animals 6 years and older and citizens age 65 and above)	20	NA	\$345.93	Half of half the adoption fee	x		F&A 31108 & 31752	The senior public may adopt a senior dog/cat from the County Shelter and the County may impose a fee to cover reasonable costs. The recommended fee is intended to encourage adoption by seniors of hard-to-adopt animals and the fee cannot exceed 1/2 of 1/2 the applicable adoption fee.
005	Animal Adoption - Small animals	30	\$10	\$87.82	\$20		x	F&A 31753	The public may adopt a small animal from the County Shelter and the County may impose a fee to cover reasonable costs. The recommended adoption fee reflects the cost to evaluate and prepare the animal for adoption. Small animals include but are not limited to rabbits, guinea pigs, hamsters, birds, lizards, snakes, turtles, or tortoises.

		Estimated	Current/	Actual	Recommended		T		
Ref. #	Service	No of Units	Prior Fee	Cost per	Fee/Unit	New	Revised	Fee Authority	Description/Exception
		2017/18	Per Unit	Unit	2017/18	Fee	Fee		
006	Animal Adoption - Livestock	5	\$75	\$124.03	\$100		x	F&A 17005; CA Constitution Art. XI, §7; County Code 4-22	The public may adopt livestock from the County Shelter and the County may impose a fee to cover reasonable costs. The recommended adoption fee reflects the cost to evaluate and prepare the animal for adoption. Livestock includes but is not limited to, cows, bulls, calves, horses, ponies, burros, sheep, lambs, and goats.
	Barn Cat/Community Cat Program	20	\$20	\$319.12	\$45		x	F&A 31752	The public may adopt a feral cat from the County Shelter and the County may impose a fee to cover reasonable costs. The recommended adoption fee reflects the cost to evaluate and prepare the animal for adoption and includes spay/nueter services, rabies vaccination, and a microchip. Fee is intended to encourage the adoption of feral cats that would otherwise be euthanized.
	Animal Adoption - Special Events	215	Varies	\$364.37	Varies			Constitution Art. XI, §7; County Code 4-22	The Board has authorized the Sheriff to hold special adoption events to include fee reductions to encourage and promote adoptions.

Ref. #	Service	Estimated No of Units	Current/ Prior Fee	Actual Cost per	Recommended Fee/Unit	New	Revised	Fee Authority	Description/Exception
	LICENSES TACS on	2017/18	Per Unit	Unit	2017/18	Fee	Fee		
	LICENSES, TAGS, and Animal License (Unaltered	1	RATION						
009	1 Year	310	\$40	\$8.66	\$40				By County Code, dog owners must license their dogs within 30 days of ownership/possession or relocating
010	2 Year	5	\$76	\$8.66	\$76				to County. CA Code states license fees cannot exceed the cost of services related to dogs. Although County Code allows for licensing of cats, very few cat owners license their cat. This fee is for animals residing in the unincorporated areas of the County; each city establishes
011	3 Year	13	\$113	\$8.66	\$113				their own fee.
	Animal License (Altered)								
012	1 Year	555	\$20	\$8.66	\$20			31751.5;	By CA Code, the fee for licensing spayed/neutered animals must be at
013	2 year	20	\$36	\$8.66	\$36			Gov't Code 38792; County Code	least half the amount charged for unaltered animals.
014	3 year	70	\$53	\$8.66	\$53			4-139, 4-142	
	Animal License (Altered	Senior C	itizen (65 yea	rs +)					
015	1 Year	75	\$10	\$8.66	\$10			F&A 30804.5, 31751.3,	By County Code, senior citizens are not exempted from licensing requirements; however, licensing
016	2 Year	20	\$16	\$8.66	\$16			31751.5; Gov't Code 38792;	fees have historically been reduced for seniors to account for fixed incomes and to encourage pet ownership by older citizens. This fee
017	3 Year	70	\$23	\$8.66	\$23			County Code 4-139, 4-142	is for animals residing in the unincorporated areas of the County; each city establishes their own fee.
017	Animal License (Miscella	-	Φ 23	φ 0.00	φ23				
018	Animal License Transfer	2	\$12	\$11.88	\$12			County Code 4-139(g)	Fee applies when ownership is transferred between County residents.
019	Animal License Duplicate	5	\$13	\$12.90	\$13				Fee is to obtain a replacement license.
020	Late Penalty ^(A)	220	\$25	NA	\$25			F&A 30804; Gov't Code 38792; County Code	By County Code, a penalty is assessed if owner is more than 30 days delinquent in obtaining or renewing a dog license. Beginning in FY 2017-18, the Sheriff will begin offering an annual amnesty program wherein the late fee will not be assesed. The amnesty program has been vetted with the cities and is intended to encourage animal licensing

		Estimated Current/ Actual Recommended					1			
Ref. #	Service	No of Units	Prior Fee	Cost per	Fee/Unit	New	Revised	Fee Authority	Description/Exception	
		2017/18	Per Unit	Unit	2017/18	Fee	Fee			
	Tags									
021	Service Dog Tag or Replacement	50	\$19 per year	\$19.42	DELETE		DEL		There is no known legal requirement for the County to issue service tags. After consulttion with city representatives and County Counsel, we recommend this service be discontinued.	
022	Dangerous Dog Tag	1	\$22	\$21.62	\$22			County Code 4-55(b)8-9	In the event a dog is determined to be a dangerous dog, County Code requires that dog wear a dangerous dog tag.	
022	Dangerous Dog	•	ΨΖΖ	Ψ21.02	ΨΖΖ				dog lug.	
023	Dangerous Dog permit - First Animal	1	\$50 per year	NA	\$50 per year				Annual fee set by County Code at \$50 (first animal) and \$25 (second	
024	Dangerous Dog permit - Second Animal	0	\$25 per year	NA	\$25 per year			F&A 31641 F&A 31683	animal) for dogs officially deemed dangerous.	
005			Actual Cost (not to exceed		Actual Cost (not to exceed			County Code 4-55(b)	Fee is assessed to owners if hearing official deems dog as dangerous. Reimbursement of hearing cost is limited to \$1,000 by County Code	
025	Dangerous Animal Hearing	0	\$1,000)	NA	\$1,000)					
	Facility Licenses									
026	Commercial Kennel/Cattery License	15	\$168	\$122.85	\$123		х		By County Code, the fee includes up to 10 runs & five animal licenses.	
027	Additional Commercial Runs (each)	185	\$3	\$3.53	\$4		x	County Code 4-87	By County Code, there shall be a charge for each run above the 10 run threshold.	
028	Hobby Kennel/Cattery License	1	\$121	\$109.58	\$110		х		County Code requires that hobby kennels/catteries be licensed.	
	BOARD, REDEMPTION, 8	& IMPOUI	ND			6				
029	Dog/Cat /Small Animal Board	1800	\$15 per day	\$ 33.52	\$20 per day		x	F&A 31251 County Code 4-22	Computed per day. Applies to dogs, cats, and other small animals not considered livestock.	
030	Livestock Board	0	Actual Cost	Varies	Actual Cost			F&A 17095; County Code 4-44	Livestock includes cow, bull, calf, horse, pony, burro, sheep, lamb, goat, etc	
031	Animal Redemption	750	\$25	\$87.71	\$40		x	F&A 31251 County Code 4-22	Fee includes costs associated with impounding, processing, and releasing animal to owner.	
	Penalty Fine Unaltered D	ogs & Ca	ts <i>(Failure t</i> o S	pay or Neuter)					
032	1st Impound	350	\$35	NA	\$35				Fine is established by CA Code and	
033	2nd Impound	35	\$50	NA	\$50				does not include any other fees that may apply (for example, boarding and redemption fees)	
034	3rd Impound	20	\$100	NA	\$100					

		Estimated	Current/	Actual	Recommended				
Ref. #	Service	No of Units	Prior Fee	Cost per	Fee/Unit	New	Revised	Fee Authority	Description/Exception
		2017/18	Per Unit	Unit	2017/18	Fee	Fee		
	OTHER SERVICES								
	Surrender								
035	Owner Surrender/Euthanasia - Dog/Cat/Small Animal	700	\$74	\$86.15	\$86		х	,	Fee includes administrative costs and two-day board fees.
036	Owner Surrender - Litter (Any Species)	25	\$80	\$99.72	\$100		х	F&A 31251, County Code 4-22	Fee includes administrative and fostering costs for litters under 4 months of age.
	Animal Pickup/Disposa	1							
037	Dog/Cat/Small Animal Pickup (Requested)	4	\$86	\$85.55	\$86				Includes actual salary and benefit cost of Animal Control Officer, and vehicle mileage fees. Owner will also be charged other fees that may apply, such as surrender or disposal fees.
038	Pickup of Livestock	0	Actual or invoiced cost	Varies	Actual or invoiced cost			CA Constitution Art. XI, §7; County Code 4-22	Includes actual salary and benefit cost of Animal Control Officer, vehicle mileage fees, and/or any third-party costs incurred. Owner will also be charged other applicable fees, such as surrender, quarantine, and boarding fees.
039	Dead Animal Disposal	100	\$17	\$17.81	\$18		x	CA Constitution Art. XI, §7; County Code 4-22	Fee includes processing and disposal costs.

1									
Ref. #	Service	Estimated No of Units	Current/ Prior Fee	Actual Cost per	Recommended Fee/Unit	New	Revised	Fee Authority	Description/Exception
		2017/18	Per Unit	Unit	2017/18	Fee	Fee		
	Rabies Control								
040	Rabies Quarantine - Home	300	\$64	\$65.33	\$65		x	H&S 121580	Animal Control Officer has discretion to place the animal in home or shelter quarantine. Fee reflects administrative costs, including salary, benefits, and vehicle mileage to investigate, report, and clear quarantine.
041	Rabies Quarantine - Shelter	25	\$100 plus boarding fee	\$120.06	\$120 plus boarding fee			County Code 4-22, 4-150, and 4-153	Animal Control Officer has discretion to place the animal in home or shelter quarantine. Fee reflects administrative costs, including salary, benefits, and vehicle mileage to investigate, report, monitor, and clear quarantine. The fee does not include the established daily boarding fee.
042	Health Verification	50	\$37	\$31.41	\$31		x	CA Constitution Art. XI, §7	Verification of an animal's health by an Animal Control Officer when bite reports are received more than 10 days after the bite event and rabies quarantine is not appropriate.
043	Rabies Testing (Non Mandated)	0	\$70	Varies	Actual		x	CA Constitution Art. XI, §7	Fee reflects cost of lab services.
	Spay/Neuter Services								
044	Dogs - Spay (Under 25 lbs)	75	\$109	\$118.33	\$118		Х		
045	Dogs - Spay (25-49 lbs)	75	\$134	\$144.77	\$145		х		
046	Dogs - Spay (50-75 lbs)	75	\$169	\$184.51	\$185		х		The fees reflects the computed cost (including veterinary fees and
047	Dogs - Neuter (Under 40 lbs)	80	\$94	\$102.20	\$102		х		medication) to accomplish the procedures. Both labor and material
048	Dogs - Neuter (40-75 lbs)	75	\$111	\$120.49	\$120		х	СА	costs are dependent on animal size and sex.
049	Cats - Spay	80	\$69	\$75.11	\$75		х	Constitution Art. XI, §7;	
050	Cats - Neuter	80	\$42	\$44.94	\$45		х	County Codes 4-22	
051	Feral Cat Shelter Release	50	NA	\$60.03	\$25	x			Fee is intended to encourage capturing, altering, and releasing feral cats, thereby reducing the County's feral cat population without requiring euthanasia.
052	Spay-Neuter Procedures for Authorized Rescue Organizations	150	NA	\$112.91	50% of Applicable Procedure	x			This fee is applicable only to rescues authorized to pull animals from the Solano County Animal Care Facility. The fee is only applicabe to ten procedures per month, per rescue organization.
053	Male - Cryptorchid	50	Add \$45	\$51.60	Add \$52		Х	CA	Fee applies to both doos and cats.

Ref. #No of UnitePrior FeeCost per UnitFeeFeeNo wRevisedFeeRev MarchDescriptionException054Female in Heat50Add \$45\$51.60Add \$52X4-22Constitution optication to accomplish t procedure.Add \$52X4-22Constitution procedure.Art. XI, S7: county Code054Female in Heat50S7.Plus\$7.27\$7.PlusX4-22PredicationArt. XI, S7: County CodeFee includes administrative Art. XI, S7:055Prescription Medication0CostCostCostCA CostArt. XI, S7: County CodeFee includes administrative Art. XI, S7:056Missed Appointment10\$22\$22.95\$23XCA Constitution Art. XI, S7: County Code057DA2PP650\$13\$14.05\$14X XCA Constitution Art. XI, S7:059FVRCP200\$12\$14.24\$14X XCA Constitution Art. XI, S7:060Rabies1500\$10\$12.28\$12XCA Constitution Art. XI, S7:061Leptospirosis80NA\$18.36\$18XCA Constitution Art. XI, S7:062FELV80NA\$17.95\$18XCA Constitution Art. XI, S7:063FES0NA\$17.95\$18XCA Constitution Art. XI, S7:064Leptospirosis80NA			Estimated	Current/	Actual	Recommended	1	1	1	
054Female in Heat2017/18Per UnitUnit2017/18FeeFeeFeeConstitution Art. N. §7. County Code054Female in Heat50Add \$45\$51.60Add \$52XConstitution At. N. §7.Add \$52XConstitution At. N. §7.054Female in Heat50\$7 Plus\$7.27\$7 PlusXCA County Code055Prescription Medication0CostActual MedicationActual MedicationActual MedicationActual MedicationActual MedicationActual MedicationActual MedicationActual MedicationActual CostActual CostActual CostActual CostActual CostActual MedicationActual MedicationActual MedicationActual MedicationActual Actual MedicationActual Actual MedicationActual Actual MedicationActual Actual MedicationActual Actual MedicationActual Actual Actual MedicationActual Actual CostActual <th>Ref. #</th> <th>Service</th> <th></th> <th></th> <th></th> <th></th> <th>New</th> <th>Revised</th> <th>Fee Authority</th> <th>Description/Exception</th>	Ref. #	Service					New	Revised	Fee Authority	Description/Exception
054 Female in Heat 50 Add \$45 \$51.60 Add \$52 X Art. XI, \$7: County Code 4-22 cost (including veterinary fe medication) to accomplish t procedure. 055 Prescription Medication 0 \$7.27 \$7 Plus Medication CA Actual Medication Catual Medication Actual Medication Catual Medication Cost Catual Medication Cost Catual Actual Medication Cost Catual Actual Medication Cost Catual Actual Medication Catual Medication Catual Medication Cost Catual Actual Medication Cost Catual Actual Medication Catual Medication Catual Actual Medication Catual Medication Catual Actual Medication Catual Actual Actual Medication Catual Actual Medication Catual Ac									,	BeschpholinException
055Prescription Medication00000Actual Medication CostActual CostActual CostActual CostActual CostActual CostActual Cost <t< td=""><td>054</td><td>Female in Heat</td><td>50</td><td>Add \$45</td><td>\$51.60</td><td></td><td></td><td>x</td><td>Art. XI, §7; County Code</td><td></td></t<>	054	Female in Heat	50	Add \$45	\$51.60			x	Art. XI, §7; County Code	
055Prescription MedicationActual	,	1	50	\$7 Plus	\$7.27	\$7 Plus			CA	
056Missed Appointment10\$22\$22.95\$23XConstitution Art. XI, \$7; County CodeFee includes administrative incurred to adjust schedule, county Code057DA2PP650\$13\$14.05\$14XXCA Constitution Art. XI, \$7; County Code058Bordatella480\$13\$14.24\$14XArt. XI, \$7; County CodeCA Constitution Art. XI, \$7;059FVRCP200\$12\$14.24\$14XX060Rabies1500\$10\$12.28\$12XCA Constitution Art. XI, \$7; County CodeFee includes cost to purcha apply the vaccination.061Leptospirosis80NA\$18.36\$18XCA Constitution Art. XI, \$7; County Code062FELV80NA\$17.95\$18XCA Constitution Art. XI, \$7; County Code062FELV80NA\$17.95\$18XCA Constitution Art. XI, \$7; County Code062FELV80NA\$17.95\$18XCA Constitution Art. XI, \$7; County Code	055	Prescription Medication		Actual Medication	Actual Medication	Actual Medication			Art. XI, §7; County Code	Fee includes administrative cost to process and fill prescription.
057 DA2PP 650 \$13 \$14.05 \$14 X CA Constitution Art. XI, §7; County Code 4-22 058 Bordatella 480 \$13 \$14.31 \$14 X CA Constitution Art. XI, §7; County Code 4-22 060 Rabies 1500 \$10 \$12.28 \$12 X Fee includes cost to purcha Art. XI, §7; County Code 4-22 061 Leptospirosis 80 NA \$18.36 \$18 X 4-22 061 Leptospirosis 80 NA \$18.36 \$18 X 4-22 061 Leptospirosis 80 NA \$18.36 \$18 X 4-22 062 FELV 80 NA \$17.95 \$18 X 4-22 062 FELV 80 NA \$17.95 \$18 X 4-22 062 FeLV 80 NA \$17.95 \$18 X 4-22 0 Constitution Art. XI, §7; Fee is to test for feline leuke Fee is to test for feline leuke <	056	Missed Appointment	10	\$22	\$22.95	\$23		x	Constitution Art. XI, §7; County Code	
058 Bordatella 480 \$13 \$14.31 \$14 X CA Constitution Art. XI, \$7; County Code 4-22 059 FVRCP 200 \$12 \$14.24 \$14 X Art. XI, \$7; County Code 4-22 060 Rabies 1500 \$10 \$12.28 \$12 X Fee includes cost to purcha apply the vaccination. 061 Leptospirosis 80 NA \$18.36 \$18 X 4-22 062 FELV 80 NA \$17.95 \$18 X 4-22 062 FELV 80 NA \$17.95 \$18 X 4-22 CA Constitution Art. XI, \$7; County Code CA Constitution Art. XI, \$7; County Code Fee is to test for feline leuke		Vaccinations								
058Bordatella480\$13\$14.31\$14XConstitution Art. XI, §7; County Code 4-22060Rabies1500\$10\$12.28\$14XXFee includes cost to purchat apply the vaccination.060Rabies1500\$10\$12.28\$12XX060Rabies1500\$10\$12.28\$12XFee includes cost to purchat apply the vaccination.061Leptospirosis80NA\$18.36\$18X-CA Constitution Art. XI, §7; County Code062FELV80NA\$17.95\$18X-CA Constitution Art. XI, §7; County Code062FELV80NA\$17.95\$18X-4-22062FELV80NA\$17.95\$18X-Fee is to test for feline leuke	057	DA2PP	650	\$13	\$14.05	\$14		х	0.1	
059FVRCP200\$12\$14.24\$14XCounty Code 4-22060Rabies1500\$10\$12.28\$12XFee includes cost to purchat constitution Art. XI, \$7; County Code061Leptospirosis80NA\$18.36\$18X4-22062FELV80NA\$17.95\$18XCA Constitution Art. XI, \$7; County CodeCA Constitution Art. XI, \$7; Fee is to test for feline leuke	058	Bordatella	480	\$13	\$14.31	\$14		х	Constitution	
061 Leptospirosis 80 NA \$18.36 \$18 X 4-22 Fee includes cost to purchal apply the vaccination. 061 Leptospirosis 80 NA \$18.36 \$18 X 4-22 061 Leptospirosis 80 NA \$18.36 \$18 X 4-22 062 FELV 80 NA \$17.95 \$18 X 4-22 062 FELV 80 NA \$17.95 \$18 X 4-22 062 FELV 80 NA \$17.95 \$18 X 4-22 Fee is to test for feline leuke CA Constitution Art. XI, \$7; Fee is to test for feline leuke	059	FVRCP	200	\$12	\$14.24	\$14		х	County Code	
061 Leptospirosis 80 NA \$18.36 \$18 X 4-22 061 Leptospirosis 80 NA \$18.36 \$18 X 4-22 061 Leptospirosis 80 NA \$18.36 \$18 X 4-22 061 Leptospirosis 80 NA \$17.95 \$18 X 4-22 062 FELV 80 NA \$17.95 \$18 X 4-22 062 FELV 80 NA \$17.95 \$18 X 4-22 Fee is to test for feline leuke	060	Rabies	1500	\$10	\$12.28	\$12		х		Fee includes cost to purchase and
062 FELV 80 NA \$17.95 \$18 X Constitution Art. XI, §7; County Code 4-22 Constitution Art. XI, §7; Constitution Art. XI, §7; Fee is to test for feline leuke	061	Leptospirosis	80	NA	\$18.36	\$18	x		Constitution Art. XI, §7; County Code 4-22	
CA Constitution Art. XI, §7; Fee is to test for feline leuke	062	FELV	80	NA	\$17.95	\$18	x		Constitution Art. XI, §7; County Code	
063 FELV Test 10 \$29 \$30.36 \$30 X 4-22									CA Constitution Art. XI, §7; County Code	Fee is to test for feline leukemia.

		Estimated	Current/	Actual	Recommended				
Ref. #	Service	No of Units	Prior Fee	Cost per	Fee/Unit	New	Revised	Fee Authority	Description/Exception
		2017/18	Per Unit	Unit	2017/18	Fee	Fee		
	Miscellaneous								
			1st three hours		1st three hours				Fee includes 2 hour collhook pourfer
			= \$210	\$202.19	= \$202		Х		Fee includes 3-hour callback pay for an Animal Control Officer, plus
064	After-Hour Calls	5	Time in excess of three hours = \$41 per hour.	\$39.45	Time in excess of three hours = \$39 per hour.		x	CA Constitution Art. XI, §7; County Code 4-22	vehicle costs. If more than 3 hours are worked, customer will be charged the average hourly overtime
065	Microchip	2,000	\$10	\$12.17	\$12		x	County Code 4-183	County Code requires that all cats and dogs leaving the shelter be microchipped.
066	Animal Control Officer	NA	\$53.98	\$51.79	\$51.79		x	CA Constitution	Fee reflects cost for dedicated, one- time, non-contract service.
067	Animal Control Vehicle	NA	\$176.91 per day plus \$0.22 per mile	\$179.26 per day plus \$0.22 per mile	\$179.26 per day plus \$0.22 per mile		x	Art. XI, §7	Additional fees may apply if situations require focused units and equipment.

RESOLUTION NO. 2017 - ____

RESOLUTION OF THE SOLANO COUNTY BOARD OF SUPERVISORS ADOPTING REVISED FEE SCHEDULE FOR THE NUT TREE AIRPORT

Whereas, the laws of the State of California and the provisions of the Solano County Code authorize the Solano County Board of Supervisors to establish and adjust fees that the Nut Tree Airport proposes.

Resolved, that the Solano County Board of Supervisors adopts the fees set forth in attached Exhibit XX to Solano County Code section 2.4, to be effective on July 1, 2017.

Passed and adopted by the Solano County Board of Supervisors at its regular meeting on April 25, 2017 by the following vote:

SUPERVISORS	
SUPERVISORS	
SUPERVISORS	
	SUPERVISORS

JOHN M. VASQUEZ, Chair Solano County Board of Supervisors

ATTEST: BIRGITTA E. CORSELLO, Clerk Solano County Board of Supervisors

By: _____ Jeanette Neiger, Chief Deputy Clerk

COUNTY OF SOLANO COST AND FEE SCHEDULE FY2017/18

GENERAL SERVICES - NUT TREE AIRPORT EXHIBIT XX

Ref. #	Service	Estimated No of Units FY2017/18	Current Fee Per Unit	Actual Cost per Unit	Rec'md. Fee/Unit FY2017/18	New Fee	Revised Fee	Fee Authority	Description/ Exception			
					AFT PARKING			L	1			
001	Transient Aircraft Parking Standard		\$8.00	N/A	\$8.00			California Constitution article XI, section 7	Per Day			
002	Transient Parking Medium Power-in (Drive Through)		\$12.00	N/A	\$12.00			California Constitution article XI, section 7	Per Day			
003	Transient Parking Large Power-in (Drive Through)		\$17.00	N/A	\$17.00			California Constitution article XI, section 7	Per Day			
004	Tie Down - Standard		\$55.00	N/A	\$55.00			California Constitution article XI, section 7	Per Month			
005	Tie Down -Small Power-In (Drive Through)		\$88.00	N/A	\$88.00			California Constitution article XI, section 7	Per Month			
006	Tie Down - Medium Power- in (Drive Through)		\$100.00	N/A	\$100.00			California Constitution article XI, section 7	Per Month			
007	Tie Down - Large Power-in (Drive Through)		\$112.00	N/A	\$112.00			California Constitution article XI, section 7	Per Month			
	AIRPLANE HANGARS											
008	County Hangars 1035 Sq Ft		\$308.00	\$ 317.00	\$317.00		~	California Constitution article XI, section 7	Per Month			
009	County Hangars 1412 Sq Ft		\$327.00	\$ 337.00	\$337.00		\checkmark	California Constitution article XI, section 7	Per Month			
010	County Hangars 1092 Sq Ft		\$322.00	\$ 332.00	\$332.00		✓	California Constitution article XI, section 7	Per Month			
011	County Hangars 1676 Sq Ft		\$441.00	\$ 454.00	\$454.00		\checkmark	California Constitution article XI, section 7	Per Month			
012	County Hangars 2000 Sq Ft		\$589.00	\$ 607.00	\$607.00		\checkmark	California Constitution article XI, section 7	Per Month			
013	Private Hangars		Per Contracts	N/A	Per Contracts			California Constitution article XI, section 7	Per Contracts			
014	Corporate Hangars		Per Contracts	N/A	Per Contracts			California Constitution article XI, section 7	Per Contracts			
015	Storage Units (in Hangar Area)		\$109.00	\$ 112.00	\$112.00		\checkmark	California Constitution article XI, section 7	Per Year			
	CORPORATI	E/BUSINESS	FEES									
016	Gross Revenue Fees		Varies	N/A	Varies			California Constitution article XI, section 7	On Gross Revenue less Hangar Rent Paid to County			
017	Minimum Monthly Fees		\$500.00	N/A	\$500.00			California Constitution article XI, section 7	Per Month			

COUNTY OF SOLANO COST AND FEE SCHEDULE FY2017/18

GENERAL SERVICES - NUT TREE AIRPORT EXHIBIT XX

Ref. #	Service	Estimated No of Units FY2017/18	Current Fee Per Unit	Actual Cost per Unit	Rec'md. Fee/Unit FY2017/18	New Fee	Revised Fee	Fee Authority	Description/ Exception	
018	Flowage Fee		\$0.15	N/A	Per Contract			California Constitution article XI, section 7	Per Gallon Sold. Flowage fees are collected from fuel vendors contracted by the County to seel fuel on airfield.	
019	Per Use Fees		Per Contracts	N/A	Per Contracts			California Constitution article XI, section 7	Per Contracts	
020	Leased Space Fees		Per Contracts	N/A	Per Contracts			California Constitution article XI, section 7	Per Month	
Administrative Fees										
021	Gate Pass Maintenance and Security Fee		\$30.00	N/A	\$30.00			California Constitution article XI, section 7	Annually (July)	
022	Duplication of documents		County Standard Rate	N/A	County Standard Rate			California Constitution article XI, section 7		
023	Duplication of Document/media		County Standard Rate	N/A	County Standard Rate			California Constitution article XI, section 7		
024	Hourly Rate for direct staff service		\$166.00	\$173.00	\$173.00		\checkmark	California Constitution article XI, section 7		
	Planning and Env	ironmental R	eview Fees							
025	Operating License (new)	1	\$340.00	\$364.00	\$364.00		\checkmark	California Constitution article XI, section 7		
026	Operating License (renewal)	1	\$216.00	\$225.00	\$225.00		\checkmark	California Constitution article XI, section 7		
027	Development Agreement (new)	1	\$8,632.00	\$8,996.00	\$8,996.00		\checkmark	CA Government Code section 65104		
028	Development Agreement (revision)	1	\$ 1,494.00	\$1,557.00	\$1,557.00		\checkmark	CA Government Code section 65104		
029	Master Plan Amendment	1	\$ 5,312.00	\$5,536.00	\$5,536.00		\checkmark	CA Government Code section 65104		
030	Ground Lease	1	\$ 4,150.00	\$4,325.00	\$4,325.00		\checkmark	CA Government Code section 65104		
031	Special Use Permit	1	\$ 2,822.00	\$2,941.00	\$2,941.00		\checkmark	CA Government Code section 65104		
032	Special Use Permit (revision)		\$ 830.00	\$865.00	\$865.00		\checkmark	CA Government Code section 65104		
033	CEQA Initial Study	1	\$ 1,162.00	\$1,211.00	\$1,211.00		\checkmark	PRC 21089(a)		
034	Negative Declaration	1	\$ 2,324.00	\$2,422.00	\$2,422.00		\checkmark	PRC 21089(a)		
035	Mitigation Monitoring Plan	1	\$ 1,660.00	\$1,730.00	\$1,730.00		\checkmark	PRC 21089(a)		
036	Environmental Impact Report-Initiate (NOP, RFP, select consultant)	1	\$ 3,320.00	\$3,460.00	\$3,460.00		\checkmark	PRC 21089(a)		

COUNTY OF SOLANO COST AND FEE SCHEDULE FY2017/18

GENERAL SERVICES - NUT TREE AIRPORT EXHIBIT XX

Ref. #	Service	Estimated	Current	Actual	Rec'md.			E.	
		No of Units	Fee	Cost per	Fee/Unit	New	Revised	Fee Authority	Description/ Exception
		FY2017/18	Per Unit	Unit	FY2017/18	Fee	Fee		
037	National Environmental Policy Act (NEPA) - Categorical Exclusion	1	\$ 2,324.00	\$2,422.00	\$2,422.00		\checkmark	California Constitution article XI, section 7	The FAA requires that certain projects be reviewed pursuant to NEPA.
038	NEPA Environmental Assessment - Initiate (RFP, select consultant)	1	\$ 3,320.00	\$3,460.00	\$3,460.00		\checkmark	California Constitution article XI, section 7	The FAA requires that certain projects be reviewed pursuant to NEPA.
039	Negative Declaration	1	\$ 2,210.00	\$2,210.00	\$2,210.00			PRC 21089(a)	State mandated filing fee paid to California Dept. of Fish and Wildlife (subject to change in January 2016)
040	Environmental Impact Report	1	\$ 3,069.75	\$3,069.75	\$3,069.75			PRC 21089(a)	State mandated filing fee paid to California Dept. of Fish and Wildlife (subject to change in January 2016)
041	Supervision private development projects - minor	1	\$ 664.00	\$692.00	\$692.00		\checkmark	California Constitution article XI, section 7	
042	Supervision private development projects - major	1	\$ 1,162.00	\$1,211.00	\$1,211.00		\checkmark	California Constitution article XI, section 7	
043	Construction Management		Per Contracts	N/A	Per Contracts			California Constitution article XI, section 7	
	Fee Authority Summary	California Constituion article XI, section 7, Government Code and Public Resources Code. Solano County Ordinance No. 1411, Chapter 2.4 of the Solano County Code concerning Airports allows County to establish fee.							