

**PROFESSIONAL SERVICES AGREEMENT
BY AND BETWEEN
COUNTY OF HUMBOLDT
AND
ST. JOSEPH HEALTH NORTHERN CALIFORNIA, LLC.,
D.B.A. ST. JOSEPH HOSPITAL OF EUREKA**

This Agreement, entered into this 7 day of May, 2019, by and between the County of Humboldt, a political subdivision of the State of California, hereinafter referred to as "COUNTY," and St. Joseph Health Northern California, LLC., d.b.a. St. Joseph Hospital of Eureka, a California limited liability company, hereinafter referred to as "CONTRACTOR," is made upon the following considerations:

WHEREAS, COUNTY, by and through its Department of Health and Human Services – Social Services ("DHHS – Social Services"), desires to retain the services of a qualified professional organization to provide community outreach services designed to increase the utilization of the CalFresh program by eligible households in order to improve the health and economic stability of families and individuals in Humboldt County; and

WHEREAS, such work involves the performance of professional services of a temporary and occasional character; and

WHEREAS, COUNTY has no employees available to perform such services and is unable to hire employees for the performance thereof for the temporary period; and

WHEREAS, CONTRACTOR represents that it is adequately trained, skilled, experienced and qualified to perform such services.

NOW THEREFORE, the parties hereto mutually agree as follows:

1. DESCRIPTION OF SERVICES:

CONTRACTOR agrees to furnish the services described in Exhibit A – Scope of Services and Exhibit B – CalFresh Outreach Proposal, which is attached hereto and incorporated herein by reference. In providing such services, CONTRACTOR agrees to fully cooperate with the DHHS – Social Services Director or designee thereof, hereinafter referred to as "Director."

2. TERM:

This Agreement shall begin on May 1, 2019 and shall remain in full force and effect until April 30, 2020 unless sooner terminated as provided herein.

3. TERMINATION:

A. Breach of Contract. COUNTY may terminate this Agreement in the event that CONTRACTOR materially defaults in performing any of its duties or obligations hereunder, or violates any ordinance, regulation or other law applicable to its performance herein, and such default or violation continues un-remedied for a period of ten (10) days following written notice thereof.

- B. Without Cause. COUNTY may terminate this Agreement without cause upon thirty (30) days advance written notice to CONTRACTOR. Such notice shall state the effective date of the termination.
- C. Insufficient Funding. COUNTY's obligations under this Agreement are contingent upon the availability of local, state and/or federal funds. In the event such funding is reduced or eliminated, COUNTY shall, at its sole discretion, determine whether this Agreement shall be terminated. COUNTY shall provide CONTRACTOR seven (7) days advance written notice of its intent to terminate this Agreement due to insufficient funding.
- D. Compensation Upon Termination. In the event of any termination of this Agreement, CONTRACTOR shall be entitled to compensation for uncompensated services rendered hereunder through and including the effective date of such termination. However, this provision shall not limit or reduce any damages owing to COUNTY resulting from a breach of this Agreement by CONTRACTOR.

4. COMPENSATION:

- A. Maximum Amount Payable. The maximum amount payable by COUNTY for services rendered, and costs and expenses incurred, pursuant to the terms and conditions of this Agreement is One Hundred Sixty-Three Thousand Eight Hundred Fifty-Five Dollars (\$163,855.00). CONTRACTOR agrees to perform all services required by this Agreement for an amount not to exceed such maximum dollar amount. However, if local, state or federal funding or allowance rates are reduced or eliminated, COUNTY may, by amendment, reduce the maximum amount payable for services provided hereunder, or terminate this Agreement as provided herein. Under no circumstances shall the maximum compensation cap exceed the amount of One Hundred Sixty-Three Thousand Eight Hundred Fifty-Five Dollars (\$163,855.00).
- B. Schedule of Rates. The specific rates and costs applicable to this Agreement are set forth in Exhibit C CalFresh Outreach Budget, which is attached hereto and incorporated herein by reference. Any shifts in funds to or from the personnel category of the budget must be approved in writing by COUNTY. CONTRACTOR may shift up to twenty percent (20%) of the budgeted amounts between all other categories without written authorization from COUNTY. Indirect Costs are not allowed to exceed ten percent (10%) of the total modified costs per the federal Office of Management and Budget's Uniform Administrative Requirements.
- C. Additional Services. Any additional services not otherwise provided for herein shall not be provided by CONTRACTOR, or compensated by COUNTY, without written authorization by COUNTY. All unauthorized costs and expenses incurred above the maximum dollar amount set forth herein shall be the responsibility of CONTRACTOR. CONTRACTOR shall notify COUNTY, in writing, at least six (6) weeks prior to the date upon which CONTRACTOR estimates that the maximum dollar amount will be reached.

5. PAYMENT:

Quarterly and Final Invoices. CONTRACTOR shall submit to COUNTY quarterly and final invoices, itemizing all services rendered, and costs and expenses incurred, pursuant to the terms and conditions of this Agreement during the applicable invoice period as set forth in Exhibit D – CalFresh Outreach

Invoicing Guidelines, which is attached hereto and incorporated herein by reference. Invoices submitted pursuant to the terms and conditions of this Agreement shall be prepared using the COUNTY's standard CalFresh invoice form, which is attached hereto as Exhibit E – CalFresh Outreach Invoice Worksheet and Summary Form and incorporated herein by reference.

Quarterly and Final Invoice Summaries. CONTRACTOR shall submit to COUNTY quarterly and final invoice summaries itemizing the total costs incurred in each budget category during the applicable invoice period as set forth in Exhibit D – CalFresh Outreach Invoicing Guidelines. Invoice summaries submitted pursuant to the terms and conditions of this Agreement shall be prepared using COUNTY's standard CalFresh invoice summary form, which is attached hereto as Exhibit E – CalFresh Outreach Invoice Worksheet and Summary Form and incorporated herein by reference.

- A. Submission of Quarterly and Final Invoices and Invoice Summaries. All quarterly and final invoices and invoice summaries submitted by CONTRACTOR shall be sent to COUNTY at the following address:

COUNTY: Humboldt County DHHS – Social Services
Attention: Fiscal
507 F St.
Eureka, California 95501

6. NOTICES:

Any and all notices required to be given pursuant to the terms of this Agreement shall be in writing and either served personally or sent by certified mail, return receipt requested, to the respective addresses set forth below. Notice shall be effective upon actual receipt or refusal as shown on the receipt obtained pursuant to the foregoing.

COUNTY: Humboldt County DHHS – Social Services
Attention: Appolonia Coan, Staff Services Analyst
929 Koster St.
Eureka, California 95501

CONTRACTOR: St. Joseph Health
Attention: Martha Shanahan, Area Director
2700 Dolbeer Street
Eureka, California 95501

7. REPORTS:

- A. General reporting Requirements. CONTRACTOR agrees to provide COUNTY with any and all reports that may be required by local, state and/or federal agencies for compliance with this Agreement. Reports shall be submitted no later than fifteen (15) days after the end of each calendar quarter using the format required by the State of California as appropriate.
- B. Quarterly and Final Project Reports. CONTRACTOR shall submit quarterly and final project reports as set forth in Exhibit F – CalFresh Outreach Reporting Guidelines, which is attached hereto and incorporated herein by reference. Any and all quarterly and final project reports submitted pursuant to terms and conditions of this Agreement shall be prepared using COUNTY's standard CalFresh quarterly and final report forms, which are attached hereto as

Exhibit G – CalFresh Outreach Quarterly Project Report Form and Exhibit H – CalFresh Final Project Report Form and incorporated herein by reference.

- C. Submission of Quarterly and Final Project Reports. All Quarterly and final project reports submitted by CONTRACTOR shall be sent to COUNTY at the following address:

COUNTY: Humboldt County DHHS – Social Services
Attention: Appolonia Coan, Staff Services Analyst
929 Koster Street
Eureka, California 95501

8. RECORD RETENTION AND INSPECTION:

- A. Maintenance and Preservation of Records. CONTRACTOR agrees to timely prepare accurate and complete financial, performance and payroll records, documents and other evidence relating to the services provided pursuant to the terms and conditions of this Agreement, and to maintain and preserve said records for at least five (5) years from the date of final payment hereunder, except that if any litigation, claim, negotiation, audit or other action is pending, the records shall be retained until completion and resolution of all issues arising therefrom. Such records shall be original entry books with a general ledger itemizing all debits and credits for the services provided pursuant to the terms and conditions of this Agreement.
- B. Inspection of Records. Pursuant to California Government Code Section 8546.7, all records, documents, conditions and activities of CONTRACTOR, and its subcontractors, related to the services provided pursuant to the terms and conditions of this Agreement, shall be subject to the examination and audit of the California State Auditor and any other duly authorized agents of the State of California for a period of three (3) years after the date of final payment thereunder. CONTRACTOR hereby agrees to make all such records available during normal business hours to inspection, audit and reproduction by COUNTY and any other duly authorized local, state and/or federal agencies. CONTRACTOR further agrees to allow interviews of any of its employees who might reasonably have information related to such records by COUNTY and any duly authorized local, state and/or federal agencies. All examinations and audits conducted hereunder shall be strictly confined to those matters connected with the performance of this Agreement, including, without limitation, the costs of administering this Agreement.
- C. Audit Costs. In the event of an audit exception or exceptions related to the services provided pursuant to the terms and conditions of this Agreement, the party responsible for not meeting the requirements set forth herein shall be responsible for the deficiency and for the cost of the audit. If the allowable expenditures cannot be determined because CONTRACTOR's documentation is nonexistent or inadequate, according to generally accepted accounting practices, the questionable cost shall be disallowed by COUNTY.

9. MONITORING:

CONTRACTOR agrees that COUNTY has the right to monitor all activities related to this Agreement, including, without limitation, the right to review and monitor CONTRACTOR's records, programs or procedures, at any time, as well as the overall operation of CONTRACTOR's programs, in order to ensure compliance with the terms and conditions of this Agreement. CONTRACTOR will cooperate with a corrective action plan, if deficiencies in CONTRACTOR's

records, programs or procedures are identified by COUNTY. However, COUNTY is not responsible, and will not be held accountable, for overseeing or evaluating the adequacy of the CONTRACTOR's.

10. CONFIDENTIAL INFORMATION:

- A. Disclosure of Confidential Information. In the performance of this Agreement, CONTRACTOR may receive information that is confidential under local, state or federal law. CONTRACTOR hereby agrees to protect all confidential information in conformance with any and all applicable local, state and federal laws, regulations, policies, procedures and standards, including, but not limited to: Division 19 of the California Department of Social Services Manual of Policies and Procedures – Confidentiality of Information; California Welfare and Institutions Code Sections 827, 5328, 10850 and 14100.2; California Health and Safety Code Sections 1280.15 and 1280.18; the California Information Practices Act of 1977; the California Confidentiality of Medical Information Act (“CMIA”); the United States Health Information Technology for Economic and Clinical Health Act (“HITECH Act”); the United States Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) and any current and future implementing regulations promulgated thereunder, including, without limitation, the Federal Privacy Regulations contained in Title 45 of the Code of Federal Regulations (“C.F.R.”) Parts 160 and 164, the Federal Security Standards contained in 45 C.F.R. Parts 160, 162 and 164 and the Federal Standards for Electronic Transactions contained in 45 C.F.R. Parts 160 and 162, all as may be amended from time to time.
- B. Continuing Compliance with Confidentiality Laws. The parties acknowledge that local, state and federal laws, regulations and standards pertaining to confidentiality, electronic data security and privacy are rapidly evolving and that amendment of this Agreement may be required to ensure compliance with such developments. Each party agrees to promptly enter into negotiations concerning an amendment to this Agreement embodying written assurances consistent with the standards and requirements of HIPAA, the HITECH Act, the CMIA and any other applicable local, state and federal laws regulations or standards.

11. NON-DISCRIMINATION COMPLIANCE:

- A. Nondiscriminatory Delivery of Social Services. In connection with the execution of this Agreement, CONTRACTOR, and its subcontractors, shall not unlawfully discriminate in the administration of public assistance and social services programs. CONTRACTOR hereby assures that no person shall be excluded from participation in, be denied benefits of, or be subjected to discrimination under any program or activity receiving local, state or federal financial assistance because of race, religion or religious creed, color, age (over forty (40) years of age), sex (including gender identity and expression, pregnancy, childbirth and related medical conditions), sexual orientation (including heterosexuality, homosexuality and bisexuality), national origin, ancestry, marital status, medical condition (including cancer and genetic characteristics), mental or physical disability (including HIV status and AIDS), political affiliation, military service or any other classifications protected by local, state or federal laws or regulations. COUNTY reserves the right to monitor the services provided hereunder in order to ensure compliance with the requirements of this provision.
- B. Professional Services and Employment. In connection with the execution of this Agreement, CONTRACTOR, and its subcontractors, shall not unlawfully discriminate in the provision of professional services or against any employee or applicant for employment because of race,

religion or religious creed, color, age (over forty (40) years of age), sex (including gender identity and expression, pregnancy, childbirth and related medical conditions), sexual orientation (including heterosexuality, homosexuality and bisexuality), national origin, ancestry, marital status, medical condition (including cancer and genetic characteristics), mental or physical disability (including HIV status and AIDS), political affiliation, military service, denial of family care leave or any other classifications protected by local, state or federal laws or regulations. Nothing herein shall be construed to require the employment of unqualified persons.

- C. Compliance with Anti-Discrimination Laws. CONTRACTOR further assures that it, and its subcontractors, will abide by the applicable provisions of: Title VI and Title VII of the Civil Rights Act of 1964; Section 504 of the Rehabilitation Act of 1973; the Age Discrimination Act of 1975; the Food Stamp Act of 1977; Title II of the Americans with Disabilities Act of 1990; the California Fair Employment and Housing Act; California Civil Code Sections 51, et seq.; California Government Code Sections 4450, et seq.; California Welfare and Institutions Code Section 10000; Division 21 of the California Department of Social Services Manual of Policies and Procedures; United States Executive Order 11246, as amended and supplemented by United States Executive Order 11375 and 41 C.F.R. Part 60; and any other applicable local, state and/or federal laws and regulations, all as may be amended from time to time. The applicable regulations of the California Fair Employment and Housing Commission implementing California Government Code Section 12990, set forth in Sections 8101, et seq. of the California Code of Regulations are incorporated into this as if set forth in full.

12. NUCLEAR FREE HUMBOLDT COUNTY ORDINANCE COMPLIANCE:

By executing this Agreement, CONTRACTOR certifies that it is not a Nuclear Weapons Contractor, in that CONTRACTOR is not knowingly or intentionally engaged in the research, development, production or testing of nuclear warheads, nuclear weapons systems or nuclear weapons components as defined by the Nuclear Free Humboldt County Ordinance. CONTRACTOR agrees to notify COUNTY immediately if it becomes a Nuclear Weapons Contractor as defined above. COUNTY may immediately terminate this Agreement if it determines that the foregoing certification is false or if CONTRACTOR subsequently becomes a Nuclear Weapons Contractor.

13. DRUG-FREE WORKPLACE:

By executing this Agreement, CONTRACTOR certifies that it will comply with the requirements of the Drug-Free Workplace Act of 1990 (California Government Code Sections 8350, et seq.) and will provide a drug-free workplace by doing all of the following:

- A. Drug-Free Policy Statement. Publish, as required by California Government Code Section 8355(a)(1), a Drug-Free Policy Statement which notifies employees that the unlawful manufacture, distribution, dispensation, possession or use of a controlled substance is prohibited, and specifies the actions to be taken against employees for violations.
- B. Drug-Free Awareness Program. Establish, as required by California Government Code Section 8355(a)(2), a Drug-Free Awareness Program which informs employees about the following:
1. The dangers of drug abuse in the workplace;

2. CONTRACTOR's policy of maintaining a drug-free workplace;
 3. Any available counseling, rehabilitation and employee assistance programs; and
 4. Penalties that may be imposed upon employees for drug abuse violations.
- C. Drug-Free Employment Agreement. Ensure, as required by California Government Code Section 8355(a)(3), that every employee who provides services pursuant to the terms and conditions of this Agreement will:
1. Receive a copy of CONTRACTOR's Drug-Free Policy Statement; and
 2. Agree to abide by CONTRACTOR's Drug-Free Policy as a condition of employment.
- D. Effect of Noncompliance. Failure to comply with the above-referenced requirements may result in suspension of payments under this Agreement and/or termination thereof, and CONTRACTOR may be ineligible for award of future contracts if COUNTY determines that the foregoing certification is false or if CONTRACTOR violates the certification by failing to carry out the above-referenced requirements.

14. INDEMNIFICATION:

- A. Hold Harmless, Defense and Indemnification. Each party and its agents, officers, officials, employees and volunteers (the "Indemnifying Party") shall hold harmless, defend and indemnify the other party and its agents, officers, officials, employees and volunteers from and against any and all claims, demands, losses, damages, and liabilities of any kind or nature, including, without limitation, attorney fees and other costs of litigation, arising out of, or in connection with, the negligent performance of, or failure to comply with, any of the duties and/or obligations contained herein.
- B. Effect of Insurance. Acceptance of the insurance required by this Agreement, shall not relieve CONTRACTOR from liability under this provision. This provision shall apply to all claims for damages related CONTRACTOR's performance hereunder, regardless of whether any insurance is applicable or not. The insurance policy limits set forth herein shall not act as a limitation upon the amount of indemnification or defense to be provided hereunder.

15. INSURANCE REQUIREMENTS:

This Agreement shall not be executed by COUNTY, and CONTRACTOR is not entitled to any rights hereunder, unless certificates of insurance or other sufficient proof that the following provisions have been complied with, are filed with the Clerk of the Humboldt County Board of Supervisors.

- A. General Insurance Requirements. Without limiting CONTRACTOR's indemnification obligations provided for herein, CONTRACTOR shall, and shall require that all subcontractors hereunder, take out and maintain, throughout the entire period of this Agreement, and any extended term thereof, the following policies of insurance, placed with insurers authorized to do business in the State of California with a current A.M. Best's rating of no less than A: VII or its equivalent against personal injury, death and property damage which may arise from, or in

connection with, the activities of CONTRACTOR and its agents, officers, directors, employees, licensees, invitees, assignees or subcontractors:

1. Comprehensive or Commercial General Liability Insurance at least as broad as Insurance Services Office Commercial General Liability Coverage (occurrence form CG 0001), in an amount of Two Million Dollars (\$2,000,000.00) per occurrence for any one (1) incident, including, but not limited to, personal injury, death and property damage. If a general aggregate limit is used, such limit shall apply separately hereto or shall be twice the required occurrence limit.
2. Automobile/Motor Liability Insurance with a limit of liability not less than One Million Dollars (\$1,000,000.00) combined single limit coverage. Such insurance shall include coverage of all owned, hired and non-owned vehicles. Said coverage shall be at least as broad as Insurance Service Offices Form Code 1 (any auto).
3. Workers' Compensation Insurance, as required by the Labor Code of the State of California, with statutory limits, and Employers Liability Insurance with a limit of no less than One Million Dollars (\$1,000,000.00) per accident for bodily injury or disease. Said policy shall contain, or be endorsed to contain, a waiver of subrogation against COUNTY and its agents, officers, officials, employees and volunteers.

B. Special Insurance Requirements. Said policies shall, unless otherwise specified herein, be endorsed with the following provisions:

1. The Comprehensive or Commercial General Liability Policy shall provide that COUNTY and its agents, officers, officials, employees and volunteers, are covered as additional insured for liability arising out of the operations performed by or on behalf of CONTRACTOR. The coverage shall contain no special limitations on the scope of protection afforded to COUNTY and its agents, officers, officials, employees and volunteers. Said policy shall also contain a provision stating that such coverage:
 - a. Includes contractual liability.
 - b. Does not contain exclusions as to loss or damage to property caused by explosion or resulting from collapse of buildings or structures or damage to property underground, commonly referred to as "XCU Hazards."
 - c. Is the primary insurance with regard to COUNTY.
 - d. Does not contain a pro-rata, excess only and/or escape clause.
 - e. Contains a cross liability, severability of interest or separation of insured's clause.
2. The above-referenced policies shall not be canceled, non-renewed or materially reduced in coverage without thirty (30) days prior written notice being provided to COUNTY in accordance with the notice provisions set forth herein. It is further understood that CONTRACTOR shall not terminate such coverage until COUNTY receives adequate proof that equal or better insurance has been secured.

3. The inclusion of more than one (1) insured shall not operate to impair the rights of one (1) insured against another insured, and the coverage afforded shall apply as though separate policies had been issued to each insured, but the inclusion of more than one (1) insured shall not operate to increase the limits of the insurer's liability.
4. For claims related to this Agreement, CONTRACTOR's insurance is the primary coverage to COUNTY, and any insurance or self-insurance programs maintained thereby are excess to CONTRACTOR's insurance and will not be used to contribute therewith.
5. Any failure to comply with the provisions of this Agreement shall not affect coverage provided to COUNTY or its agents, officers, officials, employees and volunteers.
6. CONTRACTOR shall furnish COUNTY with certificates and original endorsements effecting the required coverage prior to execution of this Agreement. The endorsements shall be on forms approved by the Humboldt County Risk Manager or County Counsel. Any deductible or self-insured retention over One Hundred Thousand Dollars (\$100,000.00) shall be disclosed to, and approved by, COUNTY. If CONTRACTOR does not keep all required policies in full force and effect, COUNTY may, in addition to other available remedies under this Agreement, take out the necessary insurance, and CONTRACTOR agrees to pay the cost thereof. COUNTY is also hereby authorized with the discretion to deduct the cost of said insurance from the monies owed to CONTRACTOR under this Agreement.
7. COUNTY is to be notified immediately if twenty-five percent (25%) or more of any required insurance aggregate limit is encumbered, and CONTRACTOR shall be required to purchase additional coverage to meet the above-referenced aggregate limits.

C. Insurance Notices. Any and all insurance notices required to be given pursuant to the terms of this Agreement shall be sent to the addresses set forth below in accordance with the notice provisions described herein.

COUNTY: County of Humboldt
 Attention: Risk Management
 825 Fifth Street, Room 131
 Eureka, California 95501

CONTRACTOR: St. Joseph Health
 Attention: Martha Shananhan, Area Director
 2700 Dolbeer Street
 Eureka, California 95501

16. RELATIONSHIP OF PARTIES:

It is understood that this Agreement is by and between two (2) independent entities and is not intended to, and shall not be construed to, create the relationship of agent, servant, employee, partnership, joint venture or any other similar association. Both parties further agree that CONTRACTOR shall not be entitled to any benefits to which COUNTY employees are entitled, including, but not limited to, overtime, retirement benefits, leave benefits or workers' compensation. CONTRACTOR shall be solely responsible for the acts or omissions of its agents, officers, employees, assignees and subcontractors.

17. COMPLIANCE WITH APPLICABLE LAWS AND LICENSURE REQUIREMENTS:

CONTRACTOR agrees to comply with any and all local, state and federal laws, regulations, policies and procedures applicable to the services provided pursuant to the terms and conditions of this Agreement. CONTRACTOR further agrees to comply with any and all applicable local, state and federal licensure and certification requirements.

18. PROVISIONS REQUIRED BY LAW:

This Agreement is subject to any additional local, state and federal restrictions, limitations, or conditions that may affect the provisions, terms or funding of this Agreement. This Agreement shall be read and enforced as though all legally required provisions are included herein, and if for any reason any such provision is not included, or is not correctly stated, the parties agree to amend the pertinent section to make such insertion or correction.

19. REFERENCE TO LAWS AND RULES:

In the event any law, regulation, standard, policy or procedure referred to in this Agreement is amended during the term hereof, the parties agree to comply with the amended provision as of the effective date of such amendment.

20. PROTOCOLS:

Both parties recognize that the inclusion of additional protocols may be required to make this Agreement specific. All such protocols shall be negotiated, determined and agreed upon by Director and CONTRACTOR.

21. SEVERABILITY:

If any provision of this Agreement, or any portion thereof, is found by any court of competent jurisdiction to be unenforceable or invalid for any reason, such provision shall be severable and shall not in any way impair the enforceability of any other provision of this Agreement.

22. ASSIGNMENT:

Neither party shall delegate its duties nor assign its rights hereunder, either in whole or in part, without the other party's prior written consent. Any assignment by CONTRACTOR in violation of this provision shall be void, and shall be cause for immediate termination of this Agreement. This provision shall not be applicable to service agreements or other arrangements usually or customarily entered into by either party to obtain supplies, technical support or professional services.

23. AGREEMENT SHALL BIND SUCCESSORS:

All provisions of this Agreement shall be fully binding upon, and inure to the benefit of, the parties and to each of their heirs, executors, administrators, successors and permitted assigns.

24. WAIVER OF DEFAULT:

The waiver by either party of any breach or violation of any requirement of this Agreement shall not be deemed to be a waiver of any such breach in the future, or of the breach of any other requirement of this Agreement. In no event shall any payment by COUNTY constitute a waiver of any breach of this Agreement or any default which may then exist on the part of CONTRACTOR. Nor shall such payment impair or prejudice any remedy available to COUNTY with respect to any breach or default. COUNTY shall have the right to demand repayment of, and CONTRACTOR shall promptly refund, any funds disbursed to CONTRACTOR which, COUNTY determines were not expended in accordance with the terms of this Agreement.

25. NON-LIABILITY OF COUNTY OFFICIALS AND EMPLOYEES:

No official or employee of COUNTY shall be personally liable for any default or liability under this Agreement.

26. AMENDMENT:

This Agreement may be amended at any time during the term of this Agreement upon the mutual consent of both parties. No addition to, or alteration of, the terms of this Agreement shall be valid unless made in writing and signed by the parties hereto.

27. STANDARD OF PRACTICE:

CONTRACTOR warrants that it has the degree of learning and skill ordinarily possessed by reputable professionals practicing in similar localities in the same profession and under similar circumstances. CONTRACTOR's duty is to exercise such care, skill and diligence as professionals engaged in the same profession ordinarily exercise under like circumstances.

28. TITLE TO INFORMATION AND DOCUMENTS:

It is understood that any and all documents, information and reports concerning the subject matter of this Agreement prepared and/or submitted by CONTRACTOR shall become the property of COUNTY. However, CONTRACTOR may retain copies of such documents and information for its records. In the event this Agreement is terminated, for any reason whatsoever, CONTRACTOR shall promptly turn over all information, writings and documents pertaining to the services provided hereunder to COUNTY without exception or reservation.

29. JURISDICTION AND VENUE:

This Agreement shall be construed in accordance with the laws of the State of California. Any dispute arising hereunder, or relating hereto, shall be litigated in the State of California and venue shall lie in the County of Humboldt unless transferred by court order pursuant to California Code of Civil Procedure Sections 394 or 395.

30. ADVERTISING AND MEDIA RELEASE:

All informational material related to this Agreement shall receive approval from COUNTY prior to being used as advertising or released to the media, including, but not limited to, television, radio, newspapers and internet. CONTRACTOR shall inform COUNTY of all requests for interviews by

the media related to this Agreement before such interviews take place; and COUNTY shall be entitled to have a representative present at such interviews. All notices required by this provision shall be given to Director.

31. SUBCONTRACTS:

CONTRACTOR shall obtain prior written approval from COUNTY before subcontracting any of the services to be provided pursuant to the terms and conditions of this Agreement. Any and all subcontracts shall be subject to all applicable terms and conditions of this Agreement, including, without limitation, the licensing, certification, privacy, security and confidentiality requirements set forth herein. CONTRACTOR shall remain legally responsible for the performance of all terms and conditions of this Agreement, including work performed by third parties under subcontracts, whether approved by COUNTY or not.

32. ATTORNEYS' FEES:

If either party shall commence any legal action or proceeding, including an action for declaratory relief, against the other by reason of the alleged failure of the other to perform or keep any provision of this Agreement to be performed or kept, the party prevailing in said action or proceeding shall be entitled to recover court costs and reasonable attorneys' fees, including the reasonable value of services rendered by the Humboldt County Counsel's Office, to be fixed by the court, and such recovery shall include court costs and attorneys' fees on appeal, if applicable. As used herein, "prevailing party" means the party who dismisses an action or proceeding in exchange for payment of substantially all sums allegedly due, performance of provisions allegedly breached, or other considerations substantially equal to the relief sought by said party, as well as the party in whose favor final judgment is rendered.

33. SURVIVAL:

The duties and obligations of the parties set forth in Section 3(D) – Compensation Upon Termination, Section 8 – Record Retention and Inspection, Section 10– Confidential Information and Section 14 – Indemnification shall survive the expiration or termination of this Agreement.

34. CONFLICTING TERMS OR CONDITIONS:

In the event of any conflict in the terms or conditions set forth in any other agreements in place between the parties hereto and the terms and conditions set forth in this Agreement, the terms and conditions set forth herein shall have priority.

35. INTERPRETATION:

This Agreement, as well as its individual provisions, shall be deemed to have been prepared equally by both of the parties hereto, and shall not be construed or interpreted more favorably for one (1) party on the basis that the other party prepared it.

36. INDEPENDENT CONSTRUCTION:

The titles of the sections, subsections and paragraphs set forth in this Agreement are inserted for convenience of reference only, and shall be disregarded in construing or interpreting any of the provisions of this Agreement.

37. FORCE MAJEURE:

Neither party hereto shall be liable or responsible for delays or failures in performance resulting from events beyond the reasonable control of such party and without fault or negligence of such party. Such events shall include, without limitation, acts of God, strikes, lockouts, riots, acts of war, epidemics, acts of government, fire, power failures, nuclear accidents, earthquakes, unusually severe weather, acts of terrorism or other disasters, whether or not similar to the foregoing.

38. ENTIRE AGREEMENT:

This Agreement contains all of the terms and conditions agreed upon by the parties hereto and no other agreements, oral or otherwise, regarding the subject matter of this Agreement shall be deemed to exist or to bind either of the parties hereto. In addition, this Agreement shall supersede in their entirety any and all prior agreements, promises, representations, understandings and negotiations of the parties, whether oral or written, concerning the same subject matter. Any and all acts which may have already been consummated pursuant to the terms and conditions of this Agreement are hereby ratified. This Agreement may be executed in one or more counterparts, each of which shall be deemed to be an original and all of which, when taken together, shall be deemed to be one and the same agreement. A signed copy of this Agreement transmitted by email or by other means of electronic transmission shall be deemed to have the same legal effect as delivery of an original executed copy of this Agreement for all purposes.

39. AUTHORITY TO EXECUTE:

Each person executing this Agreement represents and warrants that he or she is duly authorized and has legal authority to execute and deliver this Agreement. Each party represents and warrants to the other that the execution and delivery of this Agreement and the performance of such party's obligations hereunder have been duly authorized.

40. MEANINGFUL USE REGARDING FIXED ASSETS:

All Grantors who acquire fixed assets pursuant to the terms of a DHHS agreement are responsible to ensure that the asset is used for a purpose consistent with the grant. DHHS must approve any changes in utilization of the asset. This term survives termination of the agreement.

41. COUNTERPART EXECUTION:

This Agreement may be executed in one or more counterparts, each of which shall be deemed to be an original and all of which, when taken together, shall be deemed to be one and the same agreement. A signed copy of this Agreement transmitted by email or by other means of electronic transmission shall be deemed to have the same legal effect as delivery of an original executed copy of this Agreement for all purposes.

[Signatures on Following Page]

IN WITNESS WHEREOF, the parties have entered into this Agreement as of the date first written above.

TWO SIGNATURES ARE REQUIRED FOR CORPORATIONS:

- (1) CHAIRPERSON OF THE BOARD, PRESIDENT, OR VICE PRESIDENT; AND
- (2) SECRETARY, ASSISTANT SECRETARY, CHIEF FINANCIAL OFFICER OR TREASURER.

ST. JOSEPH HEALTH NORTHERN CALIFORNIA, LLC., D.B.A. ST. JOSEPH HOSPITAL OF EUREKA:

By:  Date: 4-3-19

Name: Kevin Klockenga

Title: No. Calif. Regional CEO

By:  Date: 4/6/19

Name: Roberta Luskin-Hawk

Title: Chief Executive, St Joseph Health - Humboldt

COUNTY OF HUMBOLDT:

By:  Date: 5/7/2019

Rex Bohn
Chair, Humboldt County Board of Supervisors

INSURANCE AND INDEMNIFICATION REQUIREMENTS APPROVED:

By:  Date: 4/12/19

Risk Management

LIST OF EXHIBITS:

- Exhibit A – Scope of Services
- Exhibit B – CalFresh Outreach Proposal
- Exhibit C – CalFresh Outreach Budget
- Exhibit D – CalFresh Outreach Invoicing Guidelines
- Exhibit E – CalFresh Outreach Invoice Worksheet and Summary Form
- Exhibit F – CalFresh Outreach Reporting Guidelines
- Exhibit G – CalFresh Outreach Quarterly Project Report Form
- Exhibit H – CalFresh Outreach Final Project Report Form

EXHIBIT A
SCOPE OF SERVICES
ST. JOSEPH HEALTH NORTHERN CALIFORNIA, LLC.,
D.B.A. ST. JOSEPH HOSPITAL OF EUREKA

CONTRACTOR shall provide community outreach services designed to increase participation in the CalFresh program by eligible households in order to improve the health and economic stability of families and individuals in Humboldt County.

1. SERVICES:

A. Community Outreach Services. CONTRACTOR shall Provide the CalFresh community outreach services set forth in Exhibit B – CalFresh Program Outreach Proposal regarding utilization of the CalFresh Program. The CalFresh community outreach services provided pursuant to the terms and conditions of this Agreement shall include, without limitation, all of the following:

1. Assistance with the preparation and submission of CalFresh applications.
2. Assistance with the CalFresh intake and enrollment processes.
3. Assistance with CalFresh retention.
4. Provision of informational events and activities, including, without limitation, cooking demonstrations and community garden programs, that are designed to reduce the stigma associated with the CalFresh program and encourage utilization thereof.
5. Provision of healthy foods and guidance on healthy eating, including, without limitation, providing nutritional information and CalFresh outreach materials, to participants in local food and meal programs.
6. Development and implementation of a service provision plan in order to ensure that specialized community outreach services are provided to populations with low CalFresh participation rates.
7. Promotion of healthy eating and exercise practices throughout Humboldt County.

B. Coordination Services. CONTRACTOR shall designate a contact liaison to communicate, and coordinate the provision of the community outreach services set forth in Exhibit B – CalFresh Program Outreach Proposal, with the CalFresh program.

2. PLACE OF PERFORMANCE:

CONTRACTOR will provide the community outreach services set forth Exhibit B – CalFresh Program Outreach Proposal at various locations throughout Humboldt County.

EXHIBIT B

CALFRESH OUTREACH PROPOSAL

ST. JOSEPH HEALTH NORTHERN CALIFORNIA, LLC.,
D.B.A. ST. JOSEPH HOSPITAL OF EUREKA



CalFresh Outreach Guidelines for Fiscal Year 2018-19

Federal and State funding for CalFresh Outreach has created an opportunity for community-based organizations and the Humboldt County Department of Health & Human Services (DHHS) to partner in improving the health of our community. Funding is available again this year to community-based organizations for outreach, education and application assistance.

The overarching goal of the CalFresh program is to improve the health and well-being of families and individuals in Humboldt County. Reliable access to nutritious food is essential for overall health and is important in the prevention of chronic diseases. The objectives of the outreach program and this funding are to:

- increase awareness of and enrollment in CalFresh,
- reduce barriers to CalFresh enrollment and retention, and
- increase awareness and adoption of healthy food and life choices that improve wellness and prevent chronic disease.

There are still many potentially eligible residents who have not applied for CalFresh benefits and there are many CalFresh participants who do not maintain enrollment. DHHS is focused on increasing CalFresh enrollment and retention and is interested in partnering with community-based organizations willing to join the effort.

DHHS would like to partner with community-based organizations that can help with the following efforts.

- Support enrollment and retention processes with information, pre-screening, direct application and enrollment assistance, and retention assistance.
- Educate community members about CalFresh and program changes.
- Reduce barriers to enrollment, including stigma, fear, language/literacy, and others.
- Reach populations with low CalFresh Participation Rates (such as working families, seniors, persons in recovery, persons with limited literacy or ability to speak/read English, transitional aged foster youth, and the homeless).
- Link CalFresh to access to nutritious food and provide CalFresh-related nutrition information and guidance, including how to shop for and cook with nutritious foods on a budget.

DHHS will consider a partnership request at any time during the fiscal year and the activity time frames for requests do not have to fall completely within the fiscal year. Requests can span fiscal years.

Application assistance and direct enrollment support is DHHS's highest priority. Priority will be given to proposals that focus on application assistance, intake and enrollment support and retention support.

A complete partnership request includes a completed FY 2018-19 Partnership Request Form, Outreach Estimates Form, Partnership Request Budget Form, and narrative as outlined on the request form.

Interested? Please read the contractor guidelines below and complete and return the attached CalFresh Outreach Partnership Request Form, with attachments, electronically to CalFreshOutreach@co.humboldt.ca.us or paper copies to CalFresh Outreach DHHS 929 Koster St., Eureka, CA 95501.

Application process and application and outreach partner program questions can be answered by the CalFresh Outreach Analyst at (707) 476-4760 or by emailing CalFreshOutreach@co.humboldt.ca.us.

Amended 11/13/17

CalFresh Outreach Contractor Guidelines

Here are the steps to a successful CalFresh Outreach contract with DHHS:

	Process	Timing
Step 1	Organization submits a Partnership Request Form, project description, Outreach Estimates Form, and Partnership Request Budget Form to DHHS	Any time
Step 2	DHHS reviews all requests. Organizations may be contacted with questions or suggested revisions. A meeting or site visit may be requested.	Two to four weeks
Step 3	Once approved contracts are developed and emailed to partner organizations. The organization prints two copies for signatures or, requests two copies via mail. Three copies are necessary if the amount is over \$48,000.	Two to three weeks
Step 4	The contract is signed by the partner and returned to DHHS with proof of insurance (see insurance guidelines below).	Varies
Step 5	For contracts of \$48,000 or less, DHHS signs the contract and returns one copy of the signed contract to the partner.	One to two weeks
Contract Complete	For contracts of \$48,000 or less.	Three months
Other	Contracts for more than \$48,000 do not follow this process and require approval by the Board of Supervisors (BOS). Partners are requested to attend the BOS meeting when their contract is reviewed.	Contact the Outreach Coordinator

In order to receive funding for CalFresh Outreach activities, the organization applying must agree to collaborate with the Department of Health & Human Services in the following ways:

- Provide a contact liaison to coordinate with the CalFresh program.
- Participate in CalFresh Outreach training events.
- Submit all funded media (including advertisements, newsletters, press releases, brochures, etc.) for review before publication. CalFresh funds cannot be used for TV, radio, or billboard advertising.
- Report on all activities conducted with CalFresh funding, including the number of individuals reached and/or served by completing Quarterly Reports and a Final Summary Report at the end of your contract term.
- Submit financial invoices to DHHS and retain financial records for five years.
- Provide space and other assistance for the presentation of educational and nutritional events at your facility. These events may be conducted by DHHS or other community partners.
- Provide proof of insurance coverage listing the County as an additional insured (see below).
- Contract with DHHS and commit to implementing the funded activities outlined in the organization's Partnership Request proposal.

All CalFresh Outreach partners will be required to submit proof of insurance coverage in order to complete a contract with the County. All insurance requirements are clarified in the contract that will be mailed to successful applicants. In general, applicant organizations should be prepared to show proof of and maintain the following insurance, with the County certificated as an additionally insured:

- General Liability: \$2,000,000 per occurrence, if a general aggregate limit is used, such limit shall apply

separately hereto or shall be twice the required occurrence limit.

- Automobile/Motor: \$1,000,000 combined single limit, any auto (if applicable)
- Workers Compensation and Employers Liability: \$1,000,000 per accident. This is required even for all-volunteer organizations.

Proposals may include insurance costs directly related to the proposed partnership project.

Administrative indirect and overhead expenses included in project budgets cannot exceed 10% of the total modified total costs, per OMB Federal Guidance.

Most contracts will be paid on a reimbursement basis.

Humboldt County CalFresh Outreach FY 2018-19 Partnership Request Form



Organization Name: St. Joseph Health – Humboldt County

Contact Name: Martha Shanahan, Area Director, Community Benefits

Address: 2700 Dolbeer Street, CA 95501

Phone: (707) 445-8121 Ext. 7450

Email: Martha.Shanahan@stjoe.org

Project Title: St. Joseph Health-Humboldt County CalFresh Outreach and Education Project

Expected start date: February 1, 2019 and end date: January 31, 2020

Please answer the following questions. A complete application includes this form, a completed Partnership Budget Form, Outreach Estimates Form, and attached narrative.

A. Project Description Narrative (please attach a maximum of 6 pages)

1. Please describe the activities and events that will be completed with CalFresh Outreach funding. Include the total number of people you will serve or reach and if your program will focus on a particular group or geographic area. Be sure to include how you will encourage and assist applications and retention.
2. What are your expected outcomes? What difference will CalFresh funding make in your community or neighborhood and for the population you are serving? How will the proposed activities fit into or relate to other programs in your organization and community? Please see attached narrative.
3. Please describe your organization's capacity to succeed with the proposed project and your plans, if any, for continuing the work after the proposed project is complete. Please see attached narrative.

B. Which of the CalFresh program goals will you pursue? Check all that apply:

- Assist and facilitate CalFresh applications
- Assist and support CalFresh intake and enrollment processes.
- Assist with CalFresh retention.
- Reduce stigma and misconceptions associated with benefit use and educate potentially eligible community members about the CalFresh program and program changes. This may include events and activities such as cooking demonstrations and community garden programs to educate participants.
- Provide specialized services to reach populations with low CalFresh Participation Rates.
Provide healthy foods to participants in food and meal programs with nutrition information and guidance on healthy eating, accompanied by CalFresh outreach materials and enrollment support.
- Encourage clients to engage in healthy eating and exercise, and assist all clients wishing to apply for CalFresh with enrollment information.

C. Other Funding Sources

1. What other DHHS Funding does your Organization receive, please include any current contracts as well as any pending applications? Please see details in narrative section C1.
2. What other funding outside of DHHS support the proposed Activities? Please see details in narrative section C2.

D. Partnership Request Budget Form and Outreach Estimates Form

3. Please complete and attach Outreach Estimates using the form included in this packet.
4. A completed Partnership Request Budget Form must be submitted to complete the application.

Humboldt County CalFresh Outreach Outreach Estimates Form

DHHS would like to know the number of people you plan to reach with your proposed CalFresh Outreach partnership project. To the extent possible, please provide estimates of the numbers you hope to reach with the CalFresh messages and activities outlined below. For example, if you plan to host a senior lunch and distribute CalFresh program material to 100 participants, you might enter 100 in the total column for number 7 and 8.

*Use this section to tell us the number of people that will participate in your activities.
Number of participants or recipients of the following.*

Enrollment Activities and Support	Total
1. CalFresh educational materials distributed, benefits/requirements presented/ provided.	1,800
2. Applications provided/handed out (i.e. physically handed customer an app, directed them to C4Yourself, directed them to Social Services Office, etc.).	55
3. Applications assisted (i.e. staff member assisted customer w/ completing application, staff faxed in application, etc.).	60
4. DHHS visits assisted. Discuss how your organization is able to help (i.e. staff drove them, a bus pass was provided, etc.).	15
5. Retention assisted (examples of this could include, but are not limited to, assisting customers to complete their semi-annual report (SAR7), their annual re-certification (RE), interpreting their notice of action (NOA), and assisting with collection of necessary verifications).	75
6. Specialized services to reach populations with low CalFresh participation rates.	NA

Please use this section to tell us the CalFresh & Healthy Eating messages you plan to deliver.

Healthy Eating linked to CalFresh Messages	Total
7. Educational materials distributed or provided (not counted above).	3250
8. Educational activities, involvement, or demonstrations (gardening/ exercise/ cooking) provided.	2,500
9. Food distributed or meals provided.	1,500

Please use this section to tell us the Media messages you plan to deliver.

Information Dissemination/Publications/Media	Total
10. Number of possible readers of print media or articles.	150,000
11. Number of possible viewers/listeners of non-print broadcast media.*	65,000
12. Number of possible readers of newsletter articles, client mailers or flyers, or other agency publications.	11,500
13. Web content visits (specifically CalFresh).	NA

Use this section to tell us about special populations you will serve.

Special populations	Total
Latino and Hispanic	800
Homeless	500

*Note: Currently no television, radio or billboard advertising is permitted with CalFresh funds. Please check with DHHS if you would like to propose mass media promotion of CalFresh.

St. Joseph Health-Humboldt County
Project Description Narrative
Fiscal Year 2018-2019

Introduction

As the primary local healthcare provider, St. Joseph Health-Humboldt County (SJH-HC) is attuned to the needs of the most vulnerable populations within our service area. In partnership with other community outreach organizations, SJH-HC addresses the needs of the most vulnerable populations, including individuals and families experiencing food insecurity. Through CalFresh and other food security programs, our primary objectives are **decreasing food insecurity among vulnerable populations through increased and effective education about CalFresh and assistance with enrollment into nutrition programs as well as retention in those programs.**

A variety of outreach opportunities are afforded by the SJH-HC Community Resource Centers (CRC), Paso a Paso program, and Healthy Kids Humboldt. All three represent long-established and familiar programs with established trust. They also have a history of successful CalFresh outreach and enrollment activities, with an emphasis on sub-groups of persons who have not previously accessed CalFresh benefits. The SJH-HC Loleta, Willow Creek, Rio Dell and Blue Lake Community Resource Centers are written into the Humboldt Network of Family Resource Centers CalFresh Grant Application, and are therefore not included in this proposal.

- The Eureka Community Resource Center (ECRC) is located in the St. Vincent de Paul Dining Facility where staff interacts daily with hundreds of homeless individuals and families who frequent the Free Dining Facility and access social service programs through the ECRC.
- *Paso a Paso* staff work directly with pregnant Latina women and their families who seek prenatal education and parenting classes through St. Joseph and Redwood Memorial Hospitals. This population is often reluctant to enroll in CalFresh because of immigration concerns associated with identification through a government-funded program. To overcome the stigma, staff encourages participation in a varied approach to food security that incorporates education and hands-on food production. Strategies include cooking classes, community gardens and nutrition education.
- Healthy Kids Humboldt (HKH) staff assists marginalized populations by facilitating access to health insurance, WIC, earned income tax credit and other health and wellness resources in the community, including CalFresh enrollment and retention services.

A-1. Please describe the activities and events that will be completed with CalFresh Outreach funding. Include the total number of people you will serve or reach and if your program will focus on a particular group or geographic area. Be sure to include how you will encourage and assist applications and retention.

Selection of events and involvement strategies keenly focus on the Latino population, a traditionally underrepresented group among CalFresh recipients. During the 2017-18 cycle, postpartum mothers and their families were identified as a sub-group with a critical food security problem. Descriptions of those activities, their documented impact, and plans for 2019-20 are detailed below.

Cooking and Food Preparation Demonstrations, Classes, and Gardening

Cooking and food demonstrations take place in *Paso a Paso*'s prenatal and parenting education classes and during their community events that promote healthy eating. They provide opportunities to learn about healthy food choices, how to prepare budget-friendly meals, healthy kid-friendly snacks, and how CalFresh benefits can help a family purchase nutritious food to stretch the family food budget.

“Attendance in our nutrition classes has increased. We expect to continue that trend as more citizens become aware of the programs through media promotion, word-of-mouth, and our outreach team. Included in the classes are specific components on CalFresh eligibility and enrollment, including how we can help with the process.” – Soledad Torres, Paso a Paso Coordinator

Community Garden Food Access

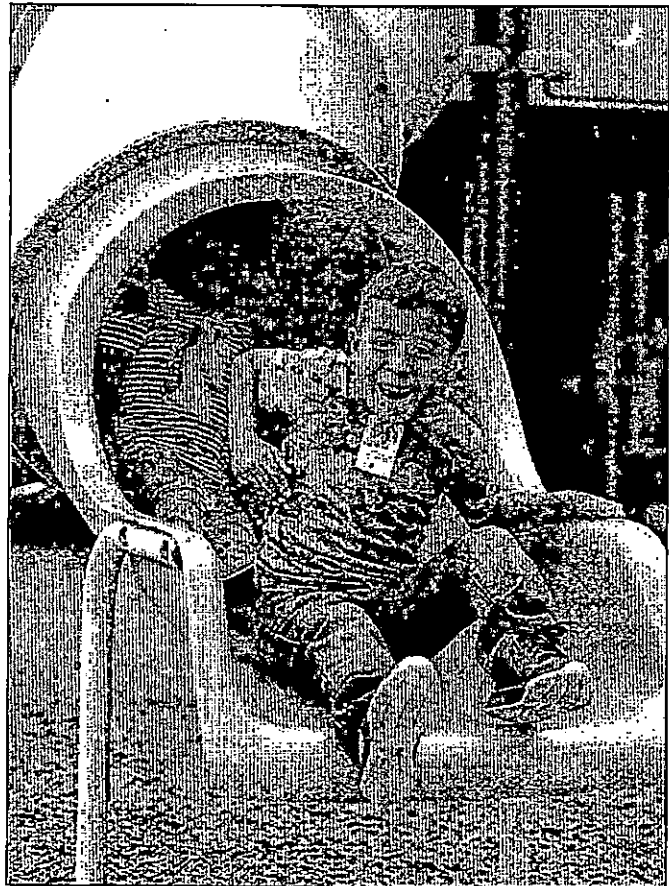
The bilingual community gardens offered by St Joseph Health offer an opportunity for nutritional food education and food access for low-income persons and persons who may qualify for CalFresh but may be fearful of accessing it. It also provides a safe space to discuss CalFresh benefits in a context that underscores the value of purchasing seeds and plant starts. Children and families who have felt stigmatized are able to discuss CalFresh benefits in a way that has a direct application and provides more of a one-on-one opportunity for CalFresh Outreach providers to make and schedule appointments for future application assistance.

Undocumented families, families that qualify for CalFresh but are unsure of how to access CalFresh, and families who are in the postpartum process (including new families who do not realize that they qualify for CalFresh) are specific populations that would benefit.

Exercise

Baile Terapia (Dance Therapy) is offered twice a week, once in Fortuna and Eureka, by *Paso a Paso*. The classes not only support physical fitness but also provide mental health benefits, and each class incorporates ReThink Your Drink and CalFresh messaging.

Road races have long been a popular physical and social activity in the United States. Healthy recreational running is thriving, attracting 18.3 million registrants in 2017. Our CalFresh staff has encouraged local participation by distributing schedule information to community members and by paying a select number of entry fees so that lack of financial resources doesn't impede inclusion. Community runs have also been a successful forum for exposing potential clients to CalFresh. Tabling is present at all events, with water bottles and other promotional items provided and staff available to answer questions. In 2019, more aggressive promotion of the activities could increase participation from the current average of 25 to 50 persons per race. There will be five running events included on the 2019 schedule - Foggy Bottoms Milk Run, Fortuna Rodeo 5K, Eureka Pirate Run, Patrick's Point Run and Color Humboldt Run.



“Community runs have been a successful forum for exposing potential clients to CalFresh. Tabling is present at all events. Community members are encouraged to participate in the runs by granting free entry through our program. It's a fun activity the entire family can participate in.” – Jorge Matias, Community Health Worker

Social Events

Created to encourage an increased awareness of fathers beyond traditional “breadwinner” association, two Fatherhood picnics organized by *Paso a Paso* staff engage families in a social atmosphere that includes plenty of food, games, and music. Held in early- to mid-summer, the picnics in Fortuna and Eureka average approximately 200 attendees. More aggressive pre-event promotion is planned via flyers and social media, with a goal of increasing attendance.

Included at the picnics are stations staffed by multiple service agencies that provide outreach and education on a variety of health and wellness topics. The CalFresh Assistant creates a display that includes a table banner that draws attention to the CalFresh information. In addition, our CalFresh Assistant brings the always popular bicycle blender to the picnics to inform families of how CalFresh can be used to purchase ingredients for healthy smoothies. This activity has proven successful and will continue in 2018-19, with the goal of adding additional agencies.

Paso a Paso’s Farmers’ Market field trips have proven successful. The bilingual staff accompanies non-English speaking mothers to the market to demonstrate how to use CalFresh benefits to purchase of fresh produce, plant starts and seeds for gardening. At least two field trips are conducted annually, one in Eureka and one in Fortuna. CalFresh Information Packets will again be distributed at all community events and activities. The information packets include pamphlets on Cal Fresh Frequently Asked Questions, Income Guidelines, Farmers’ Market schedule, Rethink Your Drink and Choose Your Plate.

In addition to Paso a Paso classes, home and office visits, staff also participate in community events where they disseminate CalFresh messaging and offer enrollment services. Our CalFresh Assistant will participate in community events such as: Mamalogues (a birth awareness event), Re-think Your Drink Day, Blue Lake Bike Rodeo, May is Mental Health Month BBQ and forums, SEEDS afterschool program, Think Babies, Fortuna Free Produce Market, and Fairy Fest. Along with the actual sign-ups for CalFresh, marketing items are available to attract participants and serve as a reminder for potential future participants. Packets include a promotional pen and stickers that are added inside a CalFresh bag. Packets also include Kids in the Kitchen Cookbooks in English and Spanish, recipes from EatFresh.org and a newly designed magnet promoting CalFresh. Clients are also directed to C4yourself.com and EatFresh.org for online CalFresh application in English and Spanish.

Targeted Group

Childbirth brings with it the unrivaled joy of bringing life into the world. For local mothers, it can also mean transitioning from financial stability to poverty and food insecurity. For that reason, St. Joseph Health – Humboldt County has added outreach to postpartum mothers as a critical focus of its proposed 2018-19 CalFresh endeavors.

Meeting the challenge will involve expansion of current activities and staffing to integrate creative strategies described here.

- Post-partum/natal family food security education will be offered in English and Spanish. Five to ten cooking classes in each language will be added to current curriculum, held twice a month at minimum.
- Partnering with the First 5/Think Babies initiative, which focuses on parent education, and involvement with St. Joseph Hospital’s pre/postnatal classes will forge a direct connection with families that opens the door to CalFresh connectivity.
- A partnership with the Humboldt Patient Resource Center would be developed with the goal of accessing free or low-cost space for classes. St. Joe’s Community Resource Centers throughout the

county are forging new partnerships in the community that can provide adequate and convenient space for free classes available for postpartum mothers.

- Newly expanded families will be introduced to bilingual community gardens' seed-to-supper educational program, as would inclusion in playgroups.

Ancillary Services and Activities

To support project staff and increase the likelihood of the program's success, the CalFresh Project Manager (CPM) will continue to facilitate quarterly staff meetings, track and monitor data and assess the progress toward meeting the stated objectives. The CPM will maintain regular communication with project staff to answer questions and address barriers. The Area Director will work with the CPM to develop solutions to eliminate barriers as needed to ensure the program's success. The Area Director of Community Benefit or designee will serve as the point person at community collaborative meetings and the CalFresh Project Manager will serve as the liaison with the County of Humboldt. Based on previous success, the manager position will be maintained for the proposed 2018-2019 project year.

The CalFresh Assistant role implemented two years ago with CalFresh funding continues to play an essential role in reaching individuals in hard-to-reach populations that do not utilize the previously mentioned programs; such as, providing CalFresh outreach at Humboldt Mediation Services Plant and Yard Sale, Loleta Community Garage Sale and Garden Tour, Fortuna and Eureka Free Produce Markets, DHHS Garden Party, and major running events held in Humboldt County that attract children and their families from low-income neighborhood and school districts. The CalFresh assistant role will continue with expanded hours and availability.

The Community Benefits Department has had continued success disseminating CalFresh information in creative and effective outlets to ensure that hard-to-reach populations have access to CalFresh education and enrollment opportunities. During this past fiscal year, staff have utilized the following outlets to share CalFresh messaging: Second Annual Overdose Awareness Day, Sacred Heart Church, Humboldt County Library's Spanish Speaking Story Time, College of the Redwood's ESL Classes, the Dance Therapy Classes (Baile Terapia) for the Latino population in Eureka and Fortuna, Loleta Bike Rodeo, the bilingual community newspaper El Leñador, and The Humboldt Edge for reaching the Spanish speaking community and community members facing homelessness.

During fiscal year 2018-19, SJH-HC will continue sharing information and news with media outlets and venues to reach the targeted populations and educate them about CalFresh benefits and how to use CalFresh to improve overall health and wellbeing.

One of the most visible marketing vehicles has been the popular *I Grow with CalFresh* stickers designed by SJH-HC CalFresh staff and the Marketing Department in 2016-17. Staff appreciates the fun visual aid that helps explain and encourage the link between CalFresh and eating healthy among children and adults alike.

A-2. What are your expected outcomes? What difference will CalFresh funding make in your community or neighborhood and for the population you are serving? How will the proposed activities fit into or relate to other programs in your organization and community?

Outcome - Promote and Facilitate Food Security and Healthy Eating

Food security services and education is always accompanied by a nutritional element that encourages healthier choices. One popular attraction is our bike blender, which uses human pedal power to combine ingredients into a tasty smoothie. Last year 674 smoothies were made with frozen strawberries, and fresh watermelon, then distributed to children and families to emphasize natural and sugar-free alternatives. This activity is implemented at community programs and events including Re-think Your Drink Day, Blue Lake Bike Rodeo,

SEEDS afterschool program, and Fortuna Free Produce Market and Fairy Fest. As an example of its effectiveness, 172 fruit infused waters were handed out at the 2018 Rhododendron Festival Parade. Other involved programs include Mamalogues, Carson Park BBQ, May is Mental Health Month Panel, and Think Babies. More than 150 healthy snacks, including granola and fruit, were passed out during May is Mental Health Month. This year's plans include offering a variety of ingredients that individuals can choose to combine into their own personal trail mix.

Making a Difference - Overcoming Obstacles

Key to our sustained success with CalFresh funding has been the ability to connect with hard-to-reach populations. Commonly observed obstacles include language barriers, social welfare stigmatization, and systemic hurdles. Breaking down those obstacles has and will continue to be addressed through the following strategies:

Whether tabling at events, visiting homes or connecting via phone, St. Joseph Health – Humboldt County's Community Benefit CalFresh Team has staff fluent in Spanish. Employee recruiting strategies for these positions include hiring from among immigrant populations, which assures culturally and linguistically appropriate outreach. CalFresh benefits can be better understood and utilized when explained by a trusted source that speaks the language of our clients.

St. Joe's outreach personnel recognize the importance of communicating accurate, clear information, and following up to advise on any changes to eligibility requirements. Changes in social security benefits, for instance, will increase CalFresh eligibility for some recipients in 2019. We will continue to reach out to homeless individuals through our Eureka Community Resource Center and anticipate increased enrollments for those receiving SSI. Staying abreast of requirements and recognizing citizens who can benefit is an important strategy that enhances CalFresh expansion.

Community Collaboration and Continuity

Paso a Paso is pleased to have a long-standing partnership with First 5 Humboldt in support of its prenatal and newborn education classes, breastfeeding support groups, and parenting classes. This collaboration has allowed Paso a Paso to expand its reach into the community and address issues that affect the entire family and the Latino population in particular.

Projects that connect with and relate to other community programs include the implementation of summer lunch and after school snack programs, community gardens, cooking classes, and food demonstrations. They are integrated into Food for People food pantries and USDA commodity food distribution sites. The hospital's Community Benefit Plan aligns directly with the Department of Health and Human Services – Public Health Branch's Community Health Improvement Plan 2014-2019.

A-3 - Organization's Capacity to Succeed and Sustainability: For the past 22 years, the St. Joseph Health – Humboldt County Community Benefit programs have supported access to health care services and encouraged the physical, emotional, and spiritual health of families on the North Coast. Today, the programs provide a variety of classes, support groups, and health information and referral services geared toward low-income, vulnerable populations such as Latinos and those experiencing homelessness.

The staff responsible for the CalFresh project possesses a unique blend of professional training, expertise, and experience directly related to assisting the targeted populations and enrolling clients into social service programs. Paso a Paso staff are hired directly from the immigrant community, so staff members have a personal connection and knowledge about the socioeconomic challenges and immigration issues faced by this particular population.

The Area Director of Community Benefits is a registered dietitian and holds a bachelor's degree in business administration with a minor in economics from the University of the Pacific and a Master's degree in Public Health from the University of Washington. Her work experience on advancing policy and environmental approaches to improving nutrition and physical activity at the Center for Public Health Nutrition at the University of Washington, and her experience as a WIC nutritionist and a member of a multi-disciplinary team supporting low income pregnant women, is extremely helpful for the guidance and direction she provides to the SJH-HC CalFresh team.

CalFresh funding has been instrumental in implementing and growing CalFresh services at SJH-HC. If county funding no longer existed, the hospital would maintain the core CalFresh enrollment services in all the programs with a reduced level of education and outreach activities.

C. Other Funding Sources

C1. SJH-HC's Willow Creek, Rio Dell, Blue Lake, and Loleta Community Resource Centers receive DHHS funds through the Humboldt Network of Family Resource Centers CalFresh Grant Application. Each center receives on average \$53,650 per year for a total of \$214,600 annually.

C2. When necessary, hospital operations support the proposed activities above what is covered through the grant contract. Other than the hospital, there are no other funds allocated to the proposed activities.

Humboldt County CalFresh Outreach Partnership Request Budget Form

Please use this form to submit a project budget. For major expenses, please be specific. For personnel, please include a description of your salary calculation and a brief description of duties/tasks covered by this budget. Descriptions of each budget category are provided below.

Descriptions here

Amounts Here

A. Personnel Costs	
Title: Operations Manager, Community Benefit Salary Calculation: 4 hours a week x hourly rate x 52 weeks + benefits @38% (\$2,371) Duties Description: Prepare educational materials and print media advertisements	\$8,611
Title: CalFresh Project Manager & ECRC Coordinator Salary Calculation: 10 hours a week x hourly rate x 52 weeks + benefits @38% (\$5,138) Duties Description: Data tracking and reporting, staff support, enrollment and recertification	\$18,658
Title: Paso a Paso Coordinator/Instructor Salary Calculation: 4 hours a week x hourly rate x 52 weeks + benefits @38% (\$2,055) Duties Description: CP activities oversight, CalFresh enrollment and recertification	\$7,463
Title: Paso a Paso CalFresh Specialist Salary Calculation: 15 hours a week x hourly rate x 52 weeks + benefits @38% (\$6,224) Duties Description: Prepare CalFresh outreach and education, enrollment and recertification	\$22,604
Title: Paso a Paso Health Promotion Specialists (2 positions) Salary Calculation: 4 hours each a week x hourly rate x 52 weeks + benefits @38% (\$3,320) Duties Description: CalFresh outreach and education, classroom instructors	\$12,056
Title: Healthy Kids Humboldt Outreach Worker (2 positions) Salary Calculation: 6 hours a week x hourly rate x 52 weeks + benefits @38% (\$4,980) Duties Description: CalFresh outreach and education, enrollment and recertification	\$18,084
Total Personnel Costs:	\$87,476.00
B. Operational Costs	
Title: CalFresh Assistant – Contractor (30 hours a week x hourly rate x 52 weeks) Description: CalFresh Outreach and education, CalFresh enrollment and recertification	\$ 33,540
Title: Equipment Maintenance Description: Bicycle and bicycle blender maintenance and annual tune-up	\$500
Title: Marketing and promotion, print media Description: Promote CalFresh events and activities throughout contract year	\$2,000
Title: Office supplies Description: Fliers, posters, displays, CalFresh information packets, general communications and garden supplies	\$4,000
Title: Garden Assistant – Contractor Salary Calculation: 8 hours a week x hourly rate x 52 weeks Duties Description: Prepare educational materials and print media advertisements; arrange for community garden outreach activities	8,320
Total Operational Costs:	\$48,360
C. Consumables/Supplies	
Title: Community events, classroom supplies and CalFresh Assistant supplies Description: Food and paper products	\$8,100
Title: Educational giveaways Description: grow with CalFresh stickers, timers, cookbooks, pedometers, jump ropes	\$4,000
Total Consumable/Supplies:	\$12,100
D. Transportation/Travel	
Title: Mileage Description: Cal Fresh assistant and staff mileage (155 miles/month x 12 months x IRS rate of 55 cents per mile)	\$1,023
Total Transportation/Travel:	\$1,023
E. Other Costs	
Title: Overhead allocation Description: 10% of direct costs	\$14,896
Total Other Costs:	\$14,896
Total :	\$163,855.00

Personnel: Include all employee costs, but not independent contractors. List each employee type separately. Examples of calculations are: 15% of \$2,000/mo. X 6 months; 20 hrs X \$15/hr X 52 weeks + benefits.

Operational: Include all direct expenses for the project, except consumable supplies and travel. Include such things as rent, office supplies, postage, paper, communications, equipment, contract labor or services. Please list each type of cost separately.

Consumables: Includes items that will be used-up/consumed by participants or staff - food, meal or meeting supplies, etc.

Transportation: vehicle purchase or rental costs, employee per-mile reimbursements, and other travel-related expenses.

Other: Indirect expenses for the project such as overhead or administrative costs. Includes anything not already covered in the budget categories above. List each expense separately.

Overhead and administrative costs may not exceed 10% of the total modified total costs, per OMB Federal Guidance.

EXHIBIT C
CALFRESH OUTREACH BUDGET
ST. JOSEPH HEALTH NORTHERN CALIFORNIA, LLC.,
D.B.A. ST. JOSEPH HOSPITAL OF EUREKA

Descriptions here

Amounts Here

Descriptions here	Amounts Here
A. Personnel Costs	
Title: Operations Manager, Community Benefit Salary Calculation: 4 hours a week x hourly rate x 52 weeks + benefits @38% (\$2,371) Duties Description: Prepare educational materials and print media advertisements	\$8,611
Title: CalFresh Project Manager & ECRC Coordinator Salary Calculation: 10 hours a week x hourly rate x 52 weeks + benefits @38% (\$5,138) Duties Description: Data tracking and reporting, staff support, enrollment and recertification	\$18,658
Title: Paso a Paso Coordinator/Instructor Salary Calculation: 4 hours a week x hourly rate x 52 weeks + benefits @38% (\$2,055) Duties Description: CF activities oversight, CalFresh enrollment and recertification	\$7,463
Title: Paso a Paso CalFresh Specialist Salary Calculation: 15 hours a week x hourly rate x 52 weeks + benefits @38% (\$6,224) Duties Description: Prepare CalFresh outreach and education, enrollment and recertification	\$22,604
Title: Paso a Paso Health Promotion Specialists (2 positions) Salary Calculation: 4 hours each a week x hourly rate x 52 weeks + benefits @38% (\$3,320) Duties Description: CalFresh outreach and education, classroom instructors	\$12,056
Title: Healthy Kids Humboldt Outreach Worker (2 positions) Salary Calculation: 6 hours a week x hourly rate x 52 weeks + benefits @38% (\$4,980) Duties Description: CalFresh outreach and education, enrollment and recertification	\$18,084
Total Personnel Costs:	\$87,476.00
B. Operational Costs	
Title: CalFresh Assistant – Contractor (30 hours a week x hourly rate x 52 weeks) Description: CalFresh Outreach and education, CalFresh enrollment and recertification	\$33,540
Title: Equipment Maintenance Description: Bicycle and bicycle blender maintenance and annual tune-up	\$500
Title: Marketing and promotion, print media Description: Promote CalFresh events and activities throughout contract year	\$2,000
Title: Office supplies Description: Fliers, posters, displays, CalFresh information packets, general communications and garden supplies	\$4,000
Title: Garden Assistant – Contractor Salary Calculation: 8 hours a week x hourly rate x 52 weeks Duties Description: Prepare educational materials and print media advertisements; arrange for community garden outreach activities	8,320
Total Operational Costs:	\$48,360
C. Consumables/Supplies	
Title: Community events, classroom supplies and CalFresh Assistant supplies Description: Food and paper products	\$8,100
Title: Educational giveaways Description: grow with CalFresh stickers, timers, cookbooks, pedometers, jump ropes	\$4,000
Total Consumable/Supplies:	\$12,100
D. Transportation/Travel	
Title: Mileage Description: Cal Fresh assistant and staff mileage (155 miles/month x 12 months x IRS rate of 55 cents per mile)	\$1,023
Total Transportation/Travel:	\$1,023
E. Other Costs	
Title: Overhead allocation Description: 10% of direct costs	\$14,896
Total Other Costs:	\$14,896
Total :	\$163,855.00

Personnel: include all employee costs, but not independent contractors. List each employee type separately.

Examples of calculations are: 15% of \$2,000/mo. X 6 months; 20 hrs X \$15/hr X 52 weeks + benefits.

Operational: Include all direct and indirect expenses for the project, except consumable supplies and travel. Include such things as rent, office supplies, postage, paper, communications, equipment, contract labor or services, and overhead or administrative costs. Please list each type of cost separately.

Consumables: includes items that will be used-up/consumed by participants or staff - food, meal or meeting supplies, etc.

Transportation: vehicle purchase or rental costs, employee per-mile reimbursements, and other travel-related expenses.

Other: Includes anything not already covered in the budget categories above. List each expense separately.

Overhead and administrative costs may not exceed 10% of the total modified total costs, per OMB Federal Guidance.

EXHIBIT D
CALFRESH OUTREACH INVOICING GUIDELINES
ST. JOSEPH HEALTH NORTHERN CALIFORNIA, LLC.,
D.B.A. ST. JOSEPH HOSPITAL OF EUREKA

CONTRACTOR shall prepare and submit all quarterly and final invoices and invoice summaries in accordance with the following invoicing guidelines in order to ensure compliance with any and all applicable local, state and federal laws, regulations and standards.

1. INVOICING SCHEDULE:

Quarterly invoices and invoice summaries are due within thirty (30) days after the expiration of each quarter in which this Agreement is active. Final invoices and invoice summaries are due within thirty (30) days following the expiration or termination date of this Agreement. The following table includes the expiration dates of each applicable quarter as well as the due dates for all quarterly and final invoices and invoice summaries submitted pursuant to the terms and conditions of this Agreement.

Quarter*	Dates Included	Date Invoices Due to DHHS
1	July 01 through September 30	October 31
2	October 01 through December 31	January 31
3	January 01 through March 31	April 30
4	April 01 through June 30	July 31
Final invoice	Entire Agreement term	Thirty (30) days after expiration or termination

*Note: Contractors who are providing services pursuant to the terms and conditions of an agreement with a maximum amount payable of Fifteen Thousand Dollars (\$15,000.00) or less shall only be required to submit a final invoice and invoice summary.

2. BACKUP DOCUMENTATION:

Backup documentation, including, without limitation, payroll records, receipts, bills and invoices, are not required to be submitted with quarterly or final invoices or invoice summaries unless requested by COUNTY.

EXHIBIT E
CALFRESH OUTREACH INVOICE WORKSHEET AND SUMMARY FORM
ST. JOSEPH HEALTH NORTHERN CALIFORNIA, LLC.,
D.B.A. ST. JOSEPH HOSPITAL OF EUREKA

EXHIBIT E

CalFresh Outreach Itemized Invoice Worksheet

Invoice Date: _____

Contract Term: _____

Invoice Type: _____

Invoice Period: _____

Description:	Invoice Amounts	Previous Invoice Totals	Approved Budget	Remaining Balance
Personnel Costs				
Title:				
Salary Description:	\$0.00	\$0.00	\$0.00	\$0.00
Duties Description:				
Title:				
Salary Description:	\$0.00	\$0.00	\$0.00	\$0.00
Duties Description:				
Title:				
Salary Description:	\$0.00	\$0.00	\$0.00	\$0.00
Duties Description:				
Title:				
Salary Description:	\$0.00	\$0.00	\$0.00	\$0.00
Duties Description:				
Title:				
Salary Description:	\$0.00	\$0.00	\$0.00	\$0.00
Duties Description:				
Title:				
Salary Description:	\$0.00	\$0.00	\$0.00	\$0.00
Duties Description:				
Total Personnel Costs				
	\$0.00	\$0.00	\$0.00	\$0.00
Operational Costs (Rent, Utilities, Program Cost)				
Title:				
Description:	\$0.00	\$0.00	\$0.00	\$0.00
Title:				
Description:	\$0.00	\$0.00	\$0.00	\$0.00
Title:				
Description:	\$0.00	\$0.00	\$0.00	\$0.00
Title:				
Description:	\$0.00	\$0.00	\$0.00	\$0.00
Title:				
Description:	\$0.00	\$0.00	\$0.00	\$0.00
Total Operating Costs				
	\$0.00	\$0.00	\$0.00	\$0.00
Invoice Amounts				
	\$0.00	\$0.00	\$0.00	\$0.00

Exhibit E

CalFresh Outreach Invoice Summary

Contractor Name
Coordinator/Contact
Address
Phone

Invoice Date: 1/0/1900 Contract Term: 1/0/1900
 Invoice Type: C Invoice Period: 0

Description	Total
Personnel Costs (Wages and Salaries)	\$0.00
Operational Costs (Rent, Utilities, Phones, etc.)	\$0.00
Consumables/Supplies (Propanol and Consumables should be separate)	\$0.00
Transportation/Travel (Local and out of county should be separate)	\$0.00
Other (Indirect Costs, Contracts, etc.)	\$0.00

Total Amount Due: \$0.00

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the expenditures are in accordance with the approved Agreement cited for services provided under the provision of that agreement. Full justification and backup records for the expenditures are maintained in our office at the address indicated.

Signature and Date:

Print Name and Title:

Send invoice to:

COUNTY OF HUMBOLDT
 DHS, Financial Service Division
 507 F Street, CB Unit
 Eureka Ca 95501
 Attn: Social Services Finance
 (707) 441-5424 • Fax: (707) 441-5590



Program Coordinator Date

Fiscal Coordinator Date

Budget Unit/Line

EXHIBIT F
CALFRESH OUTREACH REPORTING GUIDELINES
ST. JOSEPH HEALTH NORTHERN CALIFORNIA, LLC.,
D.B.A. ST. JOSEPH HOSPITAL OF EUREKA

CONTRACTOR shall prepare and submit all quarterly and final project reports in accordance with the following reporting guidelines in order to ensure compliance with any and all applicable local, state and federal laws, regulations and standards.

1. REPORTING SCHEDULE:

Quarterly project reports are due within thirty (30) days after the expiration of each quarter in which this Agreement is active. Final project reports are due within thirty (30) days following the expiration or termination date of this Agreement. The following table includes the expiration dates of each applicable quarter as well as the due dates for all quarterly and final project reports submitted pursuant to the terms and conditions of this Agreement.

Quarter	Dates Included	Date Invoices Due to DHHS
1	July 01 through September 30	October 31
2	October 01 through December 31	January 31
3	January 01 through March 31	April 30
4	April 01 through June 30	July 31
Final invoice	Entire Agreement term	Thirty (30) days after expiration or termination

*Note: Contractors who are providing services pursuant to the terms and conditions of an agreement with a maximum amount payable of Ten Thousand Dollars (\$10,000.00) or less shall only be required to submit a final project report.

2. QUARTERLY REPORT NARRATIVE:

Quarterly report narratives should include, at a minimum, all of the following:

- A detailed description of the community outreach services that were provided pursuant to the terms and conditions of this Agreement.
- A detailed description of how the community outreach services that were provided pursuant to the terms and conditions of this Agreement support the CalFresh program.
- A detailed description of how the figures listed in each section of the report were calculated.
- A detailed description of how the community outreach services that were provided pursuant to the terms and conditions of this Agreement reached the intended populations.
- A detailed description of how the recipients of the community outreach services that

were provided pursuant to the terms and conditions of this Agreement were benefitted.

- A detailed description of how the community outreach services that were provided pursuant to the terms and conditions of this Agreement produced the intended results.
- A detailed description of any unintended outcomes that resulted from the community outreach services that were provided pursuant to the terms and conditions of this Agreement.
- A detailed description of the value of the outcomes that resulted from of the community outreach services that were provided pursuant to the terms and conditions of this Agreement.

2. FINAL REPORT NARRATIVE:

Final report narratives should include, at a minimum, all of the following:

- Process Evaluation:
 - A detailed description of whether the community outreach services provided pursuant to the terms and conditions of this Agreement were of the right quality and content to support the CalFresh program.
 - A detailed description of how many people received the community outreach services provided pursuant to the terms and conditions of this Agreement.
 - A detailed description of how many people received CalFresh benefits as a result of the community outreach services provided pursuant to the terms and conditions of this Agreement.
 - A detailed description of how the community outreach services that were provided pursuant to the terms and conditions of this Agreement reached the intended populations.
 - A detailed description of how the recipients of the community outreach services that were provided pursuant to the terms and conditions of this Agreement were benefitted.
- Outcome Evaluation:
 - A detailed description of how the community outreach services that were provided pursuant to the terms and conditions of this Agreement produced the intended results.
 - A detailed description of any unintended outcomes that resulted from the community outreach services that were provided pursuant to the terms and

conditions of this Agreement.

- A detailed description of any and all short term, intermediate and long term benefits that resulted from the community outreach services that were provided pursuant to the terms and conditions of this Agreement.
- A detailed description of the effectiveness and efficiency of the community outreach services that were provided pursuant to the terms and conditions of this Agreement.
- A detailed description of how the outcomes that resulted from the community outreach services that were provided pursuant to the terms and conditions of this Agreement were worth the resources invested in the program.
- A detailed description of what your organization could have done differently to support the CalFresh program and how you organization is prepared to make such changes, if applicable.

EXHIBIT G
CALFRESH OUTREACH QUARTERLY PROJECT REPORT FORM
ST. JOSEPH HEALTH NORTHERN CALIFORNIA, LLC.,
D.B.A. ST. JOSEPH HOSPITAL OF EUREKA



Outreach Contract Quarterly Report Form
2018-19

CalFresh Outreach partnership contracts are an opportunity for community-based organizations and the Humboldt County Department of Health & Human Services (DHHS) to work together to improve the health of our community. We would like to know more about your efforts and of course, we must report to our funders. Please use the attached Quarterly Report Form to tell DHHS about your project and to share your ideas for improvement.

Due dates:

Quarterly reports are due one month after the end of each quarter. Quarterly reports will be based on DHHS fiscal year quarters. The table below shows each fiscal year quarter and the report due dates. Contractors must submit a quarterly report for each quarter in which the contract is active. If the total agreement amount is \$10,000 or less you are only required to submit a Final Summary Report:

Quarter	Dates Included	Date Report Due to DHHS
1	July 1 through September 30	October 31
2	October 1 through December 31	January 31
3	January 1 through March 31	April 30
4	April 1 through June 30	July 31
Final Summary Report	Based on contract term	One month after term end

Submission of reports:

All reports should be sent to both CalFresh Outreach and the DHHS Contract Unit at the following addresses:

CalFreshOutreach@co.humboldt.ca.us
DHHS-ContractUnit@co.humboldt.ca.us

Or by mail to: Department of Health and Human Services
 Attention: Contract Unit
 507 F St.
 Eureka, CA 95501

Report Narrative:

In your report narrative, please remember to talk about both processes and outcomes whenever possible. Please use the narrative section to explain in detail the Outreach Activities your organization completed or participated in also including how you calculated the number's you report in each section of the report (i.e. Enrollment Activities and Support, Healthy Eating linked to CalFresh Messages, Media).

Some questions you may want to ask yourself when completing the narrative sections of the report:

- How did the programs/services support CalFresh Outreach?
- How did you calculate the number of individuals your organization reached with CalFresh Outreach Activities (i.e. # of Application submitted, # of people that saw your CalFresh sign, etc.) Please be as specific as possible as each organization is different and we want to know how you quantified your CalFresh Outreach Efforts.
- Did the programs/services reach the populations it was intended to reach and were the participants satisfied?
- What were the program results and did the program produce the intended changes? Unintended changes?
- Was the value of the outcomes achieved worth the resources invested in the program?

Need help?

If you are unsure about when your reports are due, please refer to item 2 (Term) in your contract. If you are still unsure or you would like help with anything else, please call Appolonia Coan at 707-476-4760.

**Humboldt County CalFresh Outreach Partnership
Quarterly Report Form**



Organization Name: _____

Please Check Applicable Report Cycle:

- | | |
|--|----------------|
| <input type="checkbox"/> Quarter 1 (July 1-Sept. 30) | Due October 31 |
| <input type="checkbox"/> Quarter 2 (Oct. 1- Dec. 31) | Due January 31 |
| <input type="checkbox"/> Quarter 3 (Jan. 1 – March 31) | Due April 30 |
| <input type="checkbox"/> Quarter 4 (April 1- June 30) | Due July 31 |

Contact Name: _____ Phone: _____ Email: _____

Instructions: We would like to know the number of CalFresh Outreach related messages you delivered and the activities you completed. Please enter the numbers of people you reached or served in the tables below.

A. Enrollment Activities and Support:

Use this section to tell us the number of people that participated in your activities.

Note: Do not include anything in Section A that will be counted in any other sections.

Number of participants:	Total
1. CalFresh educational materials distributed, benefits/requirements presented/ provided. Provide details in the Narrative Section below.	
2. Applications provided/handed out (i.e. physically handed customer an app, directed them to C4Yourself, directed them to Social Services Office, etc.). Provide details in the Narrative Section below.	

3. Applications assisted (i.e. staff member assisted customer w/ completing application, staff faxed in application, etc.). Provide details in the Narrative Section below.	
4. DHHS visit assisted. Discuss how your organization was able to help (i.e. staff drove them, a bus pass was provided, etc.) in the Narrative Section below.	
5. Retention assisted (examples of this could include, but are not limited to, assisting customer to complete his/her Semi-Annual Report (SAR7), Annual Re-Certification (RE), interpreting his/her Notice of Action (NOA), assist with collecting necessary verifications, etc.). Provide details in the Narrative Section below.	
6. Specialized services to reach populations with low CalFresh participation rates, please discuss these services in the Narrative Section below.	

Enrollment Activities and Support Narrative: (Please use this space to provide specifics of the Enrollment Activities and Support that your organization has completed over the last quarter.)

B. Healthy Eating linked to CalFresh Messages:

Use this section to tell us the number of people that participated in your activities.

Note: Do not include anything in Section B that will be counted in any other section.

Number of participants or recipients of the following:	Total
7. Educational materials distributed or provided- Please provide details in the Narrative Section below.	
8. Educational activities, involvement, or demonstrations (gardening/ exercise/ cooking) provided- Please provide details in the Narrative Section below	
9. Food distributed or meals provided- - Please provide details in the Narrative Section below.	

Healthy Eating linked to CalFresh Messages Narrative: (Please use this space to provide specifics of how your organization linked Healthy Eating messaging to CalFresh over the last quarter)

C. Media:

Use this section to identify the number of messages you delivered through media, including newsletters

websites and posters. **Note: Do not include anything in Section C that was counted in any other section.**

Number of messages delivered through media:	Total
10. Number of possible readers of print media or articles. Please provide details in the Narrative Section below.	
11. Number of possible viewers/listeners of non-print broadcast media. Please provide details in the Narrative Section below.	
12. Number of possible readers of newsletter articles, client mailers or flyers, or other agency publications-Please provide details in the Narrative Section below.	
13. Web content visits (specifically CalFresh)-Please provide details in the Narrative Section below.	

Media Narrative: (Please use this space to provide specifics of the messaging delivered through media that your organization has completed over the last quarter.)

D. Closing Narrative:

Please provide a story or comment specifically related to your organization/project's CalFresh Outreach activities over the past Quarter. (This could include, but is not limited to, Success Stories or your customers overcoming obstacles to access CalFresh; challenges you or your organization have overcome to better provide CalFresh Outreach; or any comments about your organization's relationship with DHHS CalFresh Outreach and what we could be doing to better support your organization's Outreach Efforts.)

**EXHIBIT H
CALFRESH OUTREACH FINAL PROJECT REPORT FORM
ST. JOSEPH HEALTH NORTHERN CALIFORNIA, LLC.,
D.B.A. ST. JOSEPH HOSPITAL OF EUREKA**



**Outreach Contract Final Report Form
2018-19**

CalFresh Outreach partnership contracts are an opportunity for community-based organizations and the Humboldt County Department of Health & Human Services (DHHS) to work together to improve the health of our community. We would like to know more about your efforts and of course, we must report to our funders. Please use the attached Final Summary Report Form to tell DHHS about your project and to share your ideas for improvement.

Due date:

The Final Summary Report is due one month after completion of the contract term. If the total agreement amount is \$10,000 or less you are only required to submit a Final Summary Report.

Report	Dates Included	Date Report Due to DHHS
Final Summary Report	Entire contract term	One month after term end

Submission of Report:

The Final Report should be sent to both CalFresh Outreach and the DHHS Contract Unit at the following addresses:

CalFreshOutreach@co.humboldt.ca.us
DHHS-ContractUnit@co.humboldt.ca.us

Or by mail to: Department of Health & Human Services
 Attention: Contract Unit
 507 F St.
 Eureka, CA 95501

Report:

In your narrative, please remember to talk about both processes and outcomes when possible.

Process evaluation attempts to answer these types of questions:

- Were the programs/services of the right quality and content to support CalFresh Outreach?
- How many individuals participated in the program and how many did you help either receive or maintain CalFresh Benefits?
- Did the program reach the population that it was intended to reach?
- Are those who participated satisfied with the program?

Outcome evaluation focuses on answers to these types of questions:

- What were the program results and did the program produce the intended changes? Unintended changes?
- At what level were changes sought and accomplished – short term, intermediate or long term?
- How did the programs results compare in terms of effectiveness and efficiency and was the outcome achieved worth the resources invested in the program?
- As your contract comes to an end, discuss what your organization could have done differently to better support CalFresh Outreach and if you are planning on continuing this program how has your organization prepared to make these changes?

Need help?

If you are unsure about when your reports are due, please refer to item 2 (Term) in your contract. If you are still unsure or you would like help with anything else, please call Appolonia Coan at 707-476-4760.

**Humboldt County CalFresh Outreach Partnership
Final Summary Report Form**
Due one month after term end



Organization Name: _____

Report Due Date: _____

Contact Name: _____

Phone: _____

Email: _____

Please attach a narrative report (a maximum of 4 pages, exclusive of attachments) addressing the items outlined in the sections below. If you also have a Quarterly Report due please include it with your Final Summary Report. Feel free to attach any other relevant materials or reports.

A. Results/Outcomes

1. Please describe the grant activities and events completed.
2. What difference did this grant make in your community or neighborhood and for the population you are serving? Please discuss evidence of effect (e.g., satisfaction survey results, pre- and post-test results, community indicators, outcomes, etc.). *If you have evaluation materials that document outcomes and impacts of your work, feel free to attach them in lieu of answering this or other questions.*
3. Discuss any Activities you completed to reduce stigma and encourage use of CalFresh benefits. This may include events and activities, such as cooking demonstrations and community garden programs, to educate participants.
4. Describe any unanticipated results, positive and negative, not already described above.

B. Lessons Learned

5. Describe what you learned based on the results/outcomes you reported in Section A above and what, if any, programmatic or organizational changes you will make based on your results/outcomes.
6. Describe the materials, messages, or tools you used, if and how you modified them to fit your audience, and how you would improve them further. Are there other tools you need?

C. Future Plans

7. If you will be continuing this program, what are the plans for sustaining or expanding the program?
8. If you have identified areas where increased collaboration between organizations or sectors would lead to increased positive outcomes for your constituents, briefly describe your ideas.

D. Other Comments

9. Please share with us any other comments or recommendations you would like to make regarding the relationship between DHHS CalFresh Outreach and your organization.

10. Please share anything else relating to your CalFresh Outreach Efforts that you would like us to know about.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/12/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Marsh USA Inc. 1301 5th Avenue, Suite 1900 Seattle, WA 98101 Attn: Jennifer Caudebec - 206-214-3156 CN118985706-0000-922-18-21	CONTACT NAME: PHONE (A/G, No. Ext): FAX (A/G, No.): E-MAIL ADDRESS: 																				
	<table border="1"> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td colspan="2">INSURER A : Safely National Casualty Corp.</td> <td>15105</td> </tr> <tr> <td colspan="2">INSURER B : Liberty Mutual Fire Insurance Company</td> <td>23035</td> </tr> <tr> <td colspan="2">INSURER C :</td> <td></td> </tr> <tr> <td colspan="2">INSURER D :</td> <td></td> </tr> <tr> <td colspan="2">INSURER E :</td> <td></td> </tr> <tr> <td colspan="2">INSURER F :</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A : Safely National Casualty Corp.		15105	INSURER B : Liberty Mutual Fire Insurance Company		23035	INSURER C :			INSURER D :			INSURER E :			INSURER F :	
INSURER(S) AFFORDING COVERAGE		NAIC #																			
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INSURER C :																					
INSURER D :																					
INSURER E :																					
INSURER F :																					
INSURED Providence St. Joseph Health St. Joseph Hospital of Eureka Redwood Memorial Hospital 1801 Lind Ave SW #9016 Renton, WA 98057-9016																					

COVERAGES **CERTIFICATE NUMBER:** SEA-003556652-05 **REVISION NUMBER:** 2

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE	\$
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
							MED EXP (Any one person)	\$
							PERSONAL & ADV INJURY	\$
							GENERAL AGGREGATE	\$
							PRODUCTS - COM/OP AGG	\$
								\$
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> OTHER:			AS2661066606018	06/01/2018	06/01/2019	COMBINED SINGLE LIMIT (Ea accident)	\$ 2,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) if yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	SP4059664 SIR: \$2,000,000	01/01/2019	01/01/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT	\$ 2,000,000
							E.L. DISEASE - EA EMPLOYEE	\$ 2,000,000
							E.L. DISEASE - POLICY LIMIT	\$ 2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Re: Agreement for services with the County of Humboldt to provide CalFresh Outreach access. Waiver of Subrogation applies in favor of Certificate Holder with respects to Workers Compensation as permitted by law.
The County, its officers, officials, employees and volunteers are covered as additional insured for auto liability arising out of the operations performed by or on behalf of the insured, when required by written contract.

CERTIFICATE HOLDER
County of Humboldt, Dept. of Health & Human
Attn: Risk Management
825 5th Street, Room 131
Eureka, CA 95501
CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE
of Marsh USA Inc.
Jean Aguirre *Jean Aguirre*

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

DESIGNATED INSURED FOR COVERED AUTOS LIABILITY COVERAGE

This endorsement modifies Insurance provided under the following:

AUTO DEALERS COVERAGE FORM
BUSINESS AUTO COVERAGE FORM
MOTOR CARRIER COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

This endorsement identifies person(s) or organization(s) who are "insureds" for Covered Autos Liability Coverage under the Who Is An Insured provision of the Coverage Form. This endorsement does not alter coverage provided in the Coverage Form.

SCHEDULE

Name Of Person(s) Or Organization(s):
Any person or organization whom you have agreed in writing to add as an additional insured, but only to coverage and minimum limits of insurance required by the written agreement, and in no event to exceed either the scope of coverage or the limits of insurance provided in this policy.
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

Each person or organization shown in the Schedule is an "insured" for Covered Autos Liability Coverage, but only to the extent that person or organization qualifies as an "insured" under the Who Is An Insured provision contained in Paragraph A.1. of Section II - Covered Autos Liability Coverage in the Business Auto and Motor Carrier Coverage Forms and Paragraph D.2. of Section I - Covered Autos Coverages of the Auto Dealers Coverage Form.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/29/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Willis (Bermuda) Ltd. Wellesley House, 2nd Floor 90 Pitts Bay Road Pembroke, HM08 BMJ	CONTACT NAME: PHONE (A/C No. Ext): 1-877-945-7378		FAX (A/C No.): 1-888-467-2378
	E-MAIL ADDRESS: certificates@willis.com		
INSURED St. Joseph Health Northern California, LLC DBA St. Joseph Hospital of Eureka 2700 Dolbeer Street, Eureka, CA 95501	INSURER(S) AFFORDING COVERAGE		NAIC#
	INSURER A: American Unity Group Limited		C0929
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		

COVERAGES **CERTIFICATE NUMBER:** W10768969 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

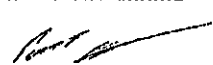
INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY		1-14601-00-18	09/01/2018	06/01/2019	EACH OCCURRENCE	\$ 3,000,000	
	<input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	
	GEN'L AGGREGATE LIMIT APPLIES PER:						MED EXP (Any one person)	\$
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					PERSONAL & ADV INJURY	\$	
	<input type="checkbox"/> AUTOMOBILE LIABILITY					GENERAL AGGREGATE	\$ 5,000,000	
	<input type="checkbox"/> ANY AUTO					PRODUCTS - COM/PROP AGG	\$	
	<input type="checkbox"/> OWNED AUTOS ONLY	<input type="checkbox"/> SCHEDULED AUTOS					\$	
	<input type="checkbox"/> HIRED AUTOS ONLY	<input type="checkbox"/> NON-OWNED AUTOS ONLY					\$	
	<input type="checkbox"/> UMBRELLA LIAB	<input type="checkbox"/> OCCUR					\$	
	<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE					\$	
	<input type="checkbox"/> DED	<input type="checkbox"/> RETENTION \$					\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	<input type="checkbox"/> Y/N	N/A			PER STATUTE	OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/>				E.L. EACH ACCIDENT	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - EA EMPLOYEE	\$	
						E.L. DISEASE - POLICY LIMIT	\$	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Division/Branch: Contracting & Purchased Services

Re: CalFresh Outreach Agreement.

If this Certificate of Insurance is for Professional and General Liability insurance this provides coverage for employees while acting within the scope and during the course of their employment with Providence St. Joseph Health

CERTIFICATE HOLDER County of Humboldt, Department of Health & Human Services Attn: Risk Management 825 5th Street, Room 131 Eureka, CA 95501	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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AGENCY CUSTOMER ID: _____

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

AGENCY Willis (Bermuda) Ltd.		NAMED INSURED St. Joseph Health Northern California, LLC DBA St. Joseph Hospital of Eureka 2700 Dolbear Street, Eureka, CA 95501	
POLICY NUMBER See Page 1		EFFECTIVE DATE: See Page 1	
CARRIER See Page 1	NAIC CODE See Page 1		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 **FORM TITLE:** Certificate of Liability Insurance

and all companies related through control for all covered acts.

If this Certificate is for General Liability insurance this provides coverage for employees while acting in the scope and during the course of their employment with Providence St. Joseph Health and all companies related by control.

The County and its agents, officers, officials, employees, and volunteers are included as Additional Insureds as respects to General Liability when required by written contract.

General Liability policy shall be Primary and Non-contributory with any other insurance in force for or which may be purchased by Additional Insureds.