



COUNTY OF HUMBOLDT

AGENDA ITEM NO.

C-10

For the meeting of: July 18, 2017

Date: June 1, 2017

To: Board of Supervisors

From: Connie Beck, Director *for*
Department of Health and Human Services-Social Services

Subject: Agreement with Arcata House Partnership to Assist with CalFresh Outreach and Support Activities.

RECOMMENDATION(S):

That the Board of Supervisors:

1. Approve the agreement with Arcata House Partnership to assist the Department of Health and Human Services (DHHS) to increase utilization of CalFresh benefits by eligible households; and
2. Authorize the Chair to execute three (3) originals of the agreement (Attachment 1); and
3. Direct the Clerk of the Board to route two (2) fully executed originals of the agreement to the Department of Health and Human Services (DHHS)-Contract Unit for forwarding to DHHS-Social Services Administration.

SOURCE OF FUNDING:

Social Services Fund 1160

Prepared by: Justin Scarfone

CAO Approval *E. Hays*

REVIEW:

Auditor *MSM*

County Counsel *JD*

Personnel

Risk Manager *Kken*

Other

TYPE OF ITEM:

☒ Consent
☐ Departmental
☐ Public Hearing
☐ Other

PREVIOUS ACTION/REFERRAL:

Board Order No. C-24, C-9, C-10, C-16

Meeting of: 2/26/13, 3/11/14, 5/5/15, 4/26/16

BOARD OF SUPERVISORS, COUNTY OF HUMBOLDT

Upon motion of Supervisor *Fennell* Seconded by Supervisor *Wilson*

Ayes *Fennell, Wilson, Bass, Bohn, Sundberg*

Nays
Abstain
Absent

and carried by those members present, the Board hereby approves the recommended action contained in this Board report.

Dated: *July 18, 2017*

By: *Kathy Hayes*
Kathy Hayes, Clerk of the Board

DISCUSSION:

The Arcata House Partnership (AHP) offers a comprehensive range of services from initial engagement, emergency shelter, transitional housing, and supportive housing with the goal of permanent housing for all. AHP has partnered with DHHS on CalFresh Outreach over the past 4 years by integrating CalFresh Outreach and application assistance into all AHP programs and client contacts. AHP plans to continue to focus on providing CalFresh Outreach to indigent people in the northern Humboldt Bay area, primarily Arcata, Manila and McKinleyville, and plans to assist hundreds of individuals with CalFresh enrollment.

With the execution of this agreement, Arcata House Partnership will assist DHHS in increasing CalFresh utilization by eligible households and thereby promote a safe, healthy, economically vibrant community. Outreach and enrollment raises awareness of the nutrition benefits of the CalFresh program; promotes healthy food choices; reduces hunger in seniors and children; and helps to dispel program myths and misperceptions.

The California Department of Social Services (CDSS) administers all United States Department of Agriculture (USDA) Supplemental Nutrition Assistance Program (SNAP) funds. Focusing on the important role SNAP plays in access to nutrition and the relation of nutrition to overall wellness, CDSS renamed and re-branded food stamps as CalFresh in California. Beyond the name and image changes, CDSS also made significant program changes to increase CalFresh use by reducing enrollment and retention barriers. Many low-income individuals and families are not aware of and do not apply for CalFresh benefits, and many others are not aware of the program changes that could make it easier for them to receive and continue CalFresh benefits.

USDA and CDSS continue to encourage counties to work with community partners to help reach and inform community members who might be eligible for CalFresh benefits. Partnering with community based organizations is not only consistent with DHHS's general approach and strategic plan; it is key to DHHS's goal of providing integrated, place-based, and holistic services.

Program changes and the economic downturn have increased the number of Humboldt County residents now eligible for nutrition assistance. These factors, internal changes, and outreach partnerships with community-based organizations have lead to a significant increase in CalFresh enrollment within the county and throughout the state and nation.

Therefore, DHHS recommends that the Board approves and authorizes the Chair to execute this Agreement and directs the Clerk of the Board to return two executed originals of the agreement to the DHHS-Social Services Administration.

FINANCIAL IMPACT:

The costs associated with this agreement have been budgeted in the approved fiscal year 2017-18 budget in fund 1160, Budget Unit 511 in the amount of \$174,144.00 and the remainder of \$15,831.00 will be included in the 2018-2019 fiscal year county budget. There will be no impact to the County General Fund.

Approving this agreement supports the Boards Strategic Framework by creating opportunities for improved health and safety, and protecting vulnerable populations.

OTHER AGENCY INVOLVEMENT:

Arcata House Partnership.

ALTERNATIVES TO STAFF RECOMMENDATIONS:

The Board can choose not to approve the agreement for CalFresh Outreach and Support activities with Arcata House Partnership. This is not recommended as the Department of Health and Human Services

asserts this funding is important to the goal of increasing CalFresh participation and thereby improving the health and economic stability of children, families and other individuals in Humboldt County.

ATTACHMENTS:

Attachment 1: Agreement with Arcata House Partnership (3 originals).

**PROFESSIONAL SERVICES AGREEMENT
BY AND BETWEEN
COUNTY OF HUMBOLDT
AND
ARCATA HOUSE PARTNERSHIP**

This Agreement, entered into this 18 day of July, 2017, by and between the County of Humboldt, a political subdivision of the State of California, hereinafter referred to as "COUNTY," and Arcata House Partnership, a California not for profit corporation, 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 CONTRACTOR to provide increased utilization of the CalFresh benefit by eligible households and thereby improve the health and economic stability of families and individuals in Humboldt County; and

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

WHEREAS, CONTRACTOR has represented that it is 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, 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 August 1st, 2017 and shall remain in full force and effect until July 31st, 2018, unless sooner terminated as provided herein.

3. TERMINATION:

- A. Breach of Contract. If, in the opinion of COUNTY, CONTRACTOR fails to adequately perform the services required hereunder within the time limits specified herein, or otherwise fails to comply with the terms of this Agreement, or violates any ordinance, regulation or other law applicable to its performance herein, COUNTY may terminate this Agreement immediately, upon notice.
- 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 Eighty Nine Thousand, Nine Hundred and Seventy Five Dollars (\$189,975.00). 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.
- B. Schedule of Rates. The specific rates and costs applicable to this Agreement are set forth in Exhibit B – Schedule of Rates/Invoice Schedule/Budget, which is attached hereto and incorporated herein by reference.
- 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:

CONTRACTOR shall submit to COUNTY quarterly invoices itemizing all services rendered, and costs and expenses incurred, pursuant to the terms and conditions of this Agreement. Invoices shall be in a format approved by, and shall include backup documentation as specified by, Director and the Humboldt County Auditor-Controller. CONTRACTOR shall submit a final invoice for payment within thirty (30) days following the expiration or termination date of this Agreement. Payment for services rendered and costs and expenses incurred will be made within thirty (30) days after the receipt of approved invoices. The required Invoice summary and itemized worksheet form is attached hereto as Attachment 1 to Exhibit B. All invoices submitted by CONTRACTOR shall be sent to COUNTY at the following address:

COUNTY: Humboldt County DHHS – Social Services
Attention: Fiscal
507 F St.
Eureka, Ca 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: CalFresh Outreach
929 Koster St
Eureka, Ca 95501

CONTRACTOR Arcata House Partnership
Attention: Darlene Spoor
1005 Eleventh St
Arcata, Ca 95521

7 REPORTS

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. CONTRACTOR shall submit a final project report, including all expenditures within thirty (30) days of project completion or within thirty (30) days of termination of this Agreement.

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 hereunder, and to maintain and preserve said records for at least three (3) years from the date of final payment under this Agreement, 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. The books and records shall be original entry books with a general ledger itemizing all debits and credits for the services provided hereunder.
- 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 hereunder, 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 final payment under this Agreement. CONTRACTOR hereby agrees to make all such records available during normal business hours to inspection, audit and reproduction by COUNTY and any 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, but not limited to, the costs of administering this Agreement.

- C Audit Costs In the event of an audit exception or exceptions, the party responsible for not meeting the program requirements 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 results of services performed by CONTRACTOR pursuant to the terms of this Agreement.

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 federal and state confidentiality laws 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 or regulations.

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 CONTRACTOR's provision of services in order to ensure compliance with the requirements of this section.

- 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 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 Chapter 5, Division 4 of Title 2 of the California Code of Regulations are incorporated into this Agreement by reference and made a part hereof as if set forth in full.

12. NUCLEAR FREE HUMBOLDT COUNTY ORDINANCE COMPLIANCE:

CONTRACTOR certifies by its signature below 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 hereunder will
 - 1 Receive a copy of CONTRACTOR's Drug-Free Policy Statement, and
 - 2 Agree to abide by the terms of 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 CONTRACTOR shall hold harmless, defend and indemnify COUNTY 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, CONTRACTOR's negligent performance of, or failure to comply with, any of the duties and/or obligations contained herein, except such loss or damage which was caused by the sole negligence or willful misconduct of COUNTY
- B Effect of Insurance Acceptance of insurance, if required by this Agreement, does not relieve CONTRACTOR from liability under this provision This provision shall apply to all claims for damages related to the services performed by CONTRACTOR pursuant to the terms and conditions of this Agreement regardless if 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 by CONTRACTOR 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, 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 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, 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, 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, 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 insured shall not operate to impair the rights of one 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 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, including breach of warranties, shall not affect coverage provided to COUNTY, 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 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
 Attn: Risk Management
 825 Fifth Street, Room 131
 Eureka, California 95501

CONTRACTOR: Arcata House Partnership
Attention: Darlene Spoor
1005 Eleventh St.
Arcata, Ca 95521

16. RELATIONSHIP OF PARTIES:

It is understood that this is an Agreement by and between two (2) independent contractors 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 covered by 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, 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 CONTRACTOR 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, in the judgment of COUNTY, 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 of termination of this Agreement, 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 hereunder. Any and all subcontracts will be subject to all applicable terms and conditions of this Agreement, including, without limitation, the licensing, certification, privacy, security and confidentiality requirements provided 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 3D – 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 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 its entirety any and all prior agreements, promises, representations, understandings and negotiations, 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.

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 FAITH-BASED ORGANIZATIONS (as applicable)

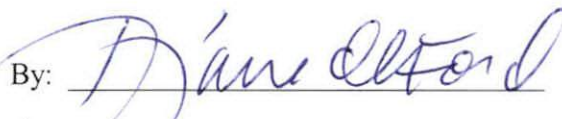
CONTRACTOR shall not engage in inherently religious activities (such as worship, religious instruction, or proselytization), or otherwise exert any religious influence whatsoever, as part of the programs or services funded under this Agreement. If CONTRACTOR conducts such activities, the activities must be offered separately, in time and location, from the programs or services funded under this Agreement, and participation must be voluntary with respect to any individual(s) who have been referred to CONTRACTOR by COUNTY under the terms of the Agreement.

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.

ARCATA HOUSE PARTNERSHIP:

By: 
Name: Diane de Ford

Date: 6.21.2017

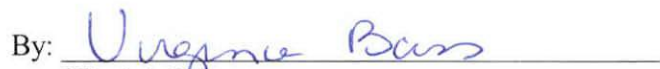
Title: Co- Chair, Board of Directors

By: 
Name: Judith Longshore

Date: 6-27-2017

Title: Treasurer, Board of Directors

COUNTY OF HUMBOLDT:

By: 
Virginia Bass
Chair, Humboldt County Board of Supervisors

Date: 7/18/17

INSURANCE AND INDEMNIFICATION REQUIREMENTS APPROVED:

By: 
Risk Analyst

Date: 7/5/2017

LIST OF EXHIBITS:

Exhibit A – Scope of Services
Exhibit B – Schedule of Rates

EXHIBIT A
SCOPE OF SERVICES
ARCATA HOUSE PARTNERSHIP

CONTRACTOR, with CalFresh funding, will assist the Department of Health and Human Services (DHHS) increase participation in the CalFresh program by eligible households and thereby improve the health and economic stability of families and individuals in Humboldt County.

CONTRACTOR MUST:

1. Provide a contact liaison to coordinate with the CalFresh program;
2. Provide outreach information to clients and participants in CONTRACTOR's programs and events;
3. Provide to DHHS reports on all CalFresh activities in the format requested by DHHS; a schedule of required reports and related due dates is attached hereto as Attachment 1 to Exhibit A and incorporated as part of this Agreement.
4. A copy of CONTRACTOR'S CalFresh program outreach proposal is attached hereto as Attachment 2 of Exhibit A and incorporated as part of this Agreement.
5. Provide the CalFresh Outreach access activities outlined in the proposal submitted to COUNTY and summarized below as those activities underlined and in bold:
 - a. **Assist and facilitate CalFresh applications.**
 - b. **Assist and support CalFresh intake and enrollment processes.**
 - c. **Assist with CalFresh retention.**
 - d. **Educate community members about CalFresh and program changes, reduce stigma associated with use, and encourage CalFresh applications. This may include events and activities, such as cooking demonstrations and community garden programs, to educate participants.**
 - e. **Provide specialized services to reach populations with low CalFresh Participation rates.**
 - f. **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.**
 - g. **Encourage clients to engage in healthy eating and exercise and assist all clients wishing to apply for CalFresh with enrollment information.**



Outreach Contract Final Report Form 2017-18

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 Justin Scarfone at 707-268-2787.

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.



Outreach Contract Quarterly Report Form 2017-18

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 Justin Scarfone at 707-268-2787.

Humboldt County CalFresh Outreach Partnership

Quarterly Report Form



Organization Name. _____

Please Check Applicable Report Cycle:

- | | |
|--|----------------------|
| <input type="checkbox"/> Quarter 1 (July 1-Sept. 30 2017) | Due October 31, 2017 |
| <input type="checkbox"/> Quarter 2 (Oct. 1- Dec. 31, 2017) | Due January 31, 2018 |
| <input type="checkbox"/> Quarter 3 (Jan. 1 – March 31, 2018) | Due April 30, 2018 |
| <input type="checkbox"/> Quarter 4 (April 1- June 30, 2018) | Due July 31, 2018 |

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)



CalFresh Outreach Guidelines for Fiscal Year 2017-18

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 2017-18 Partnership Request Form, Outreach Estimates Form, Partnership Request Budget Form, and narrative as outlined on the request form.

If 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) 268-2787.

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
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 2017-18 Partnership Request Form

Organization Name: Arcata House Partnership

Contact Name: Darlene Spoor

Address: 1005 Eleventh St, Arcata, CA 95521

Phone: 707-822-4528

Email: arcatahouse3@gmail.com

Project Title: _____

Expected start date: 8/1/2017 **and end date:** 7/31/2018

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.

Introduction: Since 2011, Arcata House Partnership (AHP) has received funding to continue our efforts to improve the health and well-being of our clients through increased awareness of and enrollment in CalFresh. We have worked hard to reduce barriers to enrollment for one of the most fragile populations in our community.

Homeless families and individuals are the perfect audience for CalFresh educational materials. Many of have been living in cars, on the street or in motels, giving them little experience with cooking or even sitting down and eating meals. They tend to be unfamiliar with fresh produce and accustomed to eating "fast" or prepared foods, which tend to be less healthy and considerably more expensive than cooking fresh food. They are frequent consumers of sweet drinks and foods. They may not be aware of how to store food safely or how to use fresh food in a timely manner before it spoils.

Case managers teach the clients about shopping for, cooking, storing and eating healthy home-cooked meals. They frequently drive clients to shop for food and help them learn to try new products and shop for good deals. They use CalFresh educational resources to teach clients about available food resources, healthy food choices, nutrition, healthy cooking or eating and other nutrition messages. Many of our clients struggle with obesity and chronic diseases like diabetes, so messages about obesity prevention, active living and fitness are also valuable

1. Describe the activities and events that will be completed with CalFresh Outreach Funding:

a. CalFresh Outreach

- i. Nutritious lunches are prepared five days a week in the commercial kitchen at the AHP Annex and distributed to hungry people at several pre-arranged sites by a certified food handler using a licensed catering truck.
- ii. An outreach worker travels with the Outreach vehicle and offers information on Cal Fresh guidelines and de-stigmatization messages.
- iii. All clients are screened for CalFresh eligibility
- iv. Each client who receives a meal also receives a wallet-sized card that outlines program benefits and requirements, de-stigmatization messages and the website, phone number and physical address to apply for benefits.
- v. The outreach worker is available to answer questions and offer encouragement and can make appointments for application assistance with the Annex Case Manager on the spot.

- vi We continue to expand the number of sites we visit with this program and also worked closely with the Arcata Police Department to make clients feel more at ease and the community at large feel safer

b Emergency Shelter Programs:

- i All clients at both the family and adult shelters are screened for CalFresh Eligibility upon entry and regularly thereafter Case managers assist with applications and re-certifications Transportation to DHHS is provided, if needed
- ii Adult shelter clients are served breakfast, lunch and dinner each day Many times dinners are donated by local faith-based groups, but if not, they are provided
- iii Family Shelter clients are encouraged to cook for themselves, but case managers are available to help and offer food when needed
- iv CalFresh educational materials are available and clients are encouraged to participate in garden and food demonstrations Organic gardens are planted at several of the locations to encourage people to participate in the growing, harvesting and preparation of nutritious foods
- v Regular cooking classes (with child care) are planned for 2017/18 Clients will learn to cook something new and then get to take home a bag with the ingredients to prepare on their own Case managers will emphasize that by enrolling in CalFresh, they can make their benefits or earned income go further and still provide their families with healthy food

c. Permanent Supportive Housing and Rapid Rehousing

- i Food Boxes This program serves people who are chronically homeless and disabled Upon entry into the program, each client receives a complete benefits assessment including an assessment of CalFresh eligibility
- ii All clients are offered CalFresh educational materials, assistance with applications (mostly applicable to clients who are social security pending), rides to the county welfare office, help obtaining identification and other necessary documentation, assistance obtaining a phone interview and help accessing online application materials
- iii Case managers offer rides to the food bank

d Food Gleaning Project:

- i Gleaner visits local supermarkets and gathers food that is edible, but past the "sell date"
- ii The Gleaner offers information on CalFresh guidelines and de-stigmatization messages The Gleaner offers encouragement and makes recommendations to make an appointment with a Case Manager to assist with learning more about the CalFresh benefit and completing a CalFresh application
- iii The gleaned food is distributed to people who would be hungry without it The primary beneficiaries of the gleaned food are Arcata House Partnership, the McKinleyville Family Resource Center, Blue Lake Resource Center, Food for People and eight other locations
- iv The gleaner delivers some produce and edible food to homebound seniors and gravely disabled adults and takes inedible food to a local pig farm

New Services

2016 was a difficult year for even more people in the City of Arcata and surrounding areas AHP was asked to support a food closet at the high school for homeless students and their families which allowed us to provide food and CalFresh referral and applications and materials to 30 families The unincorporated area of Manilla asked for assistance With nearly 800 residents in 350 households who are mostly low and very low income, the area found itself in need of assistance when the mills closed down leaving most people far from services and without income The CalFresh grant that Arcata House Partnership administers supported approximately 40 families each week by providing lunches on Fridays while distributing gleaned and purchased food, information about CalFresh and referrals to the Case Manager for assistance with applications, and nutrition and menu planning

The unincorporated area of Samoa has asked that AHP provide the same service for them. With 250 people living in the area in 50 families the same economic blight hit them when the logging and mill industry shut down. The renewal grant hopes to provide services to these most need people as well.

In January of 2016 Arcata House Partnership was asked and agreed to manage the Arcata Food Pantry. Working with Food for People, the transition was seamless. An average of 50 people per week have been served through this program.

In 2017 AHP has increased the people who are being served in our Permanent Supported Housing program by four and has begun to implement the newest Rapid Rehousing Program for the county which will serve up to 10 individuals and families. These additional people will have access to the same services as others being served in our housing programs. They will include food boxes, nutrition and menu planning, shopping assistance, access to information and assistance applying for CalFresh and the opportunity to participate in cooking classes.

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?

Expected Outcomes

Objective 1 Increase the number of very low income and homeless people who experience better nutrition and health by applying for and receiving CalFresh benefits. All staff will understand the CalFresh Program and be able to offer information, de-stigmatization messages and assistance to individuals who participate in AHP Programs. Individuals will be screened for CalFresh Eligibility and will receive assistance completing and submitting their application. AHP will offer transportation to DHHS to complete the application process, help clients gather documentation for their interviews including replacing lost documents or obtaining them for the first time, and remind clients to check their application status, open their mail and respond to requests necessary to process their applications.

Objective 2 The CalFresh Outreach Program will provide Cal Fresh outreach (eligibility and application information, education and de-stigmatization materials) and serve nutritious meals to at least 40 very low-income people at least five days each week. Individuals will receive wallet cards and connection to a staff person who will assist with education, application materials and de-stigmatization messages.

Objective 3 Chronically Homeless CalFresh Outreach/Food Security Case Managers will identify barriers for the chronically homeless and assist in overcoming those barriers. At least 150 chronically homeless people will be offered emergency food supplies/meals along with messages. Individuals and families will be offered nutritious meals and information about nutrition.

Objective 4 Adult and Family Shelter Outreach Case Managers will provide all adults and /or families entering the shelter with CalFresh eligibility and application information and assistance. Education will include increasing awareness and adoption of healthy food and life choices that improve wellness and prevent chronic disease. Individuals will be provided with information about the Farmers Market "bucks" and / or offer assistance in shopping at the local farmer's markets along with messages that "CalFresh" can be used to purchase fresh fruits and vegetables at local stores.

Objective 5 Regional Food Gleaning Continue to employ a "gleaner" who collects food donations from restaurants, caterers and grocers in Arcata on a regular schedule at least four days/week*. Gleaner will identify and utilize "teachable moments" to provide CalFresh outreach to grocery employees, "dumpster divers", customers, store managers and people and agencies that receive the food that is gleaned. Gleaner will ensure that CalFresh materials and messages are available to be offered at all times and will refer people to staff for additional assistance.

Objective 6 Project Management AHP will ensure that the project is well managed and accountable. Audited financial statements will be available. All staff will be responsible for collecting data on CalFresh activities and submitting them no later than 21 days after the end of each quarter.

What difference will CalFresh funding make in your community or neighborhood and for the population you are serving?

The most recent U S Census lists the City of Arcata population as 17,843. Of those, 41.3% are living in poverty. Of the 7,369 people living in poverty approximately 400 people are homeless or living in a place not meant for human habitation. Approximately 2,300 (13%) are people under the age of 65 living with a disability and on limited or no income. Approximately 1,400 (8.2%) are people over the age of 65, many living on a fixed income. Arcata House Partnership (AHP) houses between 75 and 90 people per night who would otherwise be sleeping in a place not meant for human habitation. AHP provides nutritious meals to approximately 120 people each day who otherwise would have little or no food for the day. With more students from the high school reporting that they and their families are homeless and/or hungry, AHP has been providing nutritious food and CalFresh information to them. In addition to the regular services that AHP has been known for, we now offer a One-Stop location where people can come in, get assistance with referrals, learn about CalFresh and have someone assist with an application. On an average day between 45 and 70 people come into the One-Stop for assistance and food.

Without this financial support AHP would not be able to provide 10,400 meals, assist 270 people to apply for CalFresh benefits, offer more than 1,200 people de-stigmatization messages, information and education, and provide nutritional materials and food boxes to 860 people. Arcata Food Pantry would not be supported. Our gleaner would not be able to collect 225,570 pounds of food that otherwise would be thrown away. In dollars, the value of that food would be \$676,582.

Without this funding, AHP would not be able to support people living in Manila and Samoa by providing access to food, lunches, and CalFresh information and resources. AHP would not be able to provide daily nutritional education and meals to people who are or have been recently homeless. We would not be able to support thousands of people to obtain nutritional food, apply for CalFresh, or be educated about nutritional and healthy food choices even for people who are living in substandard locations. Funding for this program plays a vital role in helping the people of Arcata and beyond form more stable lives, receive in some cases lifesaving nutrition, and support the health of the community.

How will the proposed activities fit into or relate to other programs in your organization and community?

The mission of the Arcata House Partnership is to support people who are experiencing homelessness while they build a more stable life. This may include a full continuum of services from engagement to permanent housing. Enrollment in CalFresh can help individuals and families avoid food insecurity while they are working to build a more stable life. It can also help them remain housed once they secure permanent housing by decreasing the proportion of their income they need to spend on food.

CalFresh outreach through our programs for street homeless, chronically homeless emergency shelter clients and chronically homeless people with disabilities can help clients who are hesitant to engage with mainstream benefit programs take the first steps in re-integrating into our community. The clients who live in our emergency shelter facilities will receive CalFresh application assistance and education around shopping, food choices and nutrition, cooking and food storage to our already robust life-skills education. Clients will be taught that CalFresh benefits will help clients feed themselves and their families healthy food at a lower cost—leaving them with money to pay rent and meet other expenses when they secure a home. The skills they gain will be important in helping them succeed when they leave our program for permanent housing.

Offering healthy nutritious meals and screening every participant will increase the number of people who are aware of CalFresh and other programs that can help them make the transition to permanent housing as well as reducing food insecurity for a very vulnerable population. CalFresh has the potential to give homeless clients the “boost” that makes it possible for low-income families and individuals to move from emergency shelter into homes of their own. We look forward to continuing our partnership with CalFresh to benefit some of the most vulnerable and needy individuals and families in our community.

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

Arcata House Partnership offers a comprehensive range of homeless services from initial engagement, emergency shelter and permanent supportive housing. Our programs offer a relationship with clients that is for screening for CalFresh, for helping clients apply and reducing the stigma attached to doing so. With over 20 years of experience, our team knows the population we serve well, and is skilled at knowing the most effective ways to engage them with the services and supports that will result in permanent housing.

Arcata House Partnership successfully and routinely manages funding from a variety of private and public resources including, but not limited to HUD Supportive Housing Program funding, Federal Emergency Solutions funding, private foundations, local businesses and service clubs, faith-based congregations and from hundreds of individual community supporters. We look forward to a continued partnership with the CalFresh Outreach Program to reduce food insecurity in a very fragile and vulnerable population.

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? N/A
- 2 What other funding outside of DHHS support the proposed Activities?

Private foundations, donations, and in-kind donations from our faith-based partners

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	3000
2 Applications provided/handed out (i.e. physically handed customer an app, directed them to C4Yourself, directed them to Social Services Office, etc.)	270
3 Applications assisted (i.e. staff member assisted customer w/ completing application, staff faxed in application, etc.)	250
4 DHHS visits assisted. Discuss how your organization is able to help (i.e. staff drove them, a bus pass was provided, etc.)	45
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), assist with collecting necessary verifications, etc.)	45
6 Specialized services to reach populations with low CalFresh participation rates	500

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)	1500
8 Educational activities, involvement, or demonstrations (gardening/ exercise/ cooking) provided	250
9 Food distributed or meals provided	15,000

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	n/a
11 Number of possible viewers/listeners of non-print broadcast media *	n/a
12 Number of possible readers of newsletter articles, client mailers or flyers, or other agency publications	900
13 Web content visits (specifically CalFresh)	200

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

Special populations	Total
Chronically homeless adults with disability/often serious mental illness	150
Very low income families who participate in our permanent supported housing, rapid re-housing and emergency shelter programs	75

*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.

Humboldt County CalFresh Outreach Partnership Request Budget Form

Attachment 2 Exhibit A

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: Project Director Salary Calculation: : 5 hrs. / week @ \$31.25 / hour for 52 weeks Duties Description: Oversee and supervise all project activities, supervise reporting and compliance	\$8,125
Title: Food Preparer Salary Calculation: 27 hrs. / week @ \$11.69 / hour for 52 weeks Duties Description: Plan and prepare all meals for food outreach and / or extreme weather shelter. Shop for food. Accompany and support outreach worker. Ensure compliance with all county regulations	\$16,413
Title: Outreach Worker / Engagement Specialist Salary Calculation: : 16 hrs. / week @ \$13.11 / hour for 52 weeks Duties Description: Accompany outreach vehicle and provide clients with CalFresh outreach, education, screening materials. Make referrals to case manager and other services, data collection	\$10,908
Title: One Stop CalFresh and Food Pantry Support Salary Calculation: : 30 hrs. / week @ \$15.48 / hour for 52 weeks Duties Description: Provide support and education to clients in all programs. Assist with applications and provide transportation to DHHS. One person available at the annex during scheduled hours to provide clients with application assistance, information, transportation and nutrition education, data collection	\$24,149
Title: Gleaner Salary Calculation: : 30 hrs. / week @ \$14.62 / hour for 52 weeks Duties Description: Visit local grocers and rescue edible food for distribution to AHP programs, food banks, family resource centers and homebound people. Provide CalFresh outreach to grocers, customers, others in community, data collection	\$22,807
Total Salaries and Wages	\$82,402
Employer Costs @ 28%. Payroll taxes, Workers Compensation, sick leave, vacation	\$23,073
Total Personnel Costs:	\$105,475
B. Operational Costs	
Title: Rent and Utilities Description: shared cost of rent, maintenance, utilities (gas and electricity, garbage, water).	\$7,500
Title: Description:	\$
Total Operational Costs:	\$7,500
C. Consumables/Supplies	
Title: Food Description: Food and supplies for demonstrations and outreach—40-50 lunches/day through outreach vehicle 5 days per week; 3 meals/day for up to 20 people living in the adult shelter; supplemental emergency food for end of month for all clients; 25-30 people living in the family shelter will receive food boxes each week; 30+ people living in the permanent supportive housing and rapid rehousing programs will receive food boxes each week. Support the food pantry in Arcata one day per week and the distribution of food resources in Manilla and Samoa one day per week.	\$52,000
Title: Description:	\$
Title: Description:	\$
Title: Description:	\$
Total Consumable/Supplies:	\$52,000
D. Transportation/Travel	

FY17/18 (Rev. 03/24/17)

Title Vehicle Fuel and Maintenance	
Description driving outreach vehicle to sites, driving gleaning vehicle to stores to pick up food and to AHP sites and Family Resource Centers to distribute it Driving clients to DHHS to submit applications (1000-1100 miles/month @\$ 535 for 12 months)	
	\$7,000
Title	
Description	\$
Total Transportation/Travel	\$7,000
E Other Costs	
Title Administration	
Description record keeping, compliance assurance, reporting, bookkeeping audit, etc	18,000
Title	
Description	\$
Total Other Costs	\$18,000
Total	\$189,975

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 B

SCHEDULE OF RATES/ INVOICE SCHEDULE/BUDGET

ARCATA HOUSE PARTNERSHIP

CONTRACTOR agrees that the total maximum compensation cap for services performed and costs incurred under this Agreement is One Hundred Eighty Nine Thousand, Nine Hundred Seventy Five Dollars (\$189,975 00), and CONTRACTOR agrees to perform any services required by this Agreement for an amount not to exceed such maximum compensation cap

All costs incurred above the maximum compensation cap will be the responsibility of the CONTRACTOR

CONTRACTOR shall submit a final project report, including all expenditures within thirty (30) days of project completion or within thirty (30) days of termination of this Agreement

CONTRACTOR will submit an itemized invoice summary and an itemized invoice worksheet, in the form of the itemized invoice summary and an itemized invoice, attached hereto as Attachment 1 to Exhibit B and incorporated as part of this Agreement

The itemized invoice summary and itemized invoice worksheets due to the COUNTY, shall itemize costs for activities that are consistent with the services provided by CONTRACTOR as of the invoice date, described in Exhibit A, attached hereto and incorporated by reference

Payment for services performed will be approved within thirty (30) days after receipt of the invoice

Any shift of funds to or from the personnel category must be approved in writing by COUNTY CONTRACTOR may shift up to 20% of budgeted amounts between all other budget categories without prior written approval by COUNTY

All work completed and costs for CalFresh access activities in Exhibit A Scope of Work, shall be entered and identified for the corresponding activities in Exhibit A that were performed by CONTRACTOR during the invoice period

All identification and supporting documents shall be kept by the CONTRACTOR for a period of five (5) years and made available to Department of Health and Human Services (DHHS) staff for the purposes of audit upon request

Invoice Schedule:

Itemized Invoices are due one month after completion of the contract term Quarterly Invoices are due one month after the end of each quarter This year, all quarterly invoices will be based on DHHS fiscal year quarters Fiscal year is from July 1st through June 30th

The table below shows each fiscal year quarter and due dates. Contractors must submit quarterly invoices for each quarter in which the contract is active.

Quarter	Dates Included	Date Invoices 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 invoice	Based on contract term	One month after term end

EXHIBIT B
Budget
Arcata House Partnership

Descriptions here

Amounts Here

A Personnel Costs	
Title Project Director Salary Calculation 5 hrs / week @ \$31.25 / hour for 52 weeks Duties Description Oversee and supervise all project activities, supervise reporting and compliance	\$8,125
Title Food Preparer Salary Calculation 27 hrs / week @ \$11.69 / hour for 52 weeks Duties Description Plan and prepare all meals for food outreach and / or extreme weather shelter Shop for food Accompany and support outreach worker Ensure compliance with all county regulations	\$16,413
Title Outreach Worker / Engagement Specialist Salary Calculation 16 hrs / week @ \$13.11 / hour for 52 weeks Duties Description Accompany outreach vehicle and provide clients with CalFresh outreach, education screening materials Make referrals to case manager and other services data collection	\$10,908
Title One Stop CalFresh and Food Pantry Support Salary Calculation 30 hrs / week @ \$15.48 / hour for 52 weeks Duties Description Provide support and education to clients in all programs Assist with applications and provide transportation to DHHS One person available at the annex during scheduled hours to provide clients with application assistance, information, transportation and nutrition education data collection	\$24,149
Title Gleaner Salary Calculation 30 hrs / week @ \$14.62 / hour for 52 weeks Duties Description Visit local grocers and rescue edible food for distribution to AHP programs, food banks, family resource centers and homebound people Provide CalFresh outreach to grocers customers, others in community data collection	\$22,807
Employer Costs @ 28% Payroll taxes, Workers Compensation, sick leave, vacation	\$23,073
Total Personnel Costs	\$105,475
B Operational Costs	
Title Rent and Utilities Description shared cost of rent maintenance utilities (gas and electricity garbage, water)	\$7,500
Total Operational Costs	\$7,500
C Consumables/Supplies	
Title Food Description Food and supplies for demonstrations and outreach—40-50 lunches/day through outreach vehicle 5 days per week, 3 meals/day for up to 20 people living in the adult shelter supplemental emergency food for end of month for all clients, 25-30 people living in the family shelter will receive food boxes each week, 30+ people living in the permanent supportive housing and rapid rehousing programs will receive food boxes each week Support the food pantry in Arcata one day per week and the distribution of food resources in Manila and Samoa one day per week	\$52,000
Total Consumable/Supplies	\$52,000
D Transportation/Travel	
Title Vehicle Fuel and Maintenance Description driving outreach vehicle to sites driving gleaner vehicle to stores to pick up food and to AHP sites and Family Resource Centers to distribute it Driving clients to DHHS to submit applications (1000-1100 miles/month @\$ 5.35 for 12 months)	\$7,000
Total Transportation/Travel	\$7,000
E Other Costs	
Title Administration Description record keeping compliance assurance reporting bookkeeping audit etc	\$18,000
Total Other Costs	\$18,000
Total	\$189,975

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.

Attachment 1 to Exhibit B

CalFresh Outreach Invoice Summary

Contractor Name Coordinator/Contact Address Phone
--

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

Description

Totals

Personnel Costs (Wages and benefits)	\$0 00
--------------------------------------	--------

Operational Costs (Rent, Utilities, Phones, etc)	\$0 00
---	--------

Consumables/Supplies (Supplies 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
 DHHS, 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

Attachment 1 to Exhibit B
CalFresh Outreach Itemized Invoice Worksheet

Invoice Date
Invoice Type

Contract Term
Invoice Period

Descriptions	Invoice Amounts	Previous Invoice Totals	Approved Budget	Remaining Balance
A. Personnel Costs				
Title				
Salary Calculation	\$0 00	\$0 00	\$0.00	\$0 00
Duties Description				
Title				
Salary Calculation	\$0 00	\$0 00	\$0.00	\$0 00
Duties Description				
Title				
Salary Calculation	\$0 00	\$0 00	\$0.00	\$0 00
Duties Description				
Title				
Salary Calculation	\$0 00	\$0 00	\$0.00	\$0 00
Duties Description				
Title				
Salary Calculation	\$0 00	\$0 00	\$0.00	\$0 00
Duties Description				
Title				
Salary Calculation	\$0.00	\$0 00	\$0.00	\$0 00
Duties Description				
	Total Personnel	\$0 00	\$0 00	\$0 00
B. Operational Costs (Rent, Utilities, Phones, etc)				
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
C. Consumables/Supplies (Supplies and Consumables should be separate)				
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
Title				
Total Consumables/Supplies		\$0.00	\$0 00	\$0 00
		Invoice Amounts	Previous Invoice Totals	Approved Budget
			Remaining Balance	
D Transportation/Travel (Local and Out of County should be separate)				
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				
Total Transportation/Travel Costs		\$0 00	\$0 00	\$0 00
		Invoice Amounts	Previous Invoice Totals	Approved Budget
			Remaining Balance	
E. Other Costs (Indirect Costs, Contracts, etc.)				
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				
Total Other Costs		\$0.00	\$0 00	\$0 00
		Totals	\$0 00	\$0 00
Invoice Total		\$0 00		

Any shift of funds to or from the personnel category must be approved in writing by County CONTRACTOR may shift up to 20% of budgeted amounts between all other categories without written approval by COUNTY Indirect Costs are not allowed to exceed 10% of the total modified total costs per OMB Federal Guidance

FY 17/18 rev (01/31/17)

Guidelines for using the Invoice Summary and Itemized Costs Worksheet templates

In an effort to help the invoicing process be as simplified as possible DHHS Financial Services has provided the attached invoice summary and itemized invoice worksheet. Contractors are required to use the provided Invoice Summary and Itemized Worksheet to ensure that all invoices processed are in compliance with county, state and federal regulations. Please see the below guidelines.

1. Back up documentation such as, staff time documentation, receipts, bills or invoices, are not required to be submitted with the Invoice Summary and Itemized Worksheet. Please be sure to keep them, they may be requested if needed.
2. Any shift of funds to or from the personnel category must be approved in writing by County. Contractor may shift up to 20% of the budgeted amounts between all other categories without written approval by County. Indirect Costs are not allowed to exceed 10% of the total modified costs, per OMB Federal Guidance (unless special arrangements were made).
3. Invoices may be submitted electronically to CalFreshOutreach@co.humboldt.ca.us. Be sure to sign the invoice. Electronic submissions still need signatures.
4. Invoice Summary and Itemized Worksheet must be submitted based on the Invoice Schedule below. Note: Agreements of \$15,000 or less are only required to submit a final invoice at the end of the agreement term.

Quarter	Dates Included	Date Invoice Due to DHHS
1	July 1 through September 30	Tuesday, October 31, 2017
2	October 1 through December 31	Tuesday, January 31, 2018
3	January 1 through March 31	Monday, April 30, 2018
4	April 1 through June 30	Tuesday, July 31, 2018
Final	Based on contract terms	One month after term end



ARCA-26

OP ID, TL

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

02/15/2017

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 Anderson Robinson Starkey Insurance Agency Inc P O Box 1105 Arcata, CA 95518-1105		707-822-7251	CONTACT NAME Theresa Laidlaw	PHONE (A/C, No, Ext) 707-822-7251	FAX (A/C, No) 707-826-9021
			E MAIL ADDRESS tlaidlaw@ars-insurance.com		
		INSURER(S) AFFORDING COVERAGE			NAIC #
		INSURER A Nonprofits Insurance Alliance			
		INSURER B			
		INSURER C			
		INSURER D			
		INSURER E			
		INSURER F			

INSURED
Arcata House Partnership, Inc.
Darlene Spoor
1005 - 11th Street
Arcata, CA 95521

COVERAGES

CERTIFICATE NUMBER:

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 INSD	SUBR WVO	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Prof & Liquor Lia GEN L AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PRO JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER	X		201708081NPO	02/15/2017	02/15/2018	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 20,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMPIOP AGG \$ 3,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			201708081NPO	02/15/2017	02/15/2018	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			201708081UMBPO	02/15/2017	02/15/2018	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ \$ PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes describe under DESCRIPTION OF OPERATIONS below		N/A				E L EACH ACCIDENT \$ 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)

The County of Humboldt, Department of Health & Human Services, its officers, officials, employees and volunteers are additional insureds as per form CG2026 as respects written contract for funding (CAPCC-Child Abuse Prevention Coordinating Council)

RECEIVED
FEB 16 2017
DHHS-SSB
HHS

CERTIFICATE HOLDER

CANCELLATION

HUMBHHS

The County of Humboldt,
Department of Health & Human
Services
929 Koster St
Eureka, CA 95501

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

Theresa M Laidlaw

THIS ENDORSEMENT CHANGES THE POLICY PLEASE READ IT CAREFULLY

**ADDITIONAL INSURED – DESIGNATED
PERSON OR ORGANIZATION**

This endorsement modifies insurance provided under the following

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE**Name Of Additional Insured Person(s) Or Organization(s)**

Any person or organization that you are required to add as an additional insured on this policy, under a written contract or agreement currently in effect, or becoming effective during the term of this policy. The additional insured status will not be afforded with respect to liability arising out of or related to your activities as a real estate manager for that person or organization.

Information required to complete this Schedule, if not shown above, will be shown in the Declarations

A Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf

- 1 In the performance of your ongoing operations, or
- 2 In connection with your premises owned by or rented to you

However

- 1 The insurance afforded to such additional insured only applies to the extent permitted by law; and
- 2 If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured

B With respect to the insurance afforded to these additional insureds, the following is added to Section III – Limits Of Insurance

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance

- 1 Required by the contract or agreement, or
- 2 Available under the applicable Limits of Insurance shown in the Declarations, whichever is less

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations



ARCA-26

QP ID, TL

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

02/15/2017

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 Anderson Robinson Starkey Insurance Agency Inc P O Box 1105 Arcata, CA 95518-1105		707-822-7251	CONTACT NAME Theresa Laidlaw PHONE (A/C No, Ext) 707-822-7251 FAX (A/C, No) 707-826-9021 E MAIL ADDRESS tlaidlaw@ars-insurance.com
INSURED Arcata House Partnership, Inc Darlene Spoor 1005 - 11th Street Arcata, CA 95521		INSURER(S) AFFORDING COVERAGE INSURER A State Compensation Ins Fund INSURER B INSURER C INSURER D INSURER E INSURER F	
		NAIC # 35076	

COVERAGES

CERTIFICATE NUMBER

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 INSR	SUBR 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 <input type="checkbox"/> OTHER						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Per occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input 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						COMBINED SINGLE LIMIT (Per accident) \$ 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 <input type="checkbox"/> RETENTION \$ <input type="checkbox"/>						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	X 130931617	03/01/2017	03/01/2018	X PER STATUTE <input type="checkbox"/> OTH ER <input type="checkbox"/> E L EACH ACCIDENT \$ 1,000,000 E L DISEASE - EA EMPLOYEE \$ 1,000,000 E L DISEASE - POLICY LIMIT \$ 1,000,000

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

Proof of insurance for The County of Humboldt, Risk Management, Department of Health & Human Services-Social Services Branch, its officers, officials, employees and volunteers with Waiver of Subrogation applicable to Workers Compensation coverage (as required per contract/Cal Fresh Outreach Funding, Federal Grant application process)

CERTIFICATE HOLDER

COUNHUE

County of Humboldt, Risk Management, Department of Health & Human Svcs/Social Svc Branch
825 5th Street, Rm 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