



COUNTY OF HUMBOLDT

AGENDA ITEM NO.

C15

For the meeting of: November ¹⁴~~07~~, 2017

Date: September 12, 2017

To: Board of Supervisors

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

Subject: Agreement with United Indian Health Services to Assist with CalFresh Outreach and Support Activities

RECOMMENDATION(S):

That the Board of Supervisors:

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

SOURCE OF FUNDING:

Social Services Fund 1160

Prepared by Mandy Gentle-Martin

CAO Approval *E. H. H.*

REVIEW:

Auditor *MBH* County Counsel *SM* Human Resources *KRB* Other _____

TYPE OF ITEM:

☒ Consent
☐ Departmental
☐ Public Hearing
☐ Other _____

PREVIOUS ACTION/REFERRAL:

Board Order No. C-9; C-9

Meeting of: 9/16/14; 12/15/15; 10/4/16

BOARD OF SUPERVISORS, COUNTY OF HUMBOLDT

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

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

Nays
Abstain
Absent

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

Dated: 11/14/17

By: *[Signature]*
Kathy Hayes, Clerk of the Board

DISCUSSION:

United Indian Health Services (UIHS) currently serves approximately 4,000 American Indian residents of Humboldt County with a broad range of health-related services in pursuit of its mission “To work together with our clients and community to achieve wellness through health services that reflect the traditional values of our American Indian community.” Many of UIHS’ services are provided in a health clinic setting, but services also include home visiting, events, and a community garden. Over the past four years, UIHS has increased its CalFresh outreach efforts and set the framework for integrating CalFresh outreach and enrollment assistance into all aspects of client care. Under this agreement, UIHS will continue to work on their CalFresh efforts organization-wide in order to increase rates of enrollment. Client Intake personnel, Community Health Representatives, medical providers, WIC staff, Enrollment Counselors, and Community Health Programs staff will promote CalFresh and assist with CalFresh applications daily.

With the execution of this agreement, United Indian Health Services will continue to assist DHHS in increasing CalFresh utilization by eligible households thereby promoting a safe, healthy and 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 misconceptions.

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 continue to not be fully aware of and do not apply for CalFresh benefits. Many others are not aware of program changes that can make it easier for them to receive and continue CalFresh benefits.

USDA and CDSS have encouraged 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’ goal of providing integrated, place-based and holistic services. This continuing work through outreach partnerships with community-based organizations has led to a significant increase in CalFresh enrollment within the county and throughout the state and nation.

Therefore, DHHS recommends that the Board approve and authorize the Chair to execute this agreement and direct the Clerk of the Board to return two executed copies 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 \$186,915.32 and in 2018-19 \$93,457.68. There will be no impact to the county’s General Fund.

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

This Agreement has a start date of November 1, 2017 for continuity of services provided by UIHS. This comes late to the board due to unexpected delays during final review process.

OTHER AGENCY INVOLVEMENT:

None

ALTERNATIVES TO STAFF RECOMMENDATIONS:

The Board can choose not to approve the agreement for the CalFresh outreach and support activities with United Indian Health Services. 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 United Indian Health Services (3 originals)

**PROFESSIONAL SERVICES AGREEMENT
BY AND BETWEEN
COUNTY OF HUMBOLDT
AND
UNITED INDIAN HEALTH SERVICES, INC.**

This Agreement, entered into this 14th day of November, 2017, by and between the County of Humboldt, a political subdivision of the State of California, hereinafter referred to as "COUNTY," and United Indian Health Services, Inc., 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, COUNTY has no employees available to perform such services and is unable to hire employees for the performance thereof for the temporary period; and

WHEREAS, CONTRACTOR represents that it is specially trained, skilled, experienced and qualified to perform the special services required by COUNTY; 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 November 1, 2017 and shall remain in full force and effect until October 31, 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 Two Hundred Eighty Thousand Three Hundred Seventy Three Dollars (\$280,373.00). 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: United Indian Health Services, Inc.
Attention: Jude Marshall
1600 Weeot Way
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.

B. 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: United Indian Health Services, Inc.
Attention: Jude Marshall
1600 Weeot Way
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.

[Signatures on Following Page]

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

TWO SIGNATURES ARE REQUIRED FOR CORPORATIONS:

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

CONTRACTOR:

By: Lawanda A. Quinnell

Date: 10.6.17

Name: Lawanda Quinnell

Title: Chairperson

By: [Signature]

Date: 10.6.17

Name: DAVID ROSEN

Title: CFO

COUNTY OF HUMBOLDT:

By: Virginia Bass
Chair, Humboldt County Board of Supervisors

Date: 11/14/17

INSURANCE AND INDEMNIFICATION REQUIREMENTS APPROVED:

By: [Signature]
Risk Analyst

Date: 11/3/17

LIST OF EXHIBITS:

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

EXHIBIT A
SCOPE OF SERVICES

United Indian Health Services, Inc.

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.**

Goals and Outcomes

The goal of this contract is to support and increase CalFresh awareness, intake and enrollment processes success rate among Humboldt County American Indian family populations.

Outcomes include:

- Increase in knowledge about how to purchase, grow, harvest, prepare, and preserve, healthy foods on a budget that can be purchased with CalFresh,
- Increase in knowledge about traditional and contemporary ways to prepare and preserve food purchased with CalFresh,
- Increase food access
- Increase physical activity opportunities
- Decrease in stigma and misconceptions about CalFresh.

Proposed activities follow.

Scope of Work

Objective 1 – Increase participation in CalFresh in Humboldt County by raising awareness of CalFresh, providing information on eligibility guidelines and assisting with CalFresh applications among potentially eligible American Indian family populations.		
Task Description	Duration/Month	Details and Outcomes
A Community Nutrition Program Outreach staff will produce/collect CalFresh outreach materials for distribution at annual Humboldt County events such as the Harvest Party, UIHS GONA, HAWC Walk, May-Gay-Tohl-Kwe Summer Camps, Bear River Health Fair and other related tribal organization events.	Nov.-Oct. (as necessary)	-Approximately 1,200 American Indian community members in Humboldt County will be reached at 4-6 UIHS community events and other tribal related organizational events occurring mostly during the summer months and into the holidays. -Community members will receive handouts and brochures that include information on the CalFresh program and how to apply, as well as application assistance. Behavior modification items will also be distributed as marketing tools.
B Community Nutrition Program staff will provide direct CalFresh outreach at Potawot Health Village, various UIHS Satellite Clinics, Nutrition Department activities and workshops throughout Humboldt County such as the Potawot Community Food Garden Produce Stands and accompanying cooking demonstrations, garden starts events and Native Foodways activities/workshops,	Nov.-Oct.	-Approximately 200 American Indian Community members will be reached during Community Nutrition Program events and activities. - Community members will receive handouts and brochures that include information on the CalFresh program and how to apply, as well as application assistance.

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	nutrition education classes, and Potawot Community Food Garden tours.		
C	UIHS Patient Registration staff will screen incoming clients for possible CalFresh eligibility at all Humboldt County clinics. Application assistance will be provided upon check-in or through an in-house referral process.	Nov.-Oct.	<ul style="list-style-type: none"> - Approximately 1,500 UIHS Humboldt County clients will be reached. Clients will be screened for CalFresh eligibility upon arrival to the clinic. - If client are eligible and wants more information they will be referred to Community Nutrition Program staff will assist and process CalFresh applications at the client's request.
D	Community Nutrition Program staff will submit CalFresh information to various in-house quarterly newsletters including the Acornbasket, (Nutrition) and the Diabetes Prevention Program, and WIC monthly newsletters. CalFresh information will be included in biannual Pey-wo-mek newsletter.	Nov.-Oct.	<ul style="list-style-type: none"> - Approximately 4,000 UIHS Humboldt County clients will be reached through the distribution of various UIHS newsletters. - Articles will include information about CalFresh, nutrition tips, events, workshops, activities, demonstrations, recipes, local CalFresh resources, food of the month and contact information for Nutrition Program staff for potential application assistance.
E	Community Nutrition Program staff will submit CalFresh information to various tribal newsletters including membership, head starts, education, housing, social services, and cultural programs.	Nov.-Oct.	<ul style="list-style-type: none"> - Approximately 3,000 tribal members will be reached with CalFresh information. - Articles will include information about CalFresh, nutrition tips, events, workshops, activities, demonstrations, recipes, local CalFresh resources, food of the month and contact information for Community Nutrition Program staff for CalFresh application assistance.

Objective 2 – UIHS Community Nutrition Department staff will provide follow up assistance for all client applications processed in order to improve application processing time as well as communication between applicants and Humboldt County Department of Health and Human Services staff.

Task Description	Duration/Month	Details and Outcomes
A Community Nutrition Program staff will obtain completed Release of Information forms from each willing client was assisted in order to follow-up with application processing progress.	Nov.-Oct.	<ul style="list-style-type: none"> - Completed Release of Information forms will be submitted to DHHS staff along with applications. - Nutrition Program staff will complete appropriate follow-up to improve application process time.
B Community Nutrition Program staff will provide appropriate CalFresh application follow-up assistance systemically.	Nov.-Oct.	<ul style="list-style-type: none"> - Approximately 60 UIHS Humboldt County clients will have follow-up. Follow-up will include weekly calls to all clients who complete and submit Release of Information forms, and calls will be made DHHS staff following the submission of CalFresh applications. - This will help to facilitate the timely completion of application processing.
C Community Nutrition Program staff will track obstacles experienced by clients during the CalFresh application process.	Nov.-Oct.	<ul style="list-style-type: none"> - Approximately 1 summary of obstacles will be included in each quarterly report submitted to Humboldt DHHS as a component for a total of 4 obstacle summaries. - This will assist UIHS and DHHS in reducing barriers.

Objective 3 – UIHS Nutrition Department staff will plan and implement client food security assessment project

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activities in order address food security and hunger-related issues.		
Task Description	Duration/Month	Details and Outcomes
A Community Nutrition Program staff will continue activities resulting from Food Security Assessment.	Nov.-Oct.	- Approximately 450 tribal members will be reached. Activities will include but not be limited to: Garden Starts Giveaways, Food Pantry and Native Foodways Activities and Workshops. -Outcomes will be tracked and reported to Humboldt DHHS as a component of each quarterly report submitted.
B Food Security planning and outcomes will be summarized by Community Nutrition Program staff and reported to appropriate DHHS staff.	Nov.-Oct.	- Approximately 1 summary of planning and outcomes in the quarterly report submitted to Humboldt DHHS as a component, for a total of 4 Food Security planning and outcome summaries. Data will be collected, summarized, and reported to DHHS. -Data will be utilized in future UIHS program planning.

As a community Nutrition Program, we are passionate about helping the UIHS community make better choices when it comes to their diets and in turn their overall health. Over time however, and because of the specific population that we work with, we have seen first-hand that educating low-income individuals/families on healthy eating is making a lot of assumptions that we are just no longer comfortable making. It is assuming that these individuals have a choice when they walk into the grocery store as to what items they purchase or even that they have a grocery store within 15-20 miles. We assume money is not a factor. It is a factor however, and it has become clear that food security is a crucial component of any community nutrition program. That being said, moving forward we aim to increase our clients' access of healthy affordable foods, an objective that coincides with that of Humboldt County DHHS's CalFresh program. UIHS has the ability to reach a sector of the population that DHHS may not have direct access to. Working together, the two parties can increase the span of CalFresh outreach already occurring. UIHS looks forward to continuing our food movement, and appreciates DHHS' consideration for continued funding.



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.

CalFresh Outreach Contractor Guidelines

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

	Process	Timing
Step 1	Organization submits a Partnership Request Form, project description, Outreach Estimates Form, and Partnership Request Budget Form to DHHS	Any time
Step 2	DHHS reviews all requests. Organizations may be contacted with questions or suggested revisions. A meeting or site visit may be requested.	Two to four weeks
Step 3	Once approved contracts are developed and emailed to partner organizations. The organization prints two copies for signatures or, requests two copies via mail. Three copies are necessary if the amount is over \$48,000.	Two to three weeks
Step 4	The contract is signed by the partner and returned to DHHS with proof of insurance (see insurance guidelines below).	Varies
Step 5	For contracts of \$48,000 or less, DHHS signs the contract and returns one copy of the signed contract to the partner.	One to two weeks
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: United Indian Health Services, Inc.

Contact Name: Jude Marshall

Address: 1600 Weeot Way, Arcata, CA 95521

Phone: 707-845-9174

Email: jude.marshall@carih.org

Project Title: United Indian Health Services, Inc.-Community Nutrition Program DHHS CalFresh Partnership Proposal

Expected start date: 11/1/2017 **and end date:** 10/31/18

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

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

1. Please describe the activities and events that will be completed with CalFresh Outreach funding. Include the total number of people you will serve or reach and if your program will focus on a particular group or geographic area. **Be sure to include how you will encourage and assist applications and retention.**
2. What are your expected outcomes? What difference will CalFresh funding make in your community or neighborhood and for the population you are serving? How will the proposed activities fit into or relate to other programs in your organization and community?
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.

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?

Nearly every grant we have is derived from DHHS. Whenever we get anything from California Rural Indian Health Board it comes from DHHS, then to Indian Health Services, then to CRIHB, then to UIHS

- Funds 08, 10, 127, 128 are Title VI DHHS Older Americans Act Section 311 – Nutrition Services Incentive Program – both for Smith River and Resighini
- Fund 016 - Humboldt County Hospital Prep Program – from CA DHHS

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- Funds 030, 026, 031, 032, 028, 025 - Main CRIHB contract and addendums for behavioral health, facilities, diabetes, tobacco, etc. – from Federal DHHS > IHS > CRIHB > UIHS
- Fund 035 – DHHS – IHS – Domestic Violence Prevention Initiative – Mending the Circle
- Fund 038 – CA DHHS – Tobacco Education
- Fund 044 - CRIHB Dental Contract
- Fund 050 – DHHS > CDC > UIHS – Good Health & Wellness in Indian Country
- Fund 051– DHHS > CDC > UIHS – Good Health & Wellness in Indian Country – Tobacco Supplement
- Fund 061 – DHHS > SAMHSA > Center for Mental Health > State/Tribal Youth Suicide Prevention > UIHS – Working Together: Suicide Prevention and Early Intervention
- Fund 067 – CRIHB > UIHS – Tribal Personal Responsibility Education Program (PREP)
- Fund 079 – DHHS > IHS > UIHS – Special Diabetes Program
- Fund 103 – DHHS> SAMHSA > Center for Mental Health > UIHS – Native Connections grant
- Fund 140 – DHHS > UIHS – Diabetes SDPI (in continuation mode – ends in a month)

2. What other funding outside of DHHS support the proposed Activities?

The Community Nutrition Program is funded from our Fund 050 & Fund 051 Center of Disease Control-Good Health and Wellness in Indian Country grant and UIHS organization support.

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.	800
2. Applications provided/handed out (i.e. physically handed customer an app, directed them to C4Yourself, directed them to Social Services Office, etc.).	120
3. Applications assisted (i.e. staff member assisted customer w/ completing application, staff faxed in application, etc.).	40
4. DHHS visits assisted. Discuss how your organization is able to help (i.e. staff drove them, a bus pass was provided, etc.).	
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.).	60
6. Specialized services to reach populations with low CalFresh participation rates.	5,000

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).	1,400
8. Educational activities, involvement, or demonstrations (gardening/ exercise/ cooking) provided.	3,000
9. Food distributed or meals provided.	2,000

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.	3,000
11. Number of possible viewers/listeners of non-print broadcast media.*	
12. Number of possible readers of newsletter articles, client mailers or flyers, or other agency publications.	4,000
13. Web content visits (specifically CalFresh).	

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

Special populations	Total

*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

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: CalFresh Outreach Project Manager (Nutrition Manager) Salary Calculation: 75% of \$62,205 annual pay x 12 months + benefits @ 28% Duties Description: Administration, Program Planning, Tribal/Community Partner Liaison	\$59,716
Title: Outreach Assistant (Community Nutrition Assistant II) Salary Calculation: 100% of \$38,006 annual pay x 12 months + benefits @ 28% Duties Description: Nutrition Education, Cooking Demonstrations, CalFresh Outreach and Assistance with Applications	\$48,732
Title: Outreach Assistant (Community Nutrition Assistant II) Salary Calculation: 80% of \$38,006 annual pay x 12 months + benefits @ 44% Duties Description: Nutrition Education, Cooking Demonstrations, CalFresh Outreach and Assistance with Applications	\$43,782
Title: CalFresh Demonstration/Garden Educator I Salary Calculation: 50% of \$38,006 annual pay + benefits @ 50% Duties Description: Garden Education/CalFresh Outreach	\$28,505
Title: CalFresh Demonstration/Garden Educator I Salary Calculation: 50% of \$38,006 annual pay + benefits @ 34% Duties Description: Garden Education/CalFresh Outreach	\$25,464
Total Personnel Costs:	\$206,199
B. Operational Costs	
Title: Communications Description: Data plan for tablet computers to be paid monthly.	\$2,000
Total Operational Costs:	\$2,000
C. Consumables/Supplies	
Title: Outreach Materials Description: For distribution at the Potawot Community Food Garden Produce Stand and Community Events	\$5,000
Title: Ingredients for Demonstrations and Outreach Events Description: Demos to take place at the Potawot Community Food Garden Produce Stand and Community Events	\$6,300
Title: Supplies and Materials for Demonstrations and Outreach Events Description: canning and cooking supplies.	\$2,000
Title: Vegetable Starts Description: Starts for Distribution at Gardening Outreach Events/Activities	\$3,500
Title: CalFresh Logo Outreach Description: Incentives for clients who participate in UIHS-CalFresh activities	\$3,000
Title: Educational Garden Supplies Description: Soil, Seeds, Hand Tools, Signage, Materials	\$6,500
Title: Harvest Festival Supplies Description: Outreach and Educational Supplies for Potawot Community Food Garden Annual Event to promote and educate participants about CalFresh and offer opportunity to apply	\$4,500
Total Consumable/Supplies:	\$30,800
D. Transportation/Travel	
Title: CalFresh Outreach Mileage Description: Mileage for shopping and various Farmer's Markets, tabling and community events at various locations within the UIHS Humboldt County service area.	\$6,550
Title: CalFresh Forum Training for staff in Sacramento, CA Description: Continuing education on CalFresh Program regulations and implementation, updates to educational materials and "how to" learning sessions \$50 Registration Fee x 3 staff; \$119 per night hotel x 2 nights x 3 staff; \$64 per diem x 3 staff, for 1 full day, dinner on travel down night only \$28 x 3 staff, breakfast on travel back day only \$15 x 3 staff; Travel down before meeting night #1, night of meeting #2, drive home day 3 – using Federal Per Diem rates from GSA	\$1,185
Total Transportation/Travel:	\$7,735
E. Other Costs	
Title: Healthy Lifestyle Experts Salary Calculation: \$200-\$400 per presentation x 20-30 presentations Stipends depending on food experts time(including preparation)/rate/mileage	\$8,000

Duties Description: Classes, demonstrations, trainings on traditional foods and their contemporary counter parts and/or traditional preparation and contemporary ways of preparation. CalFresh information will be shared and encouraged as a way of supporting traditional ways of eating and living.	
Title: Facilities and Operational Costs Description: Includes office supplies, postage, payroll services, janitorial services, insurance, indirect and audit expenses – this is 9.10% of the budget	\$25,639
Total Other Costs:	\$33,639
Total :	\$280,373

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.

Budget Justification

A. Personnel:

Project Manager: Provides oversight of the CalFresh Outreach project, including budget, associated staff, and scope of work. This individual serves as the main contact with Humboldt County DHHS staff as well as key staff from other local organizations providing CalFresh outreach and support. The Project Manager is responsible for submitting all required reports and invoices according to DHHS guidelines. The budget reflects costs for one full-time Project Manager with 75% time dedicated to CalFresh activities and administration.

Outreach Assistants (Community Nutrition Assistants): Two Outreach Assistants are responsible for coordination and execution of all CalFresh outreach and application assistance activities. They collect and track data including type of outreach performed, number of clients reached, and number of applications assisted and submitted to DHHS. Both will participate in food demonstrations, cooking classes, and nutrition education in order to promote the use of CalFresh. The budget reflects costs for one full-time Outreach Assistant with 100% time dedicated to CalFresh activities, and one full-time with 80% time dedicated to CalFresh activities.

CalFresh Demonstration/Garden Educators: Two Garden Educators are responsible for coordination and execution of all CalFresh outreach associated with the Potawot Community Food Garden. Activities where CalFresh outreach occurs includes garden tours, workshops (gardening, vegetable start, food preservation, etc.), and inter-agency program events. The budget reflects costs for two full-time Garden Educators each with 50% time dedicated to CalFresh activities.

B. Operational Costs

Communications: Data plan through Verizon for tablet computers in order for their use where Wi-Fi cannot be accessed. Plan dues are to be paid monthly.

C. Consumables/Supplies

Outreach Materials: Educational materials to be distributed anywhere CalFresh outreach occurs including community events, healthy lifestyle expert activities, the Potawot Community Food Garden Produce Stand, nutrition classes, garden

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tours, food harvesting/processing and cooking workshops. These outreach materials may include cookbooks, healthy lifestyle accessories, banners, posters, signage, stickers, etc.

Ingredients for Demonstrations and Outreach Events: Ingredients are for demonstrations to take place at the Potawot Community Food Garden produce stand, workshops, food pantry, and at local community events. Demonstrations will highlight dishes that incorporate ingredients that can be purchased with CalFresh benefits.

Supplies and Materials for Demonstrations/Outreach Events: Supplies and materials are for demonstrations to take place at community events, the Potawot Community Food Garden Produce Stand, nutrition classes, garden tours, and food harvesting, processing and cooking workshops.

Vegetable Starts: Vegetable starts for distribution at gardening outreach events executed by Potawot Community Food Garden staff. Currently held at the Potawot and Weitchpec UIHS locations, these events include a workshop on how to care for crops that typically do well in each specific climate. This year we plan to add a location in the Fortuna area. Clients are encouraged to interact with the gardeners, ask questions, and receive vegetable starts of their choosing to help them establish their own home gardens. Emphasis will be placed on the ability to purchase seeds and starts with CalFresh benefits at each workshop.

CalFresh Logo Outreach: Produce bags made from recycled materials, aprons, t-shirts, hats inscribed with the CalFresh and Potawot Community Food Garden logo will be used to promote CalFresh and be used as for behavior modification items for clients who participate in UIHS-CalFresh activities or receive application assistance at from nutrition staff, demonstrations, and outreach events.

Educational Garden Supplies: Garden supplies for use in the Potawot Community Food Garden Educational Garden space to include soil, seeds, hand tools, signage, and materials. Community groups from various locations throughout Humboldt and Del Norte counties are encouraged to visit the garden for a tour and learn about the origin of food. Visitors to the garden have the opportunity to participate in hands-on activities in the educational garden. All garden educational opportunities will include CalFresh outreach materials distribution, CalFresh messaging, and application assistance.

Harvest Celebration Supplies: United Indian Health Services' Harvest Celebration is an annual event for which clients, community members, staff, partner schools and Head Starts on Tribal lands are invited to the Potawot Community Food Garden in celebration of food, nutrition, and overall health. Participants have the opportunity to play nutrition-related educational games, interact with UIHS program staff, eat a healthy lunch, and be a part of hands-on garden activities. The Harvest Festival will incorporate CalFresh messaging as well as application assistance for potentially qualified individuals and families.

D. Transportation/Travel

Transportation will be used on mileage for shopping and various Farmer's Markets, tabling, workshops and community events at various locations within the UIHS Humboldt County service area. Travel will be used to attend the CalFresh Forum Training for staff in Sacramento, CA

This will give our program an opportunity for continuing education on CalFresh Program regulations and implementation, updates to educational materials and "how to" learning sessions. The Community Nutrition Manager along with two Community Nutrition Program staff would attend the CalFresh Forum Training. \$50 Registration Fee x 3 staff; \$119 per night hotel x 2 nights x 3 staff; \$64 per diem x 3 staff, for 1 full day, dinner on travel down night only \$28 x 3 staff, breakfast on travel back day only \$15 x 3 staff; Travel down before meeting night #1, night of meeting #2, drive home day 3 – using Federal Per Diem rates from GSA.

E. Other Costs

Healthy Lifestyle Experts (Consultants): Healthy lifestyle experts will provide specialized expertise on nutrition, agriculture and physical activity. They will provide knowledge around sustainable agriculture (composting, water systems, planter box making, organic growing, etc.), traditional and contemporary food identification, growing, harvesting, processing, demonstrations, and cooking community workshops. The healthy lifestyle experts will provide knowledge and education around physical activity while connecting good nutrition to healthy living for participants. Some the physical activity topics may include, but not limited to, CrossFit (garden fitness), and ancestral movement practices (hiking, walking, and movements related to traditional food practices and games. The healthy lifestyle experts will share specialized traditional food knowledge and/or contemporary food knowledge with community members and staff to support CalFresh outreach activities. (up to \$400 per presentation up to 30 presentations)

Facilities, Operation and Overhead Costs: This rate (9.10%) covers overhead costs including office supplies, postage, payroll services, janitorial services, insurance, indirect, and audit expenses.

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.

United Indian Health Services, Inc. (UIHS) is located in the northernmost part of the coastal California. UIHS primarily operates out of Potawat Health Village (PHV) in Arcata, California and remotely through six satellite clinics located in Crescent City, Klamath, Weitchpec, Arcata, Smith River and Fortuna.

We serve a consortium of nine federally recognized tribes (Yurok Tribe, Wiyot Tribe, Bear River Band of Rohnerville Rancheria, Blue Lake Rancheria, Trinidad Rancheria, Big Lagoon Rancheria, Blue Lake Rancheria, Resighini Rancheria, Tolowa Dee-ni' Nation and Elk Valley Rancheria). We serve 10,911 registered clients. Our service area of Humboldt and Del Norte counties are rural areas of wilderness, coastline, and rivers with the size of Humboldt County comprising of 4,052 square miles which is comparable to the size of the states of Delaware and Rhode Island combined. The size and remoteness of our service area is a major challenge in providing services to our clients. Many residents live on one of nine different Reservations/Rancherias or along the major rivers in remote, isolated, poverty stricken pocket communities. According to the U.S. Census Bureau 2009-2013 American Community Survey, the California poverty rate among American Indians and Alaska Natives was 24.0%. The poverty rate for the general population was 15.9%. According to the same survey, the Humboldt County poverty level for American Indians and Alaska Natives stands at 32.9%, while only 9.1% had received Supplemental Nutrition Assistance Program benefits. According to the Community Food Assessment for Del Norte County and Adjacent Tribal Lands, "High unemployment and poverty rates contribute to food insecurity both on and off the reservation." Often connected to communities stricken with poverty and food insecurity, health disparities follow. The Yurok Tribe reservation (Humboldt County) was part of that assessment and we believe other tribal communities in Humboldt County to be comparable. According to Indian Health Services 8 out of 10 American Indians are overweight or obese. In a study issued by the Humboldt County Department of Health and Human Services, diabetes in Humboldt (County) in 2010, nearly 70 per 100,000 died. The comparable rate for Indians was nearly 190 also in that same study, American Indian people in Humboldt County die 12 years earlier than their White counterparts. An important component of food security is the availability and affordability of foods in the community. National studies have found that rural poor face higher food prices and have fewer food choices than individuals living in urban and suburban areas. Likewise, "residents who have better access to supermarkets and limited access to convenience stores tend to have healthier diets and lower levels of obesity." ¹ It's vital to continue the work of our program to serve our American Indian clients to have access to Supplemental Nutrition Assistance Programs such as CalFresh to help increase food access and healthy nutrition for low-income families. To outreach and encourage our clients to participate in CalFresh, we will provide culturally appropriate activities that meet the needs and interest of our clients and those living in food deserts such as clients we served in the most eastern areas of Humboldt County (Weitchpec, Orleans). See Attachment #1 for a full list of referenced research.

The activities surrounding the Community Nutrition Program provide ideal settings to educate clients and the community about the CalFresh program. In 2011 the garden began to accept CalFresh electronic benefits at its Farmer's Market in an effort to increase clients access to produce that they might otherwise not be able to afford, and CalFresh messaging has been increasing ever since. Simultaneously, UIHS' Community Nutrition Program launched an outreach effort to inform clients about CalFresh and how the program can provide qualifying families with an additional amount of money each month to supplement their food budgets. Through our partnership with the Humboldt Department of Health and Human Services (DHHS), UIHS has been exceptionally successful over the past years. The groundwork has been cemented, and we hope to continue on our path to integrating CalFresh into all aspects of UIHS client care. To aid in the process of educating individual programs and community partners, the Community Nutrition Program has created CalFresh Toolkits for easy

access to information, answers to frequently asked questions, outreach tools, and applications. Using these toolkits, the Community Nutrition program staff will continue to outreach to UIHS clients and train groups within UIHS such as client intake personnel, Community Health Representatives providing client home visits, medical providers, WIC, and Community Health and Wellness Programs such as Diabetes Prevention and Health Promotion and Education. Our Patient Registration/Certified Benefit Technicians are responsible for the intake of clients before all scheduled Medical, Dental, Nutrition, or Behavioral Health appointments at UIHS Humboldt County clinics. They collect income data and screen for CalFresh and other assistance program eligibility and refer clients to Community Nutrition Assistants (Outreach Assistants) for further information and assistance to apply for CalFresh. These services will be provided in-kind. These groups have direct access to clients on a daily basis, and therefore have the opportunity to promote CalFresh and respond to any concerns they might have.

Following is a list of activities and events the UIHS' Community Nutrition Program sponsors and/or collaborates with other UIHS programs such as Center of Disease and Control-Good Health and Wellness in Indian Country, Diabetes, Woman and Infant Children, Suicide Prevention, Behavioral Health, and will incorporate DHHS educational messages. At each event or activity, the Community Nutrition Program staff (Community Nutritional Assistants, Garden Educators, and Community Nutrition Manager) will be available to encourage and assist those in attendance with the CalFresh application process as well as answer any questions they might have.

1) Garden Starts Giveaway Events

The UIHS Community Nutrition Program currently holds Garden Starts Giveaway Events at UIHS locations of Smith River, Crescent City, Klamath, Weitchpec, and Fortuna. These events include a CalFresh messaging of, "Grow your Own Garden with CalFresh", with workshops on how to care for crops that typically do well in each specific climate. Clients are encouraged to interact with the gardeners, ask questions, and receive garden starts and seeds of their choosing to help them establish their own home gardens. By the end of October 2018, the project will host 3-5 garden starts giveaway events reaching 150 participants, which will include educational messages around starting your garden with CalFresh EBT, home gardening and providing CalFresh outreach and application assistance.

2) Farmer's Market with Accompanying Food Recipe Demonstrations

Currently held twice per week at our UIHS Potawot location in Arcata, CA from June through October and five times per season at our Klamath service area and once per season at our Fortuna service area, we would like to expand our reach to include tribal areas/gatherings in eastern area of Weitchpec and Southern Humboldt area of Loleta and Fortuna to increase the number of markets to increase healthy food access and CalFresh outreach/application screening and assistance. The Potawot Community Food Garden will utilize its Kay-Woi (Burden Basket) Garden Membership program that offers members a credit account if they put twenty-five dollars or Supplemental Nutrition Assistance Program (SNAP) benefits or more with an additional 10%-15% discount off of our low cost garden produce. This will encourage EBT use for current and prospective CalFresh shoppers at UIHS Farmer's Markets at Potawot Health Village and other satellite Farmer's Market in Humboldt County. The Potawot Community Food Garden will host 40 Farmers Market stands per year, offering affordable garden produce, nutrition education, sharing and promotion of Native Foodways (food preservation, harvesting, preparing, and propagation), reaching 25 participants a Farmers Market with a total of 1000 participants a year in the UIHS service area. This will help increase CalFresh enrollment/application assistance, healthy cooking instruction, food access, and reduces stigmatism of CalFresh.

3) Nutrition in the Garden Activities

Community groups from various locations throughout Humboldt and Del Norte counties are encouraged to visit the Potawot Community Food Garden for a tour and learn about the origin of food. When community groups visit the Potawot Garden, the Garden Educators will focus on Grow Your Own Garden with CalFresh and teach garden-based learning opportunities such as beekeeping, tree pruning, small space gardening, and organic gardening methods. Participants will have an opportunity to learn each part of every step of the process from harvesting the vegetables to preparing recipes that feature seasonal crops. The Garden Educators would primarily be responsible for the planning and execution of a hands-on educational garden within the existing Potawot Garden space. Upon completion of this project, the Garden Educators would serve as the main contacts for community groups wishing to tour the Potawot Garden such as schools, Head Starts, youth groups, senior and resource centers, as well as internal UIHS program groups (Diabetes, Substance Abuse, WIC, etc.). Groups would receive information on CalFresh and how it can be used to help them purchase seeds and garden starts, as well as behavior modification materials to get them started on their own gardens at home. Applications would be available at all times and the garden educators would be trained extensively in the CalFresh application process. The Potawot Community Food Garden will host 3-5 gardening workshops and reaching 75 participants a year and 20 tours of the Potawot Community Food Garden per year showcasing a national food security model with DHHS CalFresh support to community members, tribal programs, schools and organizations, reaching 200 participants a year.

4) Share CalFresh at Local Events

At these local tribal events, Community Nutrition staff will be providing UIHS CalFresh messaging, screening participants for eligibility, and providing CalFresh application assistances along with promoting food access and healthy nutrition education. There are a number of local community events that the Community Nutrition Program participates in during the growing season including UIHS' Annual Health and Wellness Commitment (HAWC) Walk, the Potawot Community Food Garden Harvest Celebration, UIHS' Annual Arts & Crafts Fair, Bear River Health Fair, UIHS' Gathering of Native Americans (GONA), and the Yurok Tribe's Annual Salmon Festival in Klamath. The Community Nutrition Program will expand its CalFresh outreach by accompanying tribal events in the Southern Humboldt Area of the UIHS Fortuna clinic, Table Bluff Reservation - Wiyot Tribe, Bear River Band of the Rohnerville Rancheria to reach outlying UIHS service areas. By the end of October 2018, the Community Nutrition Program will do CalFresh outreach at 2-3 large events and 3-5 other tribal events reaching at least 300 people in the year.

5) Native Foodways, Activities and Workshops

Native Foodways can be described as a way of celebrating food, culture, and community. "In social science foodways are the cultural, social and economic practices relating to the production and consumption of food. Foodways often refers to the intersection of food in culture, traditions, and history".² Native Foodways activities and workshops will be hosted in UIHS service areas by the Community Nutrition Program staff and healthy lifestyle expert consultants during the year from November-October. Native Foodways activities/workshops will cover cultural appropriate knowledge on growing, harvesting, processing, preserving and cooking food practices on traditional native foods (acorns, salmon, huckleberries, etc.), traditional native food counterparts (hazelnuts, grass-fed beef, blueberries, etc.), and garden herbs and produce from the Potawot Community Food Garden. During the Native Foodways functions, the Community Nutrition Assistant(s) will be providing UIHS CalFresh messaging, screening participants for eligibility, and providing CalFresh application assistances along with promoting the Potawot Community Food Garden and healthy nutrition education. Participants will also learn what traditional food counter parts and garden produce can be shopped for and purchased with CalFresh supplemental nutrition assistance program (SNAP) benefits. Participants will learn CalFresh shopping on a budget along with traditional native food harvesting methods. Participants will also learn about shopping for foods while they are "in season" making their food dollars stretch. Preserving foods "in season" will also stretch food dollars during the "off season".

During the activities and workshops the participants will receive healthy cooking recipes and demonstrations that utilize food purchased with CalFresh and harvested traditional native foods as well as different gardening methods on how to grow your own food. The workshops will also cover the important roles of food cooking and processing methods, to stretch CalFresh clients (SNAP) funds, so that they can buy in bulk and know how to properly cook and preserve their food. Clients will learn both traditional (food prep, cooking, smoking and drying) and contemporary (purchasing, cooking canning, dehydrating, and freezing) food methods. Workshops will also cover physical activity along with healthy nutrition education. We will provide specialized expertise on nutrition and physical activity. Healthy lifestyle experts along with UIHS staff will provide knowledge and education around physical activity while connecting healthy nutrition to healthy living for participants. Some of the physical activity topics may include, but not limited to, Crossfit (garden fitness), and ancestral movement practices (hiking, walking, and movements related to traditional food practices and games). The healthy lifestyle experts will share specialized traditional food knowledge and/or contemporary food knowledge with community members and staff to support CalFresh outreach activities. The activities and workshops will outreach to the broader American Indian community members who may not normally visit UIHS. The Native Foodway outreach activities will reduce stigma and misconceptions of CalFresh to the American Indian Community by using and incorporating traditional native foods and practices that local native people identify with and at the same time they will learn about CalFresh eligibility and have access to direct application and enrollment assistance. Working with our staff and healthy lifestyles experts our workshops will educate community members about traditional and contemporary native foodways and how CalFresh (SNAP) can play an important role on nutritional health benefits in American Indians' daily lives. By the end of October 2018, the Community Nutrition Program will coordinate 6-8 Community Nutrition activities and 4-6 Native Foodways workshops per year reaching total of 200 community members.

6). UIHS Clinic(s) Outreach

The Community Nutrition Assistant(s) will be reaching potential CalFresh eligible clients during a time when clients are most available to reach. A majority of the CalFresh outreach will take place when UIHS clients are waiting for their health care appointments in the waiting areas. The Community Nutrition Assistant(s) will also utilize other CalFresh outreach strategies by providing healthy taste testing demonstrations that may incorporate recipes with Potawot Garden Produce, Traditional Foods and/or their contemporary counterparts, and food you can purchase with CalFresh EBT. The Community Nutrition Assistant(s) will also accompany other Community Nutrition Staff when there are special Potawot Garden Farmer's Market at the outlying UIHS clinics (Fortuna, Weitchpec) to assist Community Nutrition staff to provide UIHS CalFresh messaging, screening participants for eligibility, and CalFresh application assistances along with promoting the Potawot Community Food Garden and healthy nutrition education. By the end of October 2018, the Community Nutrition Program will reach 1,200 participants a year.

7) UIHS Food Pantry

The Community Nutrition Program will partner with our UIHS Woman, Infant and Children program and other UIHS Community Health and Wellness program staff to provide food pantry access to our UIHS clients. Addressing hunger issues is a major need for our clients who are predominately low-income. To help meet the need of our clients we will install a food pantry at the Potawot Health Village Clinic. The food pantry will provide healthy, nutritious snacks to our clients. When clients are visiting the Potawot Healthy Village or when they are waiting for their health care appointments, they can access our food pantry. We will utilize garden produce from the Potawot Community Food Garden when available, purchased food and will also utilize donations from UIHS staff, community members and programs to keep the food pantry stocked. When giving out food pantry items, CalFresh messaging and outreach will be utilized. By the end of October 2018, the food pantry will reach 120 participants a year.

United Indian Health Services, Inc.
Attachment- References

1. Stubblefield D, Steinberg SL, Ollar A, Ybarra A, Stewart C. , Humboldt County Community Food Assessment: California Center for Rural Policy , August 2010.
2. Darnton, Julia. "Foodways: When food meets culture and history". Michigan State University Extension. Retrieved 5 March 2013.

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?

Goals and Outcomes

The goal of this contract is to support and increase CalFresh awareness, intake and enrollment processes success rate among Humboldt County American Indian family populations.

Outcomes include:

- Increase in knowledge about how to purchase, grow, harvest, prepare, and preserve, healthy foods on a budget that can be purchased with CalFresh,
- Increase in knowledge about traditional and contemporary ways to prepare and preserve food purchased with CalFresh,
- Increase food access
- Increase physical activity opportunities
- Decrease in stigma and misconceptions about CalFresh.

Proposed activities follow.

Scope of Work

Objective 1 – Increase participation in CalFresh in Humboldt County by raising awareness of CalFresh, providing information on eligibility guidelines and assisting with CalFresh applications among potentially eligible American Indian family populations.		
Task Description	Duration/Month	Details and Outcomes
A Community Nutrition Program Outreach staff will produce/collect CalFresh outreach materials for distribution at annual Humboldt County events such as the Harvest Party, UIHS GONA, HAWC Walk, May-Gay-Tohl-Kwe Summer Camps, Bear River Health Fair and other related tribal organization events.	Nov.-Oct. (as necessary)	-Approximately 1,200 American Indian community members in Humboldt County will be reached at <u>4-6</u> UIHS community events and other tribal related organizational events occurring mostly during the summer months and into the holidays. -Community members will receive handouts and brochures that include information on the CalFresh program and how to apply, as well as application assistance. Behavior modification items will also be distributed as marketing tools.
B Community Nutrition Program staff will provide direct CalFresh outreach at Potawot Health Village, various UIHS Satellite Clinics, Nutrition Department activities and workshops throughout Humboldt County such as the Potawot Community Food Garden Produce Stands and accompanying cooking demonstrations, garden starts events and Native Foodways activities/workshops,	Nov.-Oct.	-Approximately 200 American Indian Community members will be reached during Community Nutrition Program events and activities. - Community members will receive handouts and brochures that include information on the CalFresh program and how to apply, as well as application assistance.

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	nutrition education classes, and Potawot Community Food Garden tours.		
C	UIHS Patient Registration staff will screen incoming clients for possible CalFresh eligibility at all Humboldt County clinics. Application assistance will be provided upon check-in or through an in-house referral process.	Nov.-Oct.	<ul style="list-style-type: none"> - Approximately 1,500 UIHS Humboldt County clients will be reached. Clients will be screened for CalFresh eligibility upon arrival to the clinic. -If client are eligible and wants more information they will be referred to Community Nutrition Program staff will assist and process CalFresh applications at the client's request.
D	Community Nutrition Program staff will submit CalFresh information to various in-house quarterly newsletters including the Acornbasket, (Nutrition) and the Diabetes Prevention Program, and WIC monthly newsletters. CalFresh information will be included in biannual Pey-wo-mek newsletter.	Nov.-Oct.	<ul style="list-style-type: none"> - Approximately 4,000 UIHS Humboldt County clients will be reached through the distribution of various UIHS newsletters. - Articles will include information about CalFresh, nutrition tips, events, workshops, activities, demonstrations, recipes, local CalFresh resources, food of the month and contact information for Nutrition Program staff for potential application assistance.
E	Community Nutrition Program staff will submit CalFresh information to various tribal newsletters including membership, head starts, education, housing, social services, and cultural programs.	Nov.-Oct.	<ul style="list-style-type: none"> -Approximately 3,000 tribal members will be reached with CalFresh information. - Articles will include information about CalFresh, nutrition tips, events, workshops, activities, demonstrations, recipes, local CalFresh resources, food of the month and contact information for Community Nutrition Program staff for CalFresh application assistance.

Objective 2 – UIHS Community Nutrition Department staff will provide follow up assistance for all client applications processed in order to improve application processing time as well as communication between applicants and Humboldt County Department of Health and Human Services staff.

Task Description		Duration/Month	Details and Outcomes
A	Community Nutrition Program staff will obtain completed Release of Information forms from each willing client was assisted in order to follow-up with application processing progress.	Nov.-Oct.	<ul style="list-style-type: none"> -Completed Release of Information forms will be submitted to DHHS staff along with applications. - Nutrition Program staff will complete appropriate follow-up to improve application process time.
B	Community Nutrition Program staff will provide appropriate CalFresh application follow-up assistance systemically.	Nov.-Oct.	<ul style="list-style-type: none"> - Approximately 60 UIHS Humboldt County clients will have follow-up. Follow-up will include weekly calls to all clients who complete and submit Release of Information forms, and calls will be made DHHS staff following the submission of CalFresh applications. - This will help to facilitate the timely completion of application processing.
C	Community Nutrition Program staff will track obstacles experienced by clients during the CalFresh application process.	Nov.-Oct.	<ul style="list-style-type: none"> - Approximately 1 summary of obstacles will be included in each quarterly report submitted to Humboldt DHHS as a component for a total of 4 obstacle summaries. -This will assist UIHS and DHHS in reducing barriers.

Objective 3 – UIHS Nutrition Department staff will plan and implement client food security assessment project

activities in order address food security and hunger-related issues.

Task Description	Duration/Month	Details and Outcomes
A Community Nutrition Program staff will continue activities resulting from Food Security Assessment.	Nov.-Oct.	- Approximately 450 tribal members will be reached. Activities will include but not be limited to: Garden Starts Giveaways, Food Pantry and Native Foodways Activities and Workshops. -Outcomes will be tracked and reported to Humboldt DHHS as a component of each quarterly report submitted.
B Food Security planning and outcomes will be summarized by Community Nutrition Program staff and reported to appropriate DHHS staff.	Nov.-Oct.	- Approximately 1 summary of planning and outcomes in the quarterly report submitted to Humboldt DHHS as a component, for a total of 4 Food Security planning and outcome summaries. Data will be collected, summarized, and reported to DHHS. -Data will be utilized in future UIHS program planning.

As a community Nutrition Program, we are passionate about helping the UIHS community make better choices when it comes to their diets and in turn their overall health. Over time however, and because of the specific population that we work with, we have seen first-hand that educating low-income individuals/families on healthy eating is making a lot of assumptions that we are just no longer comfortable making. It is assuming that these individuals have a choice when they walk into the grocery store as to what items they purchase or even that they have a grocery store within 15-20 miles. We assume money is not a factor. It is a factor however, and it has become clear that food security is a crucial component of any community nutrition program. That being said, moving forward we aim to increase our clients' access of healthy affordable foods, an objective that coincides with that of Humboldt County DHHS's CalFresh program. UIHS has the ability to reach a sector of the population that DHHS may not have direct access to. Working together, the two parties can increase the span of CalFresh outreach already occurring. UIHS looks forward to continuing our food movement, and appreciates DHHS' consideration for continued funding.

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.

UIHS' Community Nutrition Program (CNP) has the proven capacity and commitment to work on creating environments that foster healing of the mind, body, spirit through connecting UIHS clients to the origins of their food. Through the 18 years of direct community interaction and input from community coalitions and advisory committees, our program has grown its fiscal capacity as well as its' capacity of volunteers, equipment, and staff competencies. Our program provides a wide range of services to clients with priorities being: increasing access of affordable, fresh, healthy produce through the Potawot Community Food Garden (PCFG), nutrition education, and education aimed at increasing food-related self-sufficiency. Stemming from this groundwork, UIHS and community partners strategically selected activities with guidance and approval from community coalitions and advisory boards that represent American Indian communities in our service area. The CNP will continue to market and conduct outreach to offer community food self-sufficiency information; including organic gardening, healthy nutrition, and Native Foodways programing. By demonstrating that we value our clients, and we share our vision for food security and sovereignty, we will continue to empower all participants, continuously sharing goals, and receiving direction from our clients through open communication, and dialogue. Trust in our program will continuously be fostered by inclusive community decision making, and shared responsibility for the health and wellness of the people. Building these long lasting partnerships within the community is central to the success of our program and beyond. Our staff will continue participation in local food policy councils,

advisory committees and community collations. With support with CalFresh we will continue to provide expanded CalFresh outreach services and educational opportunities for the tribes and their communities. We will continue to foster and promote food access, education and skill building opportunities by utilizing the continued funding established by DHHS CalFresh grant.



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.)

EXHIBIT B

SCHEDULE OF RATES/ INVOICE SCHEDULE/BUDGET

United Indian Health Services, Inc.

CONTRACTOR agrees that the total maximum compensation cap for services performed and costs incurred under this Agreement is Two Hundred Eighty Thousand Three Hundred Seventy Three Dollars (\$280,373.00), 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

Humboldt County CalFresh Outreach

Partnership Request Budget Form

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

Descriptions here

Amounts Here

A. Personnel Costs	
Title: CalFresh Outreach Project Manager (Nutrition Manager) Salary Calculation: 75% of \$62,205 annual pay x 12 months + benefits @ 28% Duties Description: Administration, Program Planning, Tribal/Community Partner Liaison	\$59,716
Title: Outreach Assistant (Community Nutrition Assistant II) Salary Calculation: 100% of \$38,006 annual pay x 12 months + benefits @ 28% Duties Description: Nutrition Education, Cooking Demonstrations, CalFresh Outreach and Assistance with Applications	\$48,732
Title: Outreach Assistant (Community Nutrition Assistant II) Salary Calculation: 80% of \$38,006 annual pay x 12 months + benefits @ 44% Duties Description: Nutrition Education, Cooking Demonstrations, CalFresh Outreach and Assistance with Applications	\$43,782
Title: CalFresh Demonstration/Garden Educator I Salary Calculation: 50% of \$38,006 annual pay + benefits @ 50% Duties Description: Garden Education/CalFresh Outreach	\$28,505
Title: CalFresh Demonstration/Garden Educator I Salary Calculation: 50% of \$38,006 annual pay + benefits @ 34% Duties Description: Garden Education/CalFresh Outreach	\$25,464
Total Personnel Costs:	\$206,199
B. Operational Costs	
Title: Communications Description: Data plan for tablet computers to be paid monthly.	\$2,000
Total Operational Costs:	\$2,000
C. Consumables/Supplies	
Title: Outreach Materials Description: For distribution at the Potawot Community Food Garden Produce Stand and Community Events	\$5,000
Title: Ingredients for Demonstrations and Outreach Events Description: Demos to take place at the Potawot Community Food Garden Produce Stand and Community Events	\$6,300
Title: Supplies and Materials for Demonstrations and Outreach Events Description: canning and cooking supplies.	\$2,000
Title: Vegetable Starts Description: Starts for Distribution at Gardening Outreach Events/Activities	\$3,500
Title: CalFresh Logo Outreach Description: for clients who participate in UIHS-CalFresh activities	\$3,000
Title: Educational Garden Supplies Description: Soil, Seeds, Hand Tools, Signage, Materials	\$6,500
Title: Harvest Festival Supplies Description: Outreach and Educational Supplies for Potawot Community Food Garden Annual Event to promote and educate participants about CalFresh and offer opportunity to apply	\$4,500
Total Consumable/Supplies:	\$30,800
D. Transportation/Travel	
Title: CalFresh Outreach Mileage Description: Mileage for shopping and various Farmer's Markets, tabling and community events at various locations within the UIHS Humboldt County service area.	\$6,550
Title: CalFresh Forum Training for staff in Sacramento, CA Description: Continuing education on CalFresh Program regulations and implementation, updates to educational materials and "how to" learning sessions \$50 Registration Fee x 3 staff; \$119 per night hotel x 2 nights x 3 staff; \$64 per diem x 3 staff, for 1 full day, dinner on travel down night only \$28 x 3 staff, breakfast on travel back day only \$15 x 3 staff; Travel down before meeting night #1, night of meeting #2, drive home day 3 – using Federal Per Diem rates from GSA	\$1,185
Total Transportation/Travel:	\$7,735
E. Other Costs	
Title: Healthy Lifestyle Experts Salary Calculation: \$200-\$400 per presentation x 20-30 presentations Stipends depending on food experts time(including preparation)/rate/mileage	\$8,000

Duties Description: Classes, demonstrations, trainings on traditional foods and their contemporary counter parts and/or traditional preparation and contemporary ways of preparation. CalFresh information will be shared and encouraged as a way of supporting traditional ways of eating and living.	
Title: Facilities and Operational Costs Description: Includes office supplies, postage, payroll services, janitorial services, insurance, indirect and audit expenses – this is 9.10% of the budget\$25,639	\$25,639
Total Other Costs:	\$33,639
Total :	\$280,373

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.

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

Attachment 1 to Exhibit B

CalFresh Outreach Invoice Summary

Contractor Name
Coordinator/Contact
Address
Phone

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

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

CalFresh Outreach Itemized Invoice Worksheet

Invoice Date:

Contract Term:

Invoice Type:

Quarterly

Invoice Period:

Descriptions:

Invoice Amounts	Previous Invoice Totals	Approved Budget	Remaining Balance
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A. Personnel Costs

Title:

Salary Calculation:

\$0.00	\$0.00	\$0.00	\$0.00
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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	\$0.00
--------	--------	--------	--------

Invoice Amounts	Previous Invoice Totals	Approved Budget	Remaining Balance
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B. Operational Costs (Rent, Utilities, Phones, etc)

Title:

Description:

\$0.00	\$0.00	\$0.00	\$0.00
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Title:

Description:

\$0.00	\$0.00	\$0.00	\$0.00
--------	--------	--------	--------

Title:

Description:

\$0.00	\$0.00	\$0.00	\$0.00
--------	--------	--------	--------

Title:

Description:

\$0.00	\$0.00	\$0.00	\$0.00
--------	--------	--------	--------

Title:

Description:		\$0.00	\$0.00	\$0.00	\$0.00
Total Operating Costs:		\$0.00	\$0.00	\$0.00	\$0.00
		Invoice Amounts	Previous Invoice Totals	Approved Budget	Remaining Balance

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
Total Consumables/Supplies:		\$0.00	\$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
Total Transportation/Travel Costs:		\$0.00	\$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
Total Other Costs:		\$0.00	\$0.00	\$0.00	\$0.00
		Totals:	\$0.00	\$0.00	\$0.00
Invoice Total:		\$0.00			

Request for Taxpayer Identification Number and Certification

Give form to the
requester. Do not
send to the IRS.

Print or type
See Specific Instructions on page 2

Name (as shown on your income tax return) United Inidan Health Services, Inc.	
Business name, if different from above	
Check appropriate box: <input type="checkbox"/> Individual/ Sole proprietor <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other ▶	
<input type="checkbox"/> Exempt from backup withholding	
Address (number, street, and apt. or suite no.) 1600 Weeot Way	Requester's name and address (optional)
City, state, and ZIP code Arcata, CA 95521	
List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

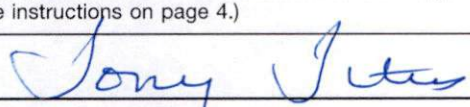
Social security number								
or								
Employer identification number								
2	3	7	0	8	8	2	0	5

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. person (including a U.S. resident alien).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 4.)

Sign Here	Signature of U.S. person ▶ 	Date ▶ 10/6/17
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Purpose of Form

A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

U.S. person. Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

For federal tax purposes you are considered a person if you are:

- An individual who is a citizen or resident of the United States,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, or

- Any estate (other than a foreign estate) or trust. See Regulations sections 301.7701-6(a) and 7(a) for additional information.

Foreign person. If you are a foreign person, do not use Form W-9. Instead, use the appropriate Form W-8 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien.

Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the recipient has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
5/12/2017

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
Arthur J. Gallagher & Co.
Insurance Brokers of CA, Inc. LIC # 0726293
505 N Brand Blvd, Suite 600
Glendale CA 91203

CONTACT NAME: Brenda Aldape
PHONE (A/C, No, Ext): 818.539.8602 FAX (A/C, No): 818.539.8702
E-MAIL: Brenda_Aldape@ajg.com
ADDRESS:

INSURED
United Indian Health Services, Inc
1600 Weeot Way
Arcata, CA 95521

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: Berkley National Insurance Company	38911
INSURER B: Hudson Insurance Company	25054
INSURER C: NORCAL Mutual Insurance Company	33200
INSURER D:	
INSURER E:	
INSURER F:	

COVERAGES

CERTIFICATE NUMBER: 530231424

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 WVD	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 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y		HHS8561470-12	5/3/2017	5/3/2018	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 - COMP/OP AGG \$3,000,000 Abuse or Molestation \$1M/\$1M
	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 (Ea 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 \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	Y	OBHPT191683755	1/1/2016	1/1/2018	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000
C	Medical Professional			711170	6/17/2016	6/17/2017	Per Claim 2,000,000 Aggregate 4,000,000

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

*For Workers Compensation, Coverage 3.A.Part One statutory benefits subject to a maximum limit of \$10,000,000 per employee, per accident.

COUNTY, its officers, officials, employees and volunteers are included as additional insured with respect to operations of the named insured. Waiver of subrogation applies on Workers Compensation Coverage with respect to County, its officers, agents, employees, and volunteers. Such insurance is Primary and Non-Contributory.

CERTIFICATE HOLDER

County of Humboldt
Attn: Risk Management
825 5th Street, Room 112
Eureka CA 95501
USA

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

Melvin Cury

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED – OWNERS, LESSEES OR
CONTRACTORS – SCHEDULED 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)	Location(s) Of Covered Operations
COUNTY, its officers, officials, employees and volunteers	
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:

1. Your acts or omissions; or
2. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.

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 additional exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

1. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
2. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

C. 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.

HUDSON INSURANCE COMPANY

SOVEREIGN NATION WORKERS' COMPENSATION AND EMPLOYER'S LIABILITY INSURANCE POLICY

NAMED ASSURED	EFFECTIVE DATE	POLICY NO.	ENDORSEMENT NO.
United Indian Health Services, Inc.	1/1/2016	OBHPT191683755	1

THIS ENDORSEMENT MODIFIES INSURANCE PROVIDED UNDER THE FOLLOWING:

WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY INSURANCE

WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule, but this waiver applies only with respect to bodily injury arising out of the operations described in the Schedule where you are required by a written contract to obtain this waiver from us..

This endorsement shall not operate directly or indirectly to benefit anyone not named in the Schedule.

The premium for this endorsement is shown in the Schedule.

SCHEDULE

When required by written contract.

Name of person or organization:

County of Humboldt
Attn: Risk Management
825 5th Street, Room 112
Eureka, CA 95501

Operations:

CalFresh Program - Providing Awareness & Enrollment Assistance, & Conducting Assessments

Premium Charge: \$300

HWCCPG7 (Ed. 05/09)

01/28/2016



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/10/2017

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 PATTERSON CONNERS INSURANCE PO Box 575 Fortuna, CA 95540 0488272		CONTACT NAME: Terry Patterson PHONE (A/C, No, Ext): (707) 725-3400 FAX (A/C, No): (707) 725-0292 E-MAIL: terry@pattersonconners.com ADDRESS:	
INSURED UNITED INDIAN HEALTH SERVICES 1600 WEEOT WAY ARCATA, 95521 95521 707-825-5000		INSURER(S) AFFORDING COVERAGE INSURER A: NATIONAL LIABILITY & FIRE INSU INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

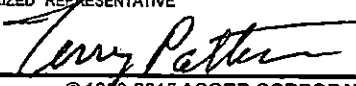
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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	ADOL INSD	SUBR Y/YD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANYAUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			73APS069113	11/16/16	11/16/17	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$ <input type="checkbox"/>						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NM) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> 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 AND HUMAN SERVICES- SOCIAL SERVICES BRANCH IS NAMED AS CERTIFICATEHOLDER.

CERTIFICATE HOLDER**CANCELLATION**

COUNTY OF HUMBOLDT DEPARTMENT OF HEALTH AND HUMAN SERVICES SOCIAL SERVICES BRANCH 507 F STREET 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 
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