



COUNTY OF HUMBOLDT

AGENDA ITEM NO.

C12

For the meeting of: April 17, 2018

Date:

To: Board of Supervisors

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

Subject: Agreement with Redwood Community Action Agency to Assist with CalFresh Outreach and Support Activities

RECOMMENDATION(S):

That the Board of Supervisors:

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

SOURCE OF FUNDING:

Social Services Fund 1160

Prepared by Appolonia Coan

CAO Approval *E. Sundberg*

REVIEW:

Auditor *MSM*

County Counsel *JBB*

Personnel *KAB*

Risk Manager

Other

TYPE OF ITEM:

☒ Consent

☐ Departmental

☐ Public Hearing

☐ Other

PREVIOUS ACTION/REFERRAL:

Board Order No. C-14.C-8

Meeting of: 11/12/13,12/15/15

BOARD OF SUPERVISORS, COUNTY OF HUMBOLDT

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

Ayes *Bass, Fennell, Sundberg, Bohn*

Nays

Abstain

Absent *Wilson*

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

Dated: 4/17/18

By:

Kathy Hayes
Kathy Hayes, Clerk of the Board

DISCUSSION:

Redwood Community Action Agency (RCAA) provides a wide range of services to low and moderate income residents in Humboldt County, with the long-term goal of empowering individuals to improve their own lives and become self-sufficient. RCAA has partnered with DHHS on CalFresh Outreach over the past six years by integrating CalFresh outreach and application assistance into its services and client contacts through its various programs including the North Coast Community Garden Collaborative, Adult and Family Services Division, Energy Services and the Youth Service Bureau.

RCAA serves the target audience that CalFresh seeks to reach. The agency's programs reach tens of thousands of residents as well as families who are provided personalized messages through outreach and education. Additional retention assistance efforts will help hundreds of families retain important nutrition assistance benefits for as long as they are needed. Implemented tools will continue to be used to assess whether messaging and activities are making a difference in their efforts to enroll and retain clients.

With the execution of this agreement, Redwood Community Action Agency will assist DHHS in increasing CalFresh utilization by eligible households as well as provide needed outreach and enrollment while raising the awareness of the nutrition benefits of the CalFresh program; promoting healthy food choices; reducing hunger in seniors and children; and helping to dispel program myths and misperceptions.

The California Department of Social Services (CDSS) administers all United States Department of Agriculture (USDA) Supplemental Nutrition Assistance Program (SNAP) funds. Focusing on the important role SNAP plays in access to nutrition and the relation of nutrition to overall wellness, CDSS renamed and re-branded food stamps as CalFresh in California. Beyond the name and image changes, CDSS also made significant program changes to increase CalFresh use by reducing enrollment and retention barriers. Many low-income individuals and families continue to lack awareness of the program 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. 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. This agreement is effective April 1, 2018 through March 31, 2019. This agreement comes to your Board late due to administrative oversight.

FINANCIAL IMPACT:

The approval of the agreement with RCAA for CalFresh outreach services in the amount of \$178,032.79 for the period of April 1, 2018 thru March 31, 2019 will reside in fund 1160, Budget Unit 511. There is sufficient appropriation to cover the anticipated fiscal year (FY) 2017-18 expenses (estimated to be \$44,503.20), the remainder of \$133,529.59 will be included in the proposed FY 2018-19 budget. 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.

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 Redwood Community Action Agency. 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 Redwood Community Action Agency (3 originals)

**PROFESSIONAL SERVICES AGREEMENT
BY AND BETWEEN
COUNTY OF HUMBOLDT
AND
REDWOOD COMMUNITY ACTION AGENCY (RCAA)**

This Agreement, entered into this 17 day of April, 2018, by and between the County of Humboldt, a political subdivision of the State of California, hereinafter referred to as "COUNTY," and Redwood Community Action Agency (RCAA), a California not for profit agency, hereinafter referred to as "CONTRACTOR," is made upon the following considerations:

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

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

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

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

NOW THEREFORE, the parties hereto mutually agree as follows:

1. DESCRIPTION OF SERVICES:

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

2. TERM:

This Agreement shall begin on April 1, 2018 and shall remain in full force and effect until March 31, 2019, unless sooner terminated as provided herein.

3. TERMINATION:

A. Breach of Contract. If, in the opinion of COUNTY, CONTRACTOR fails to adequately perform the services required hereunder within the time limits specified herein, or otherwise fails to comply with the terms of this Agreement, or violates any ordinance, regulation or other law applicable to its performance herein, COUNTY may terminate this Agreement immediately, upon notice.

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

4. COMPENSATION:

- A. Maximum Amount Payable. The maximum amount payable by COUNTY for services rendered, and costs and expenses incurred, pursuant to the terms and conditions of this Agreement is One Hundred Seventy-Eight Thousand Thirty Two Dollars and Seventy Nine Cents (\$178,032.79). CONTRACTOR agrees to perform all services required by this Agreement for an amount not to exceed such maximum dollar amount. However, if local, state or federal funding or allowance rates are reduced or eliminated, COUNTY may, by amendment, reduce the maximum amount payable for services provided hereunder, or terminate this Agreement as provided herein. Under no circumstances shall the maximum compensation cap exceed the amount of One Hundred Seventy-Eight Thousand Thirty Two Dollars and Seventy Nine Cents (\$178,032.79).
- B. Schedule of Rates. The specific rates and costs applicable to this Agreement are set forth in Exhibit C CalFresh Outreach Budget, which is attached hereto and incorporated herein by reference. Any shifts in funds to or from the personnel category of the budget must be approved in writing by COUNTY. CONTRACTOR may shift up to twenty percent (20%) of the budgeted amounts between all other categories without written authorization from COUNTY. Indirect Costs are not allowed to exceed ten percent (10%) of the total modified costs per the federal Office of Management and Budget's Uniform Administrative Requirements.
- C. Additional Services. Any additional services not otherwise provided for herein shall not be provided by CONTRACTOR, or compensated by COUNTY, without written authorization by COUNTY. All unauthorized costs and expenses incurred above the maximum dollar amount set forth herein shall be the responsibility of CONTRACTOR. CONTRACTOR shall notify COUNTY, in writing, at least six (6) weeks prior to the date upon which CONTRACTOR estimates that the maximum dollar amount will be reached.

5. PAYMENT:

- A. Quarterly and Final Invoices. CONTRACTOR shall submit to COUNTY quarterly and final invoices, itemizing all services rendered, and costs and expenses incurred, pursuant to the terms and conditions of this Agreement during the applicable invoice period as set forth in Exhibit D – CalFresh Outreach Invoicing Guidelines, which is attached hereto and incorporated herein by

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

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

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

6. NOTICES:

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

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

CONTRACTOR: Redwood Community Action Agency (RCAA)
Attention: Mitra Abidi, RCAA NRS Division Planner
904 G St.
Eureka, California 95501

7. REPORTS:

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

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

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

8. RECORD RETENTION AND INSPECTION:

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

9. MONITORING:

CONTRACTOR agrees that COUNTY has the right to monitor all activities related to this Agreement, including, without limitation, the right to review and monitor CONTRACTOR's records, programs or procedures, at any time, as well as the overall operation of CONTRACTOR's programs, in order to ensure compliance with the terms and conditions of this Agreement. CONTRACTOR will cooperate with a corrective action plan, if deficiencies in CONTRACTOR's records, programs or procedures are identified by COUNTY. However, COUNTY is not

responsible, and will not be held accountable, for overseeing or evaluating the adequacy of the CONTRACTOR's.

10. CONFIDENTIAL INFORMATION:

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

11. NON-DISCRIMINATION COMPLIANCE:

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

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

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

12. NUCLEAR FREE HUMBOLDT COUNTY ORDINANCE COMPLIANCE:

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

13. DRUG-FREE WORKPLACE:

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

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

3. Any available counseling, rehabilitation and employee assistance programs; and
 4. Penalties that may be imposed upon employees for drug abuse violations.
- C. Drug-Free Employment Agreement. Ensure, as required by California Government Code Section 8355(a)(3), that every employee who provides services pursuant to the terms and conditions of this Agreement will:
1. Receive a copy of CONTRACTOR's Drug-Free Policy Statement; and
 2. Agree to abide by CONTRACTOR's Drug-Free Policy as a condition of employment.
- D. Effect of Noncompliance. Failure to comply with the above-referenced requirements may result in suspension of payments under this Agreement and/or termination thereof, and CONTRACTOR may be ineligible for award of future contracts if COUNTY determines that the foregoing certification is false or if CONTRACTOR violates the certification by failing to carry out the above-referenced requirements.
14. INDEMNIFICATION:
- A. Hold Harmless, Defense and Indemnification. 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, liabilities, expenses and costs 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 the insurance required by this Agreement, shall not relieve CONTRACTOR from liability under this provision. This provision shall apply to all claims for damages related CONTRACTOR's performance hereunder, regardless of whether any insurance is applicable or not. The insurance policy limits set forth herein shall not act as a limitation upon the amount of indemnification or defense to be provided hereunder.
15. INSURANCE REQUIREMENTS:

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

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

1. Comprehensive or Commercial General Liability Insurance at least as broad as Insurance Services Office Commercial General Liability Coverage (occurrence form CG 0001), in an amount of Two Million Dollars (\$2,000,000.00) per occurrence for any one (1) incident, including, but not limited to, personal injury, death and property damage. If a general aggregate limit is used, such limit shall apply separately hereto or shall be twice the required occurrence limit.
 2. Automobile/Motor Liability Insurance with a limit of liability not less than One Million Dollars (\$1,000,000.00) combined single limit coverage. Such insurance shall include coverage of all owned, hired and non-owned vehicles. Said coverage shall be, at least as broad as Insurance Service Offices Form Code 1 (any auto).
 3. Workers' Compensation Insurance, as required by the Labor Code of the State of California, with statutory limits, and Employers Liability Insurance with a limit of no less than One Million Dollars (\$1,000,000.00) per accident for bodily injury or disease. Said policy shall contain, or be endorsed to contain, a waiver of subrogation against COUNTY and its agents, officers, officials, employees and volunteers.
- B. Special Insurance Requirements. Said policies shall, unless otherwise specified herein, be endorsed with the following provisions:
1. The Comprehensive or Commercial General Liability Policy shall provide that COUNTY and its agents, officers, officials, employees and volunteers, are covered as additional insured for liability arising out of the operations performed by or on behalf of CONTRACTOR. The coverage shall contain no special limitations on the scope of protection afforded to COUNTY and its agents, officers, officials, employees and volunteers. Said policy shall also contain a provision stating that such coverage:
 - a. Includes contractual liability.
 - b. Does not contain exclusions as to loss or damage to property caused by explosion or resulting from collapse of buildings or structures or damage to property underground, commonly referred to as "XCU Hazards."
 - c. Is the primary insurance with regard to COUNTY.
 - d. Does not contain a pro-rata, excess only and/or escape clause.
 - e. Contains a cross liability, severability of interest or separation of insured's clause.
 2. The above-referenced policies shall not be canceled, non-renewed or materially reduced in coverage without thirty (30) days prior written notice being provided to COUNTY in accordance with the notice provisions set forth herein. It is further understood that CONTRACTOR shall not terminate such coverage until COUNTY receives adequate proof that equal or better insurance has been secured.
 3. The inclusion of more than one (1) insured shall not operate to impair the rights of one (1) insured against another insured, and the coverage afforded shall apply as though separate policies had been issued to each insured, but the inclusion of more than one (1) insured shall not operate to increase the limits of the insurer's liability.

Agreement. CONTRACTOR further agrees to comply with any and all applicable local, state and federal licensure and certification requirements.

18. PROVISIONS REQUIRED BY LAW:

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

19. REFERENCE TO LAWS AND RULES:

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

20. PROTOCOLS:

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

21. SEVERABILITY:

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

22. ASSIGNMENT:

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

23. AGREEMENT SHALL BIND SUCCESSORS:

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

24. WAIVER OF DEFAULT:

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

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

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

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

CONTRACTOR: Redwood Community Action Agency (RCAA)
Attention: Mitra Abidi, RCAA NRS Division Planner
904 G St.
Eureka, California 95501

16. RELATIONSHIP OF PARTIES:

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

17. COMPLIANCE WITH APPLICABLE LAWS AND LICENSURE REQUIREMENTS:

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

refund, any funds disbursed to CONTRACTOR which, COUNTY determines were not expended in accordance with the terms of this Agreement.

25. NON-LIABILITY OF COUNTY OFFICIALS AND EMPLOYEES:

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

26. AMENDMENT:

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

27. STANDARD OF PRACTICE:

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

28. TITLE TO INFORMATION AND DOCUMENTS:

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

29. JURISDICTION AND VENUE:

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

30. ADVERTISING AND MEDIA RELEASE:

All informational material related to this Agreement shall receive approval from COUNTY prior to being used as advertising or released to the media, including, but not limited to, television, radio, newspapers and internet. CONTRACTOR shall inform COUNTY of all requests for interviews by the media related to this Agreement before such interviews take place; and COUNTY shall be entitled to have a representative present at such interviews. All notices required by this provision shall be given to Director.

31. SUBCONTRACTS:

CONTRACTOR shall obtain prior written approval from COUNTY before subcontracting any of the services to be provided pursuant to the terms and conditions of this Agreement. Any and all

subcontracts shall be subject to all applicable terms and conditions of this Agreement, including, without limitation, the licensing, certification, privacy, security and confidentiality requirements set forth herein. CONTRACTOR shall remain legally responsible for the performance of all terms and conditions of this Agreement, including work performed by third parties under subcontracts, whether approved by COUNTY or not.

32. ATTORNEYS' FEES:

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

33. SURVIVAL:

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

34. CONFLICTING TERMS OR CONDITIONS:

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

35. INTERPRETATION:

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

36. INDEPENDENT CONSTRUCTION:

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

37. FORCE MAJEURE:

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

38. ENTIRE AGREEMENT:

This Agreement contains all of the terms and conditions agreed upon by the parties hereto and no other agreements, oral or otherwise, regarding the subject matter of this Agreement shall be deemed to exist or to bind either of the parties hereto. In addition, this Agreement shall supersede in their entirety any and all prior agreements, promises, representations, understandings and negotiations of the parties, whether oral or written, concerning the same subject matter. Any and all acts which may have already been consummated pursuant to the terms and conditions of this Agreement are hereby ratified.

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.

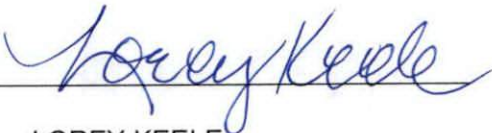
[Signatures on Following Page]

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.

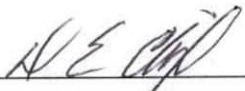
CONTRACTOR:

By: 

Date: 3/27/18

Name: LOREY KEELE

Title: ACTING EXECUTIVE DIRECTOR


By: 

Date: 3/27/18

Name: DON CLINE


Title: FINANCE DIRECTOR

COUNTY OF HUMBOLDT:

By: 
Ryan Sundberg
Chair, Humboldt County Board of Supervisors

Date: 4/17/18

INSURANCE AND INDEMNIFICATION REQUIREMENTS APPROVED:

By: 
Risk Analyst Management

Date: 04/05/2018

LIST OF EXHIBITS:

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

EXHIBIT A
SCOPE OF SERVICES
REDWOOD COMMUNITY ACTION AGENCY (RCAA)

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

1. SERVICES:

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

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

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

2. PLACE OF PERFORMANCE:

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

EXHIBIT B

CALFRESH OUTREACH PROPOSAL

REDWOOD COMMUNITY ACTION AGENCY



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) 476-4760.

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: Redwood Community Action Agency

Contact Name: Mitra Abidi

Address: 904 G St. Eureka, CA 95501

Phone: 707-269-2071

Email: mitra@nrsrcaa.org

Project Title: Planner

Expected start date: April 1st, 2018 **and end date:** March 31st, 2019

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

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.	5,000
2. Applications provided/handed out (i.e. physically handed customer an app, directed them to C4Yourself, directed them to Social Services Office, etc.).	250
3. Applications assisted (i.e. staff member assisted customer w/ completing application, staff faxed in application, etc.).	130
4. DHHS visits assisted. Discuss how your organization is able to help (i.e. staff drove them, a bus pass was provided, etc.).	50
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.).	150
6. Specialized services to reach populations with low CalFresh participation rates.	130

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).	9,000
8. Educational activities, involvement, or demonstrations (gardening/ exercise/ cooking) provided.	1,000
9. Food distributed or meals provided.	40,000

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.	120,000
11. Number of possible viewers/listeners of non-print broadcast media.*	0
12. Number of possible readers of newsletter articles, client mailers or flyers, or other agency publications.	6,200
13. Web content visits (specifically CalFresh).	1,000

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

Special populations	Total
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Working Families	75
Persons with limited Ability to Read/Write English	50
Homeless Adults	120
Persons in Recovery	75
Latino Families	100
Transitional Aged Foster and Homeless Youth	2,000
Elderly, Tribal members on the reservations and Rancherias, Outlying areas in the County	790

*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:	
Salary Calculation: : <i>[please see the attached for budget detail by RCAA division]</i>	
Duties Description:	\$
Title:	
Salary Calculation:	
Duties Description:	\$
Total Personnel Costs:	\$279,709
B. Operational Costs	
Title:	
Description:	\$
Title:	
Description:	\$
Total Operational Costs:	\$10,521
C. Consumables/Supplies	
Title:	
Description:	\$
Title:	
Description:	\$
Title:	
Description:	\$
Title:	
Description:	\$
Total Consumable/Supplies:	\$100,353
D. Transportation/Travel	
Title:	
Description:	\$
Title:	
Description:	\$

Total Transportation/Travel:		\$2,401
E. Other Costs		
Title: Administrative Cost		
Description: 10% of direct services		\$39,298
Title:		
Description:		\$
Total Other Costs:		\$39,298
Total :		\$432,283

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

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

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

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

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

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

EXHIBIT C
CALFRESH OUTREACH BUDGET
REDWOOD COMMUNITY ACTION AGENCY (RCAA)

Descriptions here

Amounts Here

A. Personnel Costs	
Title: Natural Resources Services (NRS) Senior Planner Salary Calculation: \$15.90/hr x 28 hrs/wk x 52 weeks Duties Description: NCCGC CalFresh assistance .625 FTE	\$23,150.40
Title: NRS Deputy Director Salary Calculation: \$33.27/hr x 2 hrs/wk x 52 weeks Duties Description: CalFresh coordinator role .05 FTE	\$3,460.08
Title: NRS Planning Specialist Salary Calculation: \$15.61/hr x 2 hrs/wk x 52 weeks Duties Description: RCAA gardens CalFresh assistance .125 FTE	\$4,054.60
Title: Community Services – TOOTH Salary Calculation: \$16.70/hr x 9 hrs mo x 12 mos. X 1.5 FTE Duties Description: Program Educator	\$2,705.40
Title: Community Services – TOOTH Salary Calculation: \$10.60/hr x 10 hrs mo x 6 mos. Duties Description: Program Assistant .03 FTE	\$636.00
Title: Community Services – Adult Family Services Salary Calculation: \$14/hr x 84 hrs mo x 12 mos. Duties Description: CalFresh Garden Cooking Coach .53 FTE	\$14,112.00
Title: Energy Services Outreach & Intake Specialists, 3 positions Salary Calculation: \$17/hr x 5 hrs/wk x 52 weeks x 13% FTE Duties Description: 3 Outreach & Intake Specialists for Energy Services division	\$13,260.00
Title: Energy Services Program Manager Salary Calculation: \$25/hr x 5 hrs/wk x 52 weeks x 13%FTE Duties Description: Program Manager for Energy Services division	\$6,500.00
Title: Energy Services Office Support Staff Salary Calculation: \$21/hr x 5 hrs/wk x 52 weeks x 13%FTE Duties Description: Office support staff for Energy Services	\$5,200.00
Title: Youth Services Bureau (YSB) Youth Case worker, 3 positions Salary Calculation: \$17/hr x 10 hrs mo x 12mos. Duties Description: 3 case worker for youth in YSB division.	\$6,120.00
Title: YSB Residential Staff, 2 positions Salary Calculation: \$14/hr x 10 hrs mo x 12 mos. Duties Description: 2 Residential site staff persons for YSB division.	\$3,360.00
Title: YSB CalFresh Garden and Cooking Coach Salary Calculation: \$14/hr x 64 hrs mo x 12 mos. Duties Description: 1 CalFresh garden and cooking coach for YSB division.	\$2,760.00
Title: YSB Street Outreach Workers, 2 positions Salary Calculation: \$11.50/hr x 10 hr mo x 12 mos. Duties Description: 2 street outreach worker positions for YSB division.	\$10,752.00
Title: Fringe Benefits (all divisions totals) Salary Calculation: Duties Description: FICA 7.65% of salary, SUI 4% of salary, Workers Comp 12% of salary, Medical-Dental 15.5% of salary, 401K Plan 3% of salary, Vacation Accrual 7% of salary	\$40,354.52
Total Personnel Costs:	\$136,429.00
B. Operational Costs	
Title: NRS Description: Office Space \$10/mo x 12 mos, I.T.(computer, phone, internet) \$145/mo x 12 mos x 0.8 FTE, Office Supplies \$10/mo x 12 mos, Printing & Publications 2000 prints at \$0.20/print, Postage, Language Interpretation and Translation \$25/hr x 20 hrs	\$5,212.00
Title: Community Services -- TOOTH Description: Printing and publications -- printed CalFresh materials for oral health kits: .06 x 6000	\$360.00
Title: Community Services Adult Family Services Description: Materials and binders for Family Cookbook \$10/family x 15 families	\$150.00

Title: Youth Services Bureau Description: Office Supplies \$25/mo x 12 mos, copier maintenance \$200/mo x 15% usage x 12 mo	
Title: Energy Services Description: Office Space \$10/mo x 12 mos, I.T.(computer, phone, internet) \$145/mo x 12 mos, office supplies \$350/mo x 12 mos, printing & publication (posters, flyers, brochures) \$125/mo x 12 mos	\$3,928.50
Total Operational Costs:	\$10,310.50
C. Consumables/Supplies	
Title: NRS Description: Education event supplies \$50/event x 20 events, Educational Event Stipend for 12 workshop session leaders \$25 each, food for activities/events \$20/event x 20 events, supplies for Abuelita's garden & community gardens (soil, plants, seeds, amendments, tools etc) \$1,000.00.	\$2,700.00
Title: Community Services - TOOTH Description: Adult Dental Kits (CalFresh imprinted bag, toothbrush, floss & toothpaste) \$1 each x 2,000 kits, Youth Dental Kits (CalFresh imprinted bags, toothbrush, floss & toothpaste) \$1.61 each x 4,000 kits	\$5,220.00
Title: Community Services – Adult Family Services Description: Meeting Supplies (paper, toner, ink, postage) \$15/book x 15 books/families	\$225.00
Title: Energy Services Description: Meeting Supplies (paper, toner, ink, postage) \$75/mo x 12 mos, food for meetings & workshops – \$50/mo x 12 mos x 15%	\$300.00
Title: Youth Services Bureau Description: Copier paper \$50 mo x 12 mos, Food for drop-in program healthy eating option demo \$288/mo x 12 mos, garden supplies, equipment & materials for residential and drop in sites \$21/mo x 12 mos.	\$4,308.00
Total Consumable/Supplies:	\$12,753.00
D. Transportation/Travel	
Title: NRS Description: Travel to area gardens for outreach – 50 miles x \$0.545 x 20 trips	\$545.00
Title: Community Services - TOOTH Description: staff mileage 2,200 miles x \$0.545/mile	\$1,199.00
Title: Community Services – Adult Family Services Description: Mileage for classes, field trips 20/miles roundtrip x 4 trips mo x \$0.545/mile x 12/mos	\$523.00
Title: Energy Services Description: 3 trips to Southern Humboldt 160 miles roundtrip x 3 x \$0.545/mile, Eureka area driving mileage 50/miles mo x \$0.545/mile x 12 mos	\$88.29
Title: YSB Description: N/A	\$0.00
Total Transportation/Travel:	\$2,355.49
E. Other Costs	
Title: Administrative Cost Description: 10% of direct services	\$16,184.80
Total Other Costs:	\$16,184.80
Total :	\$178,032.79

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

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

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

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

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

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

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

EXHIBIT D
CALFRESH OUTREACH INVOICING GUIDELINES
REDWOOD COMMUNITY ACTION AGENCY (RCAA)

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

1. **INVOICING SCHEDULE:**

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

Quarter*	Dates Included	Date Invoices Due to DHHS
4 FY 17-18	April 01, 2018 through June 30, 2018	July 31, 2018
1 FY 18-19	July 01, 2018 through September 30, 2018	October 31, 2018
2 FY 18-19	October 01, 2018 through December 31, 2018	January 31, 2019
3 FY 18-19	January 01, 2019 through March 31, 2019	April 30, 2019
Final invoice	Entire Agreement term	Thirty (30) days after expiration or termination

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

2. **BACKUP DOCUMENTATION:**

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

EXHIBIT E
CALFRESH PROGRAM OUTREACH QUARTERLY AND FINAL INVOICE FORM
REDWOOD COMMUNITY ACTION AGENCY (RCAA)

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 FY 17-18	Dates Included	Date Invoice Due to DHHS
4	April 1 through June 30	Tuesday, July 31, 2018
Quarter FY 18-19	Dates Included	Date Invoice Due to DHHS
1	July 1 through September 30	Wednesday, October 31, 2018
2	October 1 through December 31	Wednesday, January 31, 2019
3	January 1 through March 31	Tuesday, April 30, 2019
Final	Based on contract terms	One month after term end

EXHIBIT F
CALFRESH OUTREACH QUARTERLY AND FINAL INVOICE SUMMARY FORM
REDWOOD COMMUNITY ACTION AGENCY

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

CalFresh Outreach Invoice Summary

Contractor Name Coordinator/Contact Address Phone
--

Invoice Date: 1/0/1900

Contract Term: 0

Invoice Type: Quarterly

Invoice 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
A. Personnel Costs				
Title:				
Salary Calculation:	\$0.00	\$0.00	\$0.00	\$0.00
Duties Description:				
Title:				
Salary Calculation:	\$0.00	\$0.00	\$0.00	\$0.00
Duties Description:				
Title:				
Salary Calculation:	\$0.00	\$0.00	\$0.00	\$0.00
Duties Description:				
Title:				
Salary Calculation:	\$0.00	\$0.00	\$0.00	\$0.00
Duties Description:				
Title:				
Salary Calculation:	\$0.00	\$0.00	\$0.00	\$0.00
Duties Description:				
Title:				
Salary Calculation:	\$0.00	\$0.00	\$0.00	\$0.00
Duties Description:				
Total Personnel:				
	\$0.00	\$0.00	\$0.00	\$0.00
B. Operational Costs (Rent, Utilities, Phones, etc)				
Title:				
Description:	\$0.00	\$0.00	\$0.00	\$0.00
Title:				
Description:	\$0.00	\$0.00	\$0.00	\$0.00
Title:				
Description:	\$0.00	\$0.00	\$0.00	\$0.00
Title:				
Description:	\$0.00	\$0.00	\$0.00	\$0.00
Title:				

Description:	\$0.00	\$0.00	\$0.00	\$0.00
Total Operating Costs:	\$0.00	\$0.00	\$0.00	\$0.00
	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			

EXHIBIT G
CALFRESH PROGRAM OUTREACH REPORTING GUIDELINES
REDWOOD COMMUNITY ACTION AGENCY (RCAA)

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

1. **REPORTING SCHEDULE:**

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

Quarter* FY 17-18	Dates Included	Date Invoices Due to DHHS
4	April 01, 2018 through June 30, 2018	July 31, 2018
Quarter* FY 18-19	Dates Included	Date Invoices Due to DHHS
1	July 01, 2018 through September 30, 2018	October 31, 2018
2	October 01, 2018 through December 31, 2018	January 31, 2019
3	January 01, 2019 through March 31, 2019	April 30, 2019
Final invoice	Entire Agreement term	Thirty (30) days after expiration or termination

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

2. **QUARTERLY REPORT NARRATIVE:**

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

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

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

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

2. FINAL REPORT NARRATIVE:

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

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

- Outcome Evaluation:

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

EXHIBIT H
CALFRESH PROGRAM OUTREACH QUARTERLY PROJECT REPORT FORM
REDWOOD COMMUNITY ACTION AGENCY (RCAA)



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 Appolonia Coan at 707-476-4760.

Humboldt County CalFresh Outreach Partnership Quarterly Report Form



Organization Name: _____

Please Check Applicable Report Cycle:

- | | |
|--|----------------------|
| <input type="checkbox"/> Quarter 1 (July 1-Sept. 30 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.)



Outreach Contract Quarterly Report Form 2018-19

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

Due dates:

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

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

Submission of reports:

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

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

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

Report Narrative:

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

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

- How did the programs/services support CalFresh Outreach?
- How did you calculate the number of individuals your organization reached with CalFresh Outreach Activities (i.e. # of Application submitted, # of people that saw your CalFresh sign, etc.)

Please be as specific as possible as each organization is different and we want to know how you quantified your CalFresh Outreach Efforts.

- Did the programs/services reach the populations it was intended to reach and were the participants satisfied?
- What were the program results and did the program produce the intended changes? Unintended changes?
- Was the value of the outcomes achieved worth the resources invested in the program?

Need help?

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

Humboldt County CalFresh Outreach Partnership Quarterly Report Form



Organization Name: _____

Please Check Applicable Report Cycle:

- | | |
|--|----------------------|
| <input type="checkbox"/> Quarter 1 (July 1-Sept. 30 2018) | Due October 31, 2018 |
| <input type="checkbox"/> Quarter 2 (Oct. 1- Dec. 31, 2018) | Due January 31, 2019 |
| <input type="checkbox"/> Quarter 3 (Jan. 1 – March 31, 2019) | Due April 30, 2019 |
| <input type="checkbox"/> Quarter 4 (April 1- June 30, 2019) | Due July 31, 2019 |

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 I
CALFRESH OUTREACH FINAL PROJECT REPORT FORM
REDWOOD COMMUNITY ACTION AGENCY (RCAA)



Outreach Contract Final Report Form
2018-19

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

Due date:

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

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

Submission of Report:

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

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

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

Report:

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

Process evaluation attempts to answer these types of questions:

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

Outcome evaluation focuses on answers to these types of questions:

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

Need help?

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

Humboldt County CalFresh Outreach Partnership Final Summary Report Form

Due one month after term end



Organization Name: _____

Report Due Date: _____

Contact Name: _____

Phone: _____

Email: _____

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

A. Results/Outcomes

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

B. Lessons Learned

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

C. Future Plans

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

D. Other Comments

9. Please share with us any other comments or recommendations you would like to make regarding the relationship between DHHS CalFresh Outreach and your organization.
10. Please share anything else relating to your CalFresh Outreach Efforts that you would like us to know about.

Request for Taxpayer Identification Number and Certification

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

► Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type.
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. Redwood Community Action Agency	
2 Business name/disregarded entity name, if different from above Redwood Community Action Agency	
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input checked="" type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ►	
4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ (Applies to accounts maintained outside the U.S.)	
5 Address (number, street, and apt. or suite no.) See instructions. 904 G St.	Requester's name and address (optional)
6 City, state, and ZIP code Eureka, CA 95501	
7 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 generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number	
or	
Employer identification number	
94	2646370

Part II Certification

Under penalties of perjury, I certify that:

- 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
- 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
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

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 for Part II, later.

Sign
Here

Signature of
U.S. person ►

[Signature]

Date ►

3/20/18

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding*, later.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/15/17

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 OB72732	CONTACT NAME: Greg Connors
	PHONE (A/C, No, Ext): (707)725-3400 FAX (A/C, No):
	E-MAIL: greg@pattersonconners.com
	ADDRESS: greg@pattersonconners.com
	INSURER(S) AFFORDING COVERAGE NAIC #
	INSURER A: Nonprofits Insurance Alliance of CA 10023
	INSURER B: State Compensation Ins. Fund
	INSURER C:
	INSURER D:
	INSURER E:
	INSURER F:

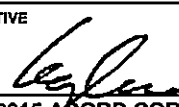
INSURED Redwood Community Action Agency, Inc. 904 G. Street Eureka, CA 95501	CERTIFICATE NUMBER:	REVISION NUMBER: 1
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THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. 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 type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC OTHER:	X		2017-04653-NPO	11/17/17	11/17/18	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	
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY	X		2017-04653-NPO	11/17/17	11/17/18	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000	
	BODILY INJURY (Per person) \$							
	BODILY INJURY (Per accident) \$							
	PROPERTY DAMAGE (Per accident) \$							
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000	X		2017-04653-NPO-UMB	11/17/17	11/17/18	EACH OCCURRENCE \$ 4,000,000	
	AGGREGATE \$ 4,000,000							
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	Y	9133698-17	6/1/17	6/1/18	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER	
	E.L. EACH ACCIDENT \$ 1,000,000							
	E.L. DISEASE - EA EMPLOYEE \$							
	E.L. DISEASE - POLICY LIMIT \$							
A	Social Workers Professional Liability	X		2017-04653-NPO	11/17/17	11/17/18	Per occurrence \$ 1,000,000 Aggregate \$ 3,000,000	

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

County of Humboldt, including its officers, officials, employees and volunteers, is additional insured per endorsement NIAC E61 attached, for liability arising out of the operations performed by or on behalf of contractor re: CalFresh grant. Volunteers are not covered under workers compensation policy noted above.

CERTIFICATE HOLDER County of Humboldt DHHS-Children & Family Services 929 Koster St Eureka, CA 95501	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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