



TOMÁS J. ARAGÓN, M.D., Dr.P.H  
 Director and State Public Health Officer

State of California—Health and Human Services Agency  
 California Department of Public Health

BOS Agreement \*23-056



GAVIN NEWSOM  
 Governor

December 16, 2022

TO: MATERNAL, CHILD AND ADOLESCENT HEALTH (MCAH)  
 DIRECTORS/ CALIFORNIA HOME VISITING PROGRAM (CHVP)  
 DIRECTORS, COORDINATORS, OR DESIGNEE

SUBJECT: FISCAL YEAR (FY) 2022-2023: Year 1 CHVP STATE GENERAL FUND  
 (SGF) AGREEMENT FUNDING APPLICATION (AFA) ANNOUNCEMENT

This letter announces the FY 2022-2023 AFA Process that provides allocation and contract funding updates for Year 1 of the of California Home Visiting Program State General Fund Expansion (CHVP SGF EXP).

**FY 2022-23 State General Funding is as Follows:**

CHVP SGF EXP funding allocations are for State General Funds only and cannot be combined with other funding including Maternal, Infant, and Early Childhood Home Visiting (MIECHV) dollars but may be braided. Please reach out to your Contract Manager (CM) if you have questions. Please note that CHVP Allocations funded with MIECHV, are implemented through a separate allocation agreement.

**AFA Timeline/ Important Dates:**

Friday, December 16 <sup>th</sup>	<b>Release of FY 22-23 AFA Notification for Year 1 CHVP SGF EXP.</b> AFA forms will be sent via email attachment.  <b>NOTE:</b> New LHJs must complete all AFA forms. LHJs that participated in the previous CHVP 2019 SGF EXP AFA cycle will not need to complete all AFA forms, and their assigned CM will provide a checklist of AFA forms that may need to be updated.
Friday, December 30 <sup>th</sup>	<b>AFA Packages and Updated Forms Due back to MCAH.</b> If needed, please contact your CM for any extensions.
Monday, January 30 <sup>th</sup>	<b>MCAH CM/ PC AFA Package Review and Approval.</b> <u>Your CM and Program Consultant (PC)</u> will review your AFA package. LHJs will be notified if revisions are needed before approval.



**AFA Submission:**

**Packages are due via email to [MCAHFINACT@cdph.ca.gov](mailto:MCAHFINACT@cdph.ca.gov) by Friday, December 30<sup>th</sup>.** If you have any questions about the AFA process or require an extension due to the extenuating circumstances of COVID-19, please contact your CM as soon as possible.

There may have been changes since the last AFA submission. We recommend that all LHJs review the [Fiscal Administration Policy and Procedure Manual](#) prior to building and submitting their FY 22-23 AFAs. Please note that CHVP SGF EXP Year 1 has a unique naming convention (Reference the example under the Invoice Submission section of this letter, or on the AFA checklist).

LHJs will be notified via email when their AFA package is approved and they and they are permitted to invoice for services retroactively to **July 1, 2022**.

**Invoice Submission:**

As communicated in CDPH/ MCAH alert letter 20160710 on October 7, 2016, all invoices and supporting documentation must be submitted via email to: the MCAH invoice box: [MCAHInvoices@cdph.ca.gov](mailto:MCAHInvoices@cdph.ca.gov). To ensure appropriate processing, please use the following invoice naming convention for the signed invoice PDF and Excel files as well as the subject line of the email:

Agreement Number (space) LHJ Name (space) Fiscal Year (space) Invoice Quarter Number

Example: CHVP SGF EXP 22b-01 Alameda FY22-23 Q1

Invoice submission must include:

- Signed cover letter on LHJ letterhead
- Signed invoice (Please note: electronic signatures are accepted)
- Updated invoice information in the approved Excel Budget-Invoice Template

MCAH Directors, CHVP Project Coordinators, or Designee  
December 16, 2022

**Invoice Submission Timeline:**

<b>Pay Period</b>	<b>Duration</b>	<b>Due Date</b>
Quarter 1	July – September	November 15 <sup>th</sup>
Quarter 2	October – December	February 15 <sup>th</sup>
Quarter 3	January – March	May 15 <sup>th</sup>
Quarter 4	April – June	August 15 <sup>th</sup>

Thank you for your assistance and timely submission of your AFA package. If you have any questions or concerns, please contact your CM.

Sincerely,



Angelica Jimenez-Bean  
Section Chief, Contract Management and Allocations Process  
Maternal, Child and Adolescent Health Division  
Center for Family Health  
California Department of Public Health

# California Home Visiting Program

## FY 2022-2023 Agreement Funding Application (AFA) Checklist

**Agency Name:** Mendocino County

**Agreement Number:** CHVP SGF EXP 22b-[23]

**Program (check one):**       CHVP     CHVP SGF EXP     CHVP INV

Please check the box next to all submitted documents. **All documents must be submitted by email using the required naming convention on page 2.**

1.  **AFA Checklist**
2.  **Agency Information Form** | Excel version and signed PDF
3.  **Attestation of Compliance with the Sexual Health Education Accountability Act of 2007** | signed PDF
4.  **Budget Template** | submit for FY22-23, list all staff (by position) and costs (including projected salaries and benefits, operating and ICR). Multiple tabs for completion include Original Budget and Justifications. Personnel must be consistent with the Duty Statements and Organizational Charts.
5.  **Indirect Cost Rate (ICR) Certification Form** | details methodology and components of the ICR for this funding. Please answer in the detail box how Indirect Costs are specifically broken out for CHVP SGF EXP.
6.  **Duty Statements (DS)** | for all staff (numbered according to the Personnel Detail Page and Organization Chart) listed on the budget.
7.  **Organization Chart(s)** | of the applicable program, identifying all staff positions on the budget including their Line Item #, and the program's relationship to other services for women and children, the local health officer and overall agency.
8.  **Scope of Work (SOW)** | signed PDF for FY22-23
9.  **Annual Inventory** | if applicable, forms CDPH 1203 and CDPH 1204
10.  **Subcontractor (SubK) Agreement Packages** | if applicable, for all SubKs of \$5,000 or more. Submit Subcontract Agreement Transmittal Form, brief explanation of the award process, subcontractor agreement or waiver letter, FY22-23 Budgets with detailed justifications, Subk Duty Statements, and Subk Organization Chart.
11.  **Government Agency Taxpayer ID Form** | Form CDPH 9083, signed PDF

## File Naming Convention

Please save all electronic documents using the required naming convention below:

*Agreement # (space) Document # (from Checklist above) (space) Document Name (from Checklist Above) (space) MM.DD.YY*

Example for CHVP SGF EXP Program:

CHVP SGF EXP 22b-XX 1 AFA Checklist 12.15.22  
CHVP SGF EXP 22b-XX 2 Agency Information Form 12.15.22  
CHVP SGF EXP 22b-XX 3 Attestation of Compliance 12.15.22  
CHVP SGF EXP 22b-XX 4 Budget FY22-23 12.15.22  
CHVP SGF EXP 22b-XX 5 ICR Certification Form 12.15.22  
CHVP SGF EXP 22b-XX 6 DS 12.15.22  
CHVP SGF EXP 22b-XX 6 DS 2 12.15.22  
CHVP SGF EXP 22b-XX 6 DS 3 12.15.22  
CHVP SGF EXP 22b-XX 6 DS 4 12.15.22  
CHVP SGF EXP 22b-XX 7 Org Chart 12.15.22  
CHVP SGF EXP 22b-XX 8 SOW 12.15.22  
CHVP SGF EXP 22b-XX 9 CDPH 1203 12.15.22  
CHVP SGF EXP 22b-XX 9 CDPH 1204 12.15.22  
CHVP SGF EXP 22b-XX 10 SubK Transmittal 12.15.22  
CHVP SGF EXP 22b-XX 10 SubK Agreement 12.15.22  
CHVP SGF EXP 22b-XX 10 SubK Award Process 12.15.22  
CHVP SGF EXP 22b-XX 10 SubK Budget FY21-22 12.15.22  
CHVP SGF EXP 22b-XX 11 CDPH 9083 12.15.22

Please contact your [Contract Manager \(CM\)](#) if you have any questions.

**AGREEMENT FUNDING APPLICATION  
POLICY COMPLIANCE AND CERTIFICATION**

**Please enter the agreement or contract number for each of the applicable programs**


CHVP SGF EXP 22b-23

Update Effective Date: \_\_\_\_\_ (only required when submitting updates)

The undersigned hereby affirms that the statements contained in the Agreement Funding Application (AFA) are true and complete to the best of the applicant's knowledge.

I certify that this Maternal, Child and Adolescent Health (MCAH) program will comply with all applicable provisions of Article 1, Chapter 1, Part 2, Division 106 of the Health and Safety code (commencing with section 123225), Chapters 7 and 8 of the Welfare and Institutions Code (commencing with Sections 14000 and 142), and any applicable rules or regulations promulgated by CDPH pursuant to this article and these Chapters. I further certify that all MCAH related programs will comply with the most current MCAH Policies and Procedures Manual, including but not limited to, Administration. I further agree that the MCAH related programs may be subject to all sanctions, or other remedies applicable, if the MCAH related program violates any of the above laws, regulations and policies with which it has certified it will comply.


**Original signature of official authorized to commit the Agency to a CHVP Agreement**

Signature line: 

Name (Print) Sara Pierce

Title Deputy CEO Date 11/27/23

**Original Signature of MCAH Director**

Signature line: 

Lisa Fredrickson RN MSN PHN

Title: MCAH Director LISA G. FREDRICKSON Date 1.24.23

CONTACT			AUTHORIZED TO SIGN?			PROGRAM	
FIRST NAME	LAST NAME	TITLE	BUDGETS	INVOICES	IF YES SELECTED, SIGN	PHONE	EMAIL ADDRESS
AGENCY EXECUTIVE DIRECTOR	Darcie Antle	CEO	No	No			
MCAH DIRECTOR	Lisa Fredrickson	SR Program Manager-Nursing	No	No		707-961-2619	fredrickson@mendocinocounty.org
PROJECT COORDINATOR	Cathy Boyle	SR Program Manager-Nursing	Yes	Yes		707-972-9269	boylec@mendocinocounty.org
FISCAL OFFICER	Chris Borgna	Senior Department Analyst	Yes	Yes		707-472-2769	borgnacw@mendocinocounty.org
FISCAL CONTACT	Sofia Vargas	Department Analyst I	No	No		707-472-2338	vargass@mendocinocounty.org
CLERK OF THE BOARD or	Atlas Pearson	Sr Deputy Clerk	No	No		707-234-6074	pearsona@mendocinocounty.org
CHAIR BOARD OF SUPERVISORS	Glenn McGouty	1st District Supervisor	No	No		707-463-4441	
OFFICIAL AUTHORIZED TO COMMIT AGENCY	Sara Pierce	Acting Deputy CEO	Yes	Yes		707-463-4441	pierces@mendocinocounty.org

All payments from CDPH to the Contractor shall be sent to the following address:

REMITTANCE ADDRESS

Federal ID #: 96-6000520

FISCAL ID #:

Contractor: County of Mendocino

Attention: "Fiscal"

Address: 1120 S Dora St Ukiah CA 95482

Contract Number: CHVP SGF EXP 22b-23

Email: phfiscal@mendocinocounty.org

Either party may make changes to the information above by giving written notice to the other party.

Said changes shall not require an amendment to this agreement, but will require a new STD204 Payee Data Record or CDPH9083 Government Agency Taxpayer Form.

**Exhibit K**

**Attestation of Compliance with the  
Sexual Health Education Accountability Act of 2007**

**Agency Name:** County of Mendocino

**Agreement/Grant Number:** CHVP SGF EXP 22b-23

**Compliance Attestation for Fiscal Year:** FY22.23

The Sexual Health Education Accountability Act of 2007 (Health and Safety Code, Sections 151000 – 151003) requires sexual health education programs (programs) that are funded or administered, directly or indirectly, by the State, to be comprehensive and not abstinence-only. Specifically, these statutes require programs to provide information that is medically accurate, current, and objective, in a manner that is age, culturally, and linguistically appropriate for targeted audiences. Programs cannot promote or teach religious doctrine, nor promote or reflect bias (as defined in Section 422.56 of the Penal Code), and may be required to explain the effectiveness of one or more drugs and/or devices approved by the federal Food and Drug Administration for preventing pregnancy and sexually transmitted diseases. Programs directed at minors are additionally required to specify that abstinence is the only certain way to prevent pregnancy and sexually transmitted diseases.

In order to comply with the mandate of Health & Safety Code, Section 151002 (d), the California Department of Public Health (CDPH) Maternal, Child and Adolescent Health (MCAH) Program requires each applicable Agency or Community Based Organization (CBO) contracting with MCAH to submit a signed attestation as a condition of funding. The Attestation of Compliance must be submitted to CDPH/MCAH annually as a required component of the Agreement Funding Application (AFA) Package. By signing this letter, the MCAH Director or Adolescent Family Life Program (AFLP) Director (CBOs only) is attesting or “is a witness to the fact that the programs comply with the requirements of the statute”. The signatory is responsible for ensuring compliance with the statute. Please note that based on program policies that define them, the Sexual Health Education Act inherently applies to the Black Infant Health Program, AFLP, and the California Home Visiting Program, and may apply to Local MCAH based on local activities.

The undersigned hereby attests that all local MCAH agencies and AFLP CBOs will comply with all applicable provisions of Health and Safety Code, Sections 151000 – 151003 (HS 151000–151003). The undersigned further acknowledges that this Agency is subject to monitoring of compliance with the provisions of HS 151000–151003 and may be subject to contract termination or other appropriate action if it violates any condition of funding, including those enumerated in HS 151000–151003.



Exhibit K

Attestation of Compliance with the  
Sexual Health Education Accountability Act of 2007

Signed

County of Mendocino

Agency Name

Lisa Fredrickson

Digitally signed by Lisa  
Fredrickson  
Date: 2023.01.24 14:28:08 -08'00'

Signature of MCAH Director

Signature of AFLP Director (CBOs only)

Lisa Fredrickson RN PHN

Printed Name of MCAH Director

Printed Name of AFLP Director (CBOs  
only)

CHVP SGF EXP 22b-23

Agreement/Grant Number

1.24.23

Date

## Exhibit K

### Attestation of Compliance with the Sexual Health Education Accountability Act of 2007

CALIFORNIA CODES  
HEALTH AND SAFETY CODE  
SECTION 151000-151003

151000. This division shall be known, and may be cited, as the Sexual Health Education Accountability Act.

151001. For purposes of this division, the following definitions shall apply:

(a) "Age appropriate" means topics, messages, and teaching methods suitable to particular ages or age groups of children and adolescents, based on developing cognitive, emotional, and behavioral capacity typical for the age or age group.

(b) A "sexual health education program" means a program that provides instruction or information to prevent adolescent pregnancy, unintended pregnancy, or sexually transmitted diseases, including HIV, that is conducted, operated, or administered by any state agency, is funded directly or indirectly by the state, or receives any financial assistance from state funds or funds administered by a state agency, but does not include any program offered by a school district, a county superintendent of schools, or a community college district.

(c) "Medically accurate" means verified or supported by research conducted in compliance with scientific methods and published in peer review journals, where appropriate, and recognized as accurate and objective by professional organizations and agencies with expertise in the relevant field, including, but not limited to, the federal Centers for Disease Control and Prevention, the American Public Health Association, the Society for Adolescent Medicine, the American Academy of Pediatrics, and the American College of Obstetricians and Gynecologists.

151002. (a) Every sexual health education program shall satisfy all of the following requirements:

(1) All information shall be medically accurate, current, and objective.

(2) Individuals providing instruction or information shall know and use the most current scientific data on human sexuality, human development, pregnancy, and sexually transmitted diseases.

(3) The program content shall be age appropriate for its targeted population.

(4) The program shall be culturally and linguistically appropriate for its targeted populations.

(5) The program shall not teach or promote religious doctrine.

(6) The program shall not reflect or promote bias against any person on the basis of disability, gender, nationality, race or ethnicity, religion, or sexual orientation, as defined in Section 422.56 of the Penal Code.

## Exhibit K

### Attestation of Compliance with the Sexual Health Education Accountability Act of 2007

(7) The program shall provide information about the effectiveness and safety of at least one or more drugs and/or devices approved by the federal Food and Drug Administration for preventing pregnancy and for reducing the risk of contracting sexually transmitted diseases.

(b) A sexual health education program that is directed at minors shall comply with all of the criteria in subdivision (a) and shall also comply with both the following requirements:

(1) It shall include information that the only certain way to prevent pregnancy is to abstain from sexual intercourse, and that the only certain way to prevent sexually transmitted diseases is to abstain from activities that have been proven to transmit sexually transmitted diseases.

(2) If the program is directed toward minors under the age of 12 years, it may, but is not required to, include information otherwise required pursuant to paragraph (7) of subdivision (a).

(c) A sexual health education program conducted by an outside agency at a publicly funded school shall comply with the requirements of Section 51934 of the Education Code if the program addresses HIV/AIDS and shall comply with Section 51933 of the Education Code if the program addresses pregnancy prevention and sexually transmitted diseases other than HIV/AIDS.

(d) An applicant for funds to administer a sexual health education program shall attest in writing that its program complies with all conditions of funding, including those enumerated in this section. A publicly funded school receiving only general funds to provide comprehensive sexual health instruction or HIV/AIDS prevention instruction shall not be deemed an applicant for the purposes of this subdivision.

(e) If the program is conducted by an outside agency at a publicly funded school, the applicant shall indicate in writing how the program fits in with the school's plan to comply fully with the requirements of the California Comprehensive Sexual Health and HIV/AIDS Prevention Education Act, Chapter 5.6 (commencing with Section 51930) of the Education Code. Notwithstanding Section 47610 of the Education Code, "publicly funded school" includes a charter school for the purposes of this subdivision.

(f) Monitoring of compliance with this division shall be integrated into the grant monitoring and compliance procedures. If the agency knows that a grantee is not in compliance with this section, the agency shall terminate the contract or take other appropriate action.

(g) This section shall not be construed to limit the requirements of the California Comprehensive Sexual Health and HIV/AIDS Prevention Education Act (Chapter 5.6 (commencing with Section 51930) of Part 28 of the Education Code).

(h) This section shall not apply to one-on-one interactions between a health practitioner and his or her patient in a clinical setting.

151003. This division shall apply only to grants that are funded pursuant to contracts entered into or amended on or after January 1, 2008.

BUDGET SUMMARY				
FISCAL YEAR	INVOICE TYPE	BUDGET	BUDGET STATUS	BALANCE
2022-2023	QUARTERLY	ORIGINAL	ACTIVE	
Rev. 7/22/20				
PURPOSE:	CHVP SGF Expansion		FUNDING SOURCE, PCA	
CONTRACTOR:	Mendocino		CHVP - SGF, 51023	
AGREEMENT #:	CHVP SGF EXP 22b-23		(1)	(2) (3)
SUBK:			TOTAL FUNDING	% \$
FUNDING TOTALS			427,413	427,413
EXPENSE CATEGORY				
PERSONNEL		\$203,503	100.00%	\$203,503
FRINGE BENEFITS		\$92,726	100.00%	\$92,726
OPERATING		\$17,510	100.00%	\$17,510
EQUIPMENT				
TRAVEL		\$2,500	100.00%	\$2,500
SUBCONTRACTS		\$25,000	100.00%	\$25,000
OTHER COSTS		\$12,117	100.00%	\$12,117
INDIRECT COST		\$74,057	100.00%	\$74,057
BUDGET TOTALS			\$427,413	\$427,413
BALANCES			=====>	\$0

<b>Maximum Amount Payable:</b>	<b>\$427,413</b>
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I CERTIFY THAT THIS BUDGET HAS BEEN CONSTRUCTED IN COMPLIANCE WITH ALL MCAH ADMINISTRATIVE AND PROGRAM POLICIES.

Signature over  DATE 2/22/23

Printed Name Sara Pierce Fiscal Officer

State Use Only	FUNDING SOURCE	CHVP - SGF	
	PCA CODE	51023	
PERSONNEL			203,503
FRINGE BENEFITS			92,726
OPERATING			17,510
EQUIPMENT			
TRAVEL			2,500
SUBCONTRACTS			25,000
OTHER COSTS			12,117
INDIRECT COST			74,057
Totals for PCA Codes		427,413	427,413

PERSONNEL						Remaining Funds	
TOTAL PERSONNEL COSTS						203,503	203,503
TOTAL WAGES						203,503	203,503
	INITIALS	TITLE OR CLASS.	FTE %	ANNUAL SALARY	TOTAL WAGES		
1	JT	Program Specialist II	100%	73,289	73,289	100.00%	73,289
2	CB	Senior Nursing Program Manager	70%	81,543	57,080	100.00%	57,080
3	KR	Supervising Health Program Coordinator	100%	73,134	73,134	100.00%	73,134
4							
5							
6							
7							
8							
9							
10							

FRINGE BENEFITS		Remaining Funds	
TOTAL FRINGE BENEFITS		92,726	92,726

PURPOSE:	CHVP SGF Expansion		FUNDING SOURCE, PCA	
CONTRACTOR:	Mendocino		CHVP - SGF, 51023	
AGREEMENT #:	CHVP SGF EXP 22b-23	(1)	(2)	(3)
SUBK:		TOTAL FUNDING	%	\$
<b>FUNDING TOTALS</b>		427,413		427,413

EXPENSE CATEGORY		Remaining Funds		
OPERATING		100.00%		
<b>TOTAL OPERATING EXPENSES</b>		17,510		17,510
1	Communication	800	100.00%	800
2	Office Supplies	500	100.00%	500
3	Software License	7,000	100.00%	7,000
4	Education and Training	9,210	100.00%	9,210
5				

EQUIPMENT		Remaining Funds		
TOTAL EQUIPMENT EXPENSES				
1				
2				
3				
4				
5				

TRAVEL		Remaining Funds		
TOTAL TRAVEL EXPENSES		2,500	100.00%	2,500
1	Travel In County	2,500	100.00%	2,500
2				
3				
4				
5				

SUBCONTRACTS		Remaining Funds		
TOTAL SUBCONTRACT EXPENSES		25,000	100.00%	25,000
1	First \$	25,000	100.00%	25,000
2				
3				
4				
5				

OTHER COSTS		Remaining Funds		
TOTAL OTHER COSTS		12,117	100.00%	12,117
1	Special Dept Expenses	12,117	100.00%	12,117
2				
3				
4				
5				

INDIRECT COST		Remaining Funds		
TOTAL INDIRECT COSTS		74,057	100.00%	74,057
25.00% of Total Personnel and Benefits		74,057	100.00%	74,057

**HEALTH DEPARTMENT OF  
Mendocino County  
FISCAL YEAR 2022-2023  
AUDITOR CERTIFICATION**

As the responsible official of the Health Department of Mendocino County, I hereby certify as to form and methodology that the costs and cost categories contained in this attached Indirect Cost Rate Submission for the Fiscal Year ending on 06/30/2023 are accurate and consistent with generally accepted accounting principles and prepared in conformance with Office of Management and *Budget 2 CFR Part 200 Uniform Administrative Requirements, Cost principles and Audit Requirements for Federal Awards Final Guidance* (78 FR 78589), formerly known as Budget Circular A-87, and now commonly referred to at the OMB Super Circular. The Super Circular is available at the electronic code of Federal Regulations website.

I further certify that, as to form and methodology: (1) no costs other than those incurred by the Grantee/Contractor, or allocated to the Grantee/Contractor via an approved central service cost allocation plan, were included in its indirect cost pool as finally accepted, and that such incurred costs are legal obligations of the Grantee/Contractor and allowable under the governing cost principles; (2) the same costs that have been treated as indirect costs have not been claimed as direct costs; and (3) similar types of costs have been accorded consistent accounting treatment

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**Auditor Controller (or Designee):**

Chamise Cubbison

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***Print Name***

Acting Auditor-Controller

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***Title/Position***



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***Signature***

January 24, 2022

---

***Date***

cubbisoc@mendocinocounty.org

---

***E-mail Address***

707-234-6871

---

***Telephone Number***

**HEALTH DEPARTMENT OF  
Mendocino County  
FISCAL YEAR 2020-2021  
AUDITOR CERTIFICATION**


As the responsible official of the Health Department of Mendocino County, I hereby certify as to form and methodology that the costs and cost categories contained in this attached Indirect Cost Rate Submission for the Fiscal Year ending on 06/30/2021 are accurate and consistent with generally accepted accounting principles and prepared in conformance with Office of Management and Budget 2 CFR Part 200 Uniform Administrative Requirements, Cost principles and Audit Requirements for Federal Awards Final Guidance (78 FR 78589), formerly known as Budget Circular A-87, and now commonly referred to at the OMB Super Circular. The Super Circular is available at the electronic code of Federal Regulations website.

I further certify that, as to form and methodology: (1) no costs other than those incurred by the Grantee/Contractor, or allocated to the Grantee/Contractor via an approved central service cost allocation plan, were included in its indirect cost pool as finally accepted, and that such incurred costs are legal obligations of the Grantee/Contractor and allowable under the governing cost principles; (2) the same costs that have been treated as indirect costs have not been claimed as direct costs; and (3) similar types of costs have been accorded consistent accounting treatment

**Auditor Controller (or Designee):**

Chamise Cubbison  
**Print Name**

Auditor-Controller/Treasurer Tax-Collector  
**Title/Position**

  
**Signature**

December 30, 2022  
**Date**

cubbisoc@mendocinocounty.org  
**E-mail Address**

707-234-6871  
**Telephone Number**

# CERTIFICATION OF INDIRECT COST RATE METHODOLOGY

Please list the Indirect Cost Rate (ICR) Percentage and supporting methodology for the contract or allocation with the California Department of Public Health, Maternal Child and Adolescent Health Division (CDPH/MCAH Division).

Date: 12/20/2022

Agency Name: County of Mendocino

Contract/Agreement Number: CHVP SGF EXP 22b-23

Contract Term/Allocation Fiscal Year: FY22.23

## **1. NON-PROFIT AGENCIES/ COMMUNITY BASED ORGANIZATIONS (CBO)**

Non-profit agencies or CBOs that have an approved ICR from their Federal cognizant agency are allowed to charge their approved ICR or may elect to charge less than the agency's approved ICR percentage rate.

Private non-profits local agencies that do not have an approved ICR from their Federal cognizant agency are allowed a maximum ICR percentage of 15.0 percent of the Total Personnel Costs.

The ICR percentage rate listed below must match the percentage listed on the Contract/Allocation Budget

       % Fixed Percent of:

Total Personnel Costs

## **2. LOCAL HEALTH JURISDICTIONS (LHJ)**

LHJs are allowed up to the maximum ICR percentage rate that was approved by the CDPH Financial Management Branch ICR or may elect to charge less than the agency's approved ICR percentage rate. The ICR rate may not exceed 25.0 percent of Total Personnel Costs or 15.0 percent of Total Direct Costs. The ICR application (i.e. Total Personnel Costs or Total Allowable Direct Costs) may not differ from the approved ICR percentage rate.

The ICR percentage rate listed below must match the percentage listed on the Allocation/Contracted Budget.

25 % Fixed Percent of:

Total Personnel Costs

Total Allowable Direct Costs



# CERTIFICATION OF INDIRECT COST RATE METHODOLOGY

## **3. OTHER GOVERNMENTAL AGENCIES AND PUBLIC UNIVERSITIES**

University Agencies are allowed up to the maximum ICR percentage approved by the agency's Federal cognizant agency ICR or may elect to charge less than the agency's approved ICR percentage rate. Total Personnel Costs or Total Direct Costs cannot change.

\_\_\_\_\_ % Fixed Percent of:

- Total Personnel Costs (Includes Fringe Benefits)
- Total Personnel Costs (Excludes Fringe Benefits)
- Total Allowable Direct Costs

Please provide you agency's detailed methodology that includes all indirect costs, fees and percentages in the box below.

Per CDPH ICR certification letter.

This process takes into account the Cost Allocation Plan approved by the State of California annually, the amounts of charges from Public Health administration and Public Health fiscal services.

We can submit the ICR report from the state data base upon request.

# CERTIFICATION OF INDIRECT COST RATE METHODOLOGY

Please submit this form via email to your assigned Contract Manager.

The undersigned certifies that the costs used to calculate the ICR are based on the most recent, available and independently audited actual financials and are the same costs approved by the CDPH to determine the Department approved ICR.

Printed First & Last Name: Lisa Fredrickson

Title/Position: MCAH Director

Signature: Lisa Fredrickson Digitally signed by Lisa Fredrickson  
Date: 2023.01.24 14:31:17 -08'00'

Date: 1/24/2023

Local Health Jurisdiction: Mendocino County Public Health  
Program: Maternal Child and Adolescent Health (MCAH)  
Program Position: Senior Program Manager  
County Job Specification: Senior Program Manager - Nursing  
Duty Statement Amended: FY 22/23 Qtr. 1

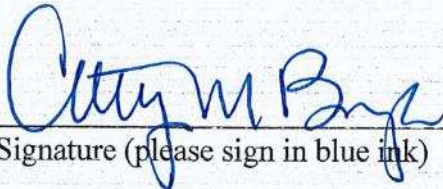
## **Senior Program Manager**

**Cathy Boyle, Budget Line # (SPMP)**

1. Assists with the general management and administration of complex program/s within the systems of assigned department.
2. Plans, organizes, directs, manages and coordinates the operations within the assigned program/s.
3. Oversees program/s and supervise staff in the provision of program areas, establishes priorities, goals, and objectives consistent with division and department policies and procedures. Participates in the negotiation, development and monitoring of contracts with providers; assists in the initiation and management of policies and procedures appropriate to the administration of such contracts; develops and coordinates the provision of statistical/database material for reports and program analyses; interprets laws, rules and regulations pertaining to assigned program; ensures program compliance with requirements, and coordinates program activities with other organizations and/or units; participates in the preparation and monitoring of program budgets, work plans and other administrative and fiscal functions, including: determining goals and objectives; reviewing and analyzing project budgets; correcting errors; reviewing billing statements and authorizing payments.
4. Carries out supervisory responsibility in accordance with policies, procedures and applicable laws including interviewing, hiring and training, planning, assigning and directing work; appraising performance; rewarding and disciplining employees; addressing complaints and resolving problems.
5. Serves as a resource for interpretation of Federal and State laws affecting the division; has a major role in the development, and administration; reviews and assures proper procedures are in place and followed.
6. Oversees a variety of quality assurance activities; is responsible for maintaining current awareness of changes in laws and regulations as well as keeping subordinate staff informed.
7. Performs analysis and prepares detailed written reports of findings pertaining to the quality and efficiency of services provided within the division.
8. Develops, amends, and interprets existing policies, procedures and regulations concerning program matters.

Local Health Jurisdiction: Mendocino County Public Health  
Program: Maternal Child and Adolescent Health (MCAH)  
Program Position: Senior Program Manager  
County Job Specification: Senior Program Manager - Nursing  
Duty Statement Amended: FY 22/23 Qtr. 1

9. Oversees staff in the compilation and analysis of data and makes recommendations on the formulation of policy and procedures, and program changes.
10. Oversees staff in conducting studies and making recommendations for procedural or organizational changes; oversees the planning and implementation of program changes.
11. Develops and reviews departmental policies and procedures to ensure compliance with State and federal legislation, regulations, and directives.
12. Coordinates and oversees staff engaged in departmental activities between divisions, with the County, and with outside agencies.
13. Participates in special projects as assigned.
14. Develops and maintains contracts with various entities, including those related to health and Medi-Cal program services. (12, 13)
15. Collaborates with agency and outside agency staff by engaging in program planning and policy activities to enhance and expand health services, including Medi-Cal services to meet the needs of clients and families. (15, 17)
16. Attends training related to the performance of MAA. (20)
17. Performs other related duties as assigned.



Employee Signature (please sign in blue ink)

1/27/23  
Date



Supervisor Signature (please sign in blue ink)

1/27/23  
Date

Local Health Jurisdiction: Mendocino County Public Health  
Program: Maternal Child and Adolescent Health (MCAH)  
Program Position: Program Specialist II  
County Job Specification: Program Specialist II - Nursing  
Duty Statement Amended: FY 22/23 Qtr. 1


## **Program Specialist II**

### **Janine Thompson, Budget Line # (SPMP)**


1. Assists with the general management and administration of complex program/s within the systems of assigned department.
2. Plans, organizes, directs, manages and coordinates the operations within the assigned program/s.
3. Oversees program/s and supervise staff in the provision of program areas, establishes priorities, goals, and objectives consistent with division and department policies and procedures. Participates in the negotiation, development and monitoring of contracts with providers; assists in the initiation and management of policies and procedures appropriate to the administration of such contracts; develops and coordinates the provision of statistical/database material for reports and program analyses; interprets laws, rules and regulations pertaining to assigned program; ensures program compliance with requirements, and coordinates program activities with other organizations and/or units; participates in the preparation and monitoring of program budgets, work plans and other administrative and fiscal functions, including: determining goals and objectives; reviewing and analyzing project budgets; correcting errors; reviewing billing statements and authorizing payments.
4. Carries out supervisory responsibility in accordance with policies, procedures and applicable laws including interviewing, hiring and training, planning, assigning and directing work; appraising performance; rewarding and disciplining employees; addressing complaints and resolving problems.
5. Serves as a resource for interpretation of Federal and State laws affecting the division; has a major role in the development, and administration; reviews and assures proper procedures are in place and followed.
6. Oversees a variety of quality assurance activities; is responsible for maintaining current awareness of changes in laws and regulations as well as keeping subordinate staff informed.
7. Performs analysis and prepares detailed written reports of findings pertaining to the quality and efficiency of services provided within the division.
8. Develops, amends, and interprets existing policies, procedures and regulations concerning program matters.

Local Health Jurisdiction: Mendocino County Public Health  
Program: Maternal Child and Adolescent Health (MCAH)  
Program Position: Program Specialist II  
County Job Specification: Program Specialist II - Nursing  
Duty Statement Amended: FY 22/23 Qtr. 1

9. Oversees staff in the compilation and analysis of data and makes recommendations on the formulation of policy and procedures, and program changes.
10. Oversees staff in conducting studies and making recommendations for procedural or organizational changes; oversees the planning and implementation of program changes.
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12. Coordinates and oversees staff engaged in departmental activities between divisions, with the County, and with outside agencies.
13. Participates in special projects as assigned.
14. Develops and maintains contracts with various entities, including those related to health and Medi-Cal program services. (12, 13)
15. Collaborates with agency and outside agency staff by engaging in program planning and policy activities to enhance and expand health services, including Medi-Cal services to meet the needs of clients and families. (15, 17)
16. Attends training related to the performance of MAA. (20)
17. Performs other related duties as assigned.

  
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Employee Signature (please sign in blue ink)

2-22-23  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Supervisor Signature (please sign in blue ink)

2/22/23  
\_\_\_\_\_  
Date

Local Health Jurisdiction: Mendocino County Public Health  
Program: Maternal Child and Adolescent Health (MCAH)  
Program Position: Supervising Health Program Coordinator  
County Job Specification: Supervising Health Program Coordinator - Nursing  
Duty Statement Amended: FY 22/23 Qtr. 1


## **Supervising Health Program Coordinator**

### **Katheryn Reihl, Budget Line # (SPMP)**

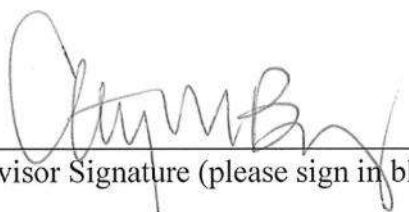
1. Assists with the general management and administration of complex program/s within the systems of assigned department.
2. Plans, organizes, directs, manages and coordinates the operations within the assigned program/s.
3. Oversees program/s and supervise staff in the provision of program areas, establishes priorities, goals, and objectives consistent with division and department policies and procedures. Participates in the negotiation, development and monitoring of contracts with providers; assists in the initiation and management of policies and procedures appropriate to the administration of such contracts; develops and coordinates the provision of statistical/database material for reports and program analyses; interprets laws, rules and regulations pertaining to assigned program; ensures program compliance with requirements, and coordinates program activities with other organizations and/or units; participates in the preparation and monitoring of program budgets, work plans and other administrative and fiscal functions, including: determining goals and objectives; reviewing and analyzing project budgets; correcting errors; reviewing billing statements and authorizing payments.
4. Carries out supervisory responsibility in accordance with policies, procedures and applicable laws including interviewing, hiring and training, planning, assigning and directing work; appraising performance; rewarding and disciplining employees; addressing complaints and resolving problems.
5. Serves as a resource for interpretation of Federal and State laws affecting the division; has a major role in the development, and administration; reviews and assures proper procedures are in place and followed.
6. Oversees a variety of quality assurance activities; is responsible for maintaining current awareness of changes in laws and regulations as well as keeping subordinate staff informed.
7. Performs analysis and prepares detailed written reports of findings pertaining to the quality and efficiency of services provided within the division.
8. Develops, amends, and interprets existing policies, procedures and regulations concerning program matters.

Local Health Jurisdiction: Mendocino County Public Health  
Program: Maternal Child and Adolescent Health (MCAH)  
Program Position: Supervising Health Program Coordinator  
County Job Specification: Supervising Health Program Coordinator - Nursing  
Duty Statement Amended: FY 22/23 Qtr. 1

9. Oversees staff in the compilation and analysis of data and makes recommendations on the formulation of policy and procedures, and program changes.
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16. Attends training related to the performance of MAA. (20)
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\_\_\_\_\_  
Employee Signature (please sign in blue ink)

2-22-23  
Date

  
\_\_\_\_\_  
Supervisor Signature (please sign in blue ink)

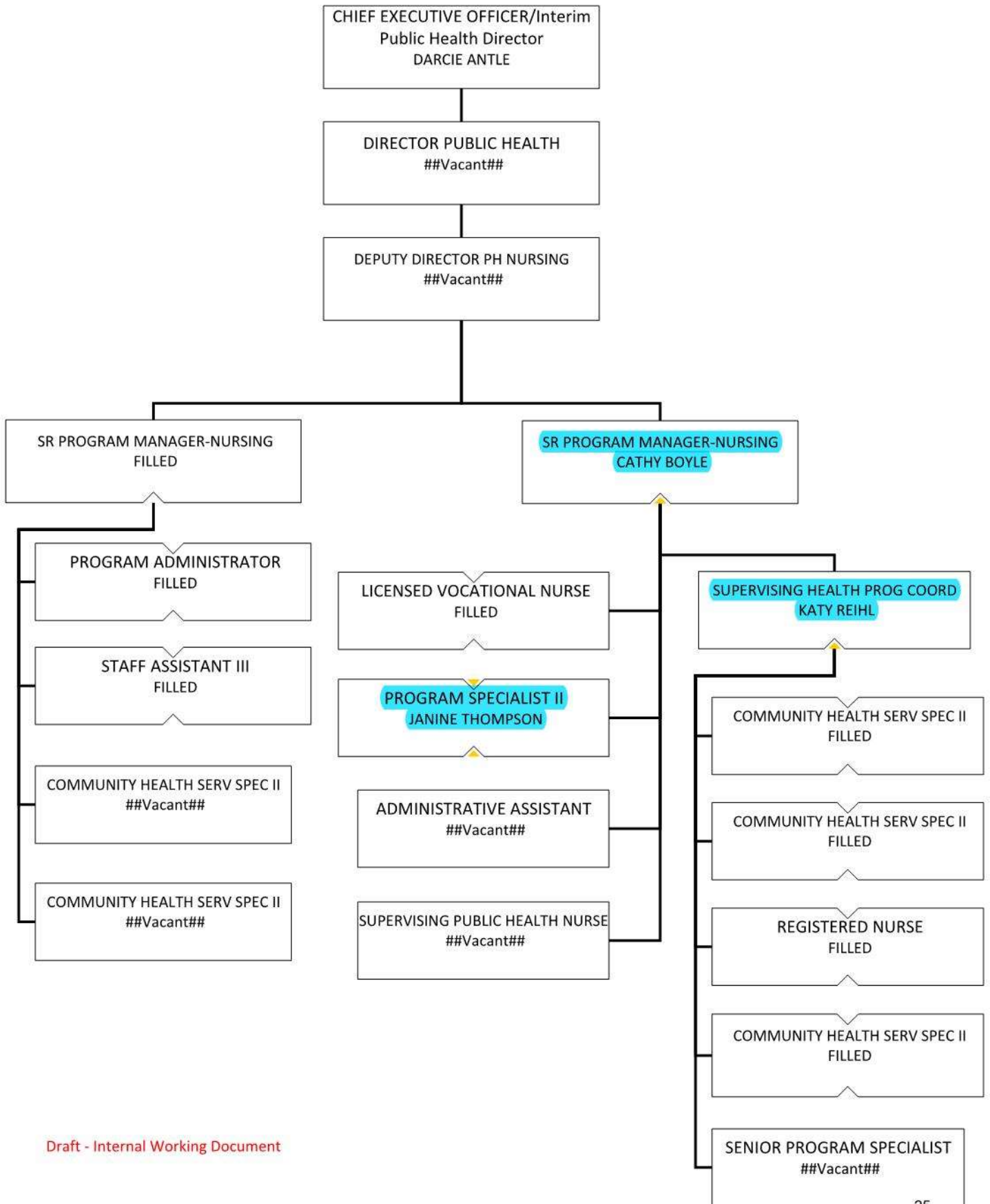
2/22/23  
Date



# Mendocino County Public Health

## Maternal, Child and Adolescent Health

### Organization Chart 2/22/23





**California Home Visiting Program (CHVP)  
State General Fund (SGF) Evidence-Based Home Visiting Expansion  
Scope of Work (SOW)**

This Scope of Work (SOW) identifies the goals, objectives and deliverables pertaining to Year 1 (July 1, 2022- June 30, 2023) of the 2022 State General Fund (SGF) expansion. The 2022 SGF expansion provides additional funding to the California Home Visiting Program (CHVP) with the long-term goal of increasing the number of families participating in the three evidenced-based home visiting (EBHV) models supported by CHVP: Healthy Families America (HFA), Nurse Family Partnership (NFP), and Parents as Teachers (PAT). Local Health Jurisdictions (LHJs) may use Year 1 funding for expansion, planning, and/or special support activities related to pandemic recovery. LHJs must select one or more of the following Year 1 activity(ies). Only the goals, objectives and deliverables pertaining to the selected Year 1 activity(ies) apply to this agreement.

<input checked="" type="checkbox"/>	<b>Planning Activities</b>
<input checked="" type="checkbox"/>	<b>Expansion Activities</b>
<input checked="" type="checkbox"/>	<b>Special Support Activities</b>

Please check one or more of the following boxes to indicate planned use of funding:

Planning Activities – Goal: Plan for implementation or expansion of HFA, NFP or PAT.

Objective	Activities	Deliverables
1. Plan for HFA/NFP/PAT home visiting model implementation and/or expansion.	1.1 Develop a CHVP Implementation Plan using the CHVP template, which may include and is not limited to the following:	<ul style="list-style-type: none"> <li>Submission of CHVP Implementation Plan within 60 days of agreement execution.</li> </ul>



Objective	Activities	Deliverables
	<ul style="list-style-type: none"> <li>• Conduct a Community Needs Assessment to assess gaps in services and local needs and priorities for home visiting.</li> <li>• Select the evidence-based home visiting model(s) that will best meet the needs of the service population and be sustainable for the LHJs.</li> <li>• Apply for model affiliation as applicable.</li> <li>• Plan the infrastructure needed to perform all activities according to, and in fidelity of, the specific model guidelines and CHVP requirements.</li> <li>• Adhere to all CHVP Policies and Procedures relating to implementation of HFA/NFP/PAT at the LHJ.</li> <li>• Establish a plan and timeline for the recruitment, hiring, and training of staff to support implementation of HFA/NFP/PAT.</li> <li>• Develop a plan to regularly collaborate with local family and early childhood system partners to provide a continuum of services and build a strong referral network into the program.</li> <li>• Develop a plan to recruit and enroll participants.</li> <li>• Establish a plan for the purchase of needed equipment, and other programmatic supplies for successful implementation of selected home visiting model.</li> </ul>	<ul style="list-style-type: none"> <li>• Submission of semi-annual status reports.</li> <li>• Submission of quarterly staffing reports.</li> <li>• Participate in regular technical assistance calls with CHVP staff.</li> </ul>



**Expansion Activities - Goal: Expand participation, beyond current caseload capacity, in an existing HFA, NFP or PAT program.**

Objective	Activities	Deliverables
<p>1. Provide leadership, guidance, and oversight for CHVP HFA/NFP/PAT model implementation.</p>	<p>1.1 Develop CHVP Implementation Plan, using the CHVP provided template, including but not limited to the following:</p> <ul style="list-style-type: none"> <li>• Recruitment, hiring, and training of staff to support implementation of HFA/NFP/PAT. Staff should reflect the families being served.</li> <li>• Collaboration with local family and early childhood systems partners to provide a continuum of services for CHVP participants and maintain a strong referral system into the program.</li> <li>• Purchase of needed equipment and other programmatic supplies for successful implementation of selected home visiting model.</li> </ul> <p>1.2 Execute all implementation and service delivery activities according to model guidelines and CHVP requirements.</p> <p>1.3 Adhere to all CHVP Policies and Procedures relating to implementation and expansion of HFA/NFP/PAT.</p>	<ul style="list-style-type: none"> <li>• Submission of CHVP Implementation Plan within 60 days of contract execution.</li> <li>• Submission of semi-annual status report.</li> <li>• Submission of quarterly staffing reports.</li> <li>• Participate in regular technical assistance calls with CHVP staff.</li> </ul>
<p>2. Enroll participants to increase caseload.</p>	<p>2.1 Increase caseload capacity by a negotiated number decided between CHVP and the LHJ.</p> <p>2.2 Adhere to all CHVP Policies and Procedures and model guidance relating to caseload capacity.</p>	<ul style="list-style-type: none"> <li>• Submission of CHVP Implementation Plan within 60 days of contract execution.</li> </ul>



Objective	Activities	Deliverables
<p>3. Maintain clean and compliant data for all home visiting activities and participants per model and CHVP guidance.</p>	<p>3.1 All CHVP State General Fund (SGF) funded home visiting participants are required to sign the CHVP consent form.</p> <p>3.2.a. NFP LHJs will coordinate data system requirements with the NFP National Service Office and the CHVP Data Team.</p> <p>3.2.b. HFA LHJs will coordinate with the CHVP Data Team to establish buildout/modification in Efforts to Outcomes (ETO) data system.</p> <p>3.2.c. PAT LHJs will coordinate data system requirements with the PAT National Office and the CHVP Data Team for use of the Penelope data system.</p> <p>3.3 LHJ will enter the participant data into a secure and designated data system within seven working days of data collection.</p> <p>3.4 LHJ will adhere to all CHVP Policies and Procedures relating to compliant data.</p> <p>3.5 LHJ will coordinate with data collection system owners (see 3.2 above) to provide CHVP with participant-level data and other data as needed.</p>	<ul style="list-style-type: none"> <li>• Evidence of signed participant consent forms.</li> <li>• Submission of timely and accurate data on participant demographics, service utilization, and performance measures, according to, and with fidelity to, the selected home visiting model guidelines and CHVP requirements.</li> <li>• Evidence of data submission within seven working days of data collection.</li> <li>• Monthly enrollment and other reports as needed.</li> <li>• Participate in regular technical assistance calls and site visits with CHVP staff.</li> <li>• LHJ authorization for transmission of participant-level data from model specific data collection systems to CHVP.</li> </ul>



**Special Support – Goal:** Provide relief and support with rebuilding and stabilizing the staff and families served by Local MCAH home visiting programs including CHVP Innovation Projects through enhanced training, technology, hazard pay and other staff costs, and emergency supplies.

Categories	Activities	Deliverables
1. Hazard pay or other staff costs	1.1 Fund staff costs associated with providing home visits or administration for programs, including incentive bonuses, overtime pay, and technology that supports individual employees.	Using CHVP-provided template, report semi-annually on: <ul style="list-style-type: none"> <li>• Number of staff (Not FTE) receiving hazard pay/other staff costs.</li> <li>• Description of activities being performed for hazard pay/other staff costs.</li> <li>• Number of staff receiving technology.</li> </ul>
2. Training	2.1 Develop a process for identifying and prioritizing target audiences, training needs, and relevant topics for training of home visiting staff.  2.2 Develop, conduct, and assess training of staff.  2.3 Provide training opportunities that address the needs of families, including but not limited to health equity, reproductive justice, social determinants of health, etc.	Using CHVP-provided template, report semi-annually on: <ul style="list-style-type: none"> <li>• Name of training.</li> <li>• Purpose/description of training.</li> <li>• Date of training</li> <li>• Number of staff participating in training.</li> <li>• All other activities related to staff training.</li> </ul>
3. Technology	3.1 Develop and implement a process to assess how technology needs are identified, prioritized, and addressed for participant families.	Using CHVP-provided template, report semi-annually on:



Categories	Activities	Deliverables
	<p>3.2 Acquire and provide the necessary technological means for participant families to conduct and support virtual home visiting.</p>	<ul style="list-style-type: none"> <li>• Hardware or software acquired.</li> <li>• Process used to identify and prioritize families.</li> <li>• Number of families receiving technology.</li> </ul>
<p>4. Emergency supplies</p>	<p>4.1 Develop and implement a process for identifying need for supplies and distributing emergency supplies, including gift cards and prepaid grocery cards to participant families.</p> <p>4.2 Provide emergency supplies, including diapers, diapering supplies, gift cards, and prepaid grocery cards to participant families for the purpose of meeting the emergency needs of the family.</p>	<p>Using CHVP-provided template, report semi-annually on:</p> <ul style="list-style-type: none"> <li>• Process used to identify and prioritize families.</li> <li>• Type and number of emergency supply items, including gift cards and prepaid grocery cards purchased and distributed,</li> <li>• Number of families receiving emergency supplies.</li> </ul>

**Data Collection (For Special Support)**

Objectives	Activities	Deliverables
<p>1. Maintain clean and compliant data for special support activities per CHVP guidance.</p>	<p>1.1 Collect pertinent data and information regarding use of funds using CHVP-approved forms, guidance and mechanisms and report to CHVP regularly and upon request.</p>	<ul style="list-style-type: none"> <li>• Submission of data using CHVP templates and guidance.</li> <li>• Submission of records and documentation to support the</li> </ul>



Objectives	Activities	Deliverables
	1.2 Maintain appropriate records and documentation to support expenditures.	charges using CHVP templates and guidance.

**NOTE:** If compliance standards are not met in a timely manner, CHVP may temporarily withhold cash payment pending correction of the deficiency; disallowing all or part of the cost of the activity or action out of compliance; wholly or partly suspending or terminating the award; or withholding further awards.

MCAH Director Signature (or designee): **Lisa Fredrickson**

Digitally signed by Lisa Fredrickson  
Date: 2023.01.24 14:37:26 -08'00'

Date: 01/24/2023



# SUBCONTRACT AGREEMENT TRANSMITTAL FORM

Complete and submit this Subcontract Agreement Transmittal Form to obtain California Department of Public Health (CDPH), Maternal, Child and Adolescent Health (MCAH) Division Subcontract approval.

**REQUIREMENT:** If the total subcontract amount over the term of the subcontract is \$5,000 or more, a Subcontract Agreement Package must be submitted for approval to CDPH MCAH Division prior to the Subcontract/Agency Agreement being signed by either party, unless this prior approval requirement is waived in writing by CDPH MCAH Division.

The following items are needed as additional components to complete the Subcontract Agreement Package:

1. A brief (one page or less) explanation of the award process including all information necessary to evaluate the reasonableness of the price or cost and the necessity or desirability of incurring such cost, if applicable. (See contract Exhibit D (3)).
2. Subcontract Agreement Package consisting of:
  - Subcontract Agreement Transmittal Form
  - Subcontractor/Agency Agreement or copy of waiver letter
  - Proposed Scope of Work (CDPH MCAH Division format is required except for service contracts)
  - Budget (CDPH MCAH Division format is mandatory unless optional format is approved by CM)
  - Detailed Budget Justification

## AGENCY IDENTIFICATION

Agency Name: Mendocino County Public Health

Agreement Number: CHVP SGF EXP 22b-2 Agreement Term: FY 22-23

Program Name:             MCAH             BIH             AFLP             CHVP

Approved Program Maximum Amount Payable: 25,000

Program Director/Coordinator: Lisa G Fredrickson RN MSN PHN

**SUBCONTRACTOR IDENTIFICATION**

Subcontractor or Consultant Name: FIRST5 Mendocino County

Address: 166 E Gobbi Street Ukiah CA 95482

Subcontractor Contact: Townley Saye Phone Number: 707-462-4453

Total Subcontract Amount: 25,000.00

Is Subcontract:  Single Year Agreement  Multiple Year Agreement

If multiple year term, what is the entire term of Subcontract (i.e., 2012-2016): \_\_\_\_\_

Current Fiscal Year (FY) Subcontract Amount: 2022-23

Current FY Subcontract Period: July 1 2022-June 30 2023

Federal ID Number or Social Security Number: 96-6000520

Subcontractor's Program Director (N/A for consultants): Townley Saye

Phone Number: 707-462-4453

Type of Subcontractor:

For-profit Organization

Non-profit Organization

University

Governmental Agency

**The Agency certifies that, for the above named subcontractor, all applicable terms and conditions are included within the subcontract.**

Agency Signature:

Title:



Deputy CEO

Print Name:

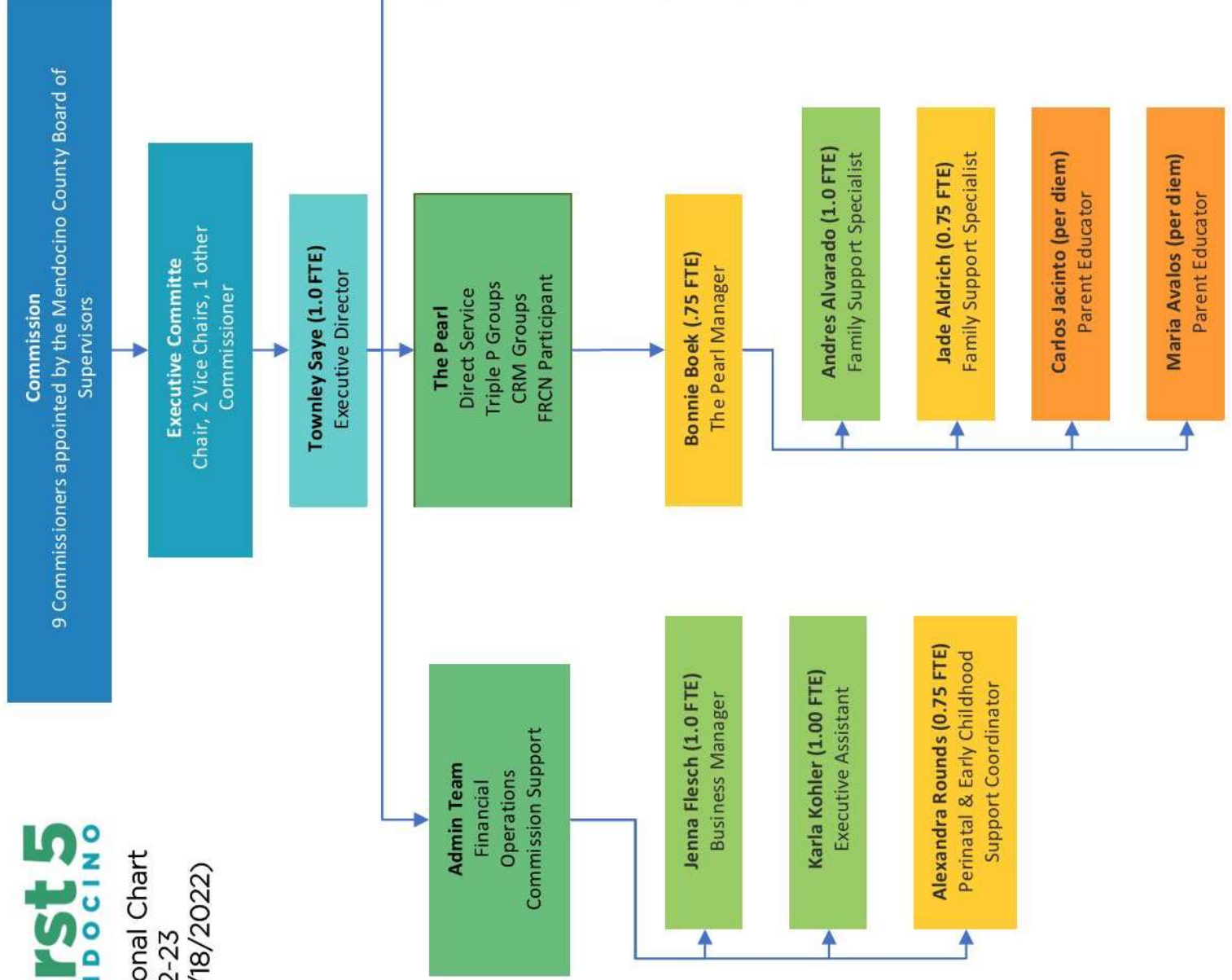
Date:

Sara Pierce

1.27.2023



**Organizational Chart**  
2022-23  
(as of 07/18/2022)





## Executive Assistant

**Job Title:** Executive Assistant

**Salary Range (DOQ):** \$27.00-32.82/hr.

**Schedule:** 40 hours/week

**FLSA Status:** Non-Exempt

**Approved By:** Commission Executive Committee

**Reports to:** Executive Director

### Position Summary

Under the general supervision of the Executive Director, the Executive Assistant (EA) oversees support services for First 5 Mendocino. They perform a wide variety of complex and highly responsible management and secretarial duties that provide administrative and technical support to the Executive Director and the Commission in its mission to support the healthy development of young children.

The EA relieves the Executive Director and other professional staff of complex, routine administrative and technical details; serves as the initial contact with the public including representation at interagency meetings; analyzes and anticipates needs; prepares and/or monitors contracts and related documents; and performs other related duties as assigned.

They implement special projects for the agency and engage in research for grant and contract procurement. The EA arranges meeting logistics, maintains paper and electronic files.

**Essential Duties and Responsibilities** of the Executive Assistant include, but may not be limited to:

- Works and communicates effectively with Commission staff, members, grantees, and partners;
- Maintains accurate scheduling, records, contracts, electronic and paper files and online database;
- Arrange meetings and comply with Brown Act requirements;
- Oversees office organization, set-up and maintenance activities to ensure staff and fiscal efficiency;
- Assist the business office with various tasks, including handling and filing confidential information, some basic fiscal duties and contracts maintenance;
- Strong organizational and prioritization skills;
- Works effectively under pressure and can handle multiple assignments and interruptions;
- Utilize proper channels of communication to express concerns or conflicts in a constructive manner, offering input into problem resolution;



- Enjoys new projects and takes initiative;
- Demonstrate sensitivity to working with culturally, economically and/or socially diverse populations;
- Experience in a professional office environment. Proficient in Office 365 programs, Microsoft TEAMS, Zoom, Survey Monkey, QuickBooks and PowerPoint;
- In addition to excellent English communication, bi-literate and bilingual Spanish preferred.

### **Minimum Qualifications and Competencies**

- Strong oral and written communication skills;
- Strong organizational and prioritization skills;
- Good public relations, conflict management and meeting facilitation skills;
- Consistent and professional work demeanor;
- Knowledge of local and non-local resources;
- Demonstrated capacity to handle multiple tasks, projects and meet deadlines.
- Ability to work in a team environment, while also working independently.
- Ability to handle escalated situations safely and appropriately.
- Ability to represent core agency/program values and principles in a variety of settings.
- Must maintain confidentiality with sensitive information.

### **Qualification**

To perform this job successfully, an individual must be able to perform each essential duty satisfactorily. The requirements listed above are representative of the knowledge, skill, and/or ability required. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

### **Education and/or Experience**

- Requires minimum of a high school diploma or equivalent and 3 years of practical experience or an AA degree or higher and 1 year of practical experience in business administration at a supervisory or management level.
- A combination of education and experience would likely provide the qualifying knowledge and abilities.



## Language Skills

- Ability to read and interpret documents.
- Ability to write routine reports and correspondence.
- Ability to speak effectively before the Commission, staff and clients.
- Ability to use interpersonal skills of tact, patience, and courtesy when communicating.
- Ability to speak, read and write fluently in both Spanish and English is preferred.

## Mathematical Skills

- Ability to add, subtract, multiply, and divide in all units of measure, using whole numbers, common fractions, and decimals.
- Ability to compute rate, ratio, and percent and to draw and interpret bar graphs.

## Reasoning Ability

- Ability to apply common sense understanding to carry out complex instructions furnished in written, oral, or diagram form.
- Diplomacy in resolving conflicts and integrating differing perspectives.
- Demonstrate effective critical reasoning and problem-solving skills.
- Model effective self-management and coping techniques.
- Ability to research and summarize findings for stakeholders.

## Computer Skills

- Proficiency in data entry, QuickBooks, Microsoft Office 365 Suite especially Word, PowerPoint, and Excel.
- Familiarity with Zoom platform, and other virtual programs.
- Possess or obtain upon employment, a valid California Driver License with a clean driving record;
- Provide and maintain proof of automobile insurance;
- **Pre-employment Requirements** Pass the fingerprint/background requirements for the Department of Justice, FBI and Child Abuse Database.

## Physical Demands

The physical demands described here are representative of those that must be met by an employee to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.



While performing the duties of this job, the employee is regularly required to sit; use hands to finger, handle, or feel; and talk or hear. The employee is frequently required to stand; walk and reach with hands and arms. The employee is occasionally required to climb or balance and stoop, kneel, crouch, or crawl. The employee must frequently lift and/or move up to 35 pounds. Specific vision abilities required by this job include close vision, distance vision, color vision, peripheral vision, depth perception and ability to adjust focus.

## **Work Environment**

The work environment characteristics described here are representative of those an employee encounters while performing the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions. While performing the duties of this job, the employee is occasionally exposed to outside weather conditions. The noise level in the work environment is quiet to moderate depending on the day's activities. The employee may be asked to work remotely from home and/or travel within county limits as part of their regular work duties.

## **Compensation**

First 5 Mendocino will offer a competitive compensation package including base salary, comprehensive health benefits package, retirement plan, and vacation benefits.

### **How to Apply:**

Send Cover Letter and Resume to Jenna Flesch, Business Manager, via email at [jenna@first5mendo.org](mailto:jenna@first5mendo.org) or 166 E. Gobbi St., Ukiah, CA 95482 by December 30, 2022.



## Job Description

**Job Title:** Perinatal and Early Childhood Support Coordinator

**Salary Range (DOQ):** \$

**Schedule:** 28-34 hours/week

**FLSA Status:** Non-Exempt

**Approved By:**

**Approved Date:**

### Summary

The Perinatal and Early Childhood Support Coordinator provides program management and oversight of the Home Visiting Consortium and F5 Home Visiting Coordination grant where applicable. S/he supports the FIRST 5 Executive Director and the Commission in its mission to support optimal child health and development, increase family resiliency, ensure quality early learning and care and create integrated and equitable systems.

The Perinatal and Early Childhood Support Coordinator supports the ED to increase cross-agency understanding of local population needs, increase access to early prenatal care, perinatal caregiver support, embed home visiting into early childhood systems, and promote cross-county shared learning and capacity building. S/he provides a range of coordination, reporting, and administrative duties. S/he assembles and analyzes information and data and uses independent judgment in completing activities while operating under general supervision. S/he implements special projects for the agency as needed by the coalition, community partners and the First 5 Commission and staff. This includes representing the First 5 and/or the collaborative with community partners, and performing related duties as required.

**Representative responsibilities** of the Program Coordinator include, but may not be limited to:

- Work and communicate effectively with Commission staff members, grantees and partners;
- Work collaboratively with First 5 staff to maximize programmatic integration, implementation of strategic plan, and systems change;
- Work with First 5 Communications team to develop parent education, engagement and outreach through social media and other platforms.
- Improve inter-agency collaboration through building relationships organizations critical to the sustainability of home visiting programs and other perinatal supports;
- Assist the Executive Director with contract management including budget monitoring invoicing, and annual performance report;
- Support the Coalition to:
  - Update the Home Visiting Coalition Action Plan
  - continue outreach campaign;
  - Support collaboration to improve recruitment and retention of staff and families



- Collect, analyze and report on program evaluation and data;
- Maintain accurate records, contracts and databases;

**Minimum Qualifications:**

- Strong oral and written communication skills;
- Strong organizational and prioritization skills;
- Clear understanding of evaluation and program measurement;
- Consistent and professional work demeanor;
- Works effectively under pressure and can handle multiple assignments and interruptions;
- Enjoys new projects and takes initiative while maintaining regular work routines and production;
- Experience in a professional office environment;

**Qualification**

To perform this job successfully, an individual must be able to perform each essential duty satisfactorily. The requirements listed above are representative of the knowledge, skill, and/or ability required. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

**Education and/or Experience**

- A minimum of two (2) years of increasingly responsible experience in program management at a professional level; or
- Bachelor's Degree's degree in the area of early human services, social sciences and/or business administration or related field and/or experience in the program management, evaluation, grant management, or human service is desirable; or
- A combination of education and experience would likely provide the qualifying knowledge and abilities.

**Language Skills**

- Ability to read and interpret documents.
- Ability to write routine reports and correspondence.
- Ability to speak effectively before the Commission, staff and clients.
- Ability to speak, read and write fluently in both Spanish and English is preferred.

**Mathematical Skills**

- Ability to add, subtract, multiply, and divide in all units of measure, using whole numbers, common fractions, and decimals.
- Ability to compute rate, ratio, and percent and to draw and interpret bar graphs.

**Reasoning Ability**

Ability to apply common sense understanding to carry out complex instructions furnished in written, oral, or diagram form.

## **Computer Skills**

- Utilize a variety of computer programs including, but not limited to, Microsoft Office including Excel, Word, Publisher and PowerPoint, the internet, etc.
- At least intermediate knowledge of Word and familiarity with all other Microsoft Office Suite Programs.

## **Certificates, Licenses, Registrations**

- Pass the fingerprint/background requirements for the Department of Justice, FBI and Child Abuse Database;
- Possess or obtain upon employment, a valid California Driver License with a clean driving record;
- Provide and maintain proof of automobile insurance.

## **Physical Demands**

The physical demands described here are representative of those that must be met by an employee to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

While performing the duties of this job, the employee is regularly required to sit; use hands to finger, handle, or feel; and talk or hear. The employee is frequently required to stand; walk and reach with hands and arms. The employee is occasionally required to climb or balance and stoop, kneel, crouch, or crawl. The employee must frequently lift and/or move up to 35 pounds. Specific vision abilities required by this job include close vision, distance vision, color vision, peripheral vision, depth perception and ability to adjust focus.

## **Work Environment**

The work environment characteristics described here are representative of those an employee encounters while performing the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

While performing the duties of this Job, the employee is occasionally exposed to outside weather conditions. The noise level in the work environment is quiet to moderate depending on the day's activities. The employee may be asked to work remotely from home and/or travel within county limits as part of their regular work duties.



Job Title: Executive Director  
FLSA Status: Exempt  
Salary Range: \$103,242 – \$125,491  
Start Date: July 1 – 15, 2022  
Hours per Week: Full time EXEMPT status  
Approved By: FIRST 5 Mendocino Executive Committee  
Approved Date: May 25, 2022

#### FIRST 5 Mendocino Commission

First 5 was established in 1998, after California voters approved Proposition 10, which called for a \$0.50 tax on tobacco products. Each county within the state has a Commission that receives these funds based on the birth rate for the county. Each Commission develops its own Strategic Plan to determine how children ages 0 to 5 can best be served with the Prop 10 dollars that are received. First 5 Mendocino has just completed their five-year Strategic Plan and funds are disbursed throughout Mendocino County through FIRST 5 programs, the Family Resource Centers, individual agencies, and organizations in alignment with the vision, mission, and goals of that plan. The Vision of FIRST 5 Mendocino is “Mendocino County will have cohesive and resilient communities where all children have equitable access to quality services, supports, and opportunities that they need in order to reach their full potential”.

#### Job Summary

The Executive Director of the Commission will serve as a resource, administrator, coordinator, and advisor to the Commission, with the goal of continuing to create integrated resilient systems that support successful outcomes for children and families. The Executive Director will provide information and recommendations to the Commission, will lead the implementation of the Commission’s strategic plan for early childhood development, provide support, guidance and professional development to the staff and provide the fiscal management to ensure compliance with Proposition 10 mandates. The Executive Director will plan, organize, and coordinate activities as requested by the Commission. The Executive Director will report to the Commission.

Essential Duties and Responsibilities include the following. Other duties may be assigned.

- Work directly with Commission members to pursue current goals, processes, procedures, and programs; plan and set Commission meeting agendas in conjunctions with the Commission and Executive Committee (EC), attend Commission and EC meetings, and facilitate Commission business through provision of background information.
- Provide support, guidance, direction, and authorization to staff to carry out major plans, standards and procedures, consistent with established team culture, organizational policies and Commission approval.
- Assist in the development, administration, and monitoring of the Commission's budget.
- Oversee contract administration and obligations of service providers and contracts.
- Represents FIRST 5 and works effectively with county health and human service agencies, private and community-based organizations, school administrators, medical professionals and other professionals who support children and families.
- Maintain ongoing communication with the State, First 5 Association and other county commissions, advisory committees, and key partner organizations

#### Supervisory Responsibilities

- Oversee all staff including supervisors, adhering to team agreements and values.
- Is responsible for the overall, coordination, and evaluation of these programs by maintaining weekly check-ins with directly supervised staff and supervisors.
- Direct supervision of the Administrative Assistant.

#### Qualifications

To perform this job successfully, an individual must be able to perform each essential duty satisfactorily. The requirements listed below are representative of the knowledge, skill, and/or ability required. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

#### Education and/or Experience

Possession of a Master's degree in Social Work, Education, Business or Public Administration, Psychology, Health Sciences or a closely related field AND at least three (3) years of demonstrated experience developing and managing an agency, division or major program, preferably involving the provision of services to children and their families; This experience includes supervisory experience, managing a budgets, contract and grants and providing program development oversight. OR a Bachelor's degree in the above-mentioned areas, with five (5) years of demonstrated experience listed above.

#### Language Skills

Ability to read, analyze, and interpret financial reports and legal documents. Ability to respond to common inquiries or complaints. Ability to write speeches and articles for publication that conform to prescribed style and format. Ability to effectively present

information to top management, public groups, and/or boards of directors.

### Mathematical Skills

Ability to work with mathematical concepts such as probability and statistical inference, and fundamentals. Ability to apply concepts such as fractions, percentages, ratios, and proportions to practical situations.

### Computer Skills

To perform this job successfully, an individual must have a working knowledge of QuickBooks and Microsoft Office programs, including Word, Excel, Outlook & PowerPoint.

### Physical Demands

The physical demands described here are representative of those that must be met by an employee to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

While performing the duties of this Job, the employee is regularly required to sit; use hands to finger, handle, or feel and talk or hear. The employee is occasionally required to stand; walk; reach with hands and arms; climb or balance and stoop, kneel, crouch, or crawl. The employee must occasionally lift and/or move up to twenty-five pounds. Specific vision abilities required by this job include close vision, distance vision, color vision, peripheral vision, depth perception and ability to adjust focus.

### Work Environment

The work environment characteristics described here are representative of those an employee encounters while performing the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

While performing the duties of this Job, the employee is occasionally exposed to outside weather conditions. The noise level in the work environment is usually quiet to moderate, depending on program activities.

## EXHIBIT A

### DEFINITION OF SERVICES

CONTRACTOR shall provide the following services:

- A. Provide planning for and outreach to clinics, community partners and community to increase prenatal referrals to Healthy Families Mendocino County evidence-based home visiting programs in coordination with the FIRST5 Home Visiting Coalition.
- B. Provide coordination of monthly planning meetings to include key Public Health Personnel from Healthy Families Mendocino County and Mendocino County Maternal, Child and Adolescent Health.
- C. Provide coordination of monthly marketing check-ins to assure compliance with Public Health policies and requirements in consultation with key Public Health Branding and Marketing personnel.
- D. Maintain dated logs of outreach efforts to include: individuals or groups contacted; agendas and minutes of all meetings held; and to be submitted for the monthly planning meetings.
- E. Assess and establish baseline for marketing performance outcome measures, to be submitted with final invoice.
- F. Develop contact list and resource map for prenatal outreach coordination to be submitted with final Invoice.
- G. Identify gaps and barriers to prenatal referral to home visiting, to be submitted with final invoice.
- H. Develop a two-year outreach and marketing plan targeting the prenatal population of Mendocino County, including strategies to reduce stigma and address cultural considerations, to be submitted with final invoice.
- I. A minimum of 30% of budget will be applied to the development and delivery of outreach and marketing materials such as physician rack cards, brochures, PSA's, social media, print ads or other durable outreach materials as determined through the planning process.
- J. Outreach and marketing will be made available in both English and Spanish. distribution will be in the following geographic locations to the greatest extent possible: Ukiah; Willits; Fort Bragg; Gualala; Point Arena; Covelo; and Laytonville.

[END OF DEFINITION OF SERVICES]

**BUDGET SUMMARY**

FISCAL YEAR	INVOICE TYPE	BUDGET	BUDGET STATUS	BALANCE
2022-2023	QUARTERLY	ORIGINAL	ACTIVE	
Rev. 7/22/20				
PURPOSE:	CHVP SGF Expansion		FUNDING SOURCE, PCA	
CONTRACTOR:	Mendocino		CHVP - SGF, 51023	
AGREEMENT #:	CHVP SGF EXP 22b-23	(1)	(2)	(3)
SUBK:		TOTAL FUNDING	%	\$
		<b>FUNDING TOTALS</b>	25,000	25,000
<b>EXPENSE CATEGORY</b>				
PERSONNEL		\$17,508	100.00%	\$17,508
FRINGE BENEFITS		\$5,253	100.00%	\$5,253
OPERATING				
EQUIPMENT				
TRAVEL				
SUBCONTRACTS		\$2,239	100.00%	\$2,239
OTHER COSTS				
INDIRECT COST				
		<b>BUDGET TOTALS</b>	\$25,000	100.00%
		<b>BALANCES</b>	=====>	\$0

<b>Maximum Amount Payable:</b>	<b>\$25,000</b>
--------------------------------	-----------------

I CERTIFY THAT THIS BUDGET HAS BEEN CONSTRUCTED IN COMPLIANCE WITH ALL MCAH ADMINISTRATIVE AND PROGRAM POLICIES.

Signature over \_\_\_\_\_ DATE \_\_\_\_\_  
 Printed Name \_\_\_\_\_

State Use Only	FUNDING SOURCE	CHVP - SGF
	PCA CODE	51023
PERSONNEL		17,508
FRINGE BENEFITS		5,253
OPERATING		
EQUIPMENT		
TRAVEL		
SUBCONTRACTS		2,239
OTHER COSTS		
INDIRECT COST		
Totals for PCA Codes	25,000	25,000

PERSONNEL						Remaining Funds	
					TOTAL PERSONNEL COSTS	17,508	17,508
					TOTAL WAGES	17,508	17,508
	INITIALS	TITLE OR CLASS.	FTE %	ANNUAL SALARY	TOTAL WAGES		
1		Executive Director	5%	108,404	5,420	100.00%	5,420
2		Perinatal and Early Childhood Support Coordinator	10%	61,921	6,192	100.00%	6,192
3		Executive Assistant	10%	58,958	5,896	100.00%	5,896
4							
5							
6							
7							
8							
9							
10							

FRINGE BENEFITS		Remaining Funds	
		TOTAL FRINGE BENEFITS	5,253
			5,253

<b>PURPOSE:</b>		<b>CHVP SGF Expansion</b>		<b>FUNDING SOURCE, PCA</b>	
<b>CONTRACTOR:</b>		<b>Mendocino</b>		<b>CHVP - SGF, 51023</b>	
<b>AGREEMENT #:</b>		<b>CHVP SGF EXP 22b-23</b>		(1)	(2) (3)
<b>SUBK:</b>				<b>TOTAL FUNDING</b>	<b>% \$</b>
				<b>FUNDING TOTALS</b>	<b>25,000 25,000</b>
<b>EXPENSE CATEGORY</b>				<b>Remaining Funds</b>	
<b>OPERATING</b>					
<b>TOTAL OPERATING EXPENSES</b>					
1					
2					
3					
4					
5					
<b>EQUIPMENT</b>				<b>Remaining Funds</b>	
<b>TOTAL EQUIPMENT EXPENSES</b>					
1					
2					
3					
4					
5					
<b>TRAVEL</b>				<b>Remaining Funds</b>	
<b>TOTAL TRAVEL EXPENSES</b>					
1					
2					
3					
4					
5					
<b>SUBCONTRACTS</b>				<b>Remaining Funds</b>	
<b>TOTAL SUBCONTRACT EXPENSES</b>				100.00%	2,239
1	DG Creative-Marketing Design	2,239		100.00%	2,239
2					
3					
4					
5					
<b>OTHER COSTS</b>				<b>Remaining Funds</b>	
<b>TOTAL OTHER COSTS</b>					
1					
2					
3					
4					
5					
<b>INDIRECT COST</b>				<b>Remaining Funds</b>	
<b>TOTAL INDIRECT COSTS</b>					
of Total Personnel and Benefits					



**Original Budget Justification Section**

CHVP SGF EXP 22b-23 Mendocino

ACTIVE

**PERSONNEL**

		TOTALS	25.00%	229,283	17,508		5,253
	INITIALS	TITLE OR CLASS.	FTE %	ANNUAL SALARY	TOTAL WAGES	FRINGE BENEFIT RATE %	FRINGE BENEFIT AMOUNT
1		Executive Director	5.000%	108,404	5,420	30.00%	1,626
2		Perinatal and Early Childhood Support Coordinator	10.00%	61,921	6,192	30.00%	1,858
3		Executive Assistant	10.00%	58,958	5,896	30.00%	1,769
4							
5							
6							
7							
8							
9							
10							

<b>FRINGE BENEFITS</b>	
<b>TOTAL FRINGE BENEFITS</b>	
	5,253

<b>OPERATING</b>	
<b>TOTAL OPERATING</b>	
1	
2	
3	
4	
5	

<b>EQUIPMENT</b>	
<b>TOTAL EQUIPMENT EXPENSES</b>	
1	
2	
3	
4	
5	

<b>TRAVEL</b>	
<b>TOTAL TRAVEL EXPENSES</b>	
1	
2	
3	
4	
5	

<b>SUBCONTRACTS</b>	
<b>TOTAL SUBCONTRACT EXPENSES</b>	
	2,239
1	DG Creative-Marketing Design
	2,239
2	
3	
4	
5	

**Original Budget Justification Section**

CHVP SGF EXP 22b-23 Mendocino

ACTIVE

**OTHER COSTS**

		TOTAL OTHER COSTS
1		
2		
3		
4		
5		

**INDIRECT COST**

		TOTAL INDIRECT COSTS
	of Total Personnel and Benefits	

**Submit**

**GOVERNMENT AGENCY TAXPAYER ID FORM**

The principal purpose of the information provided is to establish the unique identification of the government entity.

**Instructions:** You may submit one form for the principal government agency and all subsidiaries sharing the same TIN. Subsidiaries with a different TIN must submit a separate form. Fields bordered in red are required. Please print the form to sign prior to submittal. You may email the form to: [GovSuppliers@cdph.ca.gov](mailto:GovSuppliers@cdph.ca.gov) or fax it to (916) 650-0100, or mail it to the address above.

Principal Government Agency Name: **County of Mendocino**

Remit-To Address (Street or PO Box): **1120 S Dora St**

City: **Ukiah** State: **CA** Zip Code+4: **95482**

Government Type:  City  County  Special District  Federal  Other (Specify)

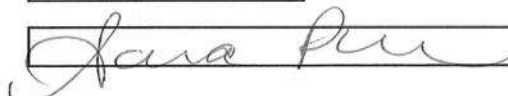
Federal Employer Identification Number (FEIN): **94-6000520**

List other subsidiary Departments, Divisions or Units under your principal agency's jurisdiction who share the same FEIN and receives payment from the State of California.

FI\$Cal ID# (if known)	<input type="text"/>	Dept/Division/Unit Name	County of Mendocino Public Health	Complete Address	1120 S Dora St, Ukiah, CA 95482
FI\$Cal ID# (if known)	<input type="text"/>	Dept/Division/Unit Name	County of Mendocino Social Services	Complete Address	747 South State St, UKiah, CA 95482
FI\$Cal ID# (if known)	<input type="text"/>	Dept/Division/Unit Name	County of Mendocino Behavioral Health Recovery Services	Complete Address	1120 S Dora St, Ukiah, CA 95482
FI\$Cal ID# (if known)	<input type="text"/>	Dept/Division/Unit Name	<input type="text"/>	Complete Address	<input type="text"/>

Contact Person: **Sara Pierce** Title: **Deputy CEO**

Phone number: **707-463-4441** E-mail address: **pierces@mendocinocounty.org**

Signature:  Date: **11/27/23**

**IN WITNESS WHEREOF**

**DEPARTMENT FISCAL REVIEW:**

By: [Signature]  
DEPARTMENT HEAD

Date: Mar 16, 2023

Budgeted:  Yes  No

Budget Unit: 4013

Line Item: 82-5490

Org/Object Code: PNFIELD

Grant:  Yes  No

Grant No.: CHVP Allocation

**COUNTY OF MENDOCINO**

By: [Signature]  
GLENN MCGOURTY, Chair  
BOARD OF SUPERVISORS

Date: 04/11/2023

**ATTEST:**

DARCIE ANTLE, Clerk of said Board

By: [Signature]  
Deputy 04/11/2023

I hereby certify that according to the provisions of Government Code section 25103, delivery of this document has been made.

DARCIE ANTLE, Clerk of said Board

By: [Signature]  
Deputy 04/11/2023

**INSURANCE REVIEW:**

By: [Signature]  
Risk Management

Date: 03/13/2023

**CONTRACTOR/COMPANY NAME**

By: \_\_\_\_\_  
SIGNATURE

Date: \_\_\_\_\_

**NAME AND ADDRESS OF CONTRACTOR:**

California Department of Public Health  
Maternal, Child and Adolescent Health Division  
MS 8305, P.O. Box 997420  
Sacramento, CA 95899-7420  
(916) 650-0300  
MCAHFINACT@cdph.ca.gov

By signing above, signatory warrants and represents that he/she executed this Agreement in his/her authorized capacity and that by his/her signature on this Agreement, he/she or the entity upon behalf of which he/she acted, executed this Agreement

**COUNTY COUNSEL REVIEW:**

APPROVED AS TO FORM:

CHRISTIAN M. CURTIS,  
County Counsel

By: [Signature]  
Deputy

Date: 03/13/2023

**EXECUTIVE OFFICE/FISCAL REVIEW:**

By: [Signature]  
Deputy CEO or Designee

Date: 03/13/2023

**Signatory Authority:** \$0-25,000 Department; \$25,001- 50,000 Purchasing Agent; \$50,001+ Board of Supervisors

**Exception to Bid Process Required/Completed**  N/A

**Mendocino County Business License: Valid**

**Exempt Pursuant to MCC Section:** State Allocation






# California Department of Public Health (CHVP), \$427,413, 22-23, PH - Preliminary (1)

Final Audit Report

2023-03-17

Created:	2023-03-17
By:	Kirsty Bates (batesk@mendocinocounty.org)
Status:	Signed
Transaction ID:	CBJCHBCAABAANINyKpMOPRABHS7NGSLQGFOSq0KLI4IE

## "California Department of Public Health (CHVP), \$427,413, 22-23, PH - Preliminary (1)" History

-  Document created by Kirsty Bates (batesk@mendocinocounty.org)  
2023-03-17 - 0:28:31 AM GMT
-  Document emailed to Jenine Miller (millerje@mendocinocounty.org) for signature  
2023-03-17 - 0:29:10 AM GMT
-  Email viewed by Jenine Miller (millerje@mendocinocounty.org)  
2023-03-17 - 1:21:20 AM GMT
-  Document e-signed by Jenine Miller (millerje@mendocinocounty.org)  
Signature Date: 2023-03-17 - 1:21:43 AM GMT - Time Source: server
-  Agreement completed.  
2023-03-17 - 1:21:43 AM GMT

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