

**COUNTY OF MENDOCINO
STANDARD SERVICES AGREEMENT**

This Agreement is by and between the COUNTY OF MENDOCINO, hereinafter referred to as the "COUNTY", and **HARWOOD MEMORIAL PARK DBA LAYTONVILLE HEALTHY START**, hereinafter referred to as the "CONTRACTOR".

WITNESSETH

WHEREAS, pursuant to Government Code Section 31000, COUNTY may retain independent contractors to perform special services to or for COUNTY or any department thereof; and,

WHEREAS, COUNTY desires to obtain CONTRACTOR to conduct CalFresh Healthy Living Nutrition and Physical Activity Branch activities in compliance with grant requirements; and,

WHEREAS, CONTRACTOR is willing to provide such services on the terms and conditions set forth in this Agreement and is willing to provide same to COUNTY.

NOW, THEREFORE it is agreed that COUNTY does hereby retain CONTRACTOR to provide the services described in Exhibit A, and CONTRACTOR accepts such engagement, on the General Terms and Conditions hereinafter specified in this Agreement, the Additional Provisions attached hereto, and the following described exhibits, all of which are incorporated into this Agreement by this reference:

Exhibit A	Definition of Services
Exhibit B	Payment Terms
Exhibit C	Insurance Requirements
Exhibit D	Assurance of Compliance with Nondiscrimination in State and Federally Assisted Programs
Appendix A	Certification Regarding Debarment, Suspension, and Other Responsibility Matters -- Lower Tier Covered Transactions
Attachment 1	Mendocino County – FFY 2024-2026 – Integrated Work Plan
Attachment 2	CalFresh Healthy Living Adult Survey, Administration Protocol
Attachment 3	Eating and Activity Tool for Students, Administration Protocol
Attachment 4	CalFresh Healthy Living 2023-24, Contractor Record Form
Attachment 5	Bi-Weekly Time Log
Attachment 6	Event Sign-In Sheet
Attachment 7	Participant Demographic Survey
Attachment 8	Media Release and Consent Form
Attachment 9	Receipt Submission Form
Attachment 10	CDPH Exhibit E, Additional Provisions, and Exhibit F, Federal Terms and Conditions

Attachment 11 Invoice Template

The term of this Agreement shall be from the date this Agreement becomes fully executed by all parties (the "Effective Date"), and shall continue through September 30, 2025.

The compensation payable to CONTRACTOR hereunder shall not exceed Twenty-Eight Thousand Seventy-Two Dollars (\$28,072) for the term of this Agreement.

IN WITNESS WHEREOF

DEPARTMENT FISCAL REVIEW:

By: [Signature]
DEPARTMENT HEAD

Date: 3/15/24

Budgeted: Yes
Budget Unit: 4010
Line Item: 86-2189
Org/Object Code: PHSNAP
Grant: Yes
Grant No.: 23-10326

DARCIE ANTLE, Chief Executive Officer
By: [Signature]
PURCHASING AGENT

Date: 03/22/2024

INSURANCE REVIEW:

By: [Signature]
Risk Management

Date: 03/22/2024

EXECUTIVE OFFICE/FISCAL REVIEW:

By: [Signature]
Deputy CEO or Designee

Date: 03/22/2024

CONTRACTOR/COMPANY NAME

By: [Signature]
Jayma Shields Spence, Director

Date: 3/26/2024

NAME AND ADDRESS OF CONTRACTOR:

HARWOOD MEMORIAL PARK DBA
LAYTONVILLE HEALTHY START
PO Box 1382
Laytonville, CA 95454
707-984-8089
jayma@laytonville.org

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:

By: [Signature]
COUNTY COUNSEL

Date: 03/22/2024

Signatory Authority: \$0-25,000 Department; \$25,001- 50,000 Purchasing Agent; \$50,001+ Board of Supervisors
Exception to Bid Process Required/Completed ☐ RFP# 048-23
Mendocino County Business License: Valid ☐
Exempt Pursuant to MCC Section: Non-Profit

GENERAL TERMS AND CONDITIONS

1. **INDEPENDENT CONTRACTOR:** No relationship of employer and employee is created by this Agreement; it being understood and agreed that CONTRACTOR is an Independent Contractor. CONTRACTOR is not the agent or employee of the COUNTY in any capacity whatsoever, and COUNTY shall not be liable for any acts or omissions by CONTRACTOR nor for any obligations or liabilities incurred by CONTRACTOR.

CONTRACTOR shall have no claim under this Agreement or otherwise, for seniority, vacation time, vacation pay, sick leave, personal time off, overtime, health insurance medical care, hospital care, retirement benefits, social security, disability, Workers' Compensation, or unemployment insurance benefits, civil service protection, or employee benefits of any kind.

CONTRACTOR shall be solely liable for and obligated to pay directly all applicable payroll taxes (including federal and state income taxes) or contributions for unemployment insurance or old age pensions or annuities which are imposed by any governmental entity in connection with the labor used or which are measured by wages, salaries or other remuneration paid to its officers, agents or employees and agrees to indemnify and hold COUNTY harmless from any and all liability which COUNTY may incur because of CONTRACTOR's failure to pay such amounts.

In carrying out the work contemplated herein, CONTRACTOR shall comply with all applicable federal and state workers' compensation and liability laws and regulations with respect to the officers, agents and/or employees conducting and participating in the work; and agrees that such officers, agents, and/or employees will be considered as Independent Contractors and shall not be treated or considered in any way as officers, agents and/or employees of COUNTY.

CONTRACTOR does, by this Agreement, agree to perform his/her said work and functions at all times in strict accordance with all applicable federal, state and COUNTY laws, including but not limited to prevailing wage laws, ordinances, regulations, titles, departmental procedures and currently approved methods and practices in his/her field and that the sole interest of COUNTY is to ensure that said service shall be performed and rendered in a competent, efficient, timely and satisfactory manner and in accordance with the standards required by the COUNTY agency concerned.

Notwithstanding the foregoing, if the COUNTY determines that pursuant to state and federal law CONTRACTOR is an employee for purposes of income tax withholding, COUNTY may upon two (2) week's written notice to CONTRACTOR, withhold from payments to CONTRACTOR hereunder federal and state income taxes and pay said sums to the federal and state governments.

2. **INDEMNIFICATION:** To the furthest extent permitted by law (including without limitation California Civil Code sections 2782 and 2782.8, if applicable), CONTRACTOR shall assume the defense of, indemnify, and hold harmless the COUNTY, its officers, agents, and employees, from and against any and all claims, demands, damages, costs, liabilities, and losses whatsoever alleged to be occurring or resulting in connection with the CONTRACTOR's performance or its obligations under this Agreement, unless arising out of the sole negligence or willful misconduct of COUNTY. "CONTRACTOR's performance" includes CONTRACTOR's action or inaction and the action or inaction of CONTRACTOR's officers, employees, agents and subcontractors.
3. **INSURANCE AND BOND:** CONTRACTOR shall at all times during the term of the Agreement with the COUNTY maintain in force those insurance policies and bonds as designated in the attached Exhibit C, and will comply with all those requirements as stated therein.
4. **WORKERS' COMPENSATION:** CONTRACTOR shall provide Workers' Compensation insurance, as applicable, at CONTRACTOR's own cost and expense and further, neither the CONTRACTOR nor its carrier shall be entitled to recover from COUNTY any costs, settlements, or expenses of Workers' Compensation claims arising out of this Agreement.

CONTRACTOR affirms that s/he is aware of the provisions of Section 3700 of the California Labor Code which requires every employer to be insured against liability for the Workers' Compensation or to undertake self-insurance in accordance with the provisions of the Code and CONTRACTOR further assures that s/he will comply with such provisions before commencing the performance of work under this Agreement. CONTRACTOR shall furnish to COUNTY certificate(s) of insurance evidencing Worker's Compensation Insurance coverage to cover its employees, and CONTRACTOR shall require all subcontractors similarly to provide Workers' Compensation Insurance as required by the Labor Code of the State of California for all of subcontractors' employees.

5. **CONFORMITY WITH LAW AND SAFETY:**
 - a. In performing services under this Agreement, CONTRACTOR shall observe and comply with all applicable laws, ordinances, codes and regulations of governmental agencies, including federal, state, municipal, and local governing bodies, having jurisdiction over the scope of services, including all applicable provisions of the California Occupational Safety and Health Act. CONTRACTOR shall indemnify and hold COUNTY harmless from any and all liability, fines, penalties and consequences from any of CONTRACTOR's failures to comply with such laws, ordinances, codes and regulations.
 - b. **Accidents:** If a death, serious personal injury or substantial property damage occurs in connection with CONTRACTOR's performance of this Agreement, CONTRACTOR shall immediately notify Mendocino County

Risk Manager's Office by telephone. CONTRACTOR shall promptly submit to COUNTY a written report, in such form as may be required by COUNTY of all accidents which occur in connection with this Agreement. This report must include the following information: (1) name and address of the injured or deceased person(s); (2) name and address of CONTRACTOR's sub-contractor, if any; (3) name and address of CONTRACTOR's liability insurance carrier; and (4) a detailed description of the accident and whether any of COUNTY's equipment, tools, material, or staff were involved.

- c. CONTRACTOR further agrees to take all reasonable steps to preserve all physical evidence and information which may be relevant to the circumstances surrounding a potential claim, while maintaining public safety, and to grant to the COUNTY the opportunity to review and inspect such evidence, including the scene of the accident.
6. PAYMENT: For services performed in accordance with this Agreement, payment shall be made to CONTRACTOR as provided in Exhibit B hereto as funding permits.

If COUNTY over pays CONTRACTOR for any reason, CONTRACTOR agrees to return the amount of such overpayment to COUNTY, or at COUNTY's option, permit COUNTY to offset the amount of such overpayment against future payments owed to CONTRACTOR under this Agreement or any other Agreement.

In the event CONTRACTOR claims or receives payment from COUNTY for a service, reimbursement for which is later disallowed by COUNTY, State of California or the United States Government, the CONTRACTOR shall promptly refund the disallowance amount to COUNTY upon request, or at its option COUNTY may offset the amount disallowed from any payment due or that becomes due to CONTRACTOR under this Agreement or any other Agreement.

All invoices, receipts, or other requests for payment under this contract must be submitted by CONTRACTOR to COUNTY in a timely manner and consistent with the terms specified in Exhibit B. In no event shall COUNTY be obligated to pay any request for payment for which a written request for payment and all required documentation was first received more than six (6) months after this Agreement has terminated, or beyond such other time limit as may be set forth in Exhibit B.

7. TAXES: Payment of all applicable federal, state, and local taxes shall be the sole responsibility of the CONTRACTOR.
8. OWNERSHIP OF DOCUMENTS: CONTRACTOR hereby assigns the COUNTY and its assignees all copyright and other use rights in any and all proposals, plans, specification, designs, drawings, sketches, renderings, models, reports and related documents (including computerized or electronic copies) respecting in any way the subject matter of this Agreement, whether prepared by the COUNTY, the CONTRACTOR, the CONTRACTOR's subcontractors or third parties at the

request of the CONTRACTOR (collectively, "Documents and Materials"). This explicitly includes the electronic copies of all above stated documentation.

CONTRACTOR shall be permitted to retain copies, including reproducible copies and computerized copies, of said Documents and Materials. CONTRACTOR agrees to take such further steps as may be reasonably requested by COUNTY to implement the aforesaid assignment. If for any reason said assignment is not effective, CONTRACTOR hereby grants the COUNTY and any assignee of the COUNTY an express royalty – free license to retain and use said Documents and Materials. The COUNTY's rights under this paragraph shall apply regardless of the degree of completion of the Documents and Materials and whether or not CONTRACTOR's services as set forth in Exhibit A of this Agreement have been fully performed or paid for.

The COUNTY's rights under this Paragraph 8 shall not extend to any computer software used to create such Documents and Materials.

9. **CONFLICT OF INTEREST:** The CONTRACTOR covenants that it presently has no interest, and shall not have any interest, direct or indirect, which would conflict in any manner with the performance of services required under this Agreement.
10. **NOTICES:** All notices, requests, demands, or other communications under this Agreement shall be in writing. Notices shall be given for all purposes as follows:

Personal delivery: When personally delivered to the recipient, notices are effective on delivery.

First Class Mail: When mailed first class to the last address of the recipient known to the party giving notice, notice is effective three (3) mail delivery days after deposit in a United States Postal Service office or mailbox. Certified Mail: When mailed certified mail, return receipt requested, notice is effective on receipt, if delivery is confirmed by a return receipt.

Overnight Delivery: When delivered by overnight delivery (Federal Express/Airborne/United Parcel Service/DHL WorldWide Express) with charges prepaid or charged to the sender's account, notice is effective on delivery, if delivery is confirmed by the delivery service.

Facsimile transmission: When sent by facsimile to the facsimile number of the recipient known to the party giving notice, notice is effective on receipt, provided that, (a) a duplicate copy of the notice is promptly given by first-class or certified mail or by overnight delivery, or (b) the receiving party delivers a written confirmation of receipt. Any notice given facsimile shall be deemed received on the next business day if it is received after 5:00 p.m. (recipient's time) or on a non-business day.

Addresses for purpose of giving notice are as follows:

To COUNTY: COUNTY OF MENDOCINO
Department of Public Health
1120 South Dora Street
Ukiah, CA 95482
Attn: Isabel Gallego

To CONTRACTOR: HARWOOD MEMORIAL PARK DBA
LAYTONVILLE HEALTHY START
PO Box 1382
Laytonville, CA 95454
Attn: Jayma Shields Spence

Any correctly addressed notice that is refused, unclaimed, or undeliverable because of an act or omission of the party to be notified shall be deemed effective as of the first date that said notice was refused, unclaimed, or deemed undeliverable by the postal authorities, messenger, or overnight delivery service.

Any party may change its address or facsimile number by giving the other party notice of the change in any manner permitted by this Agreement.

11. USE OF COUNTY PROPERTY: CONTRACTOR shall not use COUNTY property (including equipment, instruments and supplies) or personnel for any purpose other than in the performance of his/her obligations under this Agreement.
12. EQUAL EMPLOYMENT OPPORTUNITY PRACTICES PROVISIONS: CONTRACTOR certifies that it will comply with all Federal, State, and local laws, rules and regulations pertaining to nondiscrimination in employment.
 - a. CONTRACTOR shall, in all solicitations or advertisements for applicants for employment placed as a result of this Agreement, state that it is an "Equal Opportunity Employer" or that all qualified applicants will receive consideration for employment without regard to their race, creed, color, pregnancy, disability, sex, sexual orientation, gender identity, ancestry, national origin, age, religion, Veteran's status, political affiliation, or any other factor prohibited by law.
 - b. CONTRACTOR shall, if requested to so do by the COUNTY, certify that it has not, in the performance of this Agreement, engaged in any unlawful discrimination.
 - c. If requested to do so by the COUNTY, CONTRACTOR shall provide the COUNTY with access to copies of all of its records pertaining or relating to its employment practices, except to the extent such records or portions of such records are confidential or privileged under State or Federal law.

- d. Nothing contained in this Agreement shall be construed in any manner so as to require or permit any act which is prohibited by law.
 - e. The CONTRACTOR shall include the provisions set forth in this paragraph in each of its subcontracts.
13. **DRUG-FREE WORKPLACE:** CONTRACTOR and CONTRACTOR's employees shall comply with the COUNTY's policy of maintaining a drug-free workplace. Neither CONTRACTOR nor CONTRACTOR's employees shall unlawfully manufacture, distribute, dispense, possess or use controlled substances, as defined in 21 U.S. Code § 812, including, but not limited to, marijuana, heroin, cocaine, and amphetamines, at any COUNTY facility or work site. If CONTRACTOR or any employee of CONTRACTOR is convicted or pleads *nolo contendere* to a criminal drug statute violation occurring at a COUNTY facility or work site, the CONTRACTOR, within five days thereafter, shall notify the head of the COUNTY department/agency for which the contract services are performed. Violation of this provision shall constitute a material breach of this Agreement.
14. **ENERGY CONSERVATION:** CONTRACTOR agrees to comply with the mandatory standards and policies relating to energy efficiency in the State of California Energy Conservation Plan, (Title 24, California Administrative Code).
15. **COMPLIANCE WITH LICENSING REQUIREMENTS:** CONTRACTOR shall comply with all necessary licensing requirements and shall obtain appropriate licenses. To the extent required by law, CONTRACTOR shall display licenses in a location that is reasonably conspicuous. Upon COUNTY's request, CONTRACTOR shall file copies of same with the County Executive Office.
- CONTRACTOR represents and warrants to COUNTY that CONTRACTOR and its employees, agents, and any subcontractors have all licenses, permits, qualifications, and approvals of whatsoever nature that are legally required to practice their respective professions.
16. **AUDITS; ACCESS TO RECORDS:** The CONTRACTOR shall make available to the COUNTY, its authorized agents, officers, or employees, for examination any and all ledgers, books of accounts, invoices, vouchers, cancelled checks, and other records or documents evidencing or relating to the expenditures and disbursements charged to the COUNTY, and shall furnish to the COUNTY, within sixty (60) days after examination, its authorized agents, officers or employees such other evidence or information as the COUNTY may require with regard to any such expenditure or disbursement charged by the CONTRACTOR.

The CONTRACTOR shall maintain full and adequate records in accordance with COUNTY requirements to show the actual costs incurred by the CONTRACTOR in the performance of this Agreement. If such books and records are not kept and maintained by CONTRACTOR within the County of Mendocino, California, CONTRACTOR shall, upon request of the COUNTY, make such books and records

available to the COUNTY for inspection at a location within County or CONTRACTOR shall pay to the COUNTY the reasonable, and necessary costs incurred by the COUNTY in inspecting CONTRACTOR's books and records, including, but not limited to, travel, lodging and subsistence costs. CONTRACTOR shall provide such assistance as may be reasonably required in the course of such inspection. The COUNTY further reserves the right to examine and reexamine said books, records and data during the four (4) year period following termination of this Agreement or completion of all work hereunder, as evidenced in writing by the COUNTY, and the CONTRACTOR shall in no event dispose of, destroy, alter, or mutilate said books, records, accounts, and data in any manner whatsoever for four (4) years after the COUNTY makes the final or last payment or within four (4) years after any pending issues between the COUNTY and CONTRACTOR with respect to this Agreement are closed, whichever is later.

17. **DOCUMENTS AND MATERIALS:** CONTRACTOR shall maintain and make available to COUNTY for its inspection and use during the term of this Agreement, all Documents and Materials, as defined in Paragraph 8 of this Agreement. CONTRACTOR's obligations under the preceding sentence shall continue for four (4) years following termination or expiration of this Agreement or the completion of all work hereunder (as evidenced in writing by COUNTY), and CONTRACTOR shall in no event dispose of, destroy, alter or mutilate said Documents and Materials, for four (4) years following the COUNTY's last payment to CONTRACTOR under this Agreement.
18. **TIME OF ESSENCE:** Time is of the essence in respect to all provisions of this Agreement that specify a time for performance; provided, however, that the foregoing shall not be construed to limit or deprive a party of the benefits of any grace or use period allowed in this Agreement.
19. **TERMINATION:** The COUNTY has and reserves the right to suspend, terminate or abandon the execution of any work by the CONTRACTOR without cause at any time upon giving to the CONTRACTOR notice. Such notice shall be in writing and may be issued by any COUNTY officer authorized to execute or amend the contract, the County Chief Executive Officer, or any other person designated by the County Board of Supervisors. In the event that the COUNTY should abandon, terminate or suspend the CONTRACTOR's work, the CONTRACTOR shall be entitled to payment for services provided hereunder prior to the effective date of said suspension, termination or abandonment. Said payment shall be computed in accordance with Exhibit B hereto, provided that the maximum amount payable to CONTRACTOR for its services as outlined in Exhibit A shall not exceed \$28,072 payment for services provided hereunder prior to the effective date of said suspension, termination or abandonment or lack of funding.
20. **NON APPROPRIATION:** If COUNTY should not appropriate or otherwise make available funds sufficient to purchase, lease, operate or maintain the products set forth in this Agreement, or other means of performing the same functions of such products, COUNTY may unilaterally terminate this Agreement only upon thirty (30)

days written notice to CONTRACTOR. Upon termination, COUNTY shall remit payment for all products and services delivered to COUNTY and all expenses incurred by CONTRACTOR prior to CONTRACTOR's receipt of the termination notice.

21. CHOICE OF LAW: This Agreement, and any dispute arising from the relationship between the parties to this Agreement, shall be governed by the laws of the State of California, excluding any laws that direct the application of another jurisdiction's laws.
22. VENUE: All lawsuits relating to this contract must be filed in Mendocino County Superior Court, Mendocino County, California.
23. WAIVER: No waiver of a breach, failure of any condition, or any right or remedy contained in or granted by the provisions of this Agreement shall be effective unless it is in writing and signed by the party waiving the breach, failure, right or remedy. No waiver of any breach, failure, right or remedy shall be deemed a waiver of any other breach, failure, right or remedy, whether or not similar, nor shall any waiver constitute a continuing waiver unless the writing so specifies.
24. ADVERTISING OR PUBLICITY: CONTRACTOR shall not use the name of COUNTY, its officers, directors, employees or agents, in advertising or publicity releases or otherwise without securing the prior written consent of COUNTY in each instance.
25. ENTIRE AGREEMENT: This Agreement, including all attachments, exhibits, and any other documents specifically incorporated into this Agreement, shall constitute the entire Agreement between COUNTY and CONTRACTOR relating to the subject matter of this Agreement. As used herein, Agreement refers to and includes any documents incorporated herein by reference and any exhibits or attachments. This Agreement supersedes and merges all previous understandings, and all other Agreements, written or oral, between the parties and sets forth the entire understanding of the parties regarding the subject matter thereof. This Agreement may not be modified except by a written document signed by both parties. In the event of a conflict between the body of this Agreement and any of the Exhibits, the provisions in the body of this Agreement shall control.
26. HEADINGS: Herein are for convenience of reference only and shall in no way affect interpretation of this Agreement.
27. MODIFICATION OF AGREEMENT: This Agreement may be supplemented, amended or modified only by the mutual Agreement of the parties. No supplement, amendment or modification of this Agreement shall be binding unless it is in writing and signed by authorized representatives of both parties.
28. ASSURANCE OF PERFORMANCE: If at any time the COUNTY has good objective cause to believe CONTRACTOR may not be adequately performing its

obligations under this Agreement or that CONTRACTOR may fail to complete the Services as required by this Agreement, COUNTY may request from CONTRACTOR prompt written assurances of performance and a written plan acceptable to COUNTY, to correct the observed deficiencies in CONTRACTOR's performance. CONTRACTOR shall provide such written assurances and written plan within thirty (30) calendar days of its receipt of COUNTY's request and shall thereafter diligently commence and fully perform such written plan. CONTRACTOR acknowledges and agrees that any failure to provide such written assurances and written plan within the required time is a material breach under this Agreement.

29. SUBCONTRACTING/ASSIGNMENT: CONTRACTOR shall not subcontract, assign or delegate any portion of this Agreement or any duties or obligations hereunder without the COUNTY's prior written approval.
 - a. Neither party shall, on the basis of this Agreement, contract on behalf of or in the name of the other party. Any Agreement that violates this Section shall confer no rights on any party and shall be null and void.
 - b. Only the department head or his or her designee shall have the authority to approve subcontractor(s).
 - c. CONTRACTOR shall remain fully responsible for compliance by its subcontractors with all the terms of this Agreement, regardless of the terms of any Agreement between CONTRACTOR and its subcontractors.
30. SURVIVAL: The obligations of this Agreement, which by their nature would continue beyond the termination on expiration of the Agreement, including without limitation, the obligations regarding Indemnification (Paragraph 2), Ownership of Documents (Paragraph 8), and Conflict of Interest (Paragraph 9), shall survive termination or expiration for two (2) years.
31. SEVERABILITY: If a court of competent jurisdiction holds any provision of this Agreement to be illegal, unenforceable, or invalid in whole or in part for any reason, the validity and enforceability of the remaining provisions, or portions of them, will not be affected, unless an essential purpose of this Agreement would be defeated by the loss of the illegal, unenforceable, or invalid provision.
32. INTELLECTUAL PROPERTY WARRANTY: CONTRACTOR warrants and represents that it has secured all rights and licenses necessary for any and all materials, services, processes, software, or hardware ("CONTRACTOR PRODUCTS") to be provided by CONTRACTOR in the performance of this Agreement, including but not limited to any copyright, trademark, patent, trade secret, or right of publicity rights. CONTRACTOR hereby grants to COUNTY, or represents that it has secured from third parties, an irrevocable license (or sublicense) to reproduce, distribute, perform, display, prepare derivative works, make, use, sell, import, use in commerce, or otherwise utilize CONTRACTOR

PRODUCTS to the extent reasonably necessary to use the CONTRACTOR PRODUCTS in the manner contemplated by this Agreement.

CONTRACTOR further warrants and represents that it knows of no allegations, claims, or threatened claims that the CONTRACTOR PRODUCTS provided to COUNTY under this Agreement infringe any patent, copyright, trademark or other proprietary right. In the event that any third party asserts a claim of infringement against the COUNTY relating to a CONTRACTOR PRODUCT, CONTRACTOR shall indemnify and defend the COUNTY pursuant to Paragraph 2 of this Agreement.

In the case of any such claim of infringement, CONTRACTOR shall either, at its option, (1) procure for COUNTY the right to continue using the CONTRACTOR Products; or (2) replace or modify the CONTRACTOR Products so that that they become non-infringing, but equivalent in functionality and performance.

33. ELECTRONIC COPIES: The parties agree that an electronic copy, including facsimile copy, email, or scanned copy of the executed Agreement, shall be deemed, and shall have the same legal force and effect as, an original document.
34. COOPERATION WITH COUNTY: CONTRACTOR shall cooperate with COUNTY and COUNTY staff in the performance of all work hereunder.
35. PERFORMANCE STANDARD: CONTRACTOR shall perform all work hereunder in a manner consistent with the level of competency and standard of care normally observed by a person practicing in CONTRACTOR's profession. COUNTY has relied upon the professional ability and training of CONTRACTOR as a material inducement to enter into this Agreement. CONTRACTOR hereby agrees to provide all services under this Agreement in accordance with generally accepted professional practices and standards of care, as well as the requirements of applicable Federal, State, and local laws, it being understood that acceptance of CONTRACTOR's work by COUNTY shall not operate as a waiver or release. If COUNTY determines that any of CONTRACTOR's work is not in accordance with such level of competency and standard of care, COUNTY, in its sole discretion, shall have the right to do any or all of the following: (a) require CONTRACTOR to meet with COUNTY to review the quality of the work and resolve matters of concern; (b) require CONTRACTOR to repeat the work at no additional charge until it is satisfactory; (c) terminate this Agreement pursuant to the provisions of paragraph 19 (Termination) or (d) pursue any and all other remedies at law or in equity.
36. ATTORNEYS' FEES: In any action to enforce or interpret the terms of this Agreement, including but not limited to any action for declaratory relief, each party shall be solely responsible for and bear its own attorneys' fees, regardless of which party prevails.

[END OF GENERAL TERMS AND CONDITIONS]

EXHIBIT A

DEFINITION OF SERVICES

- I. CONTRACTOR shall provide the following services per the CalFresh Healthy Living (CFHL) Nutrition and Physical Activity Branch (NPAB) Grant as follows:
 - A. Recruit, hire, and supervise Nutrition and Physical Activity Educator(s).
 - B. Attend meetings, conferences, and trainings (may be virtual) at the request of the COUNTY's Project Coordinator. Meetings, conferences, and trainings are to include, but are not limited to the following:
 1. Two (2) Mendocino County Food Policy Council meetings annually.
 2. One (1) Online Civil Rights Training required annually for every staff member implementing NPA education. This includes creating an account at CFHL Statewide Training (talentlms.com).
 3. One (1) course provided by the CFHL Statewide Training Learning Platform hosted by Leah's Pantry supporting and implementing Direct Education (DE). This includes creating an account at CFHL Statewide Training (talentlms.com).
 - C. Provide DE: evidence-based Nutrition Physical Activity (NPA) education to the target population using the approved CFHL curriculum list conducted in a single session and/or in a series of sessions to children, parents, and other adults in complimentary school (K-12, elementary, middle, high) settings at eligible sites weekly as listed in the Mendocino County – Section B – FFY 2024-2026 Integrated Work Plan (IWP) (Attachment 1).
 1. Provide evidence-based, behavior-focused NPA intervention DE that includes interactive classes conducted at the individual and interpersonal levels with an intensity and duration that supports behavior change and allows for active engagement in-person or through interactive media. CONTRACT shall incorporate behavioral economics, Nutrition Standards, and daily quality physical activity (PA) into strategy framework through the sub-strategies listed below:
 - a. PA in schools (Non-PE) (children age five (5) through seventeen (17)).
 - b. Improving Physical Education (PE) in schools (children age five (5) through seventeen (17)).
 - c. Community PA opportunities.
 - d. Places that serve food and beverages (healthy eating and food choices, increased water consumption).
 - e. Nutrition standards: early childcare and education (children age zero (0) through four (4)).
 - f. Nutrition standards: schools (children age five (5) through seventeen (17)).
 - g. Nutrition standards: before/after school programs.

- h. Food waste prevention, recovery and redistribution.
 - i. Gardens.
 - j. Site or organizational wellness policy.
 - k. School wellness policy.
 - l. Stencils.
2. Conduct twelve (12) virtual or in-person DE events utilizing a class schedule that requires a single and/or a series of sessions with a goal to target and reach new individuals. Curriculum(s) will provide delivery method, number of lessons and length of session(s). DE may be delivered in conjunction with classes or taste tests to support what is learned in education session(s).
 3. Administer the CFHL Adult Survey before any DE of four (4) sessions or more occur (pre-test), then again after DE is complete (post-test). Resources can be found at [Evaluation Resources - NPI Adult Direct Education Evaluation \(https://ucanr.edu/sites/ioe\)](https://ucanr.edu/sites/ioe). The Adult Survey is only required if a DE series of four (4) or more is planned and implemented with adults age eighteen (18) through seventy-five (75). The CFHL Adult Survey Administration Protocol (Attachment 2) is attached to this Agreement with detailed instructions.
 4. Administer the Eating and Activity Tool for Students (EATS) Nutrition Policy Institute (NPI) Impact Outcome Evaluation (IOE) before any DE of three (3) sessions or more occur with fourth (4th) through twelfth (12th) grade students only (pre-test), then again after DE is complete (post-test). Do not perform EATS with DE less than three (3) sessions. Resources can be found at [Eating and Activity Tool For Students - NPI Impact Outcome Evaluation \(https://ucanr.edu/sites/oie\)](https://ucanr.edu/sites/oie). This is only required if a series of three (3) or more is planned and implemented with grades between fourth (4th) and twelfth (12th) grade. The CFHL EATS protocol (Attachment 3) is attached to this Agreement with detailed instructions.
 5. Ensure that NPA education implemented is listed on the approved curriculum per Mendocino County – Section B – FFY 2024 IWP.
- D. Provide Indirect Education (IE) promotion: The distribution or display of information and resources, including any mass communications, public events (such as health fairs), and materials distribution, which involve no participant interaction with an instructor or multimedia.
1. Promote active healthy lifestyles by offering structured and unstructured NPA opportunities to youth and adults focusing on longevity (healthy lifestyle choices) and brain health (improving cognitive function) through implementation of walk and/or bike for transportation through local school engagement and community member encouragement. Coordinate ongoing community walking and biking events, exercise classes that boost immune function, seasonal taste testing/resources at community farmers markets, the Laytonville food bank or approved sites per the IWP.
 2. Conduct one (1) virtual or in-person IE promotional outreach weekly with a goal to target and reach new individuals.
 3. Provide seasonal taste testing to reinforce the importance of fruit and

- vegetable consumption. This can be done in conjunction with DE.
4. Host at least three (3) statewide promotion "Day of Action" community events during the year to raise awareness about "Rethink Your Drink Day", "Healthy Snack Day" (May) and "Walk and Bike to School" (walkbiketoschool.org) (October and/or May).
- E. Maintain kitchen equipment to a high degree of cleanliness and safety while also keeping an inventory log.
- F. Implement, as able and applicable, Policy, Systems, and Environmental (PSE) changes: PSE change initiatives for CFHL are interventions that have the potential to improve a community's health by making healthy food and PA choices more accessible, easier, and the default option. See some examples of PSE efforts below:
1. Behavioral Economics: For CFHL purposes, behavioral economics is a subset of marketing activities designed to complement other PSE strategies to promote healthy eating and active living behaviors, specifically at the point of decision. This includes activities that support restricted marketing of less healthy food items and innovative marketing for healthy food items in particular settings and strategies that use economic incentives/methods that apply psychological insights into purchasing and consumption behavior. Examples include placement of healthy or less healthy foods, point of purchase prompts, pricing and other innovations in food access, food restrictions, etc., and can relate to PA. Activities can also include work (or alignment with work) that address the pricing of healthy/less-healthy food and beverage options to increase or decrease access as appropriate. This includes alignment with programs such as the Food Insecurity Nutrition Incentive Grant Program (FINI), Market Match, and other price incentive programs. Behavioral economics is distinguished from other promotional strategies in that it usually does not involve education but rather influences spontaneous or even unconscious decision making at the point of decision.
 2. Daily Quality PA: Work that establishes and supports (through PSE changes) daily, quality time for age and ability-appropriate PA and encourages individuals to meet the PA Guidelines for Americans. At early care and education and school sites it is particularly important that quality structured PA (PE in the case of schools) be provided for all students/children on a daily basis.
 3. Nutrition Standards: Work to develop and implement specific guidelines (in the form of new or strengthened policy and/or system changes) for food and beverages served, sold, or distributed in a variety of settings including meals, snacks, vending, distribution, nutrition assistance, or other sales. The guidelines should support balanced eating patterns and healthy body weight, address CFHL goals, and be consistent with the Dietary Guidelines for Americans.

- G. Prepare and distribute, as able and applicable, at least one (1) nutrition and exercise newsletter electronically or via mail.
1. Brochures, posters, and social media marketing encourage students, families, and community members to make healthier choices through nutrition and exercise.
- H. Track and document program specifics; ensure completion and submission of all mandatory documentation, such as entering data into Program Evaluation And Reporting System (PEARS), Contractor Record Form (Attachment 4), Bi-Weekly Time Logs (Attachment 5), Sign-In Sheet (Attachment 6 - required for DE only), participant demographic survey (Attachment 7 - required for DE only), photos if applicable with a signed media release form (Attachment 8), documentation of publicity for classes and events, including Public Services Announcements (PSAs) and press releases.
1. PEARS is a centralized data collection and reporting system developed with the Kansas State University Office of Education Innovation and Evaluation. California uses PEARS to collect, analyze and report on the CFHL program to meet federal mandates required by funders and to showcase outcomes and accomplishments throughout the state. PEARS will be used to track and monitor DE (Program Activities), Indirect Activities, PSE site activities, success stories, partnerships, and coalitions. Website link: <https://pears.io/account/signin/>.
 2. CONTRACTOR shall submit all required documentation into PEARS, submit original(s) to the COUNTY Project Coordinator on a timely basis following Exhibit B, Section II, project period deadline(s), and submit original receipt(s) with the Receipt Submission Form (Attachment 9). Receipts must be legible, show date of purchase, vendor name, identify items purchased, cost of each item, and total amount paid. Originals must be submitted via email or mail. If receipt is thermal-style receipt paper, CONTRACTOR must submit an additional legible copy of the receipt with the Receipt Submission Form. Recipes with ingredients listed are required for all food purchases.
 3. CONTRACTOR shall document travel to include a trip log showing the following information for each trip: date of travel, name of traveler, purpose of trip, to and from locations, and number of miles. A MapQuest or Google map must be submitted to support the mileage claim.
- I. Provide an Annual Report Narrative that describes the organization, activities conducted, challenges, successes, and reports on any community changes that may have occurred through CFHL intervention.
1. CONTRACTOR shall describe the impact of providing access to healthy foods, beverages, and PA to the target population. CONTRACTOR shall include photos with signed release forms, newspaper articles, and/or policy changes.
 2. CONTRACTOR shall provide one (1) success story annually: A success story describes the difference made in people's lives. It documents what was

invested, what was done, who was reached, and what resulted for the individuals, communities, and/or environments involved.

3. CONTRACTOR shall submit the Annual Report Narrative and one (1) success story by September 30 of year 1 and year 2 in compliance with Exhibit B, Section I.

II. CONTRACTOR shall maintain compliance with the following terms:

- A. Follow the budget (Exhibit B) as specified, without deviation. Any deviations from the budget must be previously reviewed and approved by the COUNTY Project Coordinator and possibly the funder, depending on the scope and amount of change.
- B. Maintain all program and related fiscal records for four (4) years after conclusion of the Agreement.
- C. Comply with all applicable provisions of California Department of Public Health Exhibit E, Additional Provisions, and Exhibit F, Federal Terms and Conditions, which are incorporated into this Agreement by this reference (Attachment 10).
- D. Comply with all requirements to the satisfaction of the COUNTY, in the sole discretion of the COUNTY. For any finding of CONTRACTOR's non-compliance with the requirements contained in the Exhibit A, COUNTY shall within ten (10) working days of discovery of non-compliance notify CONTRACTOR of the requirement in writing. CONTRACTOR shall provide a written response to COUNTY within five (5) working days of receipt of this written notification. If the non-compliance issue has not been resolved through response from CONTRACTOR, COUNTY shall notify CONTRACTOR in writing that this non-compliance issue has not been resolved. COUNTY may withhold monthly payment until such time as COUNTY determines the non-compliance issue has been resolved. Should COUNTY determine that CONTRACTOR's non-compliance has not been addressed to the satisfaction of COUNTY for a period of thirty (30) days from the date of first Notice, and due to the fact that it is impracticable to determine the actual damages sustained by CONTRACTOR's failure to properly and timely address non-compliance, COUNTY may additionally require a payment from CONTRACTOR in the amount of fifteen percent (15%) of the monthly amount payable to CONTRACTOR for each month following the thirty (30) day time period that CONTRACTOR's non-compliance continues. The parties agree this fifteen percent (15%) payment shall constitute liquidated damages and is not a penalty. CONTRACTOR's failure to meet compliance requirements, as determined by COUNTY, may lead to termination of this contract by the COUNTY with a forty-five (45) day written notice.
- E. Submit invoices ONLY on the pre-populated invoice form provided electronically on a quarterly basis, as noted in Exhibit B.

[END OF DEFINITION OF SERVICES]

EXHIBIT B

PAYMENT TERMS

I. COUNTY will pay CONTRACTOR as per the following instructions:

YEAR 1 (Effective Date – September 30, 2024)

A	PERSONNEL SALARIES: Nutrition and Physical Activity Educator(s) not to exceed \$45/hr All staff wages, salaries, and benefits must be computed on a reasonable hourly basis commensurate with duties being performed, or the Federal minimum hourly wages established by the United States Department of Labor.	\$11,180
B	OPERATING EXPENSES: Office Supplies: Postage, printing and copying, etc.	\$ 300
C	TRAVEL AND PER DIEM: In-county travel associated with conducting nutrition education classes, presentations, and events; training including Rethink Your Drink and other training to be reimbursed per the current IRS standard rate of \$0.655/mile.	\$80
D	OTHER COSTS: <u>Food Demonstration Supplies and Food for Taste Testing During Nutrition Education Presentations and Events:</u> Cost of food for recipe/taste testing purposes, cost of kitchen equipment and supplies necessary for food storage, preparation, and display of food prepared for demonstration purposes, food samples associated with educational lessons. Ensure sample size is within the allotted \$4.00 per person, per food sampling activity.	\$ 1,200
E	INDIRECT COST: Program costs related to personnel positions directly engaged in service/program delivery. Indirect cost estimated at 10% of Total Direct Cost.	\$1,276
	TOTAL:	\$14,036

YEAR 2 (October 1, 2024 – September 30, 2025)

A	<p>PERSONNEL SALARIES:</p> <p>Nutrition and Physical Activity Educator(s) not to exceed \$45/hr All staff wages, salaries, and benefits must be computed on a reasonable hourly basis commensurate with duties being performed, or the Federal minimum hourly wages established by the United States Department of Labor.</p>	\$11,180
B	<p>OPERATING EXPENSES:</p> <p>Office Supplies: Postage, printing and copying, etc.</p>	\$ 300
C	<p>TRAVEL AND PER DIEM:</p> <p>In-county travel associated with conducting nutrition education classes, presentations, and events; training including Rethink Your Drink and other training to be reimbursed per the current IRS standard rate of \$0.655/mile.</p>	\$80
D	<p>OTHER COSTS:</p> <p><u>Food Demonstration Supplies and Food for Taste Testing During Nutrition Education Presentations and Events:</u> Cost of food for recipe/taste testing purposes, cost of kitchen equipment and supplies necessary for food storage, preparation, and display of food prepared for demonstration purposes, food samples associated with educational lessons. Ensure sample size is within the allotted \$4.00 per person, per food sampling activity.</p>	\$ 1,200
E	<p>INDIRECT COST:</p> <p>Program costs related to personnel positions directly engaged in service/program delivery.</p> <p>Indirect cost estimated at 10% of Total Direct Cost.</p>	\$1,276
	TOTAL:	\$14,036

- II. CONTRACTOR shall invoice COUNTY quarterly on a COUNTY approved invoice (Attachment 11). Invoice of services must be received by the dates in the chart below. Billing for services received after the due dates will not be honored.

Project Period	Invoice Due
Effective Date through March 31, 2024	April 10, 2024
April 1, 2024 through June 30, 2024	July 10, 2024
July 1, 2024 through September 30, 2024	October 7, 2024
October 1, 2024 through December 31, 2024	January 10, 2025
January 1, 2025 through March 31, 2025	April 10, 2025
April 1, 2025 through June 30, 2025	July 10, 2025
July 1, 2025 through September 30, 2025	October 6, 2025

- III. CONTRACTOR will submit quarterly invoices to the Mendocino County Public Health Department as follows:

Mendocino County Public Health
Attn: Jenine Miller, Psy. D.
1120 S. Dora Street
Ukiah, CA 95482
cfhl@mendocinocounty.gov
phfiscal@mendocinocounty.gov

- IV. COUNTY has up to thirty (30) days to reimburse CONTRACTOR for correctly submitted invoices for services provided by CONTRACTOR.
- V. Data reports or invoices submitted by the CONTRACTOR incorrectly, incompletely, or inaccurately will be rejected by the COUNTY within thirty (30) days. CONTRACTOR will have thirty (30) days from the rejected report/invoice to complete corrections, or the invoice will not be paid without COUNTY Public Health Director or designee approval.
- VI. Payments under this Agreement shall not exceed Twenty-Eight Thousand Seventy-Two Dollars (\$28,072) for the term of this Agreement.

[END OF PAYMENT TERMS]

EXHIBIT C

INSURANCE REQUIREMENTS

Insurance coverage in a minimum amount set forth herein shall not be construed to relieve CONTRACTOR for liability in excess of such coverage, nor shall it preclude COUNTY from taking such other action as is available to it under any other provisions of this Agreement or otherwise in law. Insurance requirements shall be in addition to, and not in lieu of, CONTRACTOR's indemnity obligations under Paragraph 2 of this Agreement.

CONTRACTOR shall obtain and maintain insurance coverage as follows:

- a. Combined single limit bodily injury liability and property damage liability - \$1,000,000 each occurrence.
- b. Vehicle / Bodily Injury combined single limit vehicle bodily injury and property damage liability - \$500,000 each occurrence.

CONTRACTOR shall furnish to COUNTY certificates of insurance evidencing the minimum levels described above.

[END OF INSURANCE REQUIREMENTS]

EXHIBIT D
CONTRACTOR ASSURANCE OF COMPLIANCE WITH
MENDOCINO COUNTY
Department of Public Health
NONDISCRIMINATION IN STATE
AND FEDERALLY ASSISTED PROGRAMS

NAME OF CONTRACTOR: **HARWOOD MEMORIAL PARK DBA LAYTONVILLE HEALTHY START**

HEREBY AGREES THAT it will comply with Title VI and VII of the Civil Rights Act of 1964 as amended; Section 504 of the Rehabilitation Act of 1973 as amended; the Age Discrimination Act of 1975 as amended; the Food Stamp Act of 1977, as amended and in particular section 272.6; Title II of the Americans with Disabilities Act of 1990; California Civil Code Section 51 et seq., as amended; California Government Code section 11135-11139.5, as amended; California Government Code section 12940 (c), (h) (1), (i), and (j); California Government Code section 4450; Title 22, California Code of Regulations section 98000 – 98413; Title 24 of the California Code of Regulations, Section 3105A(e); the Dymally-Alatorre Bilingual Services Act (California Government Code Section 7290-7299.8); Section 1808 of the Removal of Barriers to Interethnic Adoption Act of 1996; and other applicable federal and state laws, as well as their implementing regulations [including 45 Code of Federal Regulations (CFR) Parts 80, 84, and 91, 7 CFR Part 15, and 28 CFR Part 42], by ensuring that employment practices and the administration of public assistance and social services programs are nondiscriminatory, to the effect that no person shall because of ethnic group identification, age, sex, sexual orientation, color, disability, medical condition, national origin, race, ancestry, marital status, religion, religious creed or political belief be excluded from participation in or be denied the benefits of, or be otherwise subject to discrimination under any program or activity receiving federal or state financial assistance; and HEREBY GIVE ASSURANCE THAT it will immediately take any measures necessary to effectuate this Agreement.

THIS ASSURANCE is given in consideration of and for the purpose of obtaining any and all federal and state assistance; and THE CONTRACTOR HEREBY GIVES ASSURANCE THAT administrative methods/procedures which have the effect of subjecting individuals to discrimination or defeating the objectives of the California Department of Social Services (CDSS) Manual of Policies and Procedures (MPP) Chapter 21, will be prohibited.

BY ACCEPTING THIS ASSURANCE, CONTRACTOR agrees to compile data, maintain records and submit reports as required, to permit effective enforcement of the aforementioned laws, rules and regulations and permit authorized CDSS and/or federal government personnel, during normal working hours, to review such records, books and accounts as needed to ascertain compliance. If there are any violations of this assurance, CDSS shall have the right to invoke fiscal sanctions or other legal remedies in accordance with Welfare and Institutions Code section 10605, or Government Code section 11135-11139.5, or any other laws, or the issue may be referred to the appropriate federal agency for further compliance action and enforcement of this assurance.

THIS ASSURANCE is binding on CONTRACTOR directly or through contract, license, or other provider services, as long as it receives federal or state assistance.

3/24/2004
Date
PO Box 1382, Laytonville, CA 95454
Address of CONTRACTOR


CONTRACTOR Signature

Appendix A
CERTIFICATION REGARDING
DEBARMENT, SUSPENSION, and OTHER RESPONSIBILITY MATTERS
LOWER TIER COVERED TRANSACTIONS

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 29 CFR Part 98, Section 98.510, Participants' responsibilities. The regulations were published as Part VII of the May 26, 1988 **Federal Register** (pages 19160-19211).

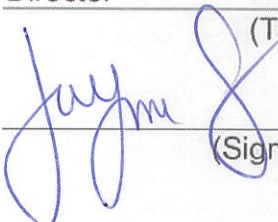
- (1) The primary principal certifies to the best of its knowledge and belief, that it and its principals:
- (a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency:
 - (b) Have not within a three-year period preceding this proposal been convicted of or had a civil judgment tendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsifications or destruction of records, making false statements, or receiving stolen property;
 - (c) Are not presently indicted for or otherwise criminally or civilly charged by a government entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (1) (b) of this certification, and
 - (d) Have not, within a three-year period preceding this application/proposal, had one or more public transactions (Federal, State, or local) terminated for cause or default.
- (2) Where the primary principal is unable to certify to any of the statements in this certification, such principal shall attach an explanation.

Jayma Shields Spence
(Type Name)

HARWOOD MEMORIAL PARK DBA
LAYTONVILLE HEALTHY START
(Organization Name)

Director
(Title)

PO Box 1382
Laytonville, CA 95454
(Organization Address)


(Signature)

3/26/2024
(Date)

Attachment 1

MENDOCINO COUNTY – SECTION B – FFY 2024 - 2026 - INTEGRATED WORK PLAN

DOMAIN: LEARN \ PSE SETTING: SCHOOLS (K-12, ELEMENTARY, MIDDLE, HIGH)

DOMAIN	PSE SETTING	STRATEGIES	SUB-STRATEGIES
• LEARN	• Schools (K-12, Elementary, Middle, High)	<ul style="list-style-type: none"> • Daily Quality Physical Activity • Behavioral Economics • Nutrition Standards 	<ul style="list-style-type: none"> • School Wellness Policy • Gardens • Food Waste Prevention, Recovery, and Redistribution • Site or Organizational Wellness Policy • Physical Activity in Schools (Non-PE) (Children age 5-17) • Improving Physical Education in Schools • Places that Serve Food & Beverages • Community Physical Activity Opportunities • Stencils • Nutrition Standards: Early Childcare and Education • Nutrition Standards: Before/After-school Programs • Nutrition Standards: Schools

DIRECT EDUCATION ACTIVITY ID

02012501

TARGET POPULATION

4 Years and Under

FFY 2024	FFY 2025	FFY 2026	EVAL TYPE 1	EVAL TYPE 2	EVAL TYPE 3
<input type="checkbox"/> AAA <input type="checkbox"/> CCC <input checked="" type="checkbox"/> LHD <input type="checkbox"/> UCCE	<input type="checkbox"/> AAA <input type="checkbox"/> CCC <input type="checkbox"/> LHD <input type="checkbox"/> UCCE	<input type="checkbox"/> AAA <input type="checkbox"/> CCC <input type="checkbox"/> LHD <input type="checkbox"/> UCCE	<u>Process</u> (PEARS)	<u>Formative</u> <input type="checkbox"/> AAA <input type="checkbox"/> CCC <input type="checkbox"/> LHD <input type="checkbox"/> UCCE	<u>Impact/Outcome</u> <input type="checkbox"/> AAA <input type="checkbox"/> CCC <input checked="" type="checkbox"/> LHD <input type="checkbox"/> UCCE

SPECIFIC ACTIVITY DESCRIPTION	PROGRAM ACTIVITY SETTING
<p>LHD and/or subcontractors will provide evidence-based nutrition and physical activity education to the target population using the approved CFHL curriculum list conducted in single session's and/or in a series of sessions to children, parents and other adults in complimentary settings.</p> <p>Promote healthy eating and food choices, increased water consumption, food waste, physical activity, and garden enhanced nutrition education. Cooking classes and/or taste</p>	<p>Schools (K-12, Elementary, Middle, and High)</p> <p>Before and After-School Programs</p> <p>Early Care and Education Facilities (includes child care centers and day care homes as well as Head Start, preschool, and pre-kindergarten programs)</p> <p>Family Resource Centers</p> <p>Faith-Based Centers/Places of Worship</p> <p>Gardens</p> <p>Indian Reservations</p>

Ver.1

Page 1 of 17

DOMAIN: LEARN \ PSE SETTING: SCHOOLS (K-12, ELEMENTARY, MIDDLE, HIGH)

SPECIFIC ACTIVITY DESCRIPTION	PROGRAM ACTIVITY SETTING
test demonstrations may be used in conjunction with DE to support what is learned in education sessions.	Libraries SNAP offices WIC Clinics

CURRICULUM	LIA PARTICIPATION
CATCH (Pre-K, K-5, 6-8) Nutrition Curricula	<input type="checkbox"/> AAA <input type="checkbox"/> CCC <input checked="" type="checkbox"/> LHD <input type="checkbox"/> UCCE
Around the Table: Nourishing Families	<input type="checkbox"/> AAA <input type="checkbox"/> CCC <input checked="" type="checkbox"/> LHD <input type="checkbox"/> UCCE
Go, Glow, Grow (PreK-K)	<input type="checkbox"/> AAA <input type="checkbox"/> CCC <input checked="" type="checkbox"/> LHD <input type="checkbox"/> UCCE
Happy Healthy Me: Moving, Munching and Reading Around MyPlate (Pre, K-1)	<input type="checkbox"/> AAA <input type="checkbox"/> CCC <input checked="" type="checkbox"/> LHD <input type="checkbox"/> UCCE

EVALUATION TOOL DOCUMENTATION
Pre/Post surveys if provided by curriculum.
SLAQs/OAQ if applicable.
PEARS

DIRECT EDUCATION ACTIVITY ID
02012502

TARGET POPULATION
5 to 7 Years

FFY 2024	FFY 2025	FFY 2026	EVAL TYPE 1	EVAL TYPE 2	EVAL TYPE 3
<input type="checkbox"/> AAA <input type="checkbox"/> CCC <input checked="" type="checkbox"/> LHD <input type="checkbox"/> UCCE	<input type="checkbox"/> AAA <input type="checkbox"/> CCC <input checked="" type="checkbox"/> LHD <input type="checkbox"/> UCCE	<input type="checkbox"/> AAA <input type="checkbox"/> CCC <input checked="" type="checkbox"/> LHD <input type="checkbox"/> UCCE	Process (PEARS)	<u>Formative</u> <input type="checkbox"/> AAA <input type="checkbox"/> CCC <input type="checkbox"/> LHD <input type="checkbox"/> UCCE	<u>Impact/ Outcome</u> <input type="checkbox"/> AAA <input type="checkbox"/> CCC <input checked="" type="checkbox"/> LHD <input type="checkbox"/> UCCE

SPECIFIC ACTIVITY DESCRIPTION	PROGRAM ACTIVITY SETTING
LHD and/or subcontractors will provide evidence-based nutrition and physical activity education to the target population using the approved CFHL curriculum list conducted in single session's and/or in a series of sessions to children, parents and other adults in complimentary settings.	Before and After-School Programs Faith-Based Centers/Places of Worship Family Resource Centers Schools (K-12, Elementary, Middle, and High) Indian Reservations Gardens

SPECIFIC ACTIVITY DESCRIPTION	PROGRAM ACTIVITY SETTING
Promote healthy eating and food choices, increased water consumption, food waste, physical activity, and garden enhanced nutrition education. Cooking classes and/or taste test demonstrations may be used in conjunction with DE to support what is learned in education sessions.	Food assistance sites, food banks, and food pantries Food distribution program on Indian reservations (FDPIR) distribution sites Early Care and Education Facilities (includes child care centers and day care homes as well as Head Start, preschool, and pre-kindergarten programs) WIC Clinics Libraries Other places people go to "play" Other places people go to "shop" for or otherwise access food to prepare and eat at home Parks and Open Spaces SNAP offices

CURRICULUM	LIA PARTICIPATION
Pick a Better Snack (K-3)	<input type="checkbox"/> AAA <input type="checkbox"/> CCC <input checked="" type="checkbox"/> LHD <input type="checkbox"/> UCCE
Nourish: Food + Community	<input type="checkbox"/> AAA <input type="checkbox"/> CCC <input checked="" type="checkbox"/> LHD <input type="checkbox"/> UCCE
CATCH - Activity Box (Grades Pre-K, K-5, 6-8)	<input type="checkbox"/> AAA <input type="checkbox"/> CCC <input checked="" type="checkbox"/> LHD <input type="checkbox"/> UCCE
CATCH (K-5) - Kids Club Manual and Activity Box	<input type="checkbox"/> AAA <input type="checkbox"/> CCC <input checked="" type="checkbox"/> LHD <input type="checkbox"/> UCCE
Eagle Adventure (1-3)	<input type="checkbox"/> AAA <input type="checkbox"/> CCC <input checked="" type="checkbox"/> LHD <input type="checkbox"/> UCCE
Food Smarts for Kids (K-12)	<input type="checkbox"/> AAA <input type="checkbox"/> CCC <input checked="" type="checkbox"/> LHD <input type="checkbox"/> UCCE
Let's Eat Healthy Kindergarten (K)	<input type="checkbox"/> AAA <input type="checkbox"/> CCC <input checked="" type="checkbox"/> LHD <input type="checkbox"/> UCCE
Let's Eat Healthy First Grade (1)	<input type="checkbox"/> AAA <input type="checkbox"/> CCC <input checked="" type="checkbox"/> LHD <input type="checkbox"/> UCCE
Growing Healthy Habits (K-5)	<input type="checkbox"/> AAA <input type="checkbox"/> CCC <input checked="" type="checkbox"/> LHD <input type="checkbox"/> UCCE
Common Threads: Small Bites Virtual (Pre K-8)	<input type="checkbox"/> AAA <input type="checkbox"/> CCC <input checked="" type="checkbox"/> LHD <input type="checkbox"/> UCCE
Common Threads: Small Bytes Program (Pre-K - 8)	<input type="checkbox"/> AAA <input type="checkbox"/> CCC <input checked="" type="checkbox"/> LHD <input type="checkbox"/> UCCE
Power Play! Community Youth Organization Idea and Resource Kit (CYO Kit)	<input type="checkbox"/> AAA <input type="checkbox"/> CCC <input checked="" type="checkbox"/> LHD <input type="checkbox"/> UCCE

EVALUATION TOOL DOCUMENTATION
Pre/Post surveys if provided by curriculum.
SLAQs/OAQ if applicable.

EVALUATION TOOL DOCUMENTATION
PEARS

DIRECT EDUCATION ACTIVITY ID
02012503

TARGET POPULATION
8 to 10 Years

FFY 2024	FFY 2025	FFY 2026	EVAL TYPE 1	EVAL TYPE 2	EVAL TYPE 3
<input type="checkbox"/> AAA <input type="checkbox"/> CCC <input checked="" type="checkbox"/> LHD <input type="checkbox"/> UCCE	<input type="checkbox"/> AAA <input type="checkbox"/> CCC <input checked="" type="checkbox"/> LHD <input type="checkbox"/> UCCE	<input type="checkbox"/> AAA <input type="checkbox"/> CCC <input checked="" type="checkbox"/> LHD <input type="checkbox"/> UCCE	<u>Process</u> (PEARS)	<u>Formative</u> <input type="checkbox"/> AAA <input type="checkbox"/> CCC <input type="checkbox"/> LHD <input type="checkbox"/> UCCE	<u>Impact/Outcome</u> <input type="checkbox"/> AAA <input type="checkbox"/> CCC <input checked="" type="checkbox"/> LHD <input type="checkbox"/> UCCE

SPECIFIC ACTIVITY DESCRIPTION	PROGRAM ACTIVITY SETTING
<p>LHD and/or subcontractors will provide evidence-based nutrition and physical activity education to the target population using the approved CFHL curriculum list conducted in single session's and/or in a series of sessions to children, parents and other adults in complimentary settings.</p> <p>Promote healthy eating and food choices, increased water consumption, food waste, physical activity, and garden enhanced nutrition education. Cooking classes and/or taste test demonstrations may be used in conjunction with DE to support what is learned in education sessions.</p>	<p>Schools (K-12, Elementary, Middle, and High)</p> <p>Before and After-School Programs</p> <p>Community and Recreation Centers</p> <p>Faith-Based Centers/Places of Worship</p> <p>Farmers markets</p> <p>Food assistance sites, food banks, and food pantries</p> <p>Gardens</p> <p>Food distribution program on Indian reservations (FDPIR) distribution sites</p> <p>Healthcare Clinics and Hospitals</p> <p>Indian Reservations</p> <p>Other places people go to "play"</p> <p>Other places people go to "shop" for or otherwise access food to prepare and eat at home</p> <p>Libraries</p> <p>WIC Clinics</p> <p>SNAP offices</p> <p>Early Care and Education Facilities (includes child care centers and day care homes as well as Head Start, preschool, and pre-kindergarten programs)</p>

CURRICULUM	LIA PARTICIPATION
Nourish: Food + Community	<input type="checkbox"/> AAA <input type="checkbox"/> CCC <input checked="" type="checkbox"/> LHD <input type="checkbox"/> UCCE
Dig In! (5-6)	<input type="checkbox"/> AAA <input type="checkbox"/> CCC <input checked="" type="checkbox"/> LHD <input type="checkbox"/> UCCE

CURRICULUM	LIA PARTICIPATION
Power Play! Power Up for Learning - Physical Activity Supplement (4-5)	<input type="checkbox"/> AAA <input type="checkbox"/> CCC <input checked="" type="checkbox"/> LHD <input type="checkbox"/> UCCE
Food Smarts for Kids (K-12)	<input type="checkbox"/> AAA <input type="checkbox"/> CCC <input checked="" type="checkbox"/> LHD <input type="checkbox"/> UCCE
Around the Table: Nourishing Families	<input type="checkbox"/> AAA <input type="checkbox"/> CCC <input checked="" type="checkbox"/> LHD <input type="checkbox"/> UCCE
Common Threads: Small Bites Virtual (Pre K-8)	<input type="checkbox"/> AAA <input type="checkbox"/> CCC <input checked="" type="checkbox"/> LHD <input type="checkbox"/> UCCE
Common Threads: Small Bytes Program (Pre-K - 8)	<input type="checkbox"/> AAA <input type="checkbox"/> CCC <input checked="" type="checkbox"/> LHD <input type="checkbox"/> UCCE
Harvest of the Month (HOTM) (4-6) (rev. 2018)	<input type="checkbox"/> AAA <input type="checkbox"/> CCC <input checked="" type="checkbox"/> LHD <input type="checkbox"/> UCCE
Dig In! (5-6)	<input type="checkbox"/> AAA <input type="checkbox"/> CCC <input checked="" type="checkbox"/> LHD <input type="checkbox"/> UCCE

EVALUATION TOOL DOCUMENTATION
Pre/Post surveys if provided by curriculum.
SLAQs/OAQ if applicable.
PEARS

DIRECT EDUCATION ACTIVITY ID
02012504

TARGET POPULATION
11 to 13 Years

FFY 2024	FFY 2025	FFY 2026	EVAL TYPE 1	EVAL TYPE 2	EVAL TYPE 3
<input type="checkbox"/> AAA <input type="checkbox"/> CCC <input checked="" type="checkbox"/> LHD <input type="checkbox"/> UCCE	<input type="checkbox"/> AAA <input type="checkbox"/> CCC <input checked="" type="checkbox"/> LHD <input type="checkbox"/> UCCE	<input type="checkbox"/> AAA <input type="checkbox"/> CCC <input checked="" type="checkbox"/> LHD <input type="checkbox"/> UCCE	<u>Process</u> (PEARS)	<u>Formative</u> <input type="checkbox"/> AAA <input type="checkbox"/> CCC <input type="checkbox"/> LHD <input type="checkbox"/> UCCE	<u>Impact/ Outcome</u> <input type="checkbox"/> AAA <input type="checkbox"/> CCC <input checked="" type="checkbox"/> LHD <input type="checkbox"/> UCCE

SPECIFIC ACTIVITY DESCRIPTION	PROGRAM ACTIVITY SETTING
LHD and/or subcontractors will provide evidence-based nutrition and physical activity education to the target population using the approved CFHL curriculum list conducted in single session's and/or in a series of sessions	Schools (K-12, Elementary, Middle, and High) Before and After-School Programs Bicycle and Walking Paths Community and Recreation Centers Faith-Based Centers/Places of Worship

SPECIFIC ACTIVITY DESCRIPTION	PROGRAM ACTIVITY SETTING
<p>to children, parents and other adults in complimentary settings.</p> <p>Promote healthy eating and food choices, increased water consumption, food waste, physical activity, and garden enhanced nutrition education. Cooking classes and/or taste test demonstrations may be used in conjunction with DE to support what is learned in education sessions.</p>	<p>Family Resource Centers</p> <p>Farmers markets</p> <p>Food assistance sites, food banks, and food pantries</p> <p>Food distribution program on Indian reservations (FDPIR) distribution sites</p> <p>Gardens</p> <p>Healthcare Clinics and Hospitals</p> <p>Indian Reservations</p> <p>Libraries</p> <p>Other places people go to "play"</p> <p>Other places people go to "shop" for or otherwise access food to prepare and eat at home</p> <p>Early Care and Education Facilities (includes child care centers and day care homes as well as Head Start, preschool, and pre-kindergarten programs)</p> <p>Restaurants</p> <p>Schools (colleges and universities)</p> <p>WIC Clinics</p>

CURRICULUM	LIA PARTICIPATION
Nourish: Food + Community	<input type="checkbox"/> AAA <input type="checkbox"/> CCC <input checked="" type="checkbox"/> LHD <input type="checkbox"/> UCCE
Around the Table: Nourishing Families	<input type="checkbox"/> AAA <input type="checkbox"/> CCC <input checked="" type="checkbox"/> LHD <input type="checkbox"/> UCCE
Food Smarts for Kids (K-12)	<input type="checkbox"/> AAA <input type="checkbox"/> CCC <input checked="" type="checkbox"/> LHD <input type="checkbox"/> UCCE
Dig In! (5-6)	<input type="checkbox"/> AAA <input type="checkbox"/> CCC <input checked="" type="checkbox"/> LHD <input type="checkbox"/> UCCE
Common Threads: Small Bites Virtual (Pre K-8)	<input type="checkbox"/> AAA <input type="checkbox"/> CCC <input checked="" type="checkbox"/> LHD <input type="checkbox"/> UCCE
Common Threads: Small Bytes Program (Pre-K - 8)	<input type="checkbox"/> AAA <input type="checkbox"/> CCC <input checked="" type="checkbox"/> LHD <input type="checkbox"/> UCCE

EVALUATION TOOL DOCUMENTATION
<p>Pre/Post surveys if provided by curriculum.</p> <p>EATS evaluation if applicable for any series of three (3) or more sessions with 4th through 12th grade students.</p> <p>SLAQs/OAQ if applicable.</p> <p>PEARS</p>

DIRECT EDUCATION ACTIVITY ID

02012505

TARGET POPULATION

14 to 17 Years

FFY 2024	FFY 2025	FFY 2026	EVAL TYPE 1	EVAL TYPE 2	EVAL TYPE 3
<input type="checkbox"/> AAA <input type="checkbox"/> CCC <input checked="" type="checkbox"/> LHD <input type="checkbox"/> UCCE	<input type="checkbox"/> AAA <input type="checkbox"/> CCC <input checked="" type="checkbox"/> LHD <input type="checkbox"/> UCCE	<input type="checkbox"/> AAA <input type="checkbox"/> CCC <input checked="" type="checkbox"/> LHD <input type="checkbox"/> UCCE	<u>Process</u> (PEARS)	<u>Formative</u> <input type="checkbox"/> AAA <input type="checkbox"/> CCC <input type="checkbox"/> LHD <input type="checkbox"/> UCCE	<u>Impact/ Outcome</u> <input type="checkbox"/> AAA <input type="checkbox"/> CCC <input checked="" type="checkbox"/> LHD <input type="checkbox"/> UCCE

SPECIFIC ACTIVITY DESCRIPTION	PROGRAM ACTIVITY SETTING
<p>LHD and/or subcontractors will provide evidence-based nutrition and physical activity education to the target population using the approved CFHL curriculum list conducted in single session's and/or in a series of sessions to children, parents and other adults in complimentary settings.</p> <p>Promote healthy eating and food choices, increased water consumption, food waste, physical activity, and garden enhanced nutrition education. Cooking classes and/or taste test demonstrations may be used in conjunction with DE to support what is learned in education sessions.</p>	<p>Schools (K-12, Elementary, Middle, and High)</p> <p>Before and After-School Programs</p> <p>Bicycle and Walking Paths</p> <p>Community and Recreation Centers</p> <p>Faith-Based Centers/Places of Worship</p> <p>Family Resource Centers</p> <p>Farmers markets</p> <p>Food assistance sites, food banks, and food pantries</p> <p>Food distribution program on Indian reservations</p> <p>(FDPIR) distribution sites</p> <p>Gardens</p> <p>Indian Reservations</p> <p>Individual Homes or Public Housing Sites</p> <p>Libraries</p> <p>Other places people go to "play"</p> <p>Other places people go to "shop" for or otherwise access food to prepare and eat at home</p> <p>Schools (colleges and universities)</p> <p>WIC Clinics</p> <p>SNAP offices</p> <p>Restaurants</p>

CURRICULUM	LIA PARTICIPATION
Around the Table: Nourishing Families	<input type="checkbox"/> AAA <input type="checkbox"/> CCC <input checked="" type="checkbox"/> LHD <input type="checkbox"/> UCCE
Food Smarts for Kids (K-12)	<input type="checkbox"/> AAA <input type="checkbox"/> CCC <input checked="" type="checkbox"/> LHD <input type="checkbox"/> UCCE
Cooking Matters (National)	<input type="checkbox"/> AAA <input type="checkbox"/> CCC <input checked="" type="checkbox"/> LHD <input type="checkbox"/> UCCE
Nourish: Food + Community	<input type="checkbox"/> AAA <input type="checkbox"/> CCC <input checked="" type="checkbox"/> LHD <input type="checkbox"/> UCCE

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DOMAIN: LEARN \ PSE SETTING: SCHOOLS (K-12, ELEMENTARY, MIDDLE, HIGH)

CURRICULUM	LIA PARTICIPATION
Rethink Your Drink - High School Lessons	<input type="checkbox"/> AAA <input type="checkbox"/> CCC <input checked="" type="checkbox"/> LHD <input type="checkbox"/> UCCE
TWIGs: Teams with Inter-Generational Support (K-8)	<input type="checkbox"/> AAA <input type="checkbox"/> CCC <input checked="" type="checkbox"/> LHD <input type="checkbox"/> UCCE
Faithful Families Eating Smart & Moving More	<input type="checkbox"/> AAA <input type="checkbox"/> CCC <input checked="" type="checkbox"/> LHD <input type="checkbox"/> UCCE

EVALUATION TOOL DOCUMENTATION
Pre/Post surveys if provided by curriculum.
EATS evaluation if applicable for any series of three (3) or more sessions with 4th through 12th grade students.
SLAQs/OAQ if applicable.
PEARS

DIRECT EDUCATION ACTIVITY ID

02012506

TARGET POPULATION
18 to 59 Years

FFY 2024	FFY 2025	FFY 2026	EVAL TYPE 1	EVAL TYPE 2	EVAL TYPE 3
<input type="checkbox"/> AAA <input type="checkbox"/> CCC <input checked="" type="checkbox"/> LHD <input type="checkbox"/> UCCE	<input type="checkbox"/> AAA <input type="checkbox"/> CCC <input checked="" type="checkbox"/> LHD <input type="checkbox"/> UCCE	<input type="checkbox"/> AAA <input type="checkbox"/> CCC <input checked="" type="checkbox"/> LHD <input type="checkbox"/> UCCE	<u>Process</u> (PEARS)	<u>Formative</u> <input type="checkbox"/> AAA <input type="checkbox"/> CCC <input type="checkbox"/> LHD <input type="checkbox"/> UCCE	<u>Impact/ Outcome</u> <input type="checkbox"/> AAA <input type="checkbox"/> CCC <input checked="" type="checkbox"/> LHD <input type="checkbox"/> UCCE

SPECIFIC ACTIVITY DESCRIPTION	PROGRAM ACTIVITY SETTING
LHD and/or subcontractors will provide evidence-based nutrition and physical activity education to the target population using the approved CFHL curriculum list conducted in single session's and/or in a series of sessions to children, parents and other adults in complimentary settings. Promote healthy eating and food choices, increased water consumption, food waste, physical activity, and garden enhanced nutrition education. Cooking classes and/or taste test demonstrations may be used in conjunction with DE to support what is learned in education sessions.	Faith-Based Centers/Places of Worship Family Resource Centers Schools (K-12, Elementary, Middle, and High) Bicycle and Walking Paths Indian Reservations Healthcare Clinics and Hospitals Schools (colleges and universities) Parks and Open Spaces Gardens Community and Recreation Centers Congregate Meal Sites & Other Senior Nutrition Centers

SPECIFIC ACTIVITY DESCRIPTION	PROGRAM ACTIVITY SETTING
	Farmers markets Food distribution program on Indian reservations (FDPIR) distribution sites Food assistance sites, food banks, and food pantries Other places people go to "shop" for or otherwise access food to prepare and eat at home Other places people go to "play" SNAP offices WIC Clinics Restaurants

CURRICULUM	LIA PARTICIPATION
Faithful Families Eating Smart & Moving More	<input type="checkbox"/> AAA <input type="checkbox"/> CCC <input checked="" type="checkbox"/> LHD <input type="checkbox"/> UCCE
Cooking Matters (National)	<input type="checkbox"/> AAA <input type="checkbox"/> CCC <input checked="" type="checkbox"/> LHD <input type="checkbox"/> UCCE
Healthy Eating and Active Living (HEAL) Toolkit for Community Educators	<input type="checkbox"/> AAA <input type="checkbox"/> CCC <input checked="" type="checkbox"/> LHD <input type="checkbox"/> UCCE
Food Smarts for Adults	<input type="checkbox"/> AAA <input type="checkbox"/> CCC <input checked="" type="checkbox"/> LHD <input type="checkbox"/> UCCE
MyPlate for My Family Education Toolkit	<input type="checkbox"/> AAA <input type="checkbox"/> CCC <input checked="" type="checkbox"/> LHD <input type="checkbox"/> UCCE
Eating Smart, Being Active	<input type="checkbox"/> AAA <input type="checkbox"/> CCC <input checked="" type="checkbox"/> LHD <input type="checkbox"/> UCCE
Faithful Families Eating Smart & Moving More	<input type="checkbox"/> AAA <input type="checkbox"/> CCC <input checked="" type="checkbox"/> LHD <input type="checkbox"/> UCCE
Walk with Ease	<input type="checkbox"/> AAA <input type="checkbox"/> CCC <input checked="" type="checkbox"/> LHD <input type="checkbox"/> UCCE
Food Smarts for Waste Reduction	<input type="checkbox"/> AAA <input type="checkbox"/> CCC <input checked="" type="checkbox"/> LHD <input type="checkbox"/> UCCE
Fresh from the Garden	<input type="checkbox"/> AAA <input type="checkbox"/> CCC <input checked="" type="checkbox"/> LHD <input type="checkbox"/> UCCE

EVALUATION TOOL DOCUMENTATION
Food Behavior Checklist if applicable. Adult Education Evaluation Survey if applicable for any series of at least four (4) sessions or more. PEARS

DIRECT EDUCATION ACTIVITY ID

02012507

TARGET POPULATION

60 to 75 Years

FFY 2024	FFY 2025	FFY 2026	EVAL TYPE 1	EVAL TYPE 2	EVAL TYPE 3
<input type="checkbox"/> AAA <input type="checkbox"/> CCC <input checked="" type="checkbox"/> LHD <input type="checkbox"/> UCCE	<input type="checkbox"/> AAA <input type="checkbox"/> CCC <input checked="" type="checkbox"/> LHD <input type="checkbox"/> UCCE	<input type="checkbox"/> AAA <input type="checkbox"/> CCC <input checked="" type="checkbox"/> LHD <input type="checkbox"/> UCCE	<u>Process</u> (PEARS)	<u>Formative</u> <input type="checkbox"/> AAA <input type="checkbox"/> CCC <input type="checkbox"/> LHD <input type="checkbox"/> UCCE	<u>Impact/Outcome</u> <input type="checkbox"/> AAA <input type="checkbox"/> CCC <input checked="" type="checkbox"/> LHD <input type="checkbox"/> UCCE

SPECIFIC ACTIVITY DESCRIPTION	PROGRAM ACTIVITY SETTING
<p>LHD and/or subcontractors will provide evidence-based nutrition and physical activity education to the target population using the approved CFHL curriculum list conducted in single session's and/or in a series of sessions to children, parents and other adults in complimentary settings.</p> <p>Promote healthy eating and food choices, increased water consumption, food waste, physical activity, and garden enhanced nutrition education. Cooking classes and/or taste test demonstrations may be used in conjunction with DE to support what is learned in education sessions.</p>	Faith-Based Centers/Places of Worship Schools (K-12, Elementary, Middle, and High) Bicycle and Walking Paths Gardens Indian Reservations Community and Recreation Centers Emergency Shelters and Temporary Housing Sites Family Resource Centers Farmers markets Food assistance sites, food banks, and food pantries Food distribution program on Indian reservations (FDPIR) distribution sites Congregate Meal Sites & Other Senior Nutrition Centers Individual Homes or Public Housing Sites Libraries Other places people go to "shop" for or otherwise access food to prepare and eat at home Small Food Stores (<= 3 registers) Other places people go to "play" Schools (colleges and universities) SNAP offices

CURRICULUM	LIA PARTICIPATION
Faithful Families Eating Smart & Moving More	<input type="checkbox"/> AAA <input type="checkbox"/> CCC <input checked="" type="checkbox"/> LHD <input type="checkbox"/> UCCE
Cooking Matters (National)	<input type="checkbox"/> AAA <input type="checkbox"/> CCC <input checked="" type="checkbox"/> LHD <input type="checkbox"/> UCCE
Food Smarts for Adults	<input type="checkbox"/> AAA <input type="checkbox"/> CCC <input checked="" type="checkbox"/> LHD <input type="checkbox"/> UCCE
Food Smarts for Adults	<input type="checkbox"/> AAA <input type="checkbox"/> CCC

CURRICULUM	LIA PARTICIPATION
	<input checked="" type="checkbox"/> LHD <input type="checkbox"/> UCCE
Eat Smart, Live Strong: Nutrition Education for Older Adults	<input type="checkbox"/> AAA <input type="checkbox"/> CCC <input checked="" type="checkbox"/> LHD <input type="checkbox"/> UCCE
Eating Smart, Being Active	<input type="checkbox"/> AAA <input type="checkbox"/> CCC <input checked="" type="checkbox"/> LHD <input type="checkbox"/> UCCE
Faithful Families Eating Smart & Moving More	<input type="checkbox"/> AAA <input type="checkbox"/> CCC <input checked="" type="checkbox"/> LHD <input type="checkbox"/> UCCE
Walk with Ease	<input type="checkbox"/> AAA <input type="checkbox"/> CCC <input checked="" type="checkbox"/> LHD <input type="checkbox"/> UCCE
Fresh from the Garden	<input type="checkbox"/> AAA <input type="checkbox"/> CCC <input checked="" type="checkbox"/> LHD <input type="checkbox"/> UCCE
Fit & Strong!	<input type="checkbox"/> AAA <input type="checkbox"/> CCC <input checked="" type="checkbox"/> LHD <input type="checkbox"/> UCCE
Nutrition 5 Class Series	<input type="checkbox"/> AAA <input type="checkbox"/> CCC <input checked="" type="checkbox"/> LHD <input type="checkbox"/> UCCE

EVALUATION TOOL DOCUMENTATION
Food Behavior Checklist if applicable. Adult Education Evaluation Survey if applicable for any series of at least four (4) sessions or more. PEARS

ALL OTHER ACTIVITY CATEGORY ID
02022500

ALL OTHER ACTIVITY CATEGORY
ASMT - Assessment

FFY 2024	FFY 2025	FFY 2026	EVAL TYPE 1	EVAL TYPE 2	EVAL TYPE 3
<input type="checkbox"/> AAA <input type="checkbox"/> CCC <input checked="" type="checkbox"/> LHD <input type="checkbox"/> UCCE	<input type="checkbox"/> AAA <input type="checkbox"/> CCC <input checked="" type="checkbox"/> LHD <input type="checkbox"/> UCCE	<input type="checkbox"/> AAA <input type="checkbox"/> CCC <input checked="" type="checkbox"/> LHD <input type="checkbox"/> UCCE	<u>Process</u> (PEARS)	<u>Formative</u> <input type="checkbox"/> AAA <input type="checkbox"/> CCC <input type="checkbox"/> LHD <input type="checkbox"/> UCCE	<u>Impact/ Outcome</u> <input type="checkbox"/> AAA <input type="checkbox"/> CCC <input checked="" type="checkbox"/> LHD <input type="checkbox"/> UCCE

SPECIFIC ACTIVITY DESCRIPTION
LHD will conduct Site Level Assessment Questionnaires (SLAQ) in settings which PSE strategies are completed. PRE: Assess environment, readiness and client-need for written school wellness policies at 2 school sites in relation to nutrition standards, structured physical activity (PA) aside from PE (PA breaks, recess, before/after school), site wellness policy, and water access and appeal.

SPECIFIC ACTIVITY DESCRIPTION

POST: Assess school environment site-specific wellness policy implementation in relation to nutrition standards, physical activity, wellness policy, and water access and appeal.

RESOURCES / MATERIALS

Site Level Assessment Questionnaire
PEARS

EVALUATION TOOL DOCUMENTATION

PEARS
Elementary School SLAQ
Secondary School SLAQ

ALL OTHER ACTIVITY CATEGORY ID

02032500

ALL OTHER ACTIVITY CATEGORY

CE - Community Engagement (a)

FFY 2024	FFY 2025	FFY 2026	EVAL TYPE 1	EVAL TYPE 2	EVAL TYPE 3
<input type="checkbox"/> AAA <input type="checkbox"/> CCC <input checked="" type="checkbox"/> LHD <input type="checkbox"/> UCCE	<input type="checkbox"/> AAA <input type="checkbox"/> CCC <input checked="" type="checkbox"/> LHD <input type="checkbox"/> UCCE	<input type="checkbox"/> AAA <input type="checkbox"/> CCC <input checked="" type="checkbox"/> LHD <input type="checkbox"/> UCCE	<u>Process</u> (PEARS)	<u>Formative</u> <input type="checkbox"/> AAA <input type="checkbox"/> CCC <input type="checkbox"/> LHD <input type="checkbox"/> UCCE	<u>Impact/ Outcome</u> <input type="checkbox"/> AAA <input type="checkbox"/> CCC <input checked="" type="checkbox"/> LHD <input type="checkbox"/> UCCE

SPECIFIC ACTIVITY DESCRIPTION

Identify a minimum of 1 school champions (staff, parents, community members, teachers, administrators, students etc.) and utilize assessment results to educate champions on the benefits, impact and importance of nutrition and structured physical activity-related initiatives, additional PA opportunities at school, and wellness policies in school settings.

Leverage relationships with champions to generate support for nutrition standards, school wellness policies, water access, gardening, and additional physical activities in schools.

Engage champions consistently throughout planning, implementation, and maintenance of school strategies and sub-strategies. Engage champions in assessment and/or present assessment results if applicable.

RESOURCES / MATERIALS	EVALUATION TOOL DOCUMENTATION
Site assessment results	Meeting Agendas Sign in Sheets PEARS

ALL OTHER ACTIVITY CATEGORY ID
02052500

ALL OTHER ACTIVITY CATEGORY
CE - Community Engagement (c)

FFY 2024	FFY 2025	FFY 2026	EVAL TYPE 1	EVAL TYPE 2	EVAL TYPE 3
<input type="checkbox"/> AAA <input type="checkbox"/> CCC <input checked="" type="checkbox"/> LHD <input type="checkbox"/> UCCE	<input type="checkbox"/> AAA <input type="checkbox"/> CCC <input checked="" type="checkbox"/> LHD <input type="checkbox"/> UCCE	<input type="checkbox"/> AAA <input type="checkbox"/> CCC <input checked="" type="checkbox"/> LHD <input type="checkbox"/> UCCE	<u>Process</u> (PEARS)	<u>Formative</u> <input type="checkbox"/> AAA <input type="checkbox"/> CCC <input type="checkbox"/> LHD <input type="checkbox"/> UCCE	<u>Impact/Outcome</u> <input type="checkbox"/> AAA <input type="checkbox"/> CCC <input type="checkbox"/> LHD <input type="checkbox"/> UCCE

SPECIFIC ACTIVITY DESCRIPTION
<p>Engage community members in assessment or present assessment results and/or educate on the benefits and impact of nutrition standards and/or daily quality physical activity. Leverage relationships and generate support for existing or expanded work.</p> <p>Gather parent and youth feedback and input on the needs and desires for additional Physical Activity opportunities as well as facilitators and barriers related to PA in schools.</p> <p>Incorporate local champions, community members' vision, and high priority needs into the project planning through engaging them through meetings, listening sessions, surveys, school newsletters, social media, etc.</p>

RESOURCES / MATERIALS	EVALUATION TOOL DOCUMENTATION
N/A	Meeting Agendas Sign-in Sheets

ALL OTHER ACTIVITY CATEGORY ID
02062500

ALL OTHER ACTIVITY CATEGORY
CE - Community Engagement (d)

FFY 2024	FFY 2025	FFY 2026	EVAL TYPE 1	EVAL TYPE 2	EVAL TYPE 3
<input type="checkbox"/> AAA <input type="checkbox"/> CCC	<input type="checkbox"/> AAA <input type="checkbox"/> CCC	<input type="checkbox"/> AAA <input type="checkbox"/> CCC	<u>Process</u> (PEARS)	<u>Formative</u> <input type="checkbox"/> AAA	<u>Impact/Outcome</u>

FFY 2024	FFY 2025	FFY 2026	EVAL TYPE 1	EVAL TYPE 2	EVAL TYPE 3
<input checked="" type="checkbox"/> LHD <input type="checkbox"/> UCCE	<input checked="" type="checkbox"/> LHD <input type="checkbox"/> UCCE	<input checked="" type="checkbox"/> LHD <input type="checkbox"/> UCCE		<input type="checkbox"/> CCC <input type="checkbox"/> LHD <input type="checkbox"/> UCCE	<input type="checkbox"/> AAA <input type="checkbox"/> CCC <input checked="" type="checkbox"/> LHD <input type="checkbox"/> UCCE

SPECIFIC ACTIVITY DESCRIPTION

Regularly meet, share and/or gather data from assessments, community engagement activities, implementation progress, successes solutions for challenges, and report results with community stakeholders and appropriate committees (e.g., PTA, Wellness groups, etc.). When appropriate, host convenings around specific, timely topics.

RESOURCES / MATERIALS	EVALUATION TOOL DOCUMENTATION
N/A	Meeting Agendas Sign-in Sheets

ALL OTHER ACTIVITY CATEGORY ID

02072500

ALL OTHER ACTIVITY CATEGORY

C&C - Coordination and
Collaboration: Partnerships &
Coalitions (a)

FFY 2024	FFY 2025	FFY 2026	EVAL TYPE 1	EVAL TYPE 2	EVAL TYPE 3
<input type="checkbox"/> AAA <input type="checkbox"/> CCC <input checked="" type="checkbox"/> LHD <input type="checkbox"/> UCCE	<input type="checkbox"/> AAA <input type="checkbox"/> CCC <input checked="" type="checkbox"/> LHD <input type="checkbox"/> UCCE	<input type="checkbox"/> AAA <input type="checkbox"/> CCC <input checked="" type="checkbox"/> LHD <input type="checkbox"/> UCCE	<u>Process</u> (PEARS)	<u>Formative</u> <input type="checkbox"/> AAA <input type="checkbox"/> CCC <input type="checkbox"/> LHD <input type="checkbox"/> UCCE	<u>Impact/ Outcome</u> <input type="checkbox"/> AAA <input type="checkbox"/> CCC <input checked="" type="checkbox"/> LHD <input type="checkbox"/> UCCE

SPECIFIC ACTIVITY DESCRIPTION

Identify, establish, cultivate and engage relationships with traditional and non-traditional stakeholders, including professional and community partners/coalitions, school district health advisory committees, food policy councils, market associations, community groups, and County Nutrition Action Plan (CNAP) to advance the development and implementation of community assessment results, planning, and goal implementation. All partners can assist with materials, resources, labor, supplies, tools, seeds, and expertise.

RESOURCES / MATERIALS	EVALUATION TOOL DOCUMENTATION
N/A	PEARS Meeting Agendas

RESOURCES / MATERIALS	EVALUATION TOOL DOCUMENTATION

ALL OTHER ACTIVITY CATEGORY ID

02082500

ALL OTHER ACTIVITY CATEGORY
C&C - Coordination and Collaboration: Partnerships & Coalitions (b)

FFY 2024	FFY 2025	FFY 2026	EVAL TYPE 1	EVAL TYPE 2	EVAL TYPE 3
<input type="checkbox"/> AAA <input type="checkbox"/> CCC <input checked="" type="checkbox"/> LHD <input type="checkbox"/> UCCE	<input type="checkbox"/> AAA <input type="checkbox"/> CCC <input checked="" type="checkbox"/> LHD <input type="checkbox"/> UCCE	<input type="checkbox"/> AAA <input type="checkbox"/> CCC <input checked="" type="checkbox"/> LHD <input type="checkbox"/> UCCE	<u>Process</u> (PEARS)	<u>Formative</u> <input type="checkbox"/> AAA <input type="checkbox"/> CCC <input type="checkbox"/> LHD <input type="checkbox"/> UCCE	<u>Impact/Outcome</u> <input type="checkbox"/> AAA <input type="checkbox"/> CCC <input type="checkbox"/> LHD <input type="checkbox"/> UCCE

SPECIFIC ACTIVITY DESCRIPTION
Attend & participate in local community coalitions, for example school district health advisory committees, food policy councils, market associations, community groups, and County Nutrition Action Plan (CNAP). Share research related to increased learning and PA. Look for opportunities to engage young adult leaders as part of these efforts.

RESOURCES / MATERIALS	EVALUATION TOOL DOCUMENTATION
N/A	PEARS Meeting Agendas

ALL OTHER ACTIVITY CATEGORY ID

02092500

ALL OTHER ACTIVITY CATEGORY
IE - Indirect Education (Promotion)

FFY 2024	FFY 2025	FFY 2026	EVAL TYPE 1	EVAL TYPE 2	EVAL TYPE 3
<input type="checkbox"/> AAA <input type="checkbox"/> CCC <input checked="" type="checkbox"/> LHD <input type="checkbox"/> UCCE	<input type="checkbox"/> AAA <input type="checkbox"/> CCC <input checked="" type="checkbox"/> LHD <input type="checkbox"/> UCCE	<input type="checkbox"/> AAA <input type="checkbox"/> CCC <input checked="" type="checkbox"/> LHD <input type="checkbox"/> UCCE	<u>Process</u> (PEARS)	<u>Formative</u> <input type="checkbox"/> AAA <input type="checkbox"/> CCC <input type="checkbox"/> LHD <input type="checkbox"/> UCCE	<u>Impact/Outcome</u> <input type="checkbox"/> AAA <input type="checkbox"/> CCC <input checked="" type="checkbox"/> LHD <input type="checkbox"/> UCCE

SPECIFIC ACTIVITY DESCRIPTION

Indirect Education efforts will be used by LHD and subcontractors to promote, support and reinforce messages consistent with DE and other activities that promote nutrition standards, water access and appeal, gardening, physical activity, wellness policy and food waste. Support activities may be conducted at local farmers' markets, health fairs, community fairs, summer meal sites, Tribal communities, Hispanic/Latino communities, faith-based centers or places of worship, family resource centers, schools, before/after school settings, and other promotional events focused on the promotion of nutrition and physical activity. This may include HOTM, taste testing, bike and walk to school days, national nutrition month, RYD and healthy snack days, etc.

Communicate through various appropriate channels (school newsletters, site-based events, flyers, posters, social media, health fairs, websites, events, etc.).

RESOURCES / MATERIALS

Toolbox for Community Educators if applicable.
 Healthy Snack Day
 Re-Think Your Drink
 Harvest of the Month
 Power Play
 CATCH
 eatfresh.org
 Blue Zones Project
 The Morning Mile

EVALUATION TOOL DOCUMENTATION

PEARS

ALL OTHER ACTIVITY CATEGORY ID

02102500

ALL OTHER ACTIVITY CATEGORY

TTA - Training and Technical Assistance

FFY 2024	FFY 2025	FFY 2026	EVAL TYPE 1	EVAL TYPE 2	EVAL TYPE 3
<input type="checkbox"/> AAA <input type="checkbox"/> CCC <input checked="" type="checkbox"/> LHD <input type="checkbox"/> UCCE	<input type="checkbox"/> AAA <input type="checkbox"/> CCC <input checked="" type="checkbox"/> LHD <input type="checkbox"/> UCCE	<input type="checkbox"/> AAA <input type="checkbox"/> CCC <input checked="" type="checkbox"/> LHD <input type="checkbox"/> UCCE	<u>Process</u> (PEARS)	<u>Formative</u> <input type="checkbox"/> AAA <input type="checkbox"/> CCC <input type="checkbox"/> LHD <input type="checkbox"/> UCCE	<u>Impact/ Outcome</u> <input type="checkbox"/> AAA <input type="checkbox"/> CCC <input checked="" type="checkbox"/> LHD <input type="checkbox"/> UCCE

SPECIFIC ACTIVITY DESCRIPTION

Provide training and technical assistance, maintenance, coordination, oversight and assistance with sustainability plans to organizations or sites implementing nutrition education, garden-based education, and physical activity promotion. Support site initiatives and provide direct training and/or train the trainer models for educators.

SPECIFIC ACTIVITY DESCRIPTION

RESOURCES / MATERIALS	EVALUATION TOOL DOCUMENTATION
N/A	PEARS Meeting Agendas Sign in Sheets

MENDOCINO COUNTY - SECTION A - FFY 2024 - 2026 INTEGRATED WORK PLAN - OVERVIEW

To view the County Profile for SNAP-Ed eligible demographics and locations, please visit the [CalFresh Healthy Living website](http://calfreshhealthyliving.org): <http://calfreshhealthyliving.org>

1. COUNTY/ JURISDICTION	2. LIA	6a. INTENDED AUDIENCE	6b. ETHNICITY AND RACE	6c. LANGUAGES (INTERVENTIONS AND MATERIALS)
Mendocino	<input type="checkbox"/> AAA <input type="checkbox"/> CCC <input checked="" type="checkbox"/> LHD <input type="checkbox"/> UCCE	<input checked="" type="checkbox"/> 4 Years and Under <input checked="" type="checkbox"/> 5 to 7 Years <input checked="" type="checkbox"/> 8 to 10 Years <input checked="" type="checkbox"/> 11 to 13 Years <input checked="" type="checkbox"/> 14 to 17 Years <input checked="" type="checkbox"/> 18 to 59 Years <input checked="" type="checkbox"/> 60 to 75 Years <input type="checkbox"/> 76 Years and Older	<input checked="" type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input checked="" type="checkbox"/> Hispanic/Latino <input checked="" type="checkbox"/> Multiple/Other <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input checked="" type="checkbox"/> White	<input type="checkbox"/> Arabic <input type="checkbox"/> Armenian <input type="checkbox"/> Bosnian <input type="checkbox"/> Cantonese <input checked="" type="checkbox"/> English <input type="checkbox"/> Farsi <input type="checkbox"/> Hmong <input type="checkbox"/> Khmer (Cambodian) <input type="checkbox"/> Korean <input type="checkbox"/> Lao <input type="checkbox"/> Mandarin <input checked="" type="checkbox"/> Other (Native American) <input type="checkbox"/> Russian <input checked="" type="checkbox"/> Spanish <input type="checkbox"/> Tagalog <input type="checkbox"/> Vietnamese

3. COMMUNITY GOALS

When choosing priority areas for community change goals, the top five priorities were considered:

1. Childhood Obesity and Family Wellness
2. Childhood Trauma
3. Housing
4. Mental Health
5. Poverty

These priority areas reflect the characteristics that the Community Health Needs Assessment (CHNA) determined to be the most important for the health of Mendocino County:

- Child and Youth development
- Access to health care and prevention-focused medical and social services
- Healthy schools, worksites, homes and neighborhoods
- Civil and community engagement
- Healthy lifestyles

These priority areas that led to the following long-term community change goals require multi-year strategies, the support of partners, and additional funding sources. Working on the larger community goals will require additional partners and funding to support some of the capital improvements needed for policy, system and environmental (PSE) changes.

Goal: Lower the rate of obesity in children throughout Mendocino County as measured by indicators found on the Healthy Mendocino website.

As the only CFHL funded Local Implementing Agency (LIA) in Mendocino County, the LHD will work to support local

3. COMMUNITY GOALS

CFHL eligible neighborhoods by committing to contribute to parts of these larger community goals based on agency expertise and CFHL allowability as follows:

1. Increase public awareness of relevant community programs and resources.
2. Promote healthy environments at workplace, recreation, and community meeting venues.
3. Support efforts of agencies and organizations to promote physical activity and healthy nutrition of children and families.
4. Promote use of community gardens by families and schools for access to healthy food.
5. Support safe and secure walking and biking routes and trails.
6. Participate in community events aimed at promoting exercise and healthy eating habits.
7. Organize and participate in healthy living events for local communities.
8. Utilize social media to promote health and wellness.

PSE strategies to be implemented by the LHD as part of the IWP include work in the LEARN--K-12 schools in the area of Nutrition Standards and Daily Physical Activity. Additional strategies used to support these larger community change goals will include work in nutrition education, social media outreach, coalition building, and training support and technical assistance.

4. ADDRESSING EQUITY

Mendocino County Public Health is dedicated to making racial and health equity a high priority in FFY 2024-2026, hoping to minimize the disparities in health outcomes for all. In alignment with community, county, and state-wide goals, Mendocino County has closely examined the gaps across racial and ethnic groups in the county, prioritizing the Hispanic/Latino and Tribal communities to be most vulnerable.

Utilizing the collaborative efforts of members on the Food Policy Council, CFHL staff and local contractors will determine community health goals related to nutrition standards, wellness policies, water access, access to farmers markets, and health education. Mendocino County will leverage the expertise and experience of partners to identify sites with highest need and provide health and nutrition education through a culturally sensitive lens. CFHL will invite members of the Hispanic/Latino and Tribal communities to provide input about what is most appropriate for their community. Additionally, CFHL wants to ensure that all educational activities are accessible to all.

Mendocino County is totally rural, with mountainous topography that makes access to the county's populations hidden in the hills challenging. Staff and contractors will attempt to locate these individuals and provide wraparound support through collaboration with case management programs. The County's goal is to address food insecurity, as this is a key to emotional and physical stability. Rising fuel costs also create difficulties for the county's rural populations, making service outreach to vulnerable populations essential. Healthy eating and physical activity supports will be made available as needed.

Similarly, undocumented immigrants in Mendocino County often experience limited access to services and resources. This is due to language barriers and immigrant status fears, which are in addition to the abovementioned difficulties of rural living. Outreach education to these communities will be compassionate, evidence-based, participant-centered, and culturally and linguistically appropriate.

The needs of these vulnerable populations will be determined by community level assessments, which will engage the target communities of Tribal and Hispanic/Latino communities, undocumented immigrants, and migrant workers. Mendocino County CFHL and community partners will engage these marginalized community members, increase community buy-in, and help plan and implement data-driven interventions for all.

4. ADDRESSING EQUITY

Policy, systems, and environmental (PSE) strategies will also increase access to healthy food and address food insecurity for Mendocino County's low-income communities. This includes establishing and maintaining community gardens, implementing nutrition standards where needed, and the addition of healthy food distribution and waste reduction through partnerships with local food banks.

Mendocino County CFHL staff acknowledge that this work involves creating supportive food and activity environments in collaboration with our community partners. The goal is to make healthy choices more accessible and equitable for all in local stores. CFHL and partners will request client feedback through surveys conducted at food distributions sites, and confidential conversations with clients. Ultimately, it is the vulnerable populations' desires and voices that are necessary to successful program development and implementation.

5. PARTNERSHIPS AND COLLABORATIVE EFFORTS [THIS CAN INCLUDE THE COUNTY NUTRITION ACTION PLAN (CNAP) PARTNERS OR COMPARABLE PARTNERS AND COALITIONS YOU PARTICIPATE IN OR CONVENE]

5A. CNAP (OR COMPARABLE) NAME

Mendocino County Nutrition Action Partnership

As the only CFHL funded LIA in Mendocino County, we collaborate extensively with many agencies to assess community health needs. These partners assist CFHL to advocate, educate, and improve systems to increase the nutritional and physical health of Mendocino County residents. They are:

6. Community-based organizations
7. Schools
8. Mendocino County Office of Education
9. California Department of Social Services–CalFresh Program
10. First 5
11. WIC
12. Food banks
13. Tribal Communities
14. Food service directors
15. City officials
16. Hospitals
17. Blue Zones Project
18. Other community groups and individuals.

Efforts include enhancing structured physical activities in community and school settings, access to safe streets for active transportation, work to increase fresh and healthy food access, creation of community gardens, as well as promoting and supporting food banks, EBT promotion (including EBT match programs), and zoning laws.

The Mendocino County Food Policy Council serves as the County Nutrition Plan Partnership workgroup responsible for the development and implementation of the County Nutrition Action Plan (CNAP). This group meets quarterly.

One important additional partner is Ukiah Vecinos en Acción, (Neighbors in Action) (UVA). This is a Latino coalition formed by community members in 2017. UVA consists of individuals who are passionate and focused about acting on a wide variety of issues affecting the Latino population. This coalition is a bridge between agencies and the community. Their focus is to enrich the positive presence of Latinos, to serve as a non-biased platform for information, and to build an environment of trust and positive relationships with other local organizations.

6A. NEEDS ASSESSMENT AND FINDINGS

Mendocino County is a rural county in Northern California with a land area of 3,509 square miles. According to 2018 data from the U.S. Census Bureau, Mendocino County has an estimated population of 87,580, slightly lower than the 87,869 reported in the 2014 U.S. Census data. More than one-half (55%) of the population live in urban areas, while 45% live in rural communities, on farms or ranches. The proportion of residents who are ages 65 years and over make up 21.7% of the county population, higher than the proportion in the state with 14.5%.

In 2018, the county's population was 76% White, 22% Hispanic, 4% Native American, 1% Asian, .7% African American, .6% Pacific Islander, and 15.4% Two or More Races. Between 2010 and 2060, the Hispanic/Latino population is expected to increase from 19,802 to 37,293 or to 37% of the county population, while Whites will decrease from 60,449 to 48,450 (to 48% of the county population).

Between 2010 and 2060, the working age population (25-64) is expected to increase from 47,955 to 48,818, or to 49% of the county population, while retirees and seniors (65 years and up) will grow from 13,672 to 19,861 (to 20% of the county population)

In 2018, 16.3% of the county's population overall and approximately more than one-third each of Some Other Race, Native Hawaiian/Pacific Islander, American Indian and African American populations were living below the Federal Poverty Level (40.4%, 40.9%, 40.5% and 44.9%, respectively). The median household income in Mendocino County, at \$47,656, was 36% lower than that of the state (\$74,605), compared to 2014 when the median household income in Mendocino County was 29% lower than the state. The percentage of households receiving cash public assistance income for the 2013-2017 time frame was 3.5%, a decrease from 4.0% in 2010-2014.

Mendocino County experiences significant housing issues, including a lack of affordable housing, overcrowding, and homelessness. The 2019 County Health Rankings estimate that about 27% of the county population lives in substandard housing, i.e., without a kitchen or adequate plumbing, or lives in crowded conditions. In addition to substandard or crowded housing, over one-half of Mendocino County residents who rent (52%) pay more than a third (35%) of their total income for rent. The lack of housing negatively affects businesses, schools, and the health-care system because would-be employees are unable to find adequate housing.

The FFY 24-26 Integrated Work Plan (IWP) was developed using information from the Community Health Needs Assessment (CHNA) and the Community Health Improvement Plan (CHIP) for Mendocino County. The CHNA is a compilation of quantitative and qualitative data from multiple sources, woven together to provide a comprehensive picture of the health of county residents. The purpose of the CHNA is to develop an ongoing, collaborative process of assessing and responding to the health needs of Mendocino County residents. The CHNA findings as summarized below have been used to inform the prioritization of health issues and the development of a Community Health Improvement Plan (CHIP). The goal of the CHNA and CHIP is to align and leverage resources, initiatives and programs to improve local health. The ultimate goal is to ensure coordinated, measurable health improvement throughout the county, with all agencies and organizations working together toward collective impact. IWP activities have been tailored to address the most pressing health needs in Mendocino County as identified from these sources.

The Community Health Status Assessment (CHSA) is a compilation of local and comparative data from multiple sources that was collected and analyzed to gauge the health of the county's population and identify health disparities among age, gender, racial and ethnic groups. The CHSA seeks to address three questions.

19. How healthy are our residents?
20. What does the health status of our community look like?
21. What are the disparities in our community?

Assessment Findings:

1. How is quality of life perceived in our community?

The data in this section depicts several facets of the quality of life in Mendocino County including perceptions of quality of life, health and wellness, basic needs, and safety.

In the Community Health Survey, the majority of adult respondents rated Mendocino County as a "healthy" or

6A. NEEDS ASSESSMENT AND FINDINGS

“somewhat healthy” community in which to live, an average of 3.3 (on a scale of 1 to 5, with 5 being the highest). The average score was higher for Hispanic/Latino respondents (4.0), but lower for Native American respondents (3.0). The lowest ratings had to do with mental health issues, the normalization of the drug culture, the criminality associated with the drug culture, and the lack of equal access to services by the disadvantaged in the county. In contrast, personal health ratings averaged 3.7 for residents and 3.8 for key informants, with the majority selecting a “healthy” or “very healthy” rating.

Community Health Survey respondents were asked which chronic illnesses or conditions they or family members were living with. Of 1,215 respondents to this question, the top seven chronic conditions reported were high blood pressure (39%), mental health illness (depression, bi-polar, schizophrenia, etc., 31%), diabetes (28%), chronic pain (27%), arthritis (25%), alcohol or drug dependency (22%), and cancer (21%).

For Native Americans, the top seven chronic conditions were almost identical but varied in frequency with the top condition reported as diabetes (67%), followed by high blood pressure (51%), arthritis (38%), alcohol or drug dependency (36%), mental health illness (29%), and cancer (22%).

Hispanics/Latinos reported the least chronic conditions; the top seven were: diabetes (48%), arthritis (18%), cancer (13%), high blood pressure (11%), alcohol or drug dependency (11%), and chronic pain (7%). Important to note is that almost all of the Hispanic/Latino respondents were under 54 years of age. Nonetheless, almost half of the Hispanic/Latino respondents reported living with diabetes.

The biggest barriers associated with accessing health care services in Mendocino County were that needed medical services were not available locally (52%). This was true for Native American (36%) and Hispanic/Latino (30%) respondents, as well.

2. What factors are most important for our community's health?

When asked what factors make Mendocino County a good place to live, survey respondents most often selected nature/environment (55%), community involvement (43%), clean environment (29%), low crime/safe neighborhoods (24%), and arts and cultural events (22%).

Key leaders had the same responses for the top three factors that make Mendocino County a good place to live, nature/environment (78%), community involvement (56%), and clean environment (30%). The factors that ranked four and five were parks and recreation (20%) and low crime/safe neighborhoods (17%).

The top six most critical and quality of life issues identified by key informants were 1) mental health issues, 2) alcohol and drug abuse, 3) homelessness, 4) economic issues, 5) chronic diseases (e.g., obesity, high blood pressure, diabetes, etc.), and 6) lack of access to health care.

The most significant challenges or barriers identified to addressing the most important health problems are:

1. Lack of funding to support infrastructure and programs
2. Lack of affordable housing, particularly for the mentally ill and homeless
3. The need for mental health services exceeds the capacity of the current system
4. Duplication of effort among local agencies and nonprofits
5. The pervasiveness of the drug culture and widespread acceptability of marijuana
6. The current state of the economy, overall

3. What assets do we have that can be used to improve community health?

Key informant interviews identified the following as some of the assets that can be leveraged to address many of the most important health problems identified above to promote health and well-being in Mendocino County:

1. **Mental Health**
 1. Measure B Funding
 2. Redwood Quality Management Company
 3. Redwood Community Services
 4. Innovations Project
2. **Alcohol & Drug Abuse**

6A. NEEDS ASSESSMENT AND FINDINGS

1. Prop 64 Funding
2. HUD/Ford Street Residential Treatment Pilot Project
3. **Homelessness**
 1. Government
 2. Large businesses and nonprofits
 3. Redwood Quality Management Company
 4. Redwood Community Services
4. **Economic Issues**
 1. City/county partnerships
 2. Nonprofit

7. INTERVENTION AND EVALUATION PLAN NARRATIVE EXECUTIVE SUMMARY

Mendocino County LHD and subcontractors will collaborate to provide comprehensive multi-level behavior-focus strategies and interventions at multiple complementary sites, organizational and institutional levels of the Social Ecological Model (SEM) through a mix of intervention strategies to work towards achieving PSE change efforts including: nutrition education and physical activity promotion, community events, training and technical assistance, collaboration and coordination with partners, as well as utilizing CDPH-approved social media throughout the county. LHD and subcontractors will conduct baseline school level assessments and use Site Level Assessment Questionnaires (SLAQs) to identify and describe the extent and type of health and nutrition problems and needs of individuals and/or target populations in the community.

To achieve the community change goals included in the IWP, the LHD selected:

5. Nutrition Standards, with core PSE sub-strategies in schools; and/or complementary sub-strategies identified as school wellness policy and gardens.
6. Daily Quality Physical Activity with core PSE sub-strategies in Schools (non-PE--children age 5-17), and/or Community Physical Activity Opportunities; and/or complimentary sub-strategies identified as stencils, school wellness policy and improving physical education in schools.

A minimum of two SNAP-Ed eligible sites will receive the stated SNAP-Ed intervention strategies by the LHD.

The identified PSE strategies and sub-strategies will be achieved through the following:

7. **Direct education** for the target population through delivery of evidence-based interventions using USDA approved curriculum.
8. **Assessment** at both the community level and setting-based level to determine baseline/pre-assessment, ongoing assessment of activities to measure process outcomes, and post-assessment to determine outcomes. Formative and process evaluation will be used to measure community engagement readiness, effective and outcome combining quantitative analysis with qualitative data from informant interviews, surveys and observations; along with evaluation to measure PSE sustainability and effectiveness. Pre and post assessment will be used to measure participants' behavior changes and program effectiveness through SLAQs at school/district sites in which PSE activities are conducted, as well as other CDPH defined tools.
9. **Community Engagement** to cultivate relationships with and educate appropriate site, organizational, and/or community level decision-makers, and champions/influencers and community members; engage community in priority planning and implementation; and conduct information sharing activities with appropriate stakeholders.

7. INTERVENTION AND EVALUATION PLAN NARRATIVE EXECUTIVE SUMMARY

10. Coordination and Collaboration--Partnerships and Coalitions to identify and meet with appropriate funded and unfunded partners for program planning and implementation; and to meet and work with appropriate committees and workgroups engaged in planning, implementation and maintenance.
11. Indirect Education to engage SNAP-eligible population using indirect education strategies and channels to share healthy eating and active learning information; and promotion and education on the importance of physical activity and water consumption instead of sugar sweetened beverages and gardening.
12. Training and Technical Assistance to provide training and technical assistance to appropriate individuals or groups to educate and/or adopt, implement, maintain and sustain PSE components of focus area strategies.

Legend:

Revision = Underline Font (Highlighted)

~~Removed~~ = Strikethrough Font

Attachment 2

FFY 23 CalFresh Healthy Living Adult Survey **Administration Protocol**

I. Purpose

The purpose of the *CalFresh Healthy Living Adult Survey* is to collect information about dietary and food resource management-related behaviors from adults receiving CalFresh Healthy Living (CFHL) direct education using a simple and tested online survey instrument. This survey can be used in settings with adult direct education, and during times of in-person or virtual instruction.

II. When to Administer

- The survey should be administered *before* any direct education occurs (pre-test), then *again* after direct education is complete (post-test).
- The survey can be administered any day of the week.
- The survey can be administered in person or virtually.

III. Who Should Administer

- A CalFresh Healthy Living staff or their designee, which may include:
 - Subcontracted educators or data collectors,
 - College-level or higher-level interns,
 - Volunteers from partner agencies.

IV. Materials Needed

1. Online survey: The survey is hosted online in Survey123. There is now a single link/QR code to be used for both pre- and post-tests. The (FFY 23 link) can be found below and in the [Survey Administration Materials Checklist](#).

Pre-test AND Post-test QR Code and Link



<https://arcg.is/15mi5r0>

2. Survey administration protocol
3. Online capable device (e.g. smartphone, tablet, or computer)
4. PEARS Program Activity ID: *PEARS Program Activity ID* is a required question on the survey, and participants cannot move past that question until it is completed. Prior to the day of pre-test, you will need to be sure the PEARS Program Activity (direct education) is entered into PEARS, even if the entry cannot be entirely completed. After entering the Program Activity, you will need to record the Program Activity ID, and bring that ID on the pre- and post-test day to provide to program participants. The PEARS Program Activity ID

can be found on the Program Activity summary page (see image at right). All lessons in a series should be entered as a single Program Activity, with one Program Activity ID.

Created	05/30/2021 1:41 PM
Modified	05/30/2021 3:17 PM
PEARs Program Activity ID	870529
Collaborators	

5. [CalFresh Healthy Living Adult Survey Administration Materials Checklist](#)

V. Survey Languages

- In addition to English and Spanish, the survey is now available in Arabic, Armenian, Chinese, Farsi, Hmong, Khmer, Russian, Somali, Tagalog, Thai, and Vietnamese.
- Participants can choose a language themselves by clicking the globe on the upper left screen (see image at right).

VI. Selection of Pre or Post

- Rather than using separate pre and post links, there is now a single survey link.
- As a result, participants must select the correct survey time point themselves (see image at right).
- The educator should instruct participants on which survey time point to select.
- Pre or Post* is a required question on the survey, and participants cannot move past that question until it is completed.

VII. LHD Affiliation

- To expedite LHD requests for data throughout the year, we must collect the LHD each participant is affiliated with.
- All LHDs are included in a drop down list for the participant to choose from (see image at right).
- The educator should instruct participants on which LHD (county or city name) to select.
- LHD Affiliation* is a required question on the survey, and participants cannot move past that question until it is completed.

VIII. Unique ID Assignment

- Adults craft their own unique identifiers comprised of their responses to four questions:

- First initial (Question 1),
- Last initial (Question 2)
- 2-digit birth MONTH (Question 3)
- 2-digit birth DAY (Question 4)
- To eliminate data entry errors, participants can choose the correct responses from a drop-down list (see image at right).
- For participants with multiple last names, they should use the first letter of their first last name.
- The four questions that comprise the unique identifier are required questions on the survey, and participants cannot move past that section until it is completed.
- In the dataset, this 6-character ID is concatenated with PEARS Program Activity ID to create a truly unique ID.

First letter of your first name?

Last letter of your last name?

Birth MONTH (2-digit: 01, 04, 11?)

Birth DAY (2-digit: 01, 04, 11?)

IX. Survey Instrument

- Questions 1-8 are the validated questions taken directly from the [Food Behavior Checklist](#)
- Questions 9-11 were added by Nutrition Policy Institute. The data are intended to guide future LHD CFHL interventions.
- The final four questions on the survey are basic demographics (age, sex, race/ethnicity).
 - If participants are unsure what race to select, you can assist by providing additional examples for each category:
 1. American Indian or Alaska Native (North, Central, or South American Origin)
 2. Asian (Chinese, Korean, Vietnamese, Filipino, Cambodian, Indian, Thai, etc.)
 3. Black or Africa American (Origins in any of the Black racial groups of Africa)
 4. Native Hawaiian or other Pacific Islander (Guamanian, Samoan, etc.)
 5. White (European, Middle Eastern, North African)

X. Additional Help

- Short (1-5 minute) training modules on various survey administration topics can be found on the website, under [Training Modules](#):
 - [Locating PEARS Program Activity IDs](#)
 - [Selecting Survey Language](#)
 - [Assigning Participant IDs](#)

XI. Paper Surveys

- Though online surveying is recommended, we understand there are situations/audiences where use of the online survey is less feasible. For this reason, [paper surveys](#) in all languages are available on the website.
- All paper surveys should be entered into the same online Survey123 link you'd use if you were surveying participants online. Surveys should never be entered into PEARS.

Attachment 3

Eating and Activity Tool for Students *Administration Protocol*

I. Purpose

The purpose of the *Eating and Activity Tool for Students (EATS)* is to collect information about dietary and physical activity behaviors from children, grades 4 and above using a simple and tested survey instrument. This survey can be used in schools, after school, and other youth settings.

II. When to Administer

- The survey is intended to capture student eating and physical activity behaviors on a *regular school day*. Because questions ask about *yesterday*, the survey must be done on a day following a regular school day, i.e., Tuesday through Friday.
- The survey should never be given on a day following a holiday, e.g., not on a Tuesday after a Monday holiday. It should also not be given the week after a full week break, e.g. winter or spring break.
- The online survey will be closed the days mentioned above. Please plan accordingly.
- The survey can be administered at any time during the day, but to the extent possible, both pre and post surveys should be administered at the same time, in the same way, with the same staff.

III. Who Should Administer

Any of the following staff may administer the survey:

- A classroom or special subject teacher (e.g., health, science, P.E.);
- Other designated staff person from your agency; or
- A site CalFresh Healthy Living coordinator or their designee, which may include subcontracted data collectors, college-level or higher-level interns or volunteers from partner agencies.

IV. Materials Needed

- Surveys, either:
 - Recommended method:
 - **Online survey:** Site-specific link obtained by contacting: amlinares@ucanr.edu
 - Each school/site will be assigned **ONE** unique link (the student must identify whether they are taking a pre-test or post-test).
 - Or:
 - **Paper survey:** Available on IOE website (<https://ucanr.edu/sites/ioe/>), printed in color, on white paper (paper surveys are to be entered into the site-specific link mentioned above).
- Survey administration protocol
- Students' unique ID numbers, ready to distribute
- If applicable, Chromebooks or other online-ready device

- If applicable, pencils (one per student plus extras)

V. Unique ID Assignment

- Unique IDs must be 3-digits and cannot start with a zero (i.e. 001, 010).
- Do not duplicate ID assignments within a single site.
- **Recommendation:** Assign Classroom 1 at Site 1 IDs starting at 100. Assign each additional classroom at that site numbers starting with 200, 300, 400, and so forth. You can repeat this process at Site 2, 3, 4, and so forth.

VI. Pre/Post Identification

- Unlike years' past, there will not be separate pre- and post-test links.
- **There will be ONE custom survey link per school/site, and students will identify whether they are taking a pre- or post-test.**
- It is very important the survey administrator help students select the correct survey time point. If they do not, data cannot be matched, and thus, will be unusable.

VII. Survey Administration Protocol

- Instructions for the survey administrator are in plain type.
- *Instructions to be read aloud to the students are in bold italic type.*
- While it is not required that you follow this script, be sure to review the content of this protocol beforehand and address each salient point.

(read aloud) Good morning (or afternoon as appropriate). My name is (name) and we are from (insert agency name). Today I would like you to complete a survey. This is a survey about what kids your age eat and drink, and how active you are. No one in your class, or your friends, or anyone at home will see your answers. Taking part in this survey is up to you. Your choice about taking part will not affect your grades or your ability to take part in any activities. Let's complete the first page of the survey together. Does anyone have any questions before we begin?

Pass out the student surveys and pencils (or Chromebooks/online-ready device). If online, share the survey link and ask students to click on it.

(aloud) Please fill in your identification number (ID). You can also pre-label or attach stickers to paper copies, or email each student their ID for online administration. Next, write today's date. It is _____. Now, where it says Pre or Post, choose _____ (assist them in selecting the either Pre-test, before intervention is delivered, or Post-test, after intervention is complete).

Let's get started. Wherever you see a bubble (circle), choose the ONE best answer for the question. Wherever you see a box (square), choose each answer that is true for you. This is

not a test, and there are no right or wrong answers. Remember, your answers will be kept private.

Now let's read through the first part of the survey together.

Question 1: Select your age (wait for students to finish)

Question 2: Select your grade. For this class, you would bubble in _____ (if class is a single grade, provide the answer)

Question 3: Select whether you are a boy or a girl. It's ok if you don't want to answer this question. In that case, bubble in "don't want to answer". (wait for students to finish)

Question 4: (read Race/Ethnicity question as is) "How do you describe yourself? Choose all the boxes that best describe you.

Next there are questions about what you ate or drank yesterday.

But first, Question 5 asks: Did you attend school yesterday? (All/most students should have attended school yesterday if protocol is followed, i.e. no surveying on Monday or day after a school holiday). Yesterday was (name of day). Bubble in yes if you were here yesterday, or no if you were absent.

Now think about what you ate and what you drank yesterday. Please count only what you ate or drank yesterday, even if it was not a normal day for you. (Optional) On the board up here, I've written some places to help you remember where you were yesterday, the names of different meals, and what was served for school breakfast and lunch. Question 6 and 7 are asking about only about school lunch and breakfast. If you did not receive and eat the breakfast and/or lunch provided by the school, then select "I did not eat the school breakfast/lunch." Complete these two questions now.

Questions 8-21 ask about specific foods and beverages you ate or drank yesterday. Let's do an example to see how to answer this type of question. We're going to look at Question 8 together.

Yesterday, did you eat any starchy vegetables? Examples of starchy vegetables include potatoes, corn, and peas. Suppose you had a scoop of corn as part of school lunch and roasted potatoes as a side dish with dinner. Which circle would you bubble in? (Wait for responses.) You ate corn 1 time at lunch, and potatoes 1 time at dinner, so you ate starchy vegetables a total of 2 times yesterday. You would bubble in the circle for "Yes, I ate one of these foods 2 times yesterday". Remember, when you answer this question on your survey, you will consider only the vegetables you ate yesterday.

Are there any questions about the instructions I've just explained? (If students ask questions about specific survey questions, help clarify the questions for the students, but do not provide answers.) If you have a question while you are taking the survey, please raise your hand and someone will help you. Remember, the pictures and food/drinks in the example boxes are examples only and do not necessarily include all the possible foods or drinks that should be

included in your answer. What you ate or drank may have looked different. Please stop after you finish Question 21 so the group can catch up.

Once the class has caught up at Question 22:

The next questions are about your physical activity. When we ask about physical activity, this includes sports or dance that make you sweat or make your legs feel tired, or games that make you breathe hard, like tag, skipping, running, climbing, and others. At school, think about the time you spent playing sports, physically active games, playing actively with friends, or other activities that got your body moving. Also, walking counts as physical activity, but only if you did it for more than 10 minutes at a time. Let's look at Question 22 together.

Question 22: Last week, on which days were you physically active for a total of at least 60 minutes (or 1 hour) per day? Add up all the time you spent in any kind of physical activity that increased your heart rate and made you breathe hard some of the time. Examples: basketball, soccer, running or jogging, fast dancing, swimming laps, tennis, fast bicycling, or similar aerobic activities. Choose either Yes or No for each day of the week. (wait for students to finish)

Let's move on to Question 23: Last week, on which days did you attend school? Choose either Yes or No for each day of the week.

The last two questions ask about any physical activity classes like PE that you had during school last week. Do not include activities outside of school like dance class, sports leagues, or martial arts.

That's it, we are done with the survey! Great job and thank you!

VIII. Question-specific Troubleshooting

Question 4 (Race/Ethnicity): If students are unsure what race/ethnicity to select, you can assist by providing additional examples for each category, as show below:

American Indian or Alaska Native (North, Central, or South American Origin)

Asian (Chinese, Korean, Vietnamese, Filipino, Cambodian, Indian, Thai, etc.)

Black or Africa American (Origins in any of the Black racial groups of Africa)

Hispanic or Latino (Mexican, Cuban, Puerto Rican, South or Central American)

Native Hawaiian or other Pacific Islander (Guamanian, Samoan, etc.)

White (European, Middle Eastern, North African)

Questions 6 (School Breakfast) and 7 (School Lunch): These questions are only referring to the breakfast and lunch provided by the school, and not food children bring from home or obtain through other means.

Question 8 (Starchy vegetables): Do not include any type of fried potatoes (e.g. French fries, hash browns) or sweet potatoes (yams). Sweet potatoes (yams) should be reported with Question 9 (orange vegetables).

Question 10 (Salad made with lettuce and green vegetables): If there are other leafy greens consumed that are not listed, have the student include them; however, do not include most other green vegetables besides broccoli and green beans (include them in Question 11, see examples).

Question 11 (Other vegetables): This question collects frequency of consumption of all other vegetables not included in the previous categories. Include green vegetables not listed in Question 10 here.

Question 12 (Beans): It does not matter how the beans were prepared (e.g. refried, containing lard, with pork). Instruct students to include all kinds of beans, except green beans.

Question 14 (Juice): 100% juice refers to beverages that are pure fruit juice with no added sugar or anything else.

Question 15 (Diet soda): Include sodas with diet, zero, or zero sugar in the name, along with any other sodas that contain 0 calories and/or use a sugar substitute instead of sugar.

Question 16 (Fruit drinks): Include any fruit-flavored drinks that are not 100% juice. If they have fruit juice added, but are not 100% juice, include them here. Also include fruit-flavored waters that contain added sugar. Also include regular, sweetened sports drinks. Do not include those with 0 calories and/or a sugar substitute.

Question 18 (Energy drinks): In addition to those found in cans, also include energy “shots”. Younger children may not know what energy drinks are. If a student does not know what an energy drink is and he/she does not recognize the photo, then instruct him/her to mark that they didn’t drink any.

Question 19 (Coffee and tea with sugar): Include all blended and non-blended coffee and tea drinks. Include sweetened tea like boba/bubble tea. Also include sweetened bottled coffee and tea drinks.

Question 20: (Flavored milk): This question does not include regular, full-fat, 2%, 1%, or non-fat unflavored (i.e. white) milk. It does include any milk or milk-containing (dairy or non-dairy) beverage that is flavored (i.e. sugar added).

Question 22 (Total physical activity): Students should add up their total daily physical activity. The 60 minutes does not need to be performed at one time during the day, but rather, can be a total of physical activity performed throughout the day. This includes both time active while at school and at home/away from school.

IX. Additional Administration Suggestions

- Reading the survey aloud may cut down on chatter among the students and keep the students who read a little slower on task. Students who are faster may wish to complete the questions on their own. Assess your audience to decide which method is best.
 - If you read aloud, you may want to walk around room as you do to minimize chatter and help keep the students focused on the survey.
- Explain that the pictures on the survey are examples only. They are **not** supposed to complete the questions based only on foods shown in the pictures.
- Maintain a neutral tone and confidentiality.
- You can help students recall what they ate on the previous day by doing the following:

Helping Kids Recall Yesterday's Intake:

Write yesterday's day of the week and date on a board in front of the classroom. To help them recall what they did yesterday, where they may have been, what meals they ate, and when they ate or drank, you can write prompts as shown below. Using the school breakfast and lunch menu, you can also write on the board what was served yesterday.

School?

Home?

At a friend's or relative's house?

A fast food restaurant?

Another restaurant?

Somewhere else?

Breakfast?

Lunch?

Dinner?

Snack?

X. After survey is complete

The online survey will remind students to complete each question if left unanswered when completing a section. If using the paper survey, check to make sure all answers are filled in completely. Be sure to reassure students that you are not checking their answers for accuracy, but making sure all of the questions were answered.

Attachment 4

CalFresh Healthy Living 2023-24
Contractor Record Form

Nutrition Educator: _____

	Date	Loc.	Lang.	Lesson Main Topic	Recipe	Duration	# Participants
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							

Attachment 5

NUTRITION EDUCATION AND OBESITY PREVENTION BRANCH
Supplemental Nutrition Assistance Program-Education
Bi-Weekly Time Log

Organization Name: _____

Position Title: _____

Position Name: _____

Month	Day	SNAP-Ed Time Spent		Other Fund Source(s)	Paid Time Off*
		Mgmt/ Admin Duties	Direct SNAP-Ed Delivery		
October					
Total:		0	0	0	0

Month	Day	SNAP-Ed Time Spent		Other Fund Source(s)	Paid Time Off
		Mgmt/ Admin Duties	Direct SNAP-Ed Delivery		
Total:		0	0	0	0

Staff Signature: _____

Date: _____

Supervisor Signature: _____

Date: _____

INSTRUCTIONS:

- 1) Use the drop-down to identify the appropriate Month and Day for which you are reporting.
- 2) Input the number of hours worked within the appropriate day and funding source. All documented SNAP-Ed time must be for allowable activities.
- 3) Paid time off should be recorded as the actual paid vacation, paid sick time or paid holiday time earned per the organization's policies. These types of earnings must be prorated by the FTE documented on the approved budget.
- 4) Sign and date the bi-weekly time log, and give it to your supervisor for signature and date.
- 5) All reporting must be done after the fact and not in advance. Forms must be signed within one month of the reporting period.
- 6) All forms shall be available for review during a management evaluation or at the request of your Contract Manager.

Note: Agencies can use their actual pay period starting on the first day of the Federal fiscal year, October 1st, and ending on the last day of the Federal fiscal year, September 30th.

Attachment 6
CalFresh Healthy Living 2023-24
Event Sign-In Sheet

Nutrition Educator: _____ Date: _____

Site Name: _____

Topic: ☐ Rethink Your Drink ☐ Harvest of the Month ☐ Every Day Is A Healthy Snack
Day ☐ Other: _____

	Print Name
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	
14	
15	
16	
17	
18	
19	
20	
21	
22	
23	
24	
25	
26	
27	



Please Share a Little

We would like to learn about the people who attend our activities to help us improve our services. Your answers are combined with everyone else's and cannot be used to identify you. Thank you for your help.

- 1) Check the box that best describes your age:
☐ 0-4 years ☐ 5-17 years ☐ 18-59 years ☐ 60+ years
- 2) Check the box that best describes your sex:
☐ Female ☐ Male ☐ Other ☐ Prefer not to answer
- 3) Check the box that best describes your ethnicity:
☐ Hispanic/Latino ☐ NOT Hispanic/Latino ☐ Prefer not to answer
- 4) Check all boxes that apply to your race:

<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander
<input type="checkbox"/> Asian	<input type="checkbox"/> White
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Prefer not to answer

Funded by USDA SNAP, an equal opportunity provider and employer. Please visit www.CalFreshHealthyLiving.org for healthy tips.



Please Share a Little

We would like to learn about the people who attend our activities to help us improve our services. Your answers are combined with everyone else's and cannot be used to identify you. Thank you for your help.

- 1) Check the box that best describes your age:
☐ 0-4 years ☐ 5-17 years ☐ 18-59 years ☐ 60+ years
- 2) Check the box that best describes your sex:
☐ Female ☐ Male ☐ Other ☐ Prefer not to answer
- 3) Check the box that best describes your ethnicity:
☐ Hispanic/Latino ☐ NOT Hispanic/Latino ☐ Prefer not to answer
- 4) Check all boxes that apply to your race:

<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander
<input type="checkbox"/> Asian	<input type="checkbox"/> White
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Prefer not to answer

Funded by USDA SNAP, an equal opportunity provider and employer. Please visit www.CalFreshHealthyLiving.org for healthy tips.



Por favor, comparta un poco sobre usted.

Con el fin de mejorar nuestros servicios, nos gustaría saber más acerca de las personas que asisten a nuestras actividades. Sus respuestas serán combinadas con todas las demás y no se usarán para identificarlo. Gracias por su ayuda.

- 1) Marque la casilla que mejor describa su edad:
☐ 0–4 años ☐ 5–17 años ☐ 18–59 años ☐ 60+ años
- 2) Marque la casilla que mejor describa su sexo:
☐ Mujer ☐ Hombre ☐ Otro ☐ Prefiero no decir
- 3) Marque la casilla que mejor describa su etnia:
☐ Hispano / Latino ☐ NO hispano / latino ☐ Prefiero no decir
- 4) Marque todas las casillas que describan su raza:
☐ Indígena de los EE. UU. o nativo de Alaska ☐ Indígena hawaiano u otro isleño del Pacífico
☐ Asiático ☐ Blanco
☐ Negro o afroamericano ☐ Prefiero no decir

Financiado por USDA SNAP (Programa de Asistencia Nutricional Suplementaria del Departamento de Agricultura de los Estados Unidos), una institución que es un proveedor y empleador que ofrece igualdad de oportunidades. Por favor, visite www.CalFreshHealthyLiving.org para información sobre la buena alimentación.



Por favor, comparta un poco sobre usted.

Con el fin de mejorar nuestros servicios, nos gustaría saber más acerca de las personas que asisten a nuestras actividades. Sus respuestas serán combinadas con todas las demás y no se usarán para identificarlo. Gracias por su ayuda.

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- 2) Marque la casilla que mejor describa su sexo:
☐ Mujer ☐ Hombre ☐ Otro ☐ Prefiero no decir
- 3) Marque la casilla que mejor describa su etnia:
☐ Hispano / Latino ☐ NO hispano / latino ☐ Prefiero no decir
- 4) Marque todas las casillas que describan su raza:
☐ Indígena de los EE. UU. o nativo de Alaska ☐ Indígena hawaiano u otro isleño del Pacífico
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UKIAH
1120 S Dora Street
Ukiah, CA 95482
(707) 472-2600 or 472-2700

WILLITS
474 East Valley Street
Willits, CA 95490
(800) 734-7793

FORT BRAGG
790 S Franklin Street
Fort Bragg, CA 95437
(707) 962-1058



MEDIA RELEASE AND CONSENT FORM

IF YOU ARE UNDER AGE 18, YOU MUST HAVE THIS CONSENT FORM SIGNED BY YOUR PARENT OR GUARDIAN.

IF YOU ARE 18 OR OLDER, PLEASE SIGN IT YOURSELF.

I hereby grant to the California Department of Public Health (CDPH) full and complete rights to use my likeness for Print/Outdoor/TV/Web/Radio communications. I waive any and all claims for future payments or royalties for the use, reuse or republication of my photograph, picture, image or voice. I waive any right to inspect or approve the finished product. I agree that all pictures, images, footage, recordings are owned by Nutrition and Physical Activity Branch (NPAB) and if I receive any print or negative or copy, I shall not authorize its use by anyone else.

I understand the terms of usage stated above and agree to and authorize these terms with my signature below.

MODEL/NAME OF MY CHILD OR CHILDREN

1. _____
2. _____
3. _____
4. _____
5. _____

NAME OF PARENT/GUARDIAN (Please Print)

SIGNATURE OF PARENT/GUARDIAN
(Parent/Guardian must sign for minors)

ADDRESS

TELEPHONE

DATE

PROJECT / EVENT



FORMULARIO DE CONSENTIMIENTO Y COMUNICACIÓN PARA LOS MEDIOS

SI ES MENOR DE 18 AÑOS, DEBE TENER ESTE FORMULARIO DE CONSENTIMIENTO FIRMADO POR SU PADRE O TUTOR.

SI TIENE 18 AÑOS O MÁS, FÍRMELO USTED MISMO.

Por la presente otorgo al Departamento de Salud Pública de California (CDPH) derechos totales y completos para usar mi imagen para comunicaciones impresas/al aire libre/TV/Web/Radio. Renuncio a todos y cada uno de los reclamos por pagos futuros o regalías por el uso, reutilización o republicación de mi fotografía, imagen, imagen o voz. Renuncio a cualquier derecho de inspeccionar o aprobar el producto terminado. Acepto que todas las fotografías, imágenes, metraje y grabaciones son propiedad de NPAB y si recibo alguna impresión, negativo o copia, no autorizaré su uso por parte de nadie más.

Entiendo los términos de uso establecidos anteriormente y acepto y autorizo estos términos con mi firma a continuación

MODELO/NOMBRE DE MI HIJO O HIJOS

1. _____,
2. _____,
3. _____,
4. _____,
5. _____,

NOMBRE IMPRESO DEL ADULTO

FIRMA DE GUARDIANA/GUARDIAN

DIRECCIÓN

TELÉFONO

FECHA

PROYECTO/EVENTO

RECEIPT SUBMISSION FORM

Date: _____
Name: _____
Site: _____
P.O. #: _____
Receipt Total: _____ **FOOD** _____ **Supplies** _____
Nutrition Educator Signature: _____

Please check the box next to the type of food or supplies you purchased.

- ☐ **Fruits and/or vegetables**
☐ **Ingredients for an approved recipe (recipe attached)**
☐ **Nutrition education supplies (non-food items, please specify below)**

Write a short description of your nutrition lesson and/or attach your approved recipe:
(You may also use the space provided to list and total multiple receipts.)

Instructions:

Complete the above information. Tape the **ENTIRE ORIGINAL RECEIPT** to this paper. Make a copy of the receipt for your records. **Do not mix personal purchases with nutrition purchases.** Only purchase allowable items. Check with your Mendocino County Local Health Department staff to be sure if you have any doubts.

The goal of the nutrition education program is to increase the consumption of fresh fruits and vegetables, whole grains, and nutrient dense foods. Thus, all purchases should reflect the goal of the program. **If you do not have an explanation or attach an approved recipe (for any recipe you make), your receipts will be returned unpaid.**

Exhibit E
Additional Provisions**Cooperative Additional Incorporated Documents**

- A. The following documents and any subsequent updates are not attached, but are incorporated herein and made a part hereof by this reference. CDPH will maintain on file, all documents referenced herein and any subsequent updates, as required by program directives. CDPH shall provide the Contractor with copies of said documents and any periodic updates thereto, under separate cover.

[Information and Education Program \(I&E\) Fiscal Year 2019-2021 Request for Application \(RFA\) #19-10004](#)

1. Insurance Requirements

A. General Provisions Applying to All Policies

- 1) Coverage Term – Coverage needs to be in force for the complete term of the Agreement. If insurance expires during the term of the Agreement, a new certificate and required endorsements must be received by the State at least ten (10) days prior to the expiration of this insurance. Any new insurance must comply with the original Agreement terms.
- 2) Policy Cancellation or Termination and Notice of Non-Renewal – Contractor shall provide to the CDPH within five (5) business days following receipt by Contractor a copy of any cancellation or non-renewal of insurance required by this Contract. In the event Contractor fails to keep in effect at all times the specified insurance coverage, the CDPH may, in addition to any other remedies it may have, terminate this Contract upon the occurrence of such event, subject to the provisions of this Contract.
- 3) Premiums, Assessments and Deductibles – Contractor is responsible for any premiums, policy assessments, deductibles or self-insured retentions contained within their insurance program.
- 4) Primary Clause – Any required insurance contained in this Agreement shall be primary and not excess or contributory to any other insurance carried by the CDPH.
- 5) Insurance Carrier Required Rating – All insurance companies must carry an AM Best rating of at least “A–” with a financial category rating of no lower than VI. If Contractor is self-insured for a portion or all of its insurance, review of financial information including a letter of credit may be required.
- 6) Endorsements – Any required endorsements requested by the CDPH must be physically attached to all requested certificates of insurance and not substituted by referring to such coverage on the certificate of insurance.
- 7) Inadequate Insurance – Inadequate or lack of insurance does not negate Contractor's obligations under the Agreement.
- 8) Use of Subcontractors - In the case of Contractor's utilization of Subcontractors to complete the contracted scope of work, Contractor shall include all Subcontractors as insured under Contractor's insurance or supply evidence of the Subcontractor's insurance to the CDPH equal to policies, coverages, and limits required of Contractor.

Exhibit E
Additional Provisions

B. Insurance Coverage Requirements

Contractor shall display evidence of certificate of insurance evidencing the following coverage:

- 1) Commercial General Liability – Contractor shall maintain general liability with limits not less than \$1,000,000 per occurrence for bodily injury and property damage combined with a \$2,000,000 annual policy aggregate. The policy shall include coverage for liabilities arising out of premises, operations, independent Contractors, products, completed operations, personal and advertising injury, and liability assumed under an insured Agreement. This insurance shall apply separately to each insured against whom claim is made or suit is brought subject to Contractor's limit of liability. The policy shall be endorsed to include, "The State of California, its officers, agents, employees, and servants as additional insured, but only insofar as the operations under this Agreement are concerned." This endorsement must be supplied under form acceptable to the Office of Risk and Insurance Management.
- 2) Automobile Liability (when required) – Contractor shall maintain motor vehicle liability insurance with limits not less than \$1,000,000 combined single limit per accident. Such insurance shall cover liability arising out of a motor vehicle including owned, hired and non-owned motor vehicles. Should the scope of the Agreement involve transportation of hazardous materials, evidence of an MCS-90 endorsement is required. The policy shall be endorsed to include, "The State of California, its officers, agents, employees, and servants as additional insured, but only insofar as the operations under this Agreement are concerned." This endorsement must be supplied under form acceptable to the Office of Risk and Insurance Management.
- 3) Worker's Compensation and Employer's Liability (when required) – Contractor shall maintain statutory worker's compensation and employer's liability coverage for all its employees who will be engaged in the performance of the Agreement. Employer's liability limits of \$1,000,000 are required. When work is performed on State owned or controlled property the policy shall contain a waiver of subrogation endorsement in favor of the State. This endorsement must be supplied under form acceptable to the Office of Risk and Insurance Management.
- 4) Professional Liability (when required) – Contractor shall maintain professional liability covering any damages caused by a negligent error; act or omission with limits not less than \$1,000,000 per occurrence and \$1,000,000 policy aggregate. The policy's retroactive date must be displayed on the certificate of insurance and must be before the date this Agreement was executed or before the beginning of Agreement work.
- 5) Environmental/Pollution Liability (when required) – Contractor shall maintain pollution liability for limits not less than \$1,000,000 per claim covering Contractor's liability for bodily injury, property damage and environmental damage resulting from pollution and related cleanup costs incurred arising out of the work or services to be performed under this Agreement. Coverage shall be provided for both work performed on site as well as transportation and proper disposal of hazardous materials. The policy shall be endorsed to include, "The State of California, its officers, agents, employees, and servants as additional insured, but only insofar as the operations under this Agreement are concerned." This endorsement must be supplied under form acceptable to the Office of Risk and Insurance Management.

Exhibit E
Additional Provisions

- 6) Aircraft Liability (when required) - Contractor shall maintain aircraft liability with a limit not less than \$3,000,000. The policy shall be endorsed to include, "The State of California, its officers, agents, employees and servants as additional insured, but only insofar as the operations under this Agreement." This endorsement must be supplied under form acceptable to the Office of Risk and Insurance Management.

Federal Terms and Conditions

(For federally funded Cooperative Agreements)

The use of headings or titles throughout this exhibit is for convenience only and shall not be used to interpret or to govern the meaning of any specific term or condition.

The terms "Contractor" and "Subcontractor" shall also mean, "agreement", "contract", "contract agreement", "Contractor" and "Subcontractor" respectively.

The terms "California Department of Public Health" and "CDPH" shall have the same meaning and refer to the California State agency that is a party to this Agreement.

This exhibit contains provisions that require strict adherence to various contracting laws and policies.

Index of Special Terms and Conditions

1. Federal Contract Funds
2. Federal Equal Employment Opportunity Requirements
3. Debarment and Suspension Certification
4. Covenant Against Contingent Fees
5. Lobbying Restrictions and Disclosure Certification
6. Additional Restrictions

1. Federal Contract Funds

Applicable only to that portion of an agreement funded in part or whole with federal funds.

- a. It is mutually understood between the parties that this Agreement may have been written before ascertaining the availability of congressional appropriation of funds, for the mutual benefit of both parties, in order to avoid program and fiscal delays which would occur if the Agreement were executed after that determination was made.
- b. This agreement is valid and enforceable only if sufficient funds are made available to the State by the United States Government for the fiscal years covered by the term of this Agreement. In addition, this Agreement is subject to any additional restrictions, limitations, or conditions enacted by the Congress or any statute enacted by the Congress which may affect the provisions, terms or funding of this Agreement in any manner.
- c. It is mutually agreed that if the Congress does not appropriate sufficient funds for the program, this Agreement shall be amended to reflect any reduction in funds.
- d. CDPH has the option to invalidate or cancel the Agreement with 30-days advance written notice or to amend the Agreement to reflect any reduction in funds.

2. Federal Equal Opportunity Requirements

Applicable to all federally funded agreements entered into by the California Department of Public Health (CDPH).

- a. The Contractor will not discriminate against any employee or applicant for employment because of race, color, religion, sex, national origin, physical or mental handicap, disability, age or status as a disabled veteran or veteran of the Vietnam era. The Contractor will take affirmative action to ensure that qualified applicants are employed, and that employees are treated during employment, without regard to their race, color, religion, sex, national origin, physical or mental handicap, disability, age or status as a disabled veteran or veteran of the Vietnam era. Such action shall include, but not be limited to the following: employment, upgrading, demotion or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and career development opportunities and selection for training, including apprenticeship. The Contractor agrees to post in conspicuous places, available to employees and applicants for employment, notices to be provided by the Federal Government or CDPH, setting forth the provisions of the Equal Opportunity clause, Section 503 of the Rehabilitation Act of 1973 and the affirmative action clause required by the Vietnam Era Veterans' Readjustment Assistance Act of 1974 (38 U.S.C. 4212). Such notices shall state the Contractor's obligation under the law to take affirmative action to employ and advance in employment qualified applicants without discrimination based on their race, color, religion, sex, national origin physical or mental handicap, disability, age or status as a disabled veteran or veteran of the Vietnam era and the rights of applicants and employees.
- b. The Contractor will, in all solicitations or advancements for employees placed by or on behalf of the Contractor, state that all qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin physical or mental handicap, disability, age or status as a disabled veteran or veteran of the Vietnam era.
- c. The Contractor will send to each labor union or representative of workers with which it has a collective bargaining agreement or other contract or understanding a notice, to be provided by the Federal Government or the State, advising the labor union or workers' representative of the Contractor's commitments under the provisions herein and shall post copies of the notice in conspicuous places available to employees and applicants for employment.
- d. The Contractor will comply with all provisions of and furnish all information and reports required by Section 503 of the Rehabilitation Act of 1973, as amended, the Vietnam Era Veterans' Readjustment Assistance Act of 1974 (38 U.S.C. 4212) and of the Federal Executive Order No. 11246 as amended, including by Executive Order 11375, 'Amending Executive Order 11246 Relating to Equal Employment Opportunity,' and as supplemented by regulation at 41 CFR part 60, "Office of the Federal Contract Compliance Programs, Equal Employment Opportunity, Department of Labor," and of the rules, regulations, and relevant orders of the Secretary of Labor.

- e. The Contractor will furnish all information and reports required by Federal Executive Order No. 11246 as amended, including by Executive Order 11375, 'Amending Executive Order 11246 Relating to Equal Employment Opportunity,' and as supplemented by regulation at 41 CFR part 60, "Office of the Federal Contract Compliance Programs, Equal Employment Opportunity, Department of Labor," and the Rehabilitation Act of 1973, and by the rules, regulations, and orders of the Secretary of Labor, or pursuant thereto, and will permit access to its books, records, and accounts by the State and its designated representatives and the Secretary of Labor for purposes of investigation to ascertain compliance with such rules, regulations, and orders.
- f. In the event of the Contractor's noncompliance with the requirements of the provisions herein or with any federal rules, regulations, or orders which are referenced herein, this Agreement may be cancelled, terminated, or suspended in whole or in part and the Contractor may be declared ineligible for further federal and state contracts in accordance with procedures authorized in Federal Executive Order No. 11246 as amended and such other sanctions may be imposed and remedies invoked as provided in Federal Executive Order No. 11246 as amended, including by Executive Order 11375, 'Amending Executive Order 11246 Relating to Equal Employment Opportunity,' and as supplemented by regulation at 41 CFR part 60, "Office of the Federal Contract Compliance Programs, Equal Employment Opportunity, Department of Labor," or by rule, regulation, or order of the Secretary of Labor, or as otherwise provided by law.
- g. The Contractor will include the provisions of Paragraphs a through g in every subcontract or purchase order unless exempted by rules, regulations, or orders of the Secretary of Labor issued pursuant to Federal Executive Order No. 11246 as amended, including by Executive Order 11375, 'Amending Executive Order 11246 Relating to Equal Employment Opportunity,' and as supplemented by regulation at 41 CFR part 60, "Office of the Federal Contract Compliance Programs, Equal Employment Opportunity, Department of Labor," or Section 503 of the Rehabilitation Act of 1973 or (38 U.S.C. 4212) of the Vietnam Era Veteran's Readjustment Assistance Act, so that such provisions will be binding upon each subcontractor or vendor. The Contractor will take such action with respect to any subcontract or purchase order as the Director of the Office of Federal Contract Compliance Programs or CDPH may direct as a means of enforcing such provisions including sanctions for noncompliance provided, however, that in the event the Contractor becomes involved in, or is threatened with litigation by a subcontractor or vendor as a result of such direction by CDPH, the Contractor may request in writing to CDPH, who, in turn, may request the United States to enter into such litigation to protect the interests of the State and of the United States.

3. Debarment and Suspension Certification

- a. By signing this Agreement, the Contractor/Subcontractor agrees to comply with applicable federal suspension and debarment regulations including, but not limited to 7 CFR Part 3017, 45 CFR 76, 40 CFR 32 or 34 CFR 85.
- b. By signing this Agreement, the Contractor certifies to the best of its knowledge and belief, that it and its principals:
 - (1) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded by any federal department or agency;
 - (2) Have not within a three-year period preceding this application/proposal/agreement been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
 - (3) Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in Paragraph b(2) herein; and

- (4) Have not within a three-year period preceding this application/proposal/agreement had one or more public transactions (Federal, State or local) terminated for cause or default.
 - (5) Shall not knowingly enter into any lower tier covered transaction with a person who is proposed for debarment under federal regulations (i.e., 48 CFR part 9, subpart 9.4), debarred, suspended, declared ineligible, or voluntarily excluded from participation in such transaction, unless authorized by the State.
 - (6) Will include a clause entitled, "Debarment and Suspension Certification" that essentially sets forth the provisions herein, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
- c. If the Contractor is unable to certify to any of the statements in this certification, the Contractor shall submit an explanation to the CDPH Program Contract Manager.
 - d. The terms and definitions herein have the meanings set out in the Definitions and Coverage sections of the rules implementing Federal Executive Order 12549.
 - e. If the Contractor knowingly violates this certification, in addition to other remedies available to the Federal Government, the CDPH may terminate this Agreement for cause or default.

4. Covenant Against Contingent Fees

The Contractor warrants that no person or selling agency has been employed or retained to solicit/secure this Agreement upon an agreement of understanding for a commission, percentage, brokerage, or contingent fee, except *bona fide* employees or *bona fide* established commercial or selling agencies retained by the Contractor for the purpose of securing business. For breach or violation of this warranty, CDPH shall have the right to annul this Agreement without liability or in its discretion to deduct from the Agreement price or consideration, or otherwise recover, the full amount of such commission, percentage, and brokerage or contingent fee.

5. Lobbying Restrictions and Disclosure Certification

Applicable to federally funded agreements in excess of \$100,000 per Section 1352 of the 31, U.S.C.

a. Certification and Disclosure Requirements

- (1) Each person (or recipient) who requests or receives a contract or agreement, subcontract, grant, or subgrant, which is subject to Section 1352 of the 31, U.S.C., and which exceeds \$100,000 at any tier, shall file a certification (in the form set forth in Attachment 1, consisting of one page, entitled "Certification Regarding Lobbying") that the recipient has not made, and will not make, any payment prohibited by Paragraph b of this provision.
- (2) Each recipient shall file a disclosure (in the form set forth in Attachment 2, entitled "Standard Form-LLL 'disclosure of Lobbying Activities'") if such recipient has made or has agreed to make any payment using nonappropriated funds (to include profits from any covered federal action) in connection with a contract, or grant or any extension or amendment of that contract, or grant, which would be prohibited under Paragraph b of this provision if paid for with appropriated funds.
- (3) Each recipient shall file a disclosure form at the end of each calendar quarter in which there occurs any event that requires disclosure or that materially affect the accuracy of the information contained in any disclosure form previously filed by such person under Paragraph a(2) herein. An event that materially affects the accuracy of the information reported includes:
 - (a) A cumulative increase of \$25,000 or more in the amount paid or expected to be paid for influencing or attempting to influence a covered federal action;
 - (b) A change in the person(s) or individuals(s) influencing or attempting to influence a covered federal action; or
 - (c) A change in the officer(s), employee(s), or member(s) contacted for the purpose of influencing or attempting to influence a covered federal action.

- (4) Each person (or recipient) who requests or receives from a person referred to in Paragraph a(1) of this provision a contract or agreement, subcontract, grant or subgrant exceeding \$100,000 at any tier under a contract or agreement, or grant shall file a certification, and a disclosure form, if required, to the next tier above.
- (5) All disclosure forms (but not certifications) shall be forwarded from tier to tier until received by the person referred to in Paragraph a(1) of this provision. That person shall forward all disclosure forms to CDPH Program Contract Manager.

b. Prohibition

Section 1352 of Title 31, U.S.C., provides in part that no appropriated funds may be expended by the recipient of a federal contract or agreement, grant, loan, or cooperative agreement to pay any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with any of the following covered federal actions: the awarding of any federal contract or agreement, the making of any federal grant, the making of any federal loan, entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal contract or agreement, grant, loan, or cooperative agreement.

6. **Additional Restrictions**

Applicable to all contracts funded in whole or in part with funding from the federal Departments of Labor, Health and Human Services (including CDC funding), or Education.

Contractor shall comply with the restrictions under Division F, Title V, Section 503 of the Consolidated Appropriations Act, 2012 (H.R. 2055), which provides that:

“SEC. 503.(a) No part of any appropriation contained in this Act or transferred pursuant to section 4002 of Public Law 111–148 shall be used, other than for normal and recognized executive-legislative relationships, for publicity or propaganda purposes, for the preparation, distribution, or use of any kit, pamphlet, booklet, publication, electronic communication, radio, television, or video presentation designed to support or defeat the enactment of legislation before the Congress or any State or local legislature or legislative body, except in presentation to the Congress or any State or local legislature itself, or designed to support or defeat any proposed or pending regulation, administrative action, or order issued by the executive branch of any State or local government, except in presentation to the executive branch of any State or local government itself.

(b) No part of any appropriation contained in this Act or transferred pursuant to section 4002 of Public Law 111–148 shall be used to pay the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before the Congress or any State government, State legislature or local legislature or legislative body, other than for normal and recognized executive-legislative relationships or participation by an agency or officer of a State, local or tribal government in policymaking and administrative processes within the executive branch of that government.

(c) The prohibitions in subsections (a) and (b) shall include any activity to advocate or promote any proposed, pending or future Federal, State or local tax increase, or any proposed, pending, or future requirement or restriction on any legal consumer product, including its sale or marketing, including but not limited to the advocacy or promotion of gun control.”

STATE OF CALIFORNIA
CALIFORNIA DEPARTMENT OF PUBLIC HEALTH
CERTIFICATION REGARDING LOBBYING

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the making, awarding or entering into of this Federal contract, Federal grant, or cooperative agreement, and the extension, continuation, renewal, amendment, or modification of this Federal contract, grant, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency of the United States Government, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, or cooperative agreement, the undersigned shall complete and submit Standard Form LLL, "Disclosure of Lobbying Activities" in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontractor's, subcontracts, and contracts under cooperative agreements) of \$100,000 or more, and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S.C., any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Name of Contractor

Printed Name of Person Signing for Contractor

Contract Number

Signature of Person Signing for Contractor

Date

Title

After execution by or on behalf of Contractor, please return to:

California Department of Public Health

CDPH reserves the right to notify the Contractor in writing of an alternate submission address.

Attachment 2

CERTIFICATION REGARDING LOBBYING

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352
(See reverse for public burden disclosure)

Approved by OMB
0348-0046

1. Type of Federal Action: <input type="checkbox"/> a. contract <input type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance	2. Status of Federal Action: <input type="checkbox"/> a. bid/offer/application <input type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award	3. Report Type: <input type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change For Material Change Only: Year _____ quarter _____ date of last report _____.
4. Name and Address of Reporting Entity: <input type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier ____, if known: Congressional District, If known:	5. If Reporting Entity in No. 4 is Subawardee, Enter Name and Address of Prime: Congressional District, If known:	
6. Federal Department/Agency	7. Federal Program Name/Description: CDFA Number, if applicable: _____	
8. Federal Action Number, if known:	9. Award Amount, if known: \$	
10.a. Name and Address of Lobbying Registrant (If individual, last name, first name, MI):	b. Individuals Performing Services (including address if different from 10a. (Last name, First name, MI):	
11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. required disclosure shall be subject to a not more than \$100,000 for each such failure.	Signature: _____	
	Print Name: _____	
	Title: _____	
	Telephone No.: _____ Date: _____	
Federal Use Only		Authorized for Local Reproduction Standard Form-LLL (Rev. 7-97)

INSTRUCTIONS FOR COMPLETION OF SF-LLL, DISCLOSURE OF LOBBYING ACTIVITIES

This disclosure form shall be completed by the reporting entity, whether subawardee or prime Federal recipient, at the initiation or receipt of a covered Federal action, or a material change to a previous filing, pursuant to title 31 U.S.C. section 1352. The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action. Complete all items that apply for both the initial filing and material change report. Refer to the implementing guidance published by the Office of Management and Budget for additional information.

1. Identify the type of covered Federal action for which lobbying activity is and/or has been secured to influence the outcome of a covered Federal action.
2. Identify the status of the covered Federal action.
3. Identify the appropriate classification of this report. If this is a follow-up report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered Federal action.
4. Enter the full name, address, city, State and zip code of the reporting entity. Include Congressional District, if known. Check the appropriate classification of the reporting entity that designates if it is, or expects to be a prime or subaward recipient. Identify the tier of the subawardee, e.g., the first subawardee of the prime is the 1st tier. Subawards include but are not limited to subcontracts, subgrants and contract awards under grants.
5. If the organization filing the report in item 4 checks "Subawardee," then enter the full name, address, city, State and zip code of the prime Federal recipient. Include Congressional District, if known.
6. Enter the name of the Federal agency making the award or loan commitment. Include at least one organizational level below agency name, if known. For example, Department of Transportation, United States Coast Guard.
7. Enter the Federal program name or description for the covered Federal action (item 1). If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grants, cooperative agreements, loans, and loan commitments.
8. Enter the most appropriate Federal identifying number available for the Federal action identified in item 1 (e.g., Request for Proposal (RFP) number; Invitation for Bid (IFB) number; grant announcement number; the contract, grant, or loan award number; the application/proposal control number assigned by the Federal agency). Include prefixes, e.g., "RFP-DE-90-001."
9. For a covered Federal action where there has been an award or loan commitment by the Federal agency, enter the Federal amount of the award/loan commitment for the prime entity identified in item 4 or 5.
10. (a) Enter the full name, address, city, State and zip code of the lobbying registrant under the Lobbying Disclosure Act of 1995 engaged by the reporting entity identified in item 4 to influence the covered Federal action.
 (b) Enter the full names of the individual(s) performing services, and include full address if different from 10 (a). Enter Last Name, First Name, and Middle Initial (MI).
11. The certifying official shall sign and date the form, print his/her name, title, and telephone number.

According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is OMB No. 0348-0046. Public reporting burden for this collection of information is estimated to average 10 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0046), Washington, DC 20503.

INVOICE

Date: _____

Mendocino County Public Health Department
 Attn: Jenine Miller
 1120 S Dora Street
 Ukiah, CA 95482

Contractor Name/Address (to send warrant)

[] Check if remittance address changed since last Invoice

Harwood Memorial Park/Laytonville Healthy Start
 PO Box 1382
 Laytonville, CA 95454

Check for Final Invoice Contract Term []

Check for Final Invoice Fiscal Year []

Check if you anticipate a Supplemental Invoice []

Contract Number: _____

Contract Term: _____

Invoice Period: _____

Invoice Number: _____

Vendor #: 2536

Telephone: 707-984-8089

E-mail: jayma@laytonville.org

Budget Categories (1)	Approved Budget (2)	Actual Expenses This Period (3)	Cumulative Expenses to Date (4)	Unexpended Balance (5)
A. PERSONNEL SALARIES	11,180.00	-	-	11,180.00
B. FRINGE BENEFITS _____% of Personnel Salaries			-	0.00
C. OPERATING EXPENSES	300.00	-	-	300.00
D. EQUIPMENT EXPENSES			-	0.00
E. TRAVEL AND PER DIEM (at State DPA rates)	80.00	-	-	80.00
F. SUBCONTRACTS			-	0.00
G. OTHER COSTS	1,200.00	-	-	1,200.00
H. INDIRECT COSTS <u>10%</u> of Direct Costs	1,276.00	-	-	1,276.00
TOTAL EXPENSES	14,036.00	-	-	14,036.00
TOTAL PAYMENT REQUESTED		-		

I certify that this claim is in all respects true, correct, supportable by available documentation, and in compliance with all terms/conditions, laws, and regulations governing its payment.

Signature of Authorized Accounting Representative

Date

FOR COUNTY USE ONLY

I certify that this claim is in all respects true, correct, supportable by available documentation, and in compliance with all terms/conditions, laws, and regulations governing its payment.

Signature of Authorized PH or NPAB Staff

Date