

FUNDING APPLICATION REQUIRED DOCUMENTS CHECKLIST

All documents required in the Funding Application are listed below. Place a check in the "YES" column if the document is complete and is being submitted with your application. If an item does not pertain to your agency, place a check in the "N/A" (Not Applicable) column.

Attachment	DOCUMENT	YES	N/A
1	Required Documents Checklist	<input checked="" type="checkbox"/>	
2	Certification of Funding Application	<input checked="" type="checkbox"/>	
3	Proof of Nonprofit Status (If Applicable) <i>[Refer to Contract Management Binder (CMB), Chapter 2, Section 2, C for additional information] (Designate Attachment 3 on the top of the page)</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4	Current Certificate of Liability Insurance <i>(Designate Attachment 4 on the top of the page)</i>	<input checked="" type="checkbox"/>	
5	Agency Information	<input checked="" type="checkbox"/>	
FFY 2015			
6	Funding Worksheet YR 1	<input checked="" type="checkbox"/>	
7	Personnel Justification Worksheet YR 1	<input checked="" type="checkbox"/>	
8	Justification of Staffing Levels YR 1	<input checked="" type="checkbox"/>	
9	Operating Expenses Budget Detail Worksheet YR 1	<input checked="" type="checkbox"/>	
10	Space Costs for Operating Expenses Worksheet YR 1	<input checked="" type="checkbox"/>	
11	Additional Space Costs for Operating Expenses Worksheet YR 1	<input checked="" type="checkbox"/>	
12	Capital Expenditures Budget Detail Worksheet YR 1	<input type="checkbox"/>	<input checked="" type="checkbox"/>
13	Justification of Capital Expenditures YR 1	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14	Subcontracts Budget Detail Worksheet YR 1	<input type="checkbox"/>	<input checked="" type="checkbox"/>
15	Justification of Subcontract YR 1	<input type="checkbox"/>	<input checked="" type="checkbox"/>
16	Request for Authorization to Subcontract Form (If Applicable)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
ADDITIONAL DOCUMENTS REQUIRED			
17	Languages Spoken By Participants and Staff	<input checked="" type="checkbox"/>	
18	WIC Local Agency Staff Duty Statements	<input checked="" type="checkbox"/>	
19	Organization Charts	<input checked="" type="checkbox"/>	

Attachment	DOCUMENT	YES	N/A
20	List of Agency Board of Directors (Nonprofit Org.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
21	Drug-Free Workplace Certification	<input checked="" type="checkbox"/>	
22	USDA Certification Regarding Debarment	<input checked="" type="checkbox"/>	
23	Payee Data Record [STD 204] (Nonprofit Org.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
24	Contractor Certification Clauses [CCC-307]	<input checked="" type="checkbox"/>	
25	Certification Regarding Lobbying	<input checked="" type="checkbox"/>	
26	Disclosure of Lobbying Activities	<input type="checkbox"/>	<input checked="" type="checkbox"/>
27	Nondiscrimination Compliance Statement	<input checked="" type="checkbox"/>	
28	Civil Rights Complaint Disclosure Report	<input checked="" type="checkbox"/>	
29	Agreement to Full Use of Federal Funds	<input checked="" type="checkbox"/>	

I Donald Ashten certify that this Funding Application is complete and all required documents are enclosed as indicated on this checklist.

Donald Ashten
Signature

CERTIFICATION OF FUNDING APPLICATION

I, Don Ashton, M.P.A., the undersigned, hereby affirm the following:

- The statements contained in the Funding Application and all supporting documents are true and complete, to the best of my knowledge;
- The WIC local agency will comply with applicable state and federal requirements, policies, standards, instructions, and regulations, including the Contract Management Binder and the WIC Program Manual;
- The Funding Application and all supporting documents submitted to the State WIC Program, are public documents, open to public inspections, and any revisions must be made in writing to the State WIC Program;
- If a nonprofit, the WIC local agency has current status as a private nonprofit organization. Attach proof of nonprofit status;
- The WIC local agency will spend at least the minimum required amount of allocated funds on nutrition education activities;
- The WIC local agency will spend at least the minimum required amount of allocated funds on breastfeeding promotion and support-related activities;
- The WIC local agency will submit the required Certificate of Liability Insurance, as described in the WIC Local Agency Contract, Exhibit E, Provision 4, with the Funding Application.

And I certify that I have the authority to apply for WIC funds for:

El Dorado County Health and Human Services Agency

Name of Organization


Signature (Use Blue Ink)

Aug 21, 2014
Date

Don Ashton
Name

Director, EDC HHSA
Title


CERTIFICATE NO.

ISSUE DATE (MM/DD/YYYY)

GL2-373	AI	CERTIFICATE OF COVERAGE	06/18/2013		
<p>CSAC Excess Insurance Authority</p> <p>C/O ALLIANT INSURANCE SERVICES, INC. PO BOX 6450 NEWPORT BEACH, CA 92658-6450</p> <p>PHONE (949) 756-0271 / FAX (619) 699-0901 LICENSE #0C36861</p>		<p>THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BELOW. THIS CERTIFICATE OF COVERAGE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.</p>			
		<p>IMPORTANT: If the certificate holder is an ADDITIONAL INSURED and/or requesting a WAIVER OF SUBROGATION, the Memorandums of Coverage must be endorsed. A statement on this certificate does not confer rights to the certificate holder lieu of such endorsement(s).</p>			
		<p>COVERAGE AFFORDED BY: A - CSAC Excess Insurance Authority</p>			
		<p>COVERAGE AFFORDED BY: B</p>			
<p>Member: EL DORADO COUNTY ATTN: GAIL ZEIGLER 330 FAIR LANE PLACERVILLE, CA 95667-4103</p>		<p>COVERAGE AFFORDED BY: B</p>			
		<p>COVERAGE AFFORDED BY: C</p>			
		<p>COVERAGE AFFORDED BY: D</p>			
<p>Coverages THIS IS TO CERTIFY THAT THE MEMORANDUMS OF COVERAGE LISTED BELOW HAVE BEEN ISSUED TO THE MEMBER NAMED ABOVE FOR THE PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE COVERAGE AFFORDED BY THE MEMORANDUMS DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS, AND CONDITIONS OF SUCH MEMORANDUMS. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.</p>					
CO LTR	TYPE OF COVERAGE	MEMORANDUM NUMBER	COVERAGE EFFECTIVE DATE (MM/DD/YYYY)	COVERAGE EXPIRATION DATE (MM/DD/YYYY)	LIABILITY LIMITS
A	<input checked="" type="checkbox"/> Excess General Liability <input checked="" type="checkbox"/> Excess Auto Liability <input checked="" type="checkbox"/> Excess Errors & Omissions	EIA 13 GL2-03	07/01/2013	07/01/2014	Difference between \$2,000,000 and Member's Self-Insured Retention of \$1,000,000 Completed Operations Aggregate Applies
<p>Description of Operations/Locations/Vehicles/Special AS RESPECTS AGREEMENT #11-10461 BETWEEN EL DORADO COUNTY HEALTH AND HUMAN SERVICES AND CA WIC PROGRAM, DEPT OF PUBLIC HEALTH FOR CONTRACT EFFECTIVE DATE FROM OCTOBER 1, 2011 TO SEPTEMBER 30, 2014.</p> <p>THE STATE OF CALIFORNIA, ITS OFFICERS, AGENTS, EMPLOYEES, AND SERVANTS ARE INCLUDED AS ADDITIONAL COVERED PARTIES, BUT ONLY INsofar AS THE OPERATIONS UNDER THIS CONTRACT ARE CONCERNED.</p>					
<p>Certificate Holder CA WIC PROGRAM, DEPT. OF PUBLIC HEALTH PO BOX 997375 W SACRAMENTO, CA 95899-7375</p>			<p>Cancellation SHOULD ANY OF THE ABOVE DESCRIBED MEMORANDUMS OF COVERAGES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE MEMORANDUMS OF COVERAGE PROVISIONS.</p>		
			<p>AUTHORIZED REPRESENTATIVE</p> <p style="text-align:center;"></p> <p style="text-align:center;">CSAC EXCESS INSURANCE AUTHORITY</p>		

CERTIFICATE NO.

ISSUE DATE (MM/DD/YYYY)

WC-1195	CERTIFICATE OF COVERAGE	06/17/2013			
<p>CSAC Excess Insurance Authority</p> <p>C/O ALLIANT INSURANCE SERVICES, INC. PO BOX 6450 NEWPORT BEACH, CA 92658-6450</p> <p>PHONE (949) 756-0271 / FAX (919) 699-0901 LICENSE #0C36861</p>		<p>THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BELOW. THIS CERTIFICATE OF COVERAGE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER</p> <p>IMPORTANT: If the certificate holder is requesting a WAIVER OF SUBROGATION, the Memorandums of Coverage must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).</p> <p>COVERAGE AFFORDED BY: A - See attached schedule of insurers</p>			
<p>Member: EL DORADO COUNTY ATTN: GAIL ZEIGLER 330 FAIR LANE PLACERVILLE, CA 95667-4103</p>		<p>COVERAGE AFFORDED BY: B</p> <p>COVERAGE AFFORDED BY: C</p> <p>COVERAGE AFFORDED BY: D</p>			
<p>Coverages THIS IS TO CERTIFY THAT THE MEMORANDUMS OF COVERAGE AND POLICIES LISTED BELOW HAVE BEEN ISSUED TO THE MEMBER NAMED ABOVE FOR THE PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE COVERAGE AFFORDED BY THE MEMORANDUMS AND POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS, AND CONDITIONS OF SUCH MEMORANDUMS AND POLICIES.</p>					
CO LTR	TYPE OF COVERAGE	MEMORANDUM/ POLICY NUMBER	COVERAGE EFFECTIVE DATE (MM/DD/YYYY)	COVERAGE EXPIRATION DATE (MM/DD/YYYY)	LIABILITY LIMITS
A	EXCESS WORKERS' COMPENSATION & EMPLOYER'S LIABILITY	See attached Schedule of Insurers for policy numbers	07/01/2013	07/01/2014	<p>WORKERS' COMPENSATION: Difference between Statutory and Member's \$300,000 Retention</p> <p>EMPLOYERS' LIABILITY: Difference between \$5,000,000 and Member's \$300,000 Retention</p>
<p>LIMITS APPLY PER OCCURRENCE FOR ALL PROGRAM MEMBERS COMBINED.</p>					
<p>Description of Operations/Locations/Vehicles/Special Items: AS RESPECTS EVIDENCE OF COVERAGE FOR AGREEMENT #11-10461 FOR CONTRACT EFFECTIVE DATE FROM OCTOBER 1, 2011 TO SEPTEMBER 30, 2014.</p>					
<p>Certificate Holder</p> <p>CA WIC PROGRAM, DEPT. OF PUBLIC HEALTH PO BOX 997375 W SACRAMENTO, CA 95899-7375</p>			<p>Cancellation</p> <p>SHOULD ANY OF THE ABOVE DESCRIBED MEMORANDUMS OF COVERAGE/POLICIES BE CANCELLED BEFORE THE EXPIRATION THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE MEMORANDUMS OF COVERAGE/POLICIES PROVISIONS.</p> <p>AUTHORIZED REPRESENTATIVE</p> <p style="text-align:center;"></p> <p>CSAC EXCESS INSURANCE AUTHORITY</p>		

**CSAC EXCESS INSURANCE AUTHORITY
EXCESS WORKERS' COMPENSATION PROGRAM
2013/2014 SCHEDULE OF INSURERS
El Dorado County**

PROVIDER	MEMORANDUM/POLICY NUMBER	LIMIT
CSAC Excess Insurance Authority	EIA 13 EWC-44	Workers' Compensation: \$50,000,000 each accident/each employee for disease \$50,000,000 each accident/each employee for communicable disease (Difference between \$50,000,000 and the individual member's retention) Employers' Liability: \$5,000,000 each Accident \$5,000,000 each Employee for Disease (Difference between \$5,000,000 and the individual member's retention)
National Union Fire Insurance Co. of Pittsburgh, PA (AIG) excess insurance policy	XWC 091-06-12	Statutory each accident/ each employee for disease excess of \$50,000,000

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ENDORSEMENT

This endorsement, effective 12:01 A.M. 07/01/2013 forms a part of

Policy No. XWC 091-06-12 issued to **CSAC EXCESS INSURANCE AUTHORITY
(CSAC - EIA) AND MEMBERS OF THE
EXCESS WORKERS' COMPENSATION (EWC)
PROGRAM**

By **NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA**

WAIVER OF SUBROGATION
(Version 3)


It is agreed that Section G, Recovery From Others, of Part One, Workers Compensation Insurance and Section F, Recovery From Others, of Part Two, Employers Liability Insurance are amended to include the following:

In the event of any payment under this policy for a loss for which you have waived the right of recovery in a written contract entered into prior to the loss, we hereby agree to also waive our right of recovery but only with respect to such loss.

All other terms, conditions and exclusions shall remain the same.



Authorized Representative

AGENCY INFORMATION			
A	Agency's Legal Name	(Do not abbreviate legal entity name) (type or print) El Dorado County Health and Human Services Agency	Federal Employers ID # 94-6000511
B	Type of Organization	<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private Nonprofit <input type="checkbox"/> Faith Based	Data Universal Numbering System (DUNS #) 965067382 Catalog of Federal Domestic Assistance (CFDA) # 10.557
C	Physical Street Address	Number and Street 937 Spring Street City, State, and Zip Code Placerville, CA 95667	
D	Mailing Address (If different)	Number and Street City, State, and Zip Code	
E	Shipping Address (If different)	Number and Street City, State, and Zip Code	
F	Certifying Signature (Person who can legally bind the Agency and certify the Funding Application)	Authorized Representative's Name (type or print) Don Ashton Title Director, El Dorado County Health and Human Services Agency Signature of Authorized Representative (Use Blue Ink) 	Telephone Number (530) 642-7300 Date 6/12/14
G	Contract Signature (Person who can legally sign the WIC contract binding the Agency)	Name (type or print) Norma Santiago Title Chair, El Dorado County Board of Supervisors	Term Expiration Date 1/1/2015

AGENCY INFORMATION (con't)			
H	Contact Person (Questions regarding the Funding Application)	Contact Person's Name (type or print) Ellen Deutsche	
		Title Nutrition Services Supervisor	Telephone Number (530) 621-6170
		Email Address ellen.deutsche@edcgov.us	Fax Number (530) 295-2598
I	Agency Director, CEO, or Highest Public Health Director/Officer	Name (type or print) Don Ashton, M.P.A.	
		Title and Credentials Director, El Dorado County Health and Human Services Agency	
		Number and Street 3057 Briw Road	
		City, State, and Zip Code Placerville, CA 95667	
		Mailing Address (If Different from Street Address)	Telephone Number (530) 642-7300
		Email Address	Fax Number (530) 626-7734
J	Primary WIC Program Contact	Name (type or print) Ellen Deutsche	
		Title and Credentials Nutrition Services Supervisor, Registered Dietitian	
		Number and Street 937 Spring Street	
		City, State, and Zip Code Placerville, CA 95667	
		Mailing Address (If Different from Street Address)	Telephone Number (530) 621-6170
		Email Address ellen.deutsche@edcgov.us	Fax Number (530) 295-2598

AGENCY INFORMATION

(con't)

K SERVICES PROVIDED

Check the appropriate box describing the pediatric and obstetric care to be made available to all WIC participants:

- Public or private nonprofit health agency that will provide ongoing, routine pediatric and obstetric care and administrative services.
- Public or private nonprofit health or human service agency that will enter into a written agreement(s) with another agency for either ongoing, routine pediatric and obstetric care or administrative services.
- Public or private nonprofit health agency that will enter into a written agreement(s) with private licensed physicians to provide ongoing, routine pediatric and obstetric care to a specific category of participants (women, infants and children).
- Public or private nonprofit human service agency that will enter into a written agreement with licensed physicians to provide ongoing, routine pediatric and obstetric care.
- Public or private nonprofit health or human service agency that will provide routine referral to health provider for ongoing pediatric and obstetric care.

Note: Required by Section 246.5 (e) of the WIC Federal Regulations regarding the priority of agencies to be selected based on the availability of health and administrative services.

AGENCY INFORMATION
(con't)

L **LIST OF THE FIVE HIGHEST COMPENSATED OFFICERS**
(If Applicable)

Provide the Name, Title, and Total Annual Compensation of the five (5) most highly compensated officers of the proposed parent agency if one or more of the following conditions apply (pursuant to 2 CFR Part 170, Appendix A, Section 1.b.):

1. The parent agency in the preceding fiscal year received 80 percent or more of its annual gross revenues in Federal awards.
2. The parent agency received \$25 million or more in annual gross revenue in its preceding fiscal year, from (a) Federal procurement contracts and subcontracts, and (b) Federal grants, subgrants, and cooperative agreements; and the amount so received amounted to 80 percent or more of its annual gross revenues.
3. The public does not have access to information about the grantee's executive compensation through periodic reports filed with the Securities and Exchange Commission under the Securities Exchange Act of 1934 or with the Internal Revenue Service under the Internal Revenue Code of 1986.

LIST OF THE FIVE HIGHEST COMPENSATED OFFICERS

	Name	Title	Total Annual Compensation
1.			\$
2.			\$
3.			\$
4.			\$
5.			\$

FUNDING WORKSHEET
YEAR 1
FFY 10/01/14 - 09/30/15

FUNDING SUMMARY

<u>Allocated Categories</u>	<u>Caseload</u>
Caseload	<u>3,050</u>
	Maximum
Funding	Payable Amount *
	<u>\$ 784,874</u>

(*) Maximum Payable Amount includes base funding for caseload and funding for Other WIC Services.

BUDGET PROPOSAL

Budget Line Item	Maximum
	Payable Amount
(a) Total Salaries and Wages:	\$ <u>432,350</u>
(b) Total Fringe Benefits:	\$ <u>220,611</u>
1. Personnel (a) and (b)	\$ <u>652,961</u>
2. Operating Expenses	\$ <u>38,540</u>
3. Capital Expenditures	\$ <u> </u>
4. Other Costs (Subcontracts only)	\$ <u> </u>
5. Indirect Costs	\$ <u>93,373</u>
<small>(Cannot exceed Maximum Indirect Cost Rate Percentage. Do not round up.)</small>	
Total Budget: \$	<u>784,874</u>

**PERSONNEL JUSTIFICATION WORKSHEET
OCTOBER 1, 2014 - SEPTEMBER 30, 2015, YEAR 1**

Contractor: El Dorado County Health and Human Services Agency

TOTALS	Total Full Time Equivalent Positions	7.80
	(a) Total Salaries and Wages (Column E Total, transfer to Funding Worksheet)	\$ 432,350
	(b) Total Fringe Benefits (calculate separately) (transfer to Funding Worksheet)	\$ 220,611
	Total Personnel (a + b) (must match line item 1 on the Funding Worksheet)	\$ 652,961

A Row Number (Enter on corresponding Duty Statement)	B Job Classification or Job Title <u>Only one classification/title can be entered per line.</u>	C Annual Salary Range for one FTE in the classification	Maximum Payable Amount	
			D Full Time Equivalents (FTE) budgeted for the classification (i.e. 3.5)	E Total Budgeted Amount for all FTEs in each classification
1	Nutrition Service Supervisor	\$57,367-\$80,863	1.00	\$ 80,863.00
2	Nutritionist	\$52,146-\$71,813	0.60	\$ 43,088.00
3	Program Assistant	\$35,318-\$49,776	6.20	\$ 308,399.00
4				
5				
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10				
11				
12				
13				
14				
15				

JUSTIFICATION OF STAFFING LEVELS YEAR 1

October 1, 2014 - September 30, 2015

Provide a written justification below regarding how your staffing levels meet the WIC Program requirements outlined in the WIC local agency Agreement, CMB, and the WPM 130 series. Include how the number of Registered Dietitians and other staff is sufficient for client and nutrition services, including the development and implementation of the Nutrition Services Plan.

Our WIC program currently employs 1.6 FTE registered dietitians. The full-time RD is the program supervisor, Primary WIC Program Contact (PWPC) and a Local Vendor Liaison (LVL), and also provides direct service to WIC participants as needed. The current .6 FTE RD is the agency's primary LVL. The .6 FTE RD provides participant services primarily at our main site and also provides participant services and guidance to WNAs at our second permanent site sixty miles from our main office. The .6 RD assists with nutrition education planning and training. Our agency is aware of WIC program requirements to allow adequate time to develop and administer the Nutrition Services Plan, including quality assurance and staff training. To meet these requirements, we try to avoid, as much as possible, having RDs, especially the supervisor/PWPC, perform duties that are more appropriately performed by WNAs (WIC Nutrition Assistants).

The remaining 6.2 FTE are in El Dorado County's Program Assistant classification. All have been trained and received certification as WIC Nutrition Assistants (WNA). One of these Program Assistant/WNAs is also an International Board Certified Lactation Consultant (IBCLC). These staff perform direct service, including nutrition education, breastfeeding support, and other duties appropriate for the WNA, as listed in the WPM 130 section, allowing the program to meet requirements for client and nutrition services.

**OPERATING EXPENSES
BUDGET DETAIL WORKSHEET
OCTOBER 1, 2014 - SEPTEMBER 30, 2015, YEAR 1**

Contractor:**El Dorado County Health and Human Services Agency**

A	B Category	C Maximum Payable Amount	D Description of Change <small>(See instructions in CMB Chapter 3, Section III if completing column D)</small>
REQUIRED CATEGORIES			
1	EQUIPMENT/FURNITURE	\$ -	
2	POSTAGE	\$ 2,500	
3	PHOTOCOPYING/DUPLICATING	\$ 2,000	
4	SPACE		
5	SUPPLIES	\$ 2,150	
6	TRAINING	\$ 3,850	
7	TRAVEL	\$ 8,714	
8	UTILITIES	\$ 16,796	
ADDITIONAL CATEGORIES			
9	Memberships, Subscriptions, and Professional Certifications	\$ 1,280	
10	Outreach/Promotion	\$ -	
11	Breastfeeding Promotion	\$ 1,250	
12	Nutrition Education	\$ -	
CATEGORIES TOTAL		\$ 38,540	

**SPACE COSTS FOR OPERATING EXPENSES
OCTOBER 1, 2014 - SEPTEMBER 30, 2015, YEAR 1**

Contractor: El Dorado County Health and Human Services Agency

Subtotal of Space Costs							\$ -
A ISIS Clinic Site # or N/A	B Name and Street Address	C Type of Space (Clinic Site, Administrative Site, Training Center, Warehouse, Storage Area, etc.)	D Total Square Feet	E Cost of Space Per Month (Rent Amount, Lease Amount, etc.)	F Price Per Square Foot (E/D) Formula in Rows	G Cost of Space Per Year (E x 12) Formula in Rows	
1	EDC Health and Human Svcs., 937 Spring St., Placerville, CA 95667	Perm full-time ofc	1,236	\$ -		\$ -	
2	Pollock Pines Comm Church,6361 Pony Express Trl,Pollock Pines CA95726	meeting room	900	\$ -		\$ -	
3	Pioneer Park Community Center, 6740 Fairplay Rd., Somerset, CA 95684	meeting room	545	\$ -		\$ -	
5	Georgetown Comm Ctr.,6329 Lower Main St.,Georgetown, CA 95634	meeting room	1,089	\$ -		\$ -	
9	Alpine Cty Dept. of Social Svcs.,75 Diamond Valley Rd.,Markleeville,CA96120	meeting room	242	\$ -		\$ -	
10	EDC Health and Human Svcs.,3368 Lake Tahoe Blvd.,#202, SLT,CA 96150	Perm full-time ofc	540	\$ -		\$ -	
11	White Rock Village Apts.,2200 Valley View Pkwy.,El Dorado Hills,CA95762	meeting room	576	\$ -		\$ -	
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ADDITIONAL SPACE COSTS FOR OPERATING EXPENSES OCTOBER 1, 2014 - SEPTEMBER 30, 2015, YEAR 1	
Contractor:	El Dorado County Health and Human Services Agency
A Additional Space Costs Category (Maintenance, Insurance, etc.)	B Maximum Payable Amount
	\$0
Subtotal of Additional Space Costs	\$ -
Subtotal of Space Costs	\$ -
TOTAL COSTS	\$ -

LANGUAGES SPOKEN BY PARTICIPANTS AND STAFF

The contractor must ensure that appropriate bilingual staff and resources are available to serve non-English speaking applicants and participants.

- In the table provided below, list all of the languages (**other than English**) spoken by participants, the total number of participants speaking each language, the percentage of the total caseload speaking each language, and the number of full-time equivalent (FTE) WIC staff fluent in each language.

Languages Spoken	Number of Participants	Percent of Total Caseload	Number of FTE WIC Staff Fluent in Language
Spanish	403	17.5 %	2.6
Punjabi	1	0 %	0
Tagalog	1	0 %	0
Vietnamese	1	0 %	0
		%	
		%	
		%	
		%	
		%	
		%	
		%	

- Explain how you meet the needs of non-English speaking participants who require translation/interpretation services when/if bilingual staff are unavailable.

Spanish speakers have access to bilingual English/Spanish WIC staff. Other non-English speakers currently normally bring a friend or family member who is able to interpret. El Dorado County does have a contract with Language People to provide the County with interpreting services. We will use this service if we do not have appropriate bilingual staff or other acceptable interpreter. (Numbers above were obtained from a WIX report and represent number of families and family language preference.)

WIC Local Agency Staff Duty Statement

Nutrition Services Supervisor

(Percentages of time listed below are approximate.)

- 1) Functions as Primary WIC Program Contact (responsibilities listed in Contract Management Binder Chapter 2). Responsible for day-to-day operations of the WIC program and serves as principle liaison to the State WIC program. Accountable for ensuring the local agency complies with all fiscal, administrative and operational requirements as outlined in the contract, the Contract Management Binder and the WIC Program Manual. (PWPC duties and % time overlap with those listed below.) This position currently functions as Nutrition Education Coordinator and National Voter Registration Act Coordinator.
- 2) Identifies goals and objectives; develops, follows and evaluates local agency's Nutrition Services Plan. (10%) Some of this relates to this position's role as Nutrition Education Coordinator.
- 3) Oversees WIC Nutrition Assistant (WNA) training and certification process. Provides or arranges for required and additional trainings for all WIC staff. (5%)
- 4) As Nutrition Education Coordinator, assures that all locally developed nutrition education materials for participants contain accurate, reliable, science-based and culturally appropriate information. Develops curriculum for participant education and protocols for participant education by non-RD staff. (5%)
- 5) Oversees referral of participants to a provider for medical nutrition therapy (MNT) (2%)
- 6) Assists in development of WIC budget, budget detail. Monitors expenditures. Reviews and signs periodic WIC invoices. Prepares funding application. (5%)
- 7) Supervises and evaluates work of Nutritionist and WNAs. Provides guidance to other staff on decisions affecting program participation. Establishes staffing patterns at WIC sites. (25%)
- 8) Implements and maintains ongoing quality improvement activities to ensure that high quality nutrition services are provided to program participants. (5%)
- 9) Communicates with managers of local WIC authorized stores as one of the agency's Local Vendor Liaison. (5%)
- 10) Represents the WIC program in contacts/networking with community and other agencies and the public. (10%)
- 11) Performs complex nutrition assessment, counseling and education. Provides other direct service as needed. (27.5%)
- 12) As NVRA coordinator, ensures that the agency is in compliance with the NVRA. This includes ensuring that staff is trained annually, that there are adequate voter registration cards and preference forms available, and other duties listed in WIC 700-06. (.5%)

Breastfeeding competencies to be met by Nutrition Services Supervisor

- 1) Promote breastfeeding as the norm for infants up to age one year and beyond.

- 2) Follow the “first 30 days” policy (WIC 600-10) to provide WIC participants with information and support they need to successfully fully breastfeed, especially during the first 30 days of life.
- 3) Refer appropriately when a breastfeeding WIC participant needs help beyond the scope of the Nutrition Services Supervisor’s training.

Attachment 18

Nutrition Services Supervisor, continued

- 4) Assemble, instruct on use and issue electric breast pumps according to policy.
- 5) Ensure that breastfeeding training requirements (WIC 190-00) are met for all WIC staff.
- 6) Evaluate demonstration of breastfeeding competencies by El Dorado County WIC staff.



NUTRITION SERVICES SUPERVISOR

Class Code:
7819

Bargaining Unit: Local 1 Supervisory

THE COUNTY OF EL DORADO
Established Date: Nov 1, 1993
Revision Date: Apr 20, 2012

SALARY RANGE

\$27.58 - \$33.53 Hourly
\$4,780.53 - \$5,811.87 Monthly
\$57,366.40 - \$69,742.40 Annually

DEFINITION & DISTINGUISHING CHARACTERISTICS:

DEFINITION

Under general supervision, supervises, coordinates, directs and evaluates the work of nutrition program staff; provides nutrition counseling, education and consulting services in a general public health area such as the Women, Infant and Child (WIC) program or a specialized program such as the Seniors Nutritional Program.

DISTINGUISHING CHARACTERISTICS

This is a supervisory level position, responsible for planning, organizing, supervising and evaluating the work of assigned staff in addition to providing nutritional assessments and counseling, coordination of educational nutrition programs and monitoring of program operations.

EXAMPLES OF DUTIES (ILLUSTRATIVE ONLY):

Assists in the development and implementation of goals, objectives, policies and procedures related to assigned nutrition program and projects.

Assists in the preparation and administration of nutrition program budgets; coordinates program activities with County or other funding agencies.

Plans, organizes, assigns, directs, reviews and evaluates the work of assigned staff.

Participates in the selection of personnel and provides for their training and development.

Monitors workload and productivity; recommends disciplinary measures and facilitates decisions on difficult nutrition matters.

Performs nutritional assessments and provides dietary counseling for program participants and consults with departmental staff and persons having dietary and nutritional problems.

Coordinates and conducts educational programs with the public health division, health providers and other community agencies; conducts orientations for new program members; performs outreach to doctor's offices, clinics and hospitals.

Prepares pamphlets, newsletters and other types of instructional materials; conducts discussions and gives demonstrations on food preparation, food values and the dietary need of different age and occupational groups.

Conducts or directs the conduct of analytical studies; plans, develops, implements and evaluates a variety of nutritional programs; prepares grant proposals for submission to appropriate federal, state and local agencies to secure funding.

Develops statistical information systems and analyses data in support of program and supervisory planning recommendations.

Monitors the overall operation of a specialized nutrition program, including food production activities, food services sanitation, safety and hygienic food handling techniques.

Assists in the preparation of menus and monitors changes for mealsite locations; monitors food purchase; reviews food inventories.

Represents the County and the program in contacts with community and other agencies and the public.

Participates in the development and implementation of nutrition program quality standard; prepares a variety of periodic and special reports related to nutritional programs and project activities for review by appropriate County management.

Attendance and punctuality that is observant of scheduled hours on a regular basis.

Performs other duties as assigned.

EDUCATION & EXPERIENCE REQUIREMENTS (TYPING "SEE RESUME" IN APPLICATION WILL NOT BE ACCEPTED):

Where college degrees and/or college course credits are required, degrees and college units must be obtained from an accredited college or university. Courses from non-accredited institutions will not be evaluated for this requirement.

Equivalent to graduation from a four-year college or university with major coursework in public health nutrition or nutrition sciences **AND** three years of experience as a nutritionist in a public health agency. An advanced degree in an appropriate field and lead or supervisory experience is desirable.

NOTE: The above qualifications are typically accepted ways of obtaining the required knowledge and skills.

OTHER REQUIREMENTS:

Must possess a valid driver's license. Must be registered as a Nutritionist by the American Dietetic Association.

KNOWLEDGE:

Principles and practices of effective employee supervision including selection, training, evaluation and discipline.

Principles and practices of nutrition, including menu planning and food preparation methods specific to program area of assignment.

Principles and practices of program management including development, funding sources, grant proposal preparation, program evaluation and fiscal management.

Principles of nutrition for varying age, cultural, social and economic groups.

Principles and practices of nutrition education and counseling.

Applicable federal, state and local laws and regulations.

Principles of budgetary development and administration.

Methods and procedures for evaluating program quality and effectiveness.

Community social service support services and agencies.

Office administrative procedures, including recordkeeping and the operations of standard office equipment.

SKILLS:

Planning, organizing, assigning, directing, reviewing, and evaluating the work of assigned staff.

Training others in work procedures.

Performing complex nutrition assessments, determining nutritional requirements and providing client counseling.

Working with a wide variety of socio-economic, age, and ethnic groups. Interpreting, explaining and applying rules, regulations and policies relating to nutrition program management.

Evaluating the effectiveness of nutritional programs and food services.

Conducting effective nutritional workshops and other educational programs.

Preparing clear, concise and complete reports and other written correspondence.

Maintaining accurate records of work performed.

Establishing and maintaining effective working relationships with those contacted in the course of the work.

WIC Local Agency Staff Duty Statement

Nutritionist

(Percentages of time listed are approximate.)

- 1) Performs complex nutrition assessment, counseling and education for WIC participants. Oversees referral of participants to a provider for medical nutrition therapy (MNT). Provides counseling to support the MNT provided by the participant's health care provider. Conducts individual and group nutrition education for program participants. (60%)
- 2) Assists with development and following of Nutrition Services Plan. (5%)
- 3) Monitors work of WIC Nutrition Assistants (WNAs) using quality improvement tools. (5%)
- 4) Provides nutrition expertise and work direction to WNAs. (10%)
- 5) Assists with training of paraprofessional staff to be certified as WNAs. Assists with other required training of WNAs. (2%)
- 6) Performs program outreach and represents WIC to other agencies and the public. (8%)
- 7) Communicates with managers of local WIC authorized stores as a Local Vendor Liaison (LVL). (10%)

Breastfeeding competencies to be met by Nutritionist

- 1) Promote breastfeeding as the norm for infants up to age one year and beyond.
- 2) Follow the "first 30 days" policy (WIC 600-10) to provide participants with information and support they need to successfully fully breastfeed, especially during the first 30 days of life.
- 3) Refer appropriately when a breastfeeding participant needs help beyond the scope of Nutritionist's training.
- 4) Assemble, instruct on use and issue electric breast pumps according to policy.
- 5) Assist with ensuring that breastfeeding training requirements (WIC 190-00) are met for all WIC staff.



NUTRITIONIST

Class Code:
7816

Bargaining Unit: Local 1 Professional

THE COUNTY OF EL DORADO
Established Date: Jun 1, 1890
Revision Date: Apr 9, 2012

SALARY RANGE

\$25.07 - \$30.47 Hourly
\$4,345.47 - \$5,281.47 Monthly
\$52,145.60 - \$63,377.60 Annually

DEFINITION & DISTINGUISHING CHARACTERISTICS:

DEFINITION

Under general supervision, provides nutrition counseling, education and consulting services in a general public health area or a specialized program such as the Seniors' Nutrition Program.

DISTINGUISHED CHARACTERISTICS

This class provides nutritional assessment and counseling, coordination of educational nutrition programs and monitoring of program operations, including kitchen and meal site areas and meals to the homebound. This class is distinguished from the Senior Nutritionist in that latter is a lead level class with responsibility for planning, directing and reviewing the work of nutrition, food service and office support staff.

EXAMPLES OF DUTIES (ILLUSTRATIVE ONLY):

Performs nutrition assessments and provides dietary counseling for program participants and consults with departmental staff and persons having dietary and nutritional programs.

Monitors the overall operation of a specialized nutrition program, including food production activities, food service sanitation, safety and hygienic food handling techniques.

Prepares a monthly menu for various nutrition programs in accordance with mandated California state requirements.

Conducts workshops and educational programs for children, expectant mothers and teenagers.

Coordinates educational programs with the public health division, health providers and other community agencies; conducts orientations for new program members; performs outreach to doctors' offices, clinics and hospitals.

Prepares pamphlets, newsletters and other types of instructional materials; conducts discussions and gives demonstrations on food preparation, food values and the dietary needs of different age and occupational groups.

Evaluates medical and nutritional information to identify problem individuals that may respond to improved nutritional practices.

Provides work direction and review for paid and volunteer staff and indirect direction and consultation for food service support staff.

Attendance and punctuality that is observant of scheduled hours on a regular basis.

Performs other duties as assigned.

EDUCATION & EXPERIENCE REQUIREMENTS (TYPING "SEE RESUME" IN APPLICATION WILL NOT BE ACCEPTED):

Where college degrees and/or college course credits are required, degrees and college units must be obtained from an accredited college or university. Courses from non-accredited institutions will not be evaluated for this requirement.

Equivalent to graduation from a four year college with major coursework in public health nutrition or nutrition sciences **AND** two years of experience as a nutritionist in a public agency. An advanced degree in an appropriate field is desirable.

NOTE: The above qualifications are typically accepted ways of obtaining the required knowledge and skills.

OTHER REQUIREMENTS:

Must possess a valid driver's license. Must be a Registered Dietician by the American Dietetic Association.

KNOWLEDGE:

Principles and practices of nutrition, including menu planning and food preparation methods specific to program area of assignment.

Principles of nutrition for varying age groups.

Principles and practices of nutrition education and counseling.

Applicable federal, state and local laws and regulations.

Community social service support services and agencies.

Office administrative procedures, including recordkeeping and the operation of standard office equipment.

SKILLS:

Performing nutrition assessments, determining nutritional requirements and providing client counseling.

Working with a wide variety of socio-economic, age, and ethnic groups.

Reviewing and recommending improved menu plans.

Evaluating the effectiveness of nutritional programs and food services.

Conducting effective nutritional workshops and other educational programs.

Preparing clear, concise and complete reports and other written correspondence.

Maintaining accurate records of work performed.

Establishing and maintaining effective working relationships with those contacted in the course of the work.

WIC Local Agency Staff Duty Statement

Program Assistant (WNA)

(Percentages of time listed below are approximate.)

- 1) Screens WIC applicants by phone or in person. (5%)
- 2) Answers phone. Schedules participant appointments. (7%)
- 3) Determines eligibility for program benefits. Performs enrollment and recertification of participants using ISIS and following guidelines in the WIC Program Manual. (25%)
- 4) Determines nutrition need by assessing height, weight, hemoglobin/hematocrit and other health information. (10%)
- 5) Provides nutrition and breastfeeding education to individuals or groups. (20%)
- 6) Documents content of educational contact in ISIS nutrition education history screen and individual nutrition education plan. (10%)
- 7) Refers participants with higher level of nutrition need to an RD as appropriate. (5%)
- 8) Refers participants to other programs and services as appropriate. (5%)
- 9) Prescribes or issues WIC food instruments according to security guidelines. (5%)
- 10) Provides orientation for new program participants and explains food instrument use. (5%)
- 11) Performs community outreach to provide information about the WIC program. (3%)
- 12) One Program Assistant currently functions as our agency's Breastfeeding Coordinator and is an IBCLC. She currently spends approximately 15% of her time meeting the breastfeeding coordinator requirements in WIC 130-100. This particular individual's approximate time spent in the following categories is less than those of Program Assistants that are not the breastfeeding coordinator: 1) Screens applicants (3%), 2) Answers phones, schedules (4%), 3) Determines eligibility, enrolls, recertifies (15%).

Breastfeeding competencies to be met by Program Assistant (WNA)

- 1) Promote breastfeeding as the norm for infants up to age one year and beyond.
- 2) Follow the "first 30 days" policy (WIC 600-10) to provide WIC participants with information and support they need to successfully fully breastfeed, especially during the first 30 days of life.
- 3) Refer appropriately when a breastfeeding participant needs help beyond the scope of the program assistant's training.
- 4) Assemble, instruct on use and issue electric breast pumps according to policy.



PROGRAM ASSISTANT

Class Code:
7301

Bargaining Unit: Local 1 General

THE COUNTY OF EL DORADO
Established Date: Jun 1, 1990
Revision Date: Apr 9, 2012

SALARY RANGE

\$16.98 - \$20.64 Hourly
\$2,943.20 - \$3,577.60 Monthly
\$35,318.40 - \$42,931.20 Annually

DEFINITION & DISTINGUISHING CHARACTERISTICS:

DEFINITION

Under general supervision, provides various support to the administration and operation of specialized programs to meet the needs of participants in the community or social service programs.

DISTINGUISHING CHARACTERISTICS

This support position works under the direction of a Program Coordinator or other professional or management staff member and provides generalized support and services for a variety of program areas. This class is distinguished from Program Coordinator in that the latter has supervisory and coordinative responsibility for a specific program.

EXAMPLES OF DUTIES (ILLUSTRATIVE ONLY):

Receives and reviews program applications to determine eligibility and certifies clients for program services; counsels and advises applicants based on their needs and makes appropriate referrals to other community services agencies as applicable.

Issues program services certificates and vouchers and maintains records of such documentation and awards.

Performs program implementation including the scheduling of trips, collection of fees, reservation of transportation, and the promotion and oversight of scheduled program activities.

Provides information about resources, programs, service and entitlements, Medicare, medical and other programs which exist under Human Services.

Provides basic counseling about aging, nutrition, and low-income concerns and assists clients with independent living and long-term care matters.

Evaluates progress of program participants by assessing health, weight, hematocrit/hemoglobin measures and similar parameters.

Maintains liaison with co-workers, community groups, government agencies and other entities to ensure maximum usefulness of programs.

Maintains accurate files and records related to contacts with program participants.

Performs publicity and community outreach for assigned programs; may speak to various groups; conduct group classes on various program topics such as prenatal, infant, child and family nutrition.

Performs various office support work such as typing and filing; maintains fiscal and statistical records related to programs; compiles various reports.

Attendance and punctuality that is observant of scheduled hours on a regular basis.

Performs related work as assigned.

EDUCATION & EXPERIENCE REQUIREMENTS (TYPING "SEE RESUME" IN APPLICATION WILL NOT BE ACCEPTED):

MINIMUM QUALIFICATIONS

Education and Experience:

Education:

Equivalent to possession of an Associate of Arts degree with major coursework in social services, psychology or a related field,

-and-

Experience:

One (1) year of experience in eligibility determination, counseling or intervention or in office support work which has included interpreting and explaining complex rules and regulations. Relevant experience may be substituted for the education on a year for year basis.

Other Requirements:

Specified positions may require possession of a valid driver's license.

Knowledge of:

Basic knowledge of services and resources for seniors and low-income families.

Principles of good nutrition for various ages.

Basic interviewing and counseling methods and techniques.

Standard office practices and procedures including use of common office equipment such as word processors.

Record keeping and general file maintenance.

Business arithmetic.

Ability to:

Conduct workshops and education programs.

Interview applicants and determining eligibility for programs and entitlements.

Provide simple nutritional assessments.

Organize and maintain program files and records.

Apply and explain rules and procedures.

Prepare clear and concise reports and correspondence.

Understand and follow oral and written directions.

Assist and counsel low income and elderly individuals and families.

Establish and maintain effective working relationships with those contacted in the course of the work.

OTHER REQUIREMENTS:

ENVIRONMENTAL CONDITIONS/PHYSICAL DEMANDS

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

Environment: Work is primarily performed indoors in a standard office setting with infrequent trips outdoors in all weather conditions.

Physical: Primary functions require sufficient physical ability to work in an office setting and operate office equipment; vision in the normal visual range with or without correction sufficient to read computer screens and printed; hear in the normal audio range with or without correction. **Frequent** sitting, wrist and arm motions and upward/downward flexion of neck; use of both hands, ability to grasp and hold. **Occasional** standing, walking. **Infrequent** reaching, bending; lifting, carrying or pushing objects that weigh up to 15 lbs.

HISTORY

JCN: 7301

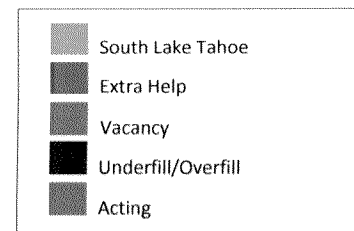
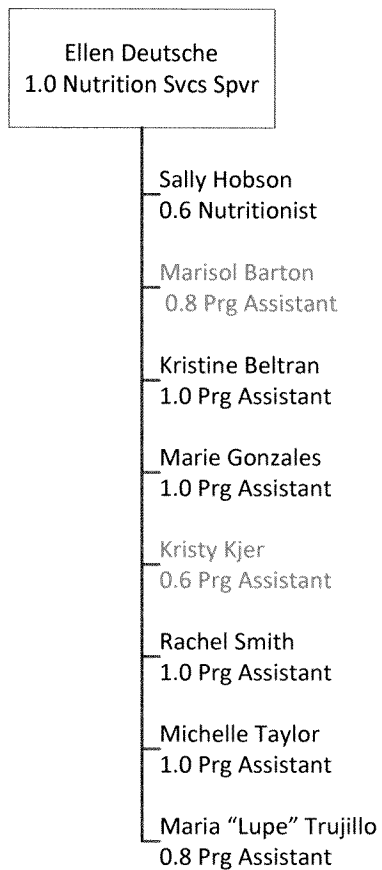
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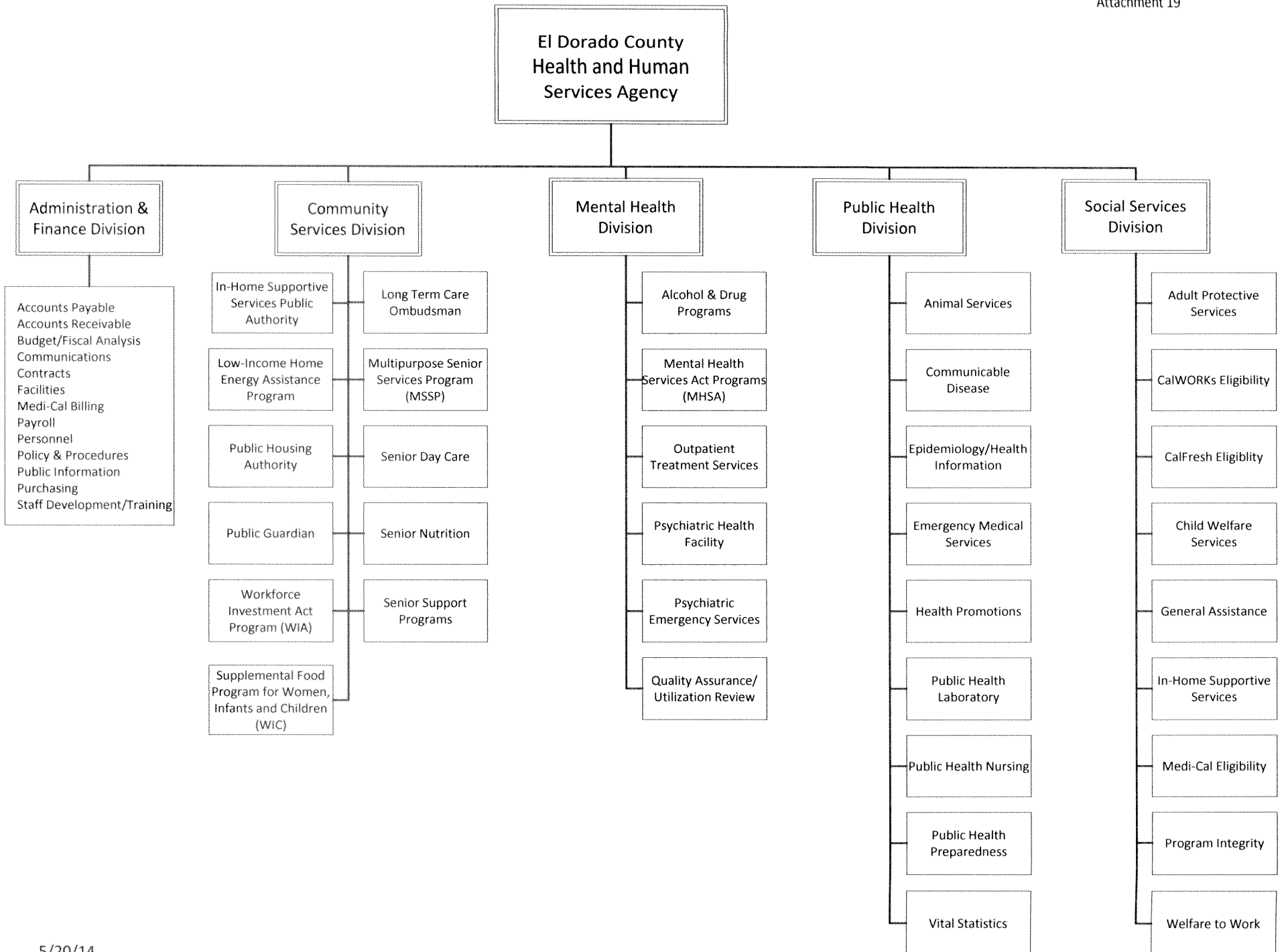
Revised: JUL 1994

Revised: JAN 2004

Revised: APR 2013 - HRD

El Dorado County
Health and Human Services Agency
Supplemental Food Program for Women, Infants and Children (WIC)





DRUG-FREE WORKPLACE CERTIFICATION

STD. 21 (REV. 12-93)

Attachment 21

CERTIFICATION

I, the official named below, hereby swear that I am duly authorized legally to bind the contractor or grant recipient to the certification described below. I am fully aware that this certification, executed on the date below, is made under penalty of perjury under the laws of the State of California.

CONTRACTOR/BIDDER FIRM NAME EI Dorado County Health and Human Services Agency	FEDERAL ID NUMBER 94-6000511
BY (Authorized Signature) 	DATE EXECUTED May 21, 2014
PRINTED NAME AND TITLE OF PERSON SIGNING Don Ashton, M.P.A.	TELEPHONE NUMBER (Include Area Code) (530) 642-7300
TITLE Director	
CONTRACTOR/BIDDER FIRM'S MAILING ADDRESS 937 Spring Street, Placerville, CA 95667	

The contractor or grant recipient named above hereby certifies compliance with Government Code Section 8355 in matters relating to providing a drug-free workplace. The above named contractor or grant recipient will:

1. Publish a statement notifying employees that unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance is prohibited and specifying actions to be taken against employees for violations, as required by Government Code Section 8355(a).
2. Establish a Drug-Free Awareness Program as required by Government Code Section 8355(b), to inform employees about all of the following:
 - (a) The dangers of drug abuse in the workplace,
 - (b) The person's or organization's policy of maintaining a drug-free workplace,
 - (c) Any available counseling, rehabilitation and employee assistance programs, and
 - (d) Penalties that may be imposed upon employees for drug abuse violations.
3. Provide as required by Government Code Section 8355(c), that every employee who works on the proposed contract or grant:
 - (a) Will receive a copy of the company's drug-free workplace policy statement, and
 - (b) Will agree to abide by the terms of the company's statement as a condition of employment on the contract or grant.
4. At the election of the contractor or grantee, from and after the "Date Executed" and until _____^(DATE) (NOT TO EXCEED 36 MONTHS), the state will regard this certificate as valid for all contracts or grants entered into between the contractor or grantee and this state agency without requiring the contractor or grantee to provide a new and individual certificate for each contract or grant. If the contractor or grantee elects to fill in the blank date, then the terms and conditions of this certificate shall have the same force, meaning, effect and enforceability as if a certificate were separately, specifically, and individually provided for each contract or grant between the contractor or grantee and this state agency.

U.S. DEPARTMENT OF AGRICULTURE

**Certification Regarding Debarment, Suspension, Ineligibility
and Voluntary Exclusion - Lower Tier Covered Transactions**

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 7 CFR Part 3017, Section 3017.510, Participants' responsibilities. The regulations were published as Part IV of the January 30, 1989, Federal Register (pages 4722-4733). Copies of the regulations may be obtained by contacting the Department of Agriculture agency with which this transaction originated.

(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS ON REVERSE)

- (1) The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.

- (2) Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

EDC Health and Human Services Agency

Organization Name

PR/Award Number or Project Name

Don Ashton, M.P.A., Director

Name(s) and Title(s) of Authorized Representative(s)



Signature(s)



Date


Instructions for Certification

1. By signing and submitting this form, the prospective lower tier participant is providing the certification set out on the reverse side in accordance with these instructions.
2. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.
3. The prospective lower tier participant shall provide immediate written notice to the person to which this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
4. The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "proposal," and "voluntarily excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the person to which this proposal is submitted for assistance in obtaining a copy of those regulations.
5. The prospective lower tier participant agrees by submitting this form that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.
6. The prospective lower tier participant further agrees by submitting this form that it will include this clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transactions," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the Nonprocurement List.
8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

CCC-307

CERTIFICATION

I, the official named below, CERTIFY UNDER PENALTY OF PERJURY that I am duly authorized to legally bind the prospective Contractor to the clause(s) listed below. This certification is made under the laws of the State of California.

<i>Contractor/Bidder Firm Name (Printed)</i> El Dorado County Health and Human Services Agency		<i>Federal ID Number</i> 94-6000511
<i>By (Authorized Signature)</i> 		
<i>Printed Name and Title of Person Signing</i> Don Ashton, M.P.A., Director		
<i>Date Executed</i> May 21, 2014	<i>Executed in the County of</i> El Dorado	

CONTRACTOR CERTIFICATION CLAUSES

1. **STATEMENT OF COMPLIANCE:** Contractor has, unless exempted, complied with the nondiscrimination program requirements. (Gov. Code §12990 (a-f) and CCR, Title 2, Section 8103) (Not applicable to public entities.)

2. **DRUG-FREE WORKPLACE REQUIREMENTS:** Contractor will comply with the requirements of the Drug-Free Workplace Act of 1990 and will provide a drug-free workplace by taking the following actions:

- a. Publish a statement notifying employees that unlawful manufacture, distribution, dispensation, possession or use of a controlled substance is prohibited and specifying actions to be taken against employees for violations.
- b. Establish a Drug-Free Awareness Program to inform employees about:
 - 1) the dangers of drug abuse in the workplace;
 - 2) the person's or organization's policy of maintaining a drug-free workplace;
 - 3) any available counseling, rehabilitation and employee assistance programs; and,
 - 4) penalties that may be imposed upon employees for drug abuse violations.
- c. Every employee who works on the proposed Agreement will:
 - 1) receive a copy of the company's drug-free workplace policy statement; and,
 - 2) agree to abide by the terms of the company's statement as a condition of employment on the Agreement.

Failure to comply with these requirements may result in suspension of payments under the Agreement or termination of the Agreement or both and Contractor may be ineligible for award of any future State agreements if the department determines that any of the following has occurred: the Contractor has made false certification, or violated the

certification by failing to carry out the requirements as noted above. (Gov. Code §8350 et seq.)

3. NATIONAL LABOR RELATIONS BOARD CERTIFICATION: Contractor certifies that no more than one (1) final unappealable finding of contempt of court by a Federal court has been issued against Contractor within the immediately preceding two-year period because of Contractor's failure to comply with an order of a Federal court, which orders Contractor to comply with an order of the National Labor Relations Board. (Pub. Contract Code §10296) (Not applicable to public entities.)

4. CONTRACTS FOR LEGAL SERVICES \$50,000 OR MORE- PRO BONO REQUIREMENT: Contractor hereby certifies that contractor will comply with the requirements of Section 6072 of the Business and Professions Code, effective January 1, 2003.

Contractor agrees to make a good faith effort to provide a minimum number of hours of pro bono legal services during each year of the contract equal to the lesser of 30 multiplied by the number of full time attorneys in the firm's offices in the State, with the number of hours prorated on an actual day basis for any contract period of less than a full year or 10% of its contract with the State.

Failure to make a good faith effort may be cause for non-renewal of a state contract for legal services, and may be taken into account when determining the award of future contracts with the State for legal services.

5. EXPATRIATE CORPORATIONS: Contractor hereby declares that it is not an expatriate corporation or subsidiary of an expatriate corporation within the meaning of Public Contract Code Section 10286 and 10286.1, and is eligible to contract with the State of California.

6. SWEATFREE CODE OF CONDUCT:

a. All Contractors contracting for the procurement or laundering of apparel, garments or corresponding accessories, or the procurement of equipment, materials, or supplies, other than procurement related to a public works contract, declare under penalty of perjury that no apparel, garments or corresponding accessories, equipment, materials, or supplies furnished to the state pursuant to the contract have been laundered or produced in whole or in part by sweatshop labor, forced labor, convict labor, indentured labor under penal sanction, abusive forms of child labor or exploitation of children in sweatshop labor, or with the benefit of sweatshop labor, forced labor, convict labor, indentured labor under penal sanction, abusive forms of child labor or exploitation of children in sweatshop labor. The contractor further declares under penalty of perjury that they adhere to the Sweatfree Code of Conduct as set forth on the California Department of Industrial Relations website located at www.dir.ca.gov, and Public Contract Code Section 6108.

b. The contractor agrees to cooperate fully in providing reasonable access to the contractor's records, documents, agents or employees, or premises if reasonably required by authorized officials of the contracting agency, the Department of Industrial Relations,

or the Department of Justice to determine the contractor's compliance with the requirements under paragraph (a).

7. DOMESTIC PARTNERS: For contracts over \$100,000 executed or amended after January 1, 2007, the contractor certifies that contractor is in compliance with Public Contract Code section 10295.3.

DOING BUSINESS WITH THE STATE OF CALIFORNIA

The following laws apply to persons or entities doing business with the State of California.

1. CONFLICT OF INTEREST: Contractor needs to be aware of the following provisions regarding current or former state employees. If Contractor has any questions on the status of any person rendering services or involved with the Agreement, the awarding agency must be contacted immediately for clarification.

Current State Employees (Pub. Contract Code §10410):

1). No officer or employee shall engage in any employment, activity or enterprise from which the officer or employee receives compensation or has a financial interest and which is sponsored or funded by any state agency, unless the employment, activity or enterprise is required as a condition of regular state employment.

2). No officer or employee shall contract on his or her own behalf as an independent contractor with any state agency to provide goods or services.

Former State Employees (Pub. Contract Code §10411):

1). For the two-year period from the date he or she left state employment, no former state officer or employee may enter into a contract in which he or she engaged in any of the negotiations, transactions, planning, arrangements or any part of the decision-making process relevant to the contract while employed in any capacity by any state agency.

2). For the twelve-month period from the date he or she left state employment, no former state officer or employee may enter into a contract with any state agency if he or she was employed by that state agency in a policy-making position in the same general subject area as the proposed contract within the 12-month period prior to his or her leaving state service.

If Contractor violates any provisions of above paragraphs, such action by Contractor shall render this Agreement void. (Pub. Contract Code §10420)

Members of boards and commissions are exempt from this section if they do not receive payment other than payment of each meeting of the board or commission, payment for preparatory time and payment for per diem. (Pub. Contract Code §10430 (e))

2. LABOR CODE/WORKERS' COMPENSATION: Contractor needs to be aware of the provisions which require every employer to be insured against liability for Worker's Compensation or to undertake self-insurance in accordance with the provisions, and Contractor affirms to comply with such provisions before commencing the performance of the work of this Agreement. (Labor Code Section 3700)

3. AMERICANS WITH DISABILITIES ACT: Contractor assures the State that it complies with the Americans with Disabilities Act (ADA) of 1990, which prohibits discrimination on the basis of disability, as well as all applicable regulations and guidelines issued pursuant to the ADA. (42 U.S.C. 12101 et seq.)

4. CONTRACTOR NAME CHANGE: An amendment is required to change the Contractor's name as listed on this Agreement. Upon receipt of legal documentation of the name change the State will process the amendment. Payment of invoices presented with a new name cannot be paid prior to approval of said amendment.

5. CORPORATE QUALIFICATIONS TO DO BUSINESS IN CALIFORNIA:

a. When agreements are to be performed in the state by corporations, the contracting agencies will be verifying that the contractor is currently qualified to do business in California in order to ensure that all obligations due to the state are fulfilled.

b. "Doing business" is defined in R&TC Section 23101 as actively engaging in any transaction for the purpose of financial or pecuniary gain or profit. Although there are some statutory exceptions to taxation, rarely will a corporate contractor performing within the state not be subject to the franchise tax.

c. Both domestic and foreign corporations (those incorporated outside of California) must be in good standing in order to be qualified to do business in California. Agencies will determine whether a corporation is in good standing by calling the Office of the Secretary of State.

6. RESOLUTION: A county, city, district, or other local public body must provide the State with a copy of a resolution, order, motion, or ordinance of the local governing body which by law has authority to enter into an agreement, authorizing execution of the agreement.

7. AIR OR WATER POLLUTION VIOLATION: Under the State laws, the Contractor shall not be: (1) in violation of any order or resolution not subject to review promulgated by the State Air Resources Board or an air pollution control district; (2) subject to cease and desist order not subject to review issued pursuant to Section 13301 of the Water Code for violation of waste discharge requirements or discharge prohibitions; or (3) finally determined to be in violation of provisions of federal law relating to air or water pollution.

8. PAYEE DATA RECORD FORM STD. 204: This form must be completed by all contractors that are not another state agency or other governmental entity.

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 subcontractors, subgrants, and contracts under grants and 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.

EDC Health and Human Svcs. Agency

Don Ashton, M.P.A.

Name of Contractor

Printed Name of Person Signing for Contractor

Contract / Grant 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.

NONDISCRIMINATION COMPLIANCE STATEMENT

STD. 19 (REV. 3-95)

COMPANY NAME

El Dorado County Health and Human Services Agency

The company named above (hereinafter referred to as "prospective contractor") hereby certifies, unless specifically exempted, compliance with Government Code Section 12990 (a-f) and California Code of Regulations, Title 2, Division 4, Chapter 5 in matters relating to reporting requirements and the development, implementation and maintenance of a Nondiscrimination Program. Prospective contractor agrees not to unlawfully discriminate, harass or allow harassment against any employee or applicant for employment because of sex, race, color, ancestry, religious creed, national origin, physical disability (including HIV and AIDS), medical condition (cancer), age (over 40), marital status, denial of family care leave and denial of pregnancy disability leave.

CERTIFICATION

I, the official named below, hereby swear that I am duly authorized to legally bind the prospective contractor to the above described certification. I am fully aware that this certification, executed on the date and in the county below, is made under penalty of perjury under the laws of the State of California.

OFFICIAL'S NAME

Don Ashton, M.P.A.

DATE EXECUTED

May 21, 2014

EXECUTED IN THE COUNTY OF

El Dorado

PROSPECTIVE CONTRACTOR'S SIGNATURE



PROSPECTIVE CONTRACTOR'S TITLE

Director

PROSPECTIVE CONTRACTOR'S LEGAL BUSINESS NAME

El Dorado County Health and Human Services Agency

CIVIL RIGHTS REPORT

In the WIC local agency agreement, Exhibit E, Provision 7, Civil Rights is defined as all participants shall be served equally and not be discriminated against on the basis of the categories of race, color, national origin, sex, age, and/or disability. The provision also outlines where the regulations can be found and other requirements. It is further described in the WPM 510-10.

Has the WIC local agency had any civil rights complaints from participants filed against it or experienced any other civil rights problems in the past three (3) years?

Yes No

If yes, provide the following information for each complaint. Attach a separate report and designate "Att. 28." Include the following details:

- Date of Complaint
- WIC Site
- Description of Complaint
- Date reported to State WIC Program
- Outcome and any corrective action taken.

AGREEMENT TO FULL USE OF FEDERAL FUNDS

The California State WIC Program (USDA/Food and Nutrition Services) and
El Dorado County Health and Human Services Agency

Insert WIC Local Agency Name Here

agree to abide by the requirements set forth in Section 12(b) of the Richard B. Russell National School Lunch Act, 42 U.S.C. 1760(b), as amended by Section 361 of the Healthy, Hunger-Free Kids Act of 2010 (Public Law 111-296). This Act is to support full use of Federal funds provided to the WIC local agency (named above) for the administration of the California WIC Supplemental Nutrition Program and excludes such funds from budget restrictions or limitations including, at a minimum, the limitations specified in the WIC local agency Agreement, Exhibit E, Provision 5.

I, Don Ashton, the undersigned, agree that the above named WIC local agency will support the full use of federal funds and that any of the limitations or restrictions described above, shall not apply to the funds provided to administer the WIC Program.



 Agency Director's Signature (Blue Ink)

5/21/14

 Date

Director
 Title

California State WIC Program

 WIC Representative's Signature (Blue Ink)

 Date

 WIC Representative's Name

 Title