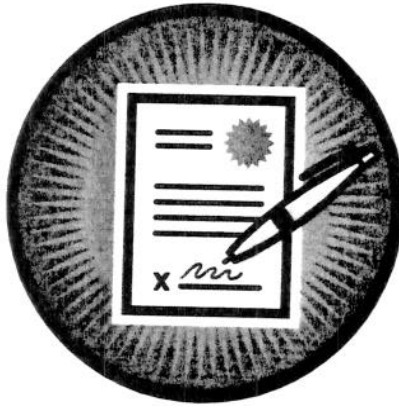


# AGREEMENT FUNDING FORM





MARK B HORTON, MD, MSPH  
Director

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



ARNOLD SCHWARZENEGGER  
Governor

December 19, 2007

Ms. Phyllis Goldie  
MCAH Director  
El Dorado County Public Health  
929 Spring Street  
Placerville, CA 95667

Dear Ms. Goldie,

FIRST YEAR OF MULTI-YEAR AGREEMENT FUNDING APPLICATION (AFA)  
APPROVAL, ALLOCATION AGREEMENT# 200709, FY 2007/2008.

The Maternal, Child and Adolescent Health (MCAH) Program of the California Department of Public Health (CDPH) approves your Agency's three (3) year AFA. This includes the attached Scope of Work (SOW) and Budget for administration of MCAH related programs for fiscal years (FY) 2007/2008 through 2009/2010.

To carry out the programs outlined in the enclosed SOW and Budget, during the period of July 1, 2007, through June 30, 2008, the MCAH Program will reimburse expenditures up to the following amount:

Maternal, Child and Adolescent Health	\$359,954
---------------------------------------	-----------

The availability of Title V funds and State General Funds is based upon appropriated funds in the Budget Act of the 2007/2008 FY. Reimbursement of invoices is subject to compliance with all federal and state requirements pertaining to CDPH MCAH related programs and adherence to all applicable regulations, policies and procedures. CDPH MCAH policies and procedures can be accessed at [www.mch.dhs.ca.gov](http://www.mch.dhs.ca.gov).

Please ensure that all necessary individuals within your Agency are notified of this approval and that the enclosed documents are carefully reviewed. This approval letter constitutes a binding agreement.

Ms. Goldie  
Page 2  
December 19, 2007

If any of the information contained in the enclosed SOW and Budget is incorrect or different from that negotiated, please contact your Contract Manager, Joni Keck, at (916) 650-0355 or Joan.Keck@cdph.ca.gov within 14 calendar days from the date of this letter. Non-response constitutes acceptance of the enclosed documents.

Sincerely,



Shabbir Ahmad, DVM, M.S., PhD., Acting Chief  
Maternal, Child and Adolescent Health Program

Enclosures

cc: Clerk of the Board  
330 Fair Lane  
Placerville, CA 95667

Marilynne Rains/Pam Kessler  
Fiscal Analyst  
941 Spring Street  
Placerville, CA 95667

Guey Shiang-Tsay  
Program Consultant  
Maternal, Child and Adolescent Health Program

Joni Keck  
Contract Manager  
Maternal, Child and Adolescent Health Program

Central File

**MATERNAL, CHILD AND ADOLESCENT HEALTH (MCAH)  
SCOPE OF WORK (SOW)**

The local health jurisdiction (LHJ) must work toward achieving the following goals and objectives by performing the specified activities, evaluating the results and focusing on process and/or outcome.

- Goal 1:** All children are born healthy to healthy mothers.
- Goal 2:** No health status disparities among racial/ethnic, gender, economic and regional groups.
- Goal 3:** A safe and healthy environment for women, children and their families.
- Goal 4:** Equal access for all women, children and their families to appropriate and needed care within an integrated and seamless system.
- Timelines:** All of the implementation activities identified in this SOW are to be conducted within the term of this Agreement's fiscal year.

**Objective 1**  
**MCAH Programs in the LHJ operate under the direction of an approved MCAH Director in accordance with the MCAH/OFPP Branch Policies and Procedures.**

**Implementation Activities**

- 1.1 The LHJ must have a MCAH Director who meets the professional qualifications and time commitment as specified in the current MCAH Policies and Procedures Manual. (See MCAH/OFPP Branch Policies and Procedures, Key Personnel)

**Evaluation Process or Outcomes**

- 1.1.1 The local MCAH Director must submit a copy of an approval letter or a waiver with the annual Agreement Funding Application (AFA).
- 1.2 The MCAH Director is responsible for programs that improve the health of the MCAH population.

**Evaluation Process or Outcomes**

- List all local MCAH Programs funded by the MCAH/OFPP Branch in the Annual Report.
  - Identify the corresponding MCAH/OFPP Branch and Title V priority areas with the local MCAH Programs in the Annual Report.
- 1.3 The MCAH Director's responsibilities include the following:
- Develop policies and procedures, standards, and protocols;
  - Develop LHJ and/or community infrastructure that promote community partnerships and provide family-centered, culturally-competent services;
  - Ensure implementation and coordination of local MCAH Programs;
  - Ensure hiring and orientation of key personnel, adhering to MCAH/OFPP Branch policy personnel requirements,

- Develop activities and evaluation methods to measure results that relate to meeting MCAH priorities and the LHJ multi-year plan.
- Use core public health functions to assure that progress is made toward the MCAH/OFP Branch and Title V (Federal) goals and objectives and priorities.

#### Evaluation Process or Outcomes

- Maintain documentation in writing and keep it on file for audit purposes for three years from the date of final payment. (See MCAH Policies and Procedures, Fiscal Administration, Audit File Retention for details.)
- Submit a duty statement that reflects the MCAH Director's responsibilities identified in the MCAH/OFP Branch Policies and Procedures with the annual AFA and with any changes in MCAH Director.
- Complete and submit Form 4 to document MCAH Director's participation in MCAH-related collaboratives with the Annual Report.

#### **Objective 2**

**The LHJ MCAH Program provides comprehensive outreach activities that may include outreach, case finding, referrals, client education and community awareness that targets the MCAH population to assist them in accessing and receiving care and services to improve their health and well being.**

#### **Implementation Activities**

2.1 The LHJ provides information on community resources, services and referrals to the MCAH population.

- Provides activities that facilitate early and continuous access to care and services.
- Promotes screening of pregnant women and women of child bearing age.
- Refers to Healthy Families, Medi-Cal, Access for Infants and Mothers (AIM) and other low cost/no cost health insurance programs for health care coverage.
- Determines high risk populations.

2.1.1 The LHJ targets outreach, case finding and care coordination activities to high risk populations and gives priority to the following populations:

- Low income pregnant women,
- Women, children and adolescents who are not linked to a source of care.
- Women of childbearing age who are at risk for adverse perinatal outcomes including, but not limited to, tobacco exposure and substance abuse.
- Children with special health care needs.

#### Evaluation Process or Outcomes

- Complete and submit Form 5, Outreach Activities, in the Annual Report.
- Describe the tracking system for referral in the Annual Report.
- Report the number of referrals to Healthy Families, Medi-Cal, AIM and other low cost/no cost health insurance programs in the Annual Report.

- 2.2 The LHJ promotes community wide collaboration in the development and implementation of outreach programs and works to assure that services are provided in a culturally sensitive manner with no duplication of services.

**Evaluation Process or Outcomes**

- Complete and submit Form 4 with the Annual Report to document participation in MCAH-related collaboratives by any MCAH staff.

- 2.3 The LHJ provides a toll free or no cost telephone information service. (Title V requirement)

- The telephone number must be disseminated widely throughout the LHJ by means of pamphlets, publications and media publicity.
- At minimum, the toll free line must be operational during normal business hours and must linguistically reflect the LHJ's population mix.
- Personnel staffing the toll free line must have cultural sensitivity training.
- After hours messages must be answered by the end of the following business day.

**Evaluation Process or Outcomes**

- Complete and submit Form 6, Toll Free Telephone Report with the Annual Report.

**Objective 3**

**The LHJ provides skilled professional expertise to identify, coordinate and expand services for the MCAH population through collaborative planning and development to assure quality, evidence based family services.**

**Implementation Activities**

- 3.1 The LHJ provides qualified program experts to manage MCAH Programs and activities consistent with specific program requirements. (See policies and procedures for individualized programs)

**Evaluation Process or Outcomes**

- 3.1.1 Refer to the individualized programs for specific approval and reporting requirements.

- 3.2 The LHJ must provide a Perinatal Service Coordinator (PSC) in accordance with MCAH/OFP Branch Policies and Procedures.

**Evaluation Process or Outcomes**

- 3.2.1 The LHJ requests approval verification for the PSC who meets the professional qualifications and time commitment specified in the current MCAH/OFP Branch Policies and Procedures. (See MCAH/OFP Branch Policy and Procedures, Key Personnel)
- 3.2.2 Submit a copy of the approval letter or a waiver for the PSC with the annual AFA.

- 3.3 PSC must carry out the responsibilities and activities detailed in the MCAH/OFP Branch Policies and Procedures.

**Evaluation Process or Outcomes**

- Maintain documentation on file.
- Report specific information as requested in the Annual Report.

**Objective 4**

**The LHJ addresses their priority needs a) identified through the local Community Health Assessment and b) includes a specific Sudden Infant Death Syndrome (SIDS) objective. The LHJ continues to monitor their MCAH needs and modify their plan to achieve improved maternal, child and adolescent health.**

**Implementation Activities**

- 4.1 The LHJ works with local law enforcement to provide updated SIDS protocols and to re-establish the response team:
- A plan consistent with the MCAH/OFP Branch and Title V goals and objectives will be developed for responding to SIDS deaths utilizing the team approach between law enforcement and Public Health.
  - New staff will be trained in SIDS response and information.
  - MCAH staff will provide community education on co-bedding concerns
  - Continue to monitor local MCAH needs and modify the local plan to improve maternal, child and adolescent health.
  - MCAH staff will contact families of SIDS babies within 72 hours of event occurrence to provide information, support and referral.

**Evaluation Process or Outcomes**

- 4.1.1 Maintain documentation on file.  
4.1.2 Report specific information as requested on the Annual Report.

- 4.2 The LHJ provides a coordinated approach to decrease perinatal substance abuse.
- Prenatal care providers will receive information regarding perinatal substance abuse and available screening tools and resources.
  - Statistical data on prenatal substance abuse screenings will be distributed as available.
  - MCAH staff will collaborate with local CBO's, prenatal care providers and hospitals to improve referral systems and available resources.

**Evaluation Process or Outcomes**

- 4.2.1 Maintain documentation on file.  
4.2.2 Report specific information as requested on the Annual Report.

- 4.3 The LHJ works with various agencies to ensure that Latino women have access to OB care
- Coordinated efforts among CBO's, hospital, MCAH will maximize highest level skill of each staff member
  - Continue to monitor MCAH data with agencies involved.

**Evaluation Process or Outcomes**

- 4.3.1 Bilingual/bicultural staff available to assist with appointments
- 4.3.2 Ensure prenatal information in Spanish is accessible



BUDGET

I. BUDGET SUMMARY PAGE		FY: 2007 - 2008													
Budget Revision Number: Original		Title V Balance													
Program: MCAH Maternal, Child & Adolescent Health		SGF Balance													
Agency: EI Dorado County		Total Balance													
Agreement No.: 2007-09		Base MCF													
		58.06%													
EXPENSE CATEGORY		UNMATCHED FUNDING				NON - ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)					
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	
TOTAL FUNDING	%	Federal Title V	%	State General Funds	%	Local Revenue	Combined Fed/State	Combined Fed/State	%	Combined Fed/Agency	%	Combined Fed/State	%	Combined Fed/Agency	
(I) PERSONNEL	9.47%	55,714	31.22%			183,595	23,965	23,965	21.26%	125,010	0.46%	2,716	33.50%	197,012	
(II) OPERATING EXPENSES	4.93%	2,715	38.54%			21,203	4,439	4,439	36.97%	20,341	11.49%	6,324			
(III) CAPITAL EXPENDITURES															
(IV) OTHER COSTS															
(V) INDIRECT COSTS	10.00% (10% MAX)	4,200	41.93%			1,761				2,439					
TOTALS*		42,426	41.42%			17,571				24,855					
		689,659	11.02%			76,000				53,259	1.31%	9,040	28.57%	197,012	
Maximum Amount Payable from State and Federal resources:		359,954													

Total Title V	Budgeted	Balances	% of Budget
Total State General Fund	76,000	8	11%
Total Agency General Fund	28,897	n/a	4%
Total Matching Title XIX	329,707	n/a	48%
Totals	689,660	8	100%

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

*Charles J. Gulde*  
 MCAH PROJECT DIRECTOR'S SIGNATURE

12-10-07  
 DATE

*Myrlebebe*  
 AGENCY FISCAL AGENT'S SIGNATURE

12/10/07  
 DATE

\* These amounts contain local revenue submitted for information and matching purposes. MCAH does not reimburse Agency contributions.

State Use Only	MCAH-TV	MCAH-GF	MCAH-N	MCAH/NTY-N	MCAH/NTY-E
(I) PERSONNEL	55,714		23,965	62,505	
(II) OPERATING COSTS	2,715		4,439	10,171	
(III) CAPITAL EXPENDITURES					
(IV) OTHER COSTS					
(V) INDIRECT COSTS	17,571		24,855	1,220	
Totals for PCA Codes **	76,000		53,259	73,896	147,759

BUDGET

EXPENSE CATEGORY	MCAH Maternal, Child & Adolescent Health		UNMATCHED FUNDING					NON - ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)							
	Agency:	Agreement No.:	(1) TOTAL FUNDING	(2) %	(3) MCAH-TV Federal Title V	(4) %	(5) MCAH-GF State General Funds	(6) %	(7) AGENCY Local Revenue	(8) %	(9) MCAH-N Combined Fed/State	(10) %	(11) CNTY-N Combined Fed/Agency	(12) %	(13) MCAH-E Combined Fed/State		(14) %	(15) CNTY-E Combined Fed/Agency	(16) %
<b>I. PERSONNEL DETAIL PAGE</b>			<b>588,012</b>		<b>55,714</b>			<b>183,595</b>		<b>23,965</b>		<b>125,010</b>		<b>2,716</b>		<b>197,012</b>			
<b>ACTUAL BENEFITS</b>			<b>163,749</b>		<b>16,168</b>			<b>47,425</b>		<b>6,994</b>		<b>34,536</b>		<b>560</b>		<b>58,066</b>			
<b>TOTAL WAGES</b>			<b>424,263</b>		<b>39,546</b>			<b>136,170</b>		<b>16,971</b>		<b>90,474</b>		<b>2,155</b>		<b>138,947</b>			
INITIALS	TITLE OR CLASS.	% FTE	ANNUAL SALARY	(2) %	(3) MCAH-TV Federal Title V	(4) %	(5) MCAH-GF State General Funds	(6) %	(7) AGENCY Local Revenue	(8) %	(9) MCAH-N Combined Fed/State	(10) %	(11) CNTY-N Combined Fed/Agency	(12) %	(13) MCAH-E Combined Fed/State	(14) %	(15) CNTY-E Combined Fed/Agency	(16) %	(17)
1	PG Director	100.00%	83,252	7.00%	5,828			53.00%	44,124	5.00%	4,163		3,468			35.00%	29,138		
2	PM PSC	25.00%	69,358	6.00%	1,040			4.00%	694	5.00%	867		20.00%			65.00%	11,271		
3	PM PHN II	25.00%	69,358	2.27%	394			24.00%	4,161	1.00%	173		13.73%			59.00%	10,230		
4	CG PHN II	80.00%	70,726	23.11%	13,076			6.85%	3,898		577		10.00%			60.00%	33,948		
5	JJ PHN II	25.00%	65,888	0.20%	33			33.00%	5,436	3.50%			16.50%			46.80%	7,709		
6	VB PHN II	80.00%	67,359	1.30%	701			60.00%	32,332				7.70%			27.00%	14,550		
7	TG PHN II	30.00%	71,835	9.40%	2,026			20.60%	4,439				20.00%			50.00%	10,775		
8	GM HEC	100.00%	65,462	5.00%	3,273			25.00%	16,366	5.50%	3,600		42,223						
9	JS HEC	9.50%	67,875	1.00%	64			29.00%	1,870	1.00%	64		4,449						
10	SD OA II	50.00%	28,595	1.00%	143			67.70%	9,679	4.00%	572		828			27.30%	3,903		
11	KR PHN II	20.00%	67,290	12.02%	1,618			13.00%	1,750	13.83%	1,861		1,670			55.00%	7,402		
12	JP PHN I	30.00%	55,667	8.00%	1,336			22.00%	3,674				1,670			60.00%	10,020		
13	JS Sup HEC	25.00%	70,879	56.52%	10,015			3.50%	620	1.93%	342		6,742						
14	JB HEC	35.00%	67,875	0.00%				30.00%	7,127	20.00%	4,751		11,878						
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**CALIFORNIA DEPARTMENT OF PUBLIC HEALTH  
MATERNAL, CHILD AND ADOLESCENT HEALTH/OFFICE OF FAMILY PLANNING  
(MCAH/OFP) BRANCH**

FISCAL PERIOD 2007-2010

**AGREEMENT FUNDING APPLICATION (AFA)/UPDATE FORM \***

At the beginning of each fiscal year Agencies are required to submit this AFA Form along with their AFA Package, which requires certification signatures (original signatures, no stamps allowed). This form should also be used when submitting updates that occur during the fiscal year. Update submissions do not require certification signatures.

The Agency Identification Information section must be completed each time this form is submitted.

\* Note: Agreement refers to Allocations (for Local Health Jurisdictions) or Grants (for Community Based Organizations)

**AGENCY IDENTIFICATION INFORMATION**

Any program related information being sent from the MCAH/OFP Branch will be directed to the MCAH and/or AFLP Director.

Please check the applicable Program boxes and Fiscal year that you are submitting changes for: MCAH  AFLP  BIH  FIMR

Fiscal Year: 07-08 Update Effective: \_\_\_\_\_ (only required when submitting updates)

Agreement Number:	2007-09		
Federal Employer ID#:	94-6000511		
Complete Official Agency Name:	EL DORADO COUNTY PUBLIC HEALTH		
Business Office Address:	929 SPRING STREET PLACERVILLE, CA 95667		
Agency Phone:	(530) 621-6185	Agency Fax:	(530) 642-0892
Agency Website Address:	<a href="http://www.co.el-dorado.ca.us/publichealth/">http://www.co.el-dorado.ca.us/publichealth/</a>		

**1 AGENCY DIRECTOR**

Name:	GAYLE ERBE-HAMLIN		
Title:	DIRECTOR, PUBLIC HEALTH		
Mailing Address:	931 SPRING STREET		
City:	PLACERVILLE	Zip:	95667
Phone:	(530) 621-6191	Ext.	
		FAX:	(530) 626-4713
Internet or E-Mail Address:	gehamlin@co.el-dorado.ca.us		

Agency Name: EL DORADO COUNTY PUBLIC HEALTH

Agreement #: 2007-09

Fiscal Year: 2007-2008

2 BOARD INFORMATION					
Clerk of the Board <input checked="" type="checkbox"/>			Chair Board of Supervisors <input type="checkbox"/>		
Title:	CINDY KECK				
Mailing Address:	330 FAIR LANE				
City:	PLACERVILLE			Zip:	95667
Phone:	(530) 621-5390	Ext.		FAX:	(530) 622-3645
Internet or E-Mail Address:	CKECK@CO.EL-DORADO.CA.US				

3 OFFICIAL AUTHORIZED TO COMMIT AGENCY					
Name:	GAYLE ERBE-HAMLIN				
Title:	DIRECTOR, PUBLIC HEALTH				
Mailing Address:	931 SPRING STREET				
City:	PLACERVILLE			Zip:	95667
Phone:	(530) 621-6191	Ext.		FAX:	(530) 626-4713
Internet or E-Mail Address:	GEHAMLIN@CO.EL-DORADO.CA.US				

4 FISCAL OFFICER					
Name:	GRETCHEN BAILEY				
Title:	FISCAL ADMINISTRATIVE MANAGER				
Mailing Address:	941 SPRING STREET				
City:	PLACERVILLE			Zip:	95667
Phone:	(530) 621-6174	Ext.		FAX:	(530) 642-8159
Internet or E-Mail Address:	GBAILEY@CO.EL-DORADO.CA.US				

5 MCAH DIRECTOR (Please check box if MCAH and AFLP Director are the same)					
Name:	PHYLLIS J GOLDIE				
Title:	MCAH DIRECTOR, SUPERVISING PUBLIC HEALTH NURSE				
Mailing Address:	929 SPRING STREET				
City:	PLACERVILLE			Zip:	95667
Phone:	(530) 621-6185	Ext.		FAX:	(530) 642-0892
Internet or E-Mail Address:	PGOLDIE@CO.EL-DORADO.CA.US				

Agency Name: EL DORADO COUNTY PUBLIC HEALTH

Agreement #: 2007-09

Fiscal Year: 2007-2008

<b>6 MCAH COORDINATOR (Only list if different from previous)</b>					
Name:					
Title:					
Mailing Address:					
City:				Zip:	
Phone:		Ext.		FAX:	
Internet or E-Mail Address:					

<b>7 MCAH BUDGET CONTACT</b>					
Name:	MAIRLYNNE RAINS				
Title:	SENIOR ACCOUNTANT				
Mailing Address:	941 SPRING STREET				
City:	PLACERVILLE			Zip:	95667
Phone:	(530) 621-6207	Ext.		FAX:	(530) 642-8159
Internet or E-Mail Address:	MRAINS@CO.EL-DORADO.CA.US				

<b>8 MCAH INVOICE CONTACT (Only list if different from above)</b>					
Name:					
Title:					
Mailing Address:					
City:				Zip:	
Phone:		Ext.		FAX:	
Internet or E-Mail Address:					

<b>9 PERINATAL SERVICES COORDINATOR (PSC)</b>					
Name:	PATTY MURPHY				
Title:	PERINATAL SERVICES COORDINATOR, PUBLIC HEALTH NURSE II				
Mailing Address:	1360 Johnson Blvd., Suite 103				
City:	SOUTH LAKE TAHOE			Zip:	96150
Phone:	(530) 573-3049	Ext.		FAX:	(530) 543-6819
Internet or E-Mail Address:	PMURPHY@EDCGOV.US				

Agency Name: EL DORADO COUNTY PUBLIC HEALTH

Agreement #: 2007-09

Fiscal Year: 2007-2008

10 PRENATAL CARE GUIDANCE (PCG) COORDINATOR					
Name:	PATTY MURPHY				
Title:	PUBLIC HEALTH NURSE II				
Mailing Address:	1360 Johnson Blvd., Suite 103				
City:	SOUTH LAKE TAHOE			Zip:	96150
Phone:	(530) 573-3049	Ext.		FAX:	(530) 543-6819
Internet or E-Mail Address:	PMURPHY@EDCGOV.US				

11 AFLP DIRECTOR (Only list if different from MCAH Director)					
Name:					
Title:					
Mailing Address:					
City:				Zip:	
Phone:		Ext.		FAX:	
Internet or E-Mail Address:					

12 AFLP COORDINATOR (Only list if different from above)					
Name:					
Title:					
Mailing Address:					
City:				Zip:	
Phone:		Ext.		FAX:	
Internet or E-Mail Address:					

13 AFLP BUDGET CONTACT					
Name:					
Title:					
Mailing Address:					
City:				Zip:	
Phone:		Ext.		FAX:	
Internet or E-Mail Address:					

Agency Name: EL DORADO COUNTY PUBLIC HEALTH

Agreement #: 2007-09

Fiscal Year: 2007-2008

14 AFLP INVOICE CONTACT (Only list if different from previous)					
Name:					
Title:					
Mailing Address:					
City:				Zip:	
Phone:		Ext.		FAX:	
Internet or E-Mail Address:					

15 BLACK INFANT HEALTH (BIH) COORDINATOR					
Name:					
Title:					
Mailing Address:					
City:				Zip:	
Phone:		Ext.		FAX:	
Internet or E-Mail Address:					

16 BIH BUDGET CONTACT					
Name:					
Title:					
Mailing Address:					
City:				Zip:	
Phone:		Ext.		FAX:	
Internet or E-Mail Address:					

17 BIH INVOICE CONTACT (Only list if different from above)					
Name:					
Title:					
Mailing Address:					
City:				Zip:	
Phone:		Ext.		FAX:	
Internet or E-Mail Address:					

Agency Name: EL DORADO COUNTY PUBLIC HEALTH

Agreement #: 2007-09

Fiscal Year: 2007-2008

18 FETAL INFANT MORTALITY REVIEW (FIMR) COORDINATOR					
Name:					
Title:					
Mailing Address:					
City:				Zip:	
Phone:		Ext.		FAX:	
Internet or E-Mail Address:					

19 SUDDEN INFANT DEATH SYNDROME (SIDS) COORDINATOR/CONTACT					
Name:	PHYLLIS GOLDIE				
Title:	SUPERVISING PUBLIC HEALTH NURSE				
Mailing Address:	929 SPRING STREET				
City:	PLACERVILLE			Zip:	95667
Phone:	(530) 621-6185	Ext.		FAX:	(530) 642-0892
Internet or E-Mail Address:	PGOLDIE@CO.EL-DORADO.CA.US				

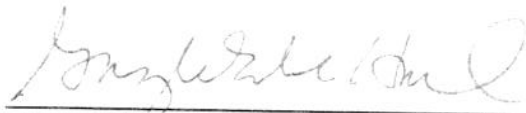
20 OTHER					
Name:					
Title:					
Mailing Address:					
City:				Zip:	
Phone:		Ext.		FAX:	
Internet or E-Mail Address:					



**AGREEMENT FUNDING APPLICATION  
POLICY COMPLIANCE AND CERTIFICATION**

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

I certify that this Maternal, Child and Adolescent Health (MCAH) Program will comply with all applicable provisions of Article 1, Chapter 1, Part 2, Division 106 of the Health and Safety code (commencing with section 123225), Chapters 7 and 8 of the Welfare and Institutions Code (commencing with Sections 14000 and 142), and any applicable rules or regulations promulgated by CDPH pursuant to this article and these Chapters. I further certify that this MCAH Program will comply with the MCAH Policies and Procedures Manual, including but not limited to, Administration, Federal Financial Participation (FFP) Section. I further certify that this MCAH Program will comply with all federal laws and regulations governing and regulating recipients of funds granted to states for medical assistance pursuant to Title XIX of the Social Security Act (42 U.S.C. section 1396 et seq.) and recipients of funds allotted to states for the Maternal and Child Health Service Block Grant pursuant to Title V of the Social Security Act (42 U.S.C. section 701 et seq.) I further agree that this MCAH Program may be subject to all sanctions or other remedies applicable if this MCAH Program violates any of the above laws, regulations and policies with which it has certified it will comply.

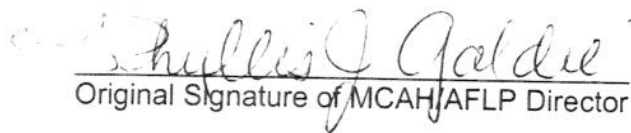


Original Signature of Official authorized to  
commit the Agency to an MCAH Agreement

DIRECTOR, PUBLIC HEALTH  
Title

GAYLE ERBE-HAMLIN  
Name (Type or Print)

7/25/07  
Date



Original Signature of MCAH/AFLP Director

SUPERVISING PUBLIC HEALTH NURSE  
Title

PHYLLIS J GOLDIE  
Name (Type or Print)

7-24-07  
Date