

COMMUNITY SERVICES BLOCK GRANT (CSBG)
 2024/2025 Community Needs Assessment and Community Action Plan
 Cover Page and Certification

Agency Name	EI Dorado County Health and Human Services Agency
Name of CAP Contact	Star Walker
Title	Program Coordinator
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CNA Completed MM/DD/YYYY:
 (Organizational Standard 3.1)

04/16/2021

Board and Agency Certification

The undersigned hereby certifies that this agency complies with the Federal CSBG Programmatic, and State Assurances as outlined in the CSBG Act and California Government Code, respectively for services provided under the Federal Fiscal Year 2024/2025 Community Action Plan. The undersigned further certifies the information in this Community Needs Assessment and the Community Action Plan is correct and has been authorized by the governing body of this organization. (Organizational Standard 3.5)

Wendy Thomas		
Board Chair (printed name)	Board Chair (signature)	Date
Olivia Byron-Cooper, MPH		
Executive Director (printed name)	Executive Director (signature)	Date

Certification of ROMA Trainer/Implementer (If applicable)

The undersigned hereby certifies that this agency's Community Action Plan and strategic plan documents the continuous use of the Results Oriented Management and Accountability (ROMA) system (assessment, planning, implementation, achievement of results, and evaluation).

NCRT/NCRI (printed name)	NCRT/NCRI (signature)	Date

CSD Use Only

Dates CAP (Parts I & II)		Accepted By
Received	Accepted	