

Cover Page

Agency Name:	El Dorado County Health and Human Services Agency
Name of CAP Contact:	Rebecca Johnson
Title:	Program Coordinator
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Date Most Recent CNA was Completed: (Organizational Standard 3.1)	5/6/2025
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Board and Agency Certification

The undersigned hereby certifies that this agency will comply with the [Federal CSBG Programmatic Assurances \(CSBG Act Section 676\(b\)\)](#) and [California State Assurances \(Government Code Sections 12747\(a\), 12760, and 12768\)](#) for services and programs provided under the 2026/2027 Community Needs Assessment and Community Action Plan. The undersigned governing body accepts the completed Community Needs Assessment. (Organizational Standard 3.5)


Olivia Byron-Cooper (Jun 4, 2025 09:17 PDT)

Name: Olivia Byron-Cooper

Name:


George Turnbo

Title:	Executive Director	Title:	Board Chair
Date:	06/04/2025	Date:	6/17/25

ROMA Certification

The undersigned hereby certifies that this agency's Community Action Plan and strategic plan document the continuous use of the Results Oriented Management and Accountability (ROMA) system or comparable system (assessment, planning, implementation, achievement of results, and evaluation). (CSBG Act 676(b)(12), Organizational Standard 4.3)

Name: Rebecca Johnson

ROMA Title:	California ROMA Representative
Date:	5/6/2025

CSD Use Only

Dates CAP		Accepted By
Received	Accepted	