



RESOLUTION NO.

OF THE BOARD OF SUPERVISORS OF THE COUNTY OF EL DORADO

Authorization for the Health and Human Services Agency (HHS) Director, Deputy Director, or HHS Director of the Area Agency on Aging, to Execute and Administer Annual Program-related Senior Farmers' Market Nutrition Program (SFMNP) Area Agency on Aging (AAA) Agreement with the California Department of Food and Agriculture (CDFA)

WHEREAS, in accordance with Board of Supervisors' (hereinafter referred to as the "Board") Policy C-18 "Non-Financial Agreements," the Board has delegated authority to execute certain types of Non-Financial Memoranda of Understanding to County Officers or employees;

WHEREAS, Policy C-18 currently authorizes the Chief Administrative Officer or designee to execute administrative, or cooperative agreements between a County department and a governmental entity or non-profit organization which has been sanctioned and determined to be in accordance with a department's mission by the Board through approval of that department's budget or other specific Board Action;

WHEREAS, the United States Department of Agriculture Food and Nutrition Services Agency (USDA, FNS) provides funding to State agencies for the Senior Farmers' Market Nutrition Program (SFMNP) through Title 7 Code of Federal Regulations (CFR) Part 249 to provide resources in the form of fresh, nutritious, unprepared, locally grown fruits, vegetables, honey, and herbs from farmers' markets, roadside stands, and community supported agriculture (CSA) programs to low-income seniors;

WHEREAS, the California Department of Food and Agriculture (CDFA) administers the federally funded SFMNP by partnering with California's Area Agencies on Aging (AAA) to distribute the SFMNP check booklets to low-income seniors with the goal of providing fresh, nutritious, unprepared, locally-grown produce, cut herbs, and raw honey through Certified Farmers' Markets;

WHEREAS, El Dorado County Health and Human Services Agency (HHS) Community Services Division administers the local Area Agency on Aging, Planning and Service Area (PSA) 29, to meet the specific needs of the older adults within the County of El Dorado;

WHEREAS, CDFA issues annual non-financial SFMNP Agreements with local AAAs to establish partnerships and utilize the AAA knowledge and expertise in administering senior programs on a local level, for the implementation of SFMNP, which includes but is not limited to: appointing a local SFMNP Coordinator; controlling SFMNP check booklets; distributing check booklets and nutritional education materials to eligible low-income seniors; advising participants of their SFMNP rights and responsibilities; and maintaining adequate documentation and control logs to adhere to the CDFA SFMNP program requirements, statutes, federal regulations, and agreement terms and conditions;

WHEREAS, CDFA requests the annual SFMNP AAA Agreements to be executed within thirty (30) days of receipt by the AAA; and

WHEREAS, to accommodate the annual agreement process and ensure the timely and efficient processing of these non-financial SFMNP Agreements thereby safeguarding the continuation of valuable services for low-income seniors in El Dorado County, the Board hereby delegates authority to the HHS Director,

Deputy Director, or HHSA's Director of the Area Agency on Aging, to execute the agreement and be the designated Contract Administrator of annual SFMNP agreements, as represented in Attachment A, as approved by County Counsel and Risk Management.

NOW, THEREFORE, BE IT RESOLVED that the Board of Supervisors of the County of El Dorado does hereby approve and authorize the HHSA Director, Deputy Director, or HHSA Director of the Area Agency on Aging, to act on behalf of the County of El Dorado to execute all necessary documents required to secure and maintain the annual SFMNP Agreement with the California Department of Food and Agriculture, as represented in Attachment A, including any future amendments or subsequent agreements, and contingent upon approval by County Counsel and Risk Management, as applicable.

PASSED AND ADOPTED by the Board of Supervisors of the County of El Dorado at a regular meeting of said Board, held the ____ day of _____, by the following vote of said Board:

| | |
|-----------------------------------|---------|
| Attest: | Ayes: |
| Kim Dawson | Noes: |
| Clerk of the Board of Supervisors | Absent: |

By: _____
Deputy Clerk

_____ Wendy Thomas, Chair
Board of Supervisors

SFMNP AAA AGREEMENT

Form 1.2.1. (05.2021)

State of California Department of Food and Agriculture
1220 N Street, Sacramento CA 95814



EDC #7793

SFMNP AAA AGREEMENT

Between the California Department of Food and Agriculture (CDFA)

and the Area Agency on Aging (AAA), **PSA** _____ **DUNS #** _____.

Collaboration on the Senior Farmers' Market Nutrition Program

PURPOSE:

1. To provide California low-income seniors with check booklets that can be used to purchase fresh, nutritious, unprepared, locally grown fruits, vegetables, honey and herbs from Authorized Certified Farmers' Markets (CFM).
2. To establish partnerships with the AAAs to utilize their knowledge and expertise in administering senior programs on a local level either directly or through their affiliation with senior organizations and centers.

CDFA RESPONSIBILITIES:

1. Ensure AAAs are aware of and meet SFMNP federal regulations 7 CFR 249 and promote program growth.
2. Provide an instructional Toolkit and materials to distribute to every participant.
3. Subject to available funding from the United States Department of Food and Agriculture (USDA), Food Nutrition Services (FNS), provide AAA's SFMNP check booklets to be issued to eligible senior participants.
4. Provide SFMNP check redemption rates.
5. Conduct monitoring reviews.
6. Assist and consultation throughout the SFMNP season.

AAA RESPONSIBILITIES:

1. Ensure the local agency is neither debarred nor suspended and will notify CDFA immediately if the local agency becomes debarred or suspended in the future.
2. Comply with SFMNP regulations 7 CFR 249 and procedures outlined in the Toolkit.
3. Identify and certify SFMNP participant eligibility.
4. Control the receipt and security of SFMNP checks.
5. Distribute SFMNP check booklets to eligible participants.
6. Advise participants of their rights and responsibilities under the SFMNP.

SFMNP AAA AGREEMENT

Form 1.2.1. (05.2021)

State of California Department of Food and Agriculture
1220 N Street, Sacramento CA 95814

Page 2 of 3



- 7. Provide access to participants of nutrition education materials on the use and safe handling of produce.
- 8. Display USDA, FNS “Justice For All” poster with Non-Discrimination Statement at SFMNP check booklet distribution sites.
- 9. Ensure all staff and/or providers administering the SFMNP receive training on SFMNP requirements and AAA policies and procedures.
- 10. Complete, sign and return to CDFA all required forms outlined in the current Toolkit in a timely manner.
- 11. Collaborate with CDFA on scheduling and conducting of monitoring review.
- 12. Allow CDFA access to rerecords and documentation relevant to the SFMNP anytime during the SFMNP season.
- 13. Provide year end closeout information, including destroy and report the total number of SFMNP check booklets distributed/unissued to CDFA by October 31.
- 14. Maintain all records outlined in the Toolkit for a period of at least three years from the conclusion of the SFMNP season, except as required by 2 CFR §200.333 Retention requirements for records.

By signing the agreement, AAA acknowledges that CDFA cannot provide funds to administer the SFMNP and certifies that the AAA is neither suspended nor debarred from receiving federal funds.

PARTIES TO THE AGREEMENT:

| | |
|---|---|
| State Agency: | Area Agency on Aging – PSA _____ |
| Name: Kristi Duprey, Assistant Branch Chief | Name: |
| Agency: CA Department of Food and Agriculture | Agency: |
| Address: 1220 N Street, Room 120 | Address: |
| City, State, Zip: Sacramento, CA 95814 | City, State, Zip: |
| Email: Kristi.Duprey@cdfa.ca.gov | Email: |
| Authorized Signature & Date: | Authorized Signature & Date: |

SFMNP AAA AGREEMENT

Form 1.2.1. (05.2021)

State of California Department of Food and Agriculture
1220 N Street, Sacramento CA 95814

Page 3 of 3



AGENCY CONTACT INFORMATION:

First Contact (distributed to Seniors)

Full Name: _____

Phone Number: _____

Email: _____

Secondary Contact (for CDFA records)

Full Name: _____

Phone Number: _____

Email: _____

Business Address:

Shipping Address for Food Benefits if different: *(Cannot be a PO Box or residence)*
