RESOLUTION - ACTION REQUESTED 2015-539

MEETING: November 17, 2015

TO: The Board of Supervisors

FROM: Mary Hodson, CAO

RE: Approve a Non-Binding Letter of Intent (LOI) for Mariposa County

RECOMMENDATION AND JUSTIFICATION:
Approve a Non-Binding Letter of Intent (LOI) for Mariposa County to Participate in the California Department of Public Health’s Supplemental Nutrition Assistance Program - Education (SNAP-Ed) Funding Opportunity for Federal Fiscal Year (FFY) 2017-2019, and Authorize the Interim Public Health Director to Sign the Letter of Intent.

Submission of the LOI will hold the funding and allow the Health Department to assess the funding requirements prior to the application deadline of March 11, 2016.

The Nutrition Education and Obesity Prevention Branch (NEOPB) of the California Department of Public Health in Sacramento has approached the Health Department with an opportunity to apply for approximately $65,000 of annual funding for SNAP-Ed (Supplemental Nutrition Assistance Program - Education) beginning FFY 2017 (October 1, 2016-September 30, 2017) through FFY 2019. The funding is based upon the number of SNAP eligible persons in Mariposa County. NEOPB has extended the LOI deadline from October 30, 2015, to November 30, 2015, to allow time for Board of Supervisor to review.

Data indicates that 56.6% of adults and 29.1% of youth in Mariposa County are overweight or obese. Additionally, only 28.5% of adults eat the recommended servings of fruits and vegetables. The SNAP-Ed goal is to improve the likelihood that persons eligible for SNAP-Ed will make healthy food choices within a limited budget and choose physically active lifestyles consistent with the current Dietary Guidelines for Americans and the USDA guidance.

BACKGROUND AND HISTORY OF BOARD ACTIONS:
No known history of Board actions. This is the first time that the County has considered participation in the SNAP-Ed program.

ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:
Do not approve the letter of intent. The County will not be able to apply for SNAP-Ed under this funding opportunity.
ATTACHMENTS:
SNAP-Ed_Funding Application Letter 10-2-15  (PDF)
Letter of Intent 2015    (DOCX)

CAO RECOMMENDATION
Requested Action Recommended

Mary Hodson, CAO 11/12/2015

RESULT: ADOPTED BY CONSENT VOTE [UNANIMOUS]
MOVER: Marshall Long, District III Supervisor
SECONDER: Rosemarie Smallcombe, District I Supervisor
AYES: Smallcombe, Jones, Long, Cann, Carrier
Nutrition Education and Obesity Prevention Branch
Local Implementing Agency SNAP-Ed Funding Application
FFY 2017 – FFY 2019 (October 1, 2016 – September 30, 2019)

Letter of Intent

DUE DATE: October 30, 2015

Send this form by fax or scan and e-mail to:

Fax: (916) 449-5414
Email: neopbfiscalrequest@cdph.ca.gov

To: Melissa Relles, Chief
   Contract Operations Section
   Nutrition Education and Obesity Prevention Branch
   California Department of Public Health

Please complete the fields below for your Agency:

<table>
<thead>
<tr>
<th>Project Representative:</th>
<th>Ginnie Nash</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title:</td>
<td>Public Health Educator</td>
</tr>
<tr>
<td>Agency:</td>
<td>Mariposa County Public Health Department</td>
</tr>
<tr>
<td>Address:</td>
<td>P.O. Box 5 / 5100 Bullion St., Mariposa CA 95338</td>
</tr>
<tr>
<td>Telephone:</td>
<td>209-966-3689</td>
</tr>
<tr>
<td>Email:</td>
<td><a href="mailto:vnash@mariposacounty.org">vnash@mariposacounty.org</a></td>
</tr>
</tbody>
</table>

Please check the appropriate box that applies to your Agency:

   [ ]
2. Our Agency intends to participate in the SNAP-Ed program for FFY 2017 – FFY 2019 and designate the following Agency to participate on our behalf:
   [ ]
   [ ]
4. Other, please explain:
   [ ]

Please complete the fields below in order to expedite processing of your State Contract:

1. Does your Agency require a board resolution for a new contract?  
   YES [x] NO [ ]
2. When are your scheduled board meeting dates between May and September 2016?  
   Tuesday of each week
3. Does your Agency require the contract be in hand to get on the Agenda?  
   YES [x] NO [ ]
4. When do you need the contract? (i.e. two weeks before, one month before, etc.)  
   3 weeks prior

By signing below, your Agency agrees to prepare the required contract documents for this funding application.

Signature of Project Director or Designee: Mary Hodson
Date: 11-17-15

CAO/Interim Public Health Director

Printed Name: Title

APPROVED AS TO FORM:

[Signature]

9/15/2015