RESOLUTION - ACTION REQUESTED 2017-342

MEETING: June 6, 2017

TO: The Board of Supervisors

FROM: Eric Sergienko, Health Officer

RE: Approve the Amended Grant Agreement Number 16-10134, A01

RECOMMENDATION AND JUSTIFICATION:

Approve Amended Grant Agreement Number 16-10134, A01 with the California Department of Public Health for Supplemental Nutrition Assistant Program (SNAP-Ed), to Increase the Funding Amount to $450,000 for Federal Fiscal Years 2017-2019; and Authorize the County Administrative Officer to Sign the Amended Grant Agreement.

The California Department of Public Health has elected to increase the grant funding to the County by $255,000 and is amended to read $450,000, for Fiscal Years 2016-2019, modify the Exhibit "B" Budget Detail and Payment Provisions. Text additions are shown in the revised document in bold and underline. Text deletions are displayed as strike (strike) through text.

BACKGROUND AND HISTORY OF BOARD ACTIONS:

On June 21, 2016, the Board of Supervisors approved the Grant Agreement for the SNAP-Ed Nutrition Education and Obesity Prevention Branch with Resolution #2016-310.

On November 17, 2015 under Resolution 2015-539, the Board of Supervisors approved a Non-Binding Letter of Intent (LOI) for Mariposa County to participate in the California Department of Public Health’s SNAP-Ed funding opportunity for Federal Fiscal Year 2017-2019. The Health Department assessed the funding requirements and submitted a grant application to CDPH/NEOPB which is under review. In the interim, CDPH/NEOPB issued grant agreement documents and requests authorized signatures prior to final grant approval to take place in September 2016.

ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:

Do not approve the Amended Grant Agreement and additional funding will go to other counties.

FINANCIAL IMPACT:

100% grant funded program.

ATTACHMENTS:
Mariposa 16-10134 A01_REV_2017.04.13 (PDF)
CAO RECOMMENDATION
Requested Action Recommended

Dallin Kimble
Dallin Kimble, County Administrative Officer 5/31/2017

RESULT: ADOPTED BY CONSENT VOTE [UNANIMOUS]
MOVER: Kevin Cann, District IV Supervisor
SECONDER: Merlin Jones, District II Supervisor
AYES: Smallcombe, Jones, Long, Cann, Menetrey
THE NUTRITION EDUCATION AND OBESITY PREVENTION PROGRAM

Awarded By

THE CALIFORNIA DEPARTMENT OF PUBLIC HEALTH, hereinafter "Department"

TO

County of Mariposa County, hereinafter "Grantee"

Implementing the project, “Supplemental Nutrition Assistance Program - Education,” hereinafter “Project”

AMENDED GRANT AGREEMENT NUMBER 16–10134, A01

The Department amends this Grant and the Grantee accepts and agrees to use the Grant funds as follows:

AUTHORITY: The Department has authority to grant funds for the Project under Health and Safety Code, Section 131085(a)(b).

PURPOSE FOR AMENDMENT: The purpose of the Grant amendment is to:

Increase the year one budget and to continue providing SNAP-Ed allowable nutrition education and obesity prevention activities and interventions for low-income Californians.

Amendments are shown as: Text additions are displayed in bold and underline. Text deletions are displayed as strike through text (i.e., Strike).

AMENDED GRANT AMOUNT: this amendment is to increase the grant by $255,000.00 and is amended to read: $ 450,000.00 (Four Hundred Fifty Thousand Dollars).

Exhibit B BUDGET DETAIL AND PAYMENT PROVISIONS
PROJECT REPRESENTATIVES. The Project Representatives during the term of this Grant will be:

<table>
<thead>
<tr>
<th>California Department of Public Health, Nutrition Education and ObesityPrevention Branch</th>
<th>Grantee: Mariposa County</th>
</tr>
</thead>
<tbody>
<tr>
<td>Myrtle Jones, Project Officer</td>
<td>Name: Ginnie Day, Public Health Educator</td>
</tr>
<tr>
<td>Address: 1616 Capitol Avenue</td>
<td>Address: 5085 Bullion Street</td>
</tr>
<tr>
<td>Sacramento, CA 95814</td>
<td>City, ZIP: Mariposa, 95338</td>
</tr>
<tr>
<td>Phone: 916-324-9121</td>
<td>Phone: 209-966-3689</td>
</tr>
<tr>
<td>Fax: Not Applicable</td>
<td>Fax: 209-966-4929</td>
</tr>
<tr>
<td>E-mail: <a href="mailto:myrtle.jones@cdph.ca.gov">myrtle.jones@cdph.ca.gov</a></td>
<td>E-mail: <a href="mailto:gday@mariposacounty.org">gday@mariposacounty.org</a></td>
</tr>
</tbody>
</table>

Direct all inquiries to:

<table>
<thead>
<tr>
<th>California Department of Public Health, Nutrition Education and ObesityPrevention Branch</th>
<th>Grantee: Mariposa County</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: Jorge G. Leal, Grant Manager</td>
<td>Name: Ginnie Day, Public Health Educator</td>
</tr>
<tr>
<td>Address: 1616 Capitol Avenue</td>
<td>Address: 5085 Bullion Street</td>
</tr>
<tr>
<td>City, ZIP: Sacramento, 95814</td>
<td>City, ZIP: Mariposa, 95338</td>
</tr>
<tr>
<td>Phone: 916-449-5367</td>
<td>Phone: 209-966-3689</td>
</tr>
<tr>
<td>Fax: Not Applicable</td>
<td>Fax: 209-966-4929</td>
</tr>
<tr>
<td>E-mail: <a href="mailto:jorge.leal@cdph.ca.gov">jorge.leal@cdph.ca.gov</a></td>
<td>E-mail: <a href="mailto:gday@mariposacounty.org">gday@mariposacounty.org</a></td>
</tr>
</tbody>
</table>

Either party may change its Project Representative upon written notice to the other party.

All other terms and conditions of this Grant shall remain the same.
IN WITNESS THEREOF, the parties have executed this Grant on the dates set forth below.

Executed By:

Date: 6/9/2017

Dallin Kimble, Interim County Administrative Officer
Mariposa County
PO Box 784, Mariposa, CA 95338

APPROVED AS TO FORM:

STEVEN W. DAHLEM
COUNTY COUNSEL

Date: 7/21/17

Angela Salas, Chief
Contracts and Purchasing Services Section
California Department of Public Health
1616 Capitol Avenue, Suite 74.317,
MS 1802
P.O. Box 997377
Sacramento, CA 95899-7377
Exhibit B
Budget Detail and Payment Provisions

1. Invoicing and Payment

A. Upon completion of project activities as provided in Exhibit A Grant Application, and upon receipt and approval of the invoices, the State agrees to reimburse the Grantee for activities performed and expenditures incurred in accordance with the costs specified herein.

B. Invoices shall include the Grant Number and shall be submitted in triplicate not more frequently than quarterly in arrears to:

Debra Thompson Jorge G Leal, Grant Manager
California Department of Public Health
Nutrition Education and Obesity Prevention Branch
1615 Capitol Avenue, MS 7204
Sacramento, CA 95814

C. Invoices shall:

1) Be prepared on Grantee letterhead. If invoices are not on produced letterhead invoices must be signed by an authorized official, employee or agent certifying that the expenditures claimed represent activities performed and are in accordance with Exhibit A Grant Application under this Grant.

2) Bear the Grantee's name as shown on the Grant.

3) Identify the billing and/or performance period covered by the invoice.

4) Itemize costs for the billing period in the same or greater level of detail as indicated in this Grant. Subject to the terms of this Grant, reimbursement may only be sought for those costs and/or cost categories expressly identified as allowable and approved by CDPH.

2. Budget Contingency Clause

A. It is mutually agreed that if the Budget Act of the current year and/or any subsequent years covered under this Agreement does not appropriate sufficient funds for the program, this Agreement shall be of no further force and effect. In this event, the State shall have no liability to pay any funds whatsoever to Grantee or to furnish any other considerations under this Agreement and Grantee shall not be obligated to fulfill any provisions of this Agreement.

B. If funding for any fiscal year is reduced or deleted by the Budget Act for purposes of this program, the State shall have the option to either cancel this Agreement with no liability occurring to the State, or offer an agreement amendment to Grantee to reflect the reduced amount.

3. Prompt Payment Clause

Payment will be made in accordance with, and within the time specified in, Government Code Chapter 4.5, commencing with Section 927.
4. **Amounts Payable**

A. The amounts payable under this Grant shall not exceed:

1) $65,000 **150,000** for the budget period of 10/1/16 through 9/30/17.
2) $65,000 **150,000** for the budget period of 10/1/17 through 9/30/18.
3) $65,000 **150,000** for the budget period of 10/1/18 through 9/30/19.

B. Payment allocations shall be made for allowable expenses up to the amount annually encumbered commensurate with the state fiscal year in which services are fulfilled and/or goods are received.

5. **Timely Submission of Final Invoice**

A. A final undisputed invoice shall be submitted for payment no more than sixty (60) calendar days following the expiration or termination date of this Grant, unless a later or alternate deadline is agreed to in writing by the program grant manager. Said invoice should be clearly marked “Final Invoice”, indicating that all payment obligations of the State under this Grant have ceased and that no further payments are due or outstanding.

B. The State may, at its discretion, choose not to honor any delinquent final invoice if the Grantee fails to obtain prior written State approval of an alternate final invoice submission deadline.

6. **Travel and Per Diem Reimbursement**

Any reimbursement for necessary travel and per diem shall be at the rates currently in effect as established by the California Department of Human Resources (CalHR).