

# California Home Visiting Program

## FY 2024-2025 Agreement Funding Application (AFA) Checklist

**Agency Name:**

**Agreement Number(s):**

**Program (Check all that apply):**

CHVP MIECHV

CHVP EBHV

CHVP INNV 1.0

CHVP INNV 2.0

**Board of Supervisor approval/signature required to accept funds?**    Yes    No

Please check the box next to all submitted documents. **All documents must be submitted by email using the required naming convention on page 3.**

1. **AFA Checklist**
2. **Agency Information Form** | Excel version and signed PDF.
3. **Attestation of Compliance with the Sexual Health Education Accountability Act of 2007** | Signed PDF.
4. **NA TXIX MCF Justification Letter** | See AFA Announcement Letter for items that need to be included in this letter. **Not required if only using base MCF rate.**
5. **Budget Template** | Submit for **each** funding initiative you will be participating in for FY24-25, list all staff (by position) and costs (including projected salaries and benefits, operating and ICR). Multiple tabs for completion include Original Budget and Justifications. Personnel titles must be consistent with the Duty Statements and Organizational Charts.
6. **Indirect Cost Rate (ICR) Certification Form** | Details methodology and components of the ICR for this funding. Please provide a detailed methodology in the box on page 2 of the form of how Indirect Costs are specifically broken out for CHVP. **Detailed Methodology Included**
7. **Duty Statements (DS)** | For all staff listed on each funding initiative budget – Label and number each DS according to the applicable Budget Personnel Line Item and Organization Chart for each funding initiative. Please include which funding initiative the duty statement is applicable to. **\*\*All LHJs new to CHVP will be allowed to submit their DS within 60 days of AFA approval. Please inform your CL and PC if you will *not* be submitting your DS with your AFA submission. Please reach out to your PC for assistance building your DS.**
8. **Organization Chart(s)** | Of the applicable program(s), identifying all staff positions on each of the funding initiative budget(s) including their Line Item number, and the program's relationship to other services for women and children, the local health officer and overall agency.
9. **Scope of Work (SOW)** | Signed PDF for **each** funding initiative you will be participating in for FY24-25.
10. **Annual Inventory** | Forms CDPH 1203 and CDPH 1204 – if not applicable, complete the top of each form and put “N/A” in line items below.
11. **Subcontractor (SubK) Agreement Packages** | If applicable, for all SubKs of \$5,000 or more. Submit Subcontract Agreement Transmittal Form, brief explanation of the award process, 3 competitive quotes (if less than three quotes include the reasoning in the explanation of award process) subcontractor agreement or waiver letter, Subk SOW, FY24-25 Budgets with detailed justifications, SubK Duty Statements, and SubK Organization Chart.

12. **NA Certification Statement for the Use of Certified Public Funds (CPE)** | Subks with FFP.
13. **Government Agency Taxpayer ID Form** | Form CDPH 9083, signed PDF. Only if remit to address has changed.
14. **Attestation of Compliance** | With the Requirements for Enhanced Title XIX Federal Financial Participation (FFP) Rate Reimbursement for Skilled Professional Medical Personnel (SPMP) and their Direct Clerical Support Staff.

## File Naming Convention

Please save all electronic documents using the required naming convention below:

**Agreement #** (space) **Document #** (from Checklist above) (space) **Document Name** (from Checklist Above) (space) **MM.DD.YY**

Example for CHVP Program:

**CHVP 24-XX 1 AFA Checklist 6.15.24**

**CHVP24-XX2 Agency Information Form 6.15.24**

**CHVP 24-XX 3 Attestation of Compliance 6.15.24**

**CHVP 24-XX 4 TXIX MCF Justification Letter 06.15.24**

**CHVP 24-XX 5 Budget FY24-25 6.15.24**

**CHVP 24-XX 6 ICR Certification Form 6.15.24**

**CHVP 24-XX 7 DS Line 1 6.15.24**

**CHVP 24-XX 7 DS Line 2 6.15.24**

**CHVP 24-XX 7 DS Line 3 6.15.24**

**CHVP 24-XX 8 Org Chart 6.15.24**

**CHVP 24-XX 9 SOW 6.15.24**

**CHVP 24-XX 10 CDPH 1203 6.15.24**

**CHVP 24-XX 10 CDPH 1204 6.15.24**

**CHVP 24-XX 11 SubK Transmittal 6.15.24**

**CHVP 24-XX 11 SubK Budget FY24-25 6.15.24**

**CHVP 24-XX 11 SubK Agreement 6.15.24**

**CHVP 24-XX 11 SubK Award Process 6.15.24**

**CHVP 24-XX 12 CPE 6.15.24**

**CHVP 24-XX 13 CDPH 9083 Govt Agency Taxpayer ID Form 6.15.24**

**CHVP 24-XX 14 Attestation – TXIX FFP 7.01.24**

Please contact your **Contract Liaison (CL)** if you have any questions.

**CALIFORNIA DEPARTMENT OF PUBLIC HEALTH  
MATERNAL, CHILD AND ADOLESCENT HEALTH (MCAH) DIVISION**

**FUNDING AGREEMENT PERIOD  
FY 2023-2028**

**AGENCY INFORMATION FORM**

Agencies are required to submit an electronic and signed copy (original signatures only) of this form along with their Annual AFA Package.

Agencies are **required to submit information when updates occur** during the fiscal year. Updated submissions do not require certification signatures.

**AGENCY IDENTIFICATION INFORMATION**

**Any program related information being sent from the CDPH MCAH Division will be directed to all Program Directors.**

**Please enter the agreement or contract number for each applicable program**

CHVP 24-29 / CHVP SGF EBHV 24-29

Update Effective Date: \_\_\_\_\_ (only required when submitting updates)

Federal Employer ID#:	94-6000526
FI\$CAL ID#:	
Complete Official Agency Name:	Nevada County Public Health Department
Business Address:	500 Crown Point Circle, Suite 110, Grass Valley, CA 95945
Agency Phone:	530-265-1450
Agency Fax:	530-271-0894
Agency Website:	https://www.nevadacountyca.gov
<b>AGREEMENT FUNDING APPLICATION POLICY COMPLIANCE AND CERTIFICATION</b>	
<b>Please enter the agreement or contract number for each of the applicable programs</b>	
CHVP 24-29 / CHVP SGF EBHV 24-29	
Update Effective Date: _____(only required when submitting updates)	
<p>The undersigned hereby affirms that the statements contained in the Agreement Funding Application (AFA) are true and complete to the best of the applicant's knowledge.</p> <p>I certify that this Maternal, Child and Adolescent Health (MCAH) program will comply with all applicable provisions of Article 1, Chapter 1, Part 2, Division 106 of the Health and Safety code (commencing with section 123225), Chapters 7 and 8 of the Welfare and Institutions Code (commencing with Sections 14000 and 142), and any applicable rules or regulations promulgated by CDPH pursuant to this article and these Chapters. I further certify that all MCAH related programs will comply with the most current MCAH Policies and Procedures Manual, including but not limited to, Administration. I further agree that the MCAH related programs may be subject to all sanctions, or other remedies applicable, if the MCAH related program violates any of the above laws, regulations and policies with which it has certified it will comply.</p>	
<b>Original signature of official authorized to commit the Agency to a CHVP Agreement</b>	
Signature line:	<div style="border: 1px solid green; padding: 5px; display: inline-block;"> <b>APPROVED</b>  <i>By Kathleen Cahill at 12:04 pm, Jul 17, 2024</i> </div>
Name (Print):	Kathy Cahill, MPH

Title: Director of Public Health Date:

**Original Signature of MCAH Director**

Signature line:

*Jessica Ferrer, RN*

**APPROVED**

By Jessica Ferrer, RN, Sr. PHN, CLC at 2:49 pm, Jul 16, 2024

Name (Print):

Jessica Ferrer, BSN, RN Sr. PHN, CLC

Title:

MCAH Director

Date:

CONTACT	FIRST NAME	LAST NAME	TITLE	AUTHORIZED TO SIGN?			PHONE	EMAIL ADDRESS	CHVP INITIATIVE
				BUDGETS	INVOICES	IF YES SELECTED, SIGN			
AGENCY EXECUTIVE DIRECTOR	Kathy	Cahill	Public Health Director	Yes	Yes	<i>Kathy Cahill</i>	530-265-1732	<a href="mailto:Kathy.Cahill@nevadacountyca.gov">Kathy.Cahill@nevadacountyca.gov</a>	CHVP MIECHV
MCAH DIRECTOR	Jessica	Ferrer	MCAH Director	Yes	Yes	<i>Jessica Ferrer</i>	530-265-1491	<a href="mailto:Jessica.Ferrer-PH@nevadacountyca.gov">Jessica.Ferrer-PH@nevadacountyca.gov</a>	CHVP MIECHV
PROJECT COORDINATOR	Jeana	McHugh	MCAH Coordinator	No	No		530-265-1452	<a href="mailto:Jeana.McHugh@nevadacountyca.gov">Jeana.McHugh@nevadacountyca.gov</a>	CHVP MIECHV
FISCAL OFFICER	Brie	Mendoza-Perez	Administrative Services Officer	Yes	Yes	<i>Brie Mendoza-Perez</i>	530-265-1401	<a href="mailto:Brie.Mendoza-Perez@nevadacountyca.gov">Brie.Mendoza-Perez@nevadacountyca.gov</a>	CHVP MIECHV
FISCAL CONTACT	Jennifer	Hondel	Accountant	Yes	Yes	<i>Jennifer Hondel</i>		<a href="mailto:Jennifer.Hondel@nevadacountyca.gov">Jennifer.Hondel@nevadacountyca.gov</a>	CHVP MIECHV
CLERK OF THE BOARD or	Jeff	Thorsby	Clerk of the Board	No	No		530-265-1484	<a href="mailto:jeffrey.thorsby@nevadacountyca.gov">jeffrey.thorsby@nevadacountyca.gov</a>	CHVP MIECHV
CHAIR BOARD OF SUPERVISORS	Heidi	Hall	Chair Board of Supervisors	No	No				CHVP MIECHV
OFFICIAL AUTHORIZED TO COMMIT AGENCY	Kathy	Cahill	Public Health Director	Yes	Yes	<i>Kathy Cahill</i>	530-265-1732	<a href="mailto:Kathy.Cahill@nevadacountyca.gov">Kathy.Cahill@nevadacountyca.gov</a>	CHVP MIECHV
ADDITIONAL CONTACTS									
PROJECT DIRECTOR	Charlene	Weiss-Wenzl	Director of Public Health Nursing	Yes	Yes	<i>Charlene Weiss-Wenzl</i>	530-265-7269	<a href="mailto:Charlene.Weiss-Wenzl@nevadacountyca.gov">Charlene.Weiss-Wenzl@nevadacountyca.gov</a>	CHVP MIECHV
									CHVP MIECHV

All payments from CDPH to the Contractor shall be sent to the following address:

REMITTANCE ADDRESS	
Federal ID #:	94-6000526
FISCAL ID #:	0
Contractor:	Nevada County Public Health Department
Attention: "Cashier"	Cashier
Address:	500 Crown Point Circle, Suite 110, Grass Valley, CA 95945
Contact Number:	530-265-1450
Email:	<a href="mailto:PH.Fiscal@nevadacountyca.gov">PH.Fiscal@nevadacountyca.gov</a>

Either party may make changes to the information above by giving written notice to the other party.

Said changes shall not require an amendment to this agreement, but will require a new STD204 Payee Data Record or CDPH9083 Government Agency Taxpayer Form.

Always include this remittance address on your invoice.

CONTACT	FIRST NAME	LAST NAME	TITLE	AUTHORIZED TO SIGN?			PHONE	EMAIL ADDRESS	CHVP INITIATIVE
				BUDGETS	INVOICES	IF YES SELECTED, SIGN			
AGENCY EXECUTIVE DIRECTOR	Kathy	Cahill	Public Health Director	Yes	Yes	<i>Kathy Cahill</i>	530-265-1732	<a href="mailto:Kathy.Cahill@nevadacountyca.gov">Kathy.Cahill@nevadacountyca.gov</a>	SGF EBHV
MCAH DIRECTOR	Jessica	Ferrer	MCAH Director	Yes	Yes	<i>Jessica Ferrer</i>	530-265-1491	<a href="mailto:Jessica.Ferrer-PH@nevadacountyca.gov">Jessica.Ferrer-PH@nevadacountyca.gov</a>	SGF EBHV
PROJECT COORDINATOR	Jeana	McHugh	MCAH Coordinator	No	No		530-265-1452	<a href="mailto:Jeana.McHugh@nevadacountyca.gov">Jeana.McHugh@nevadacountyca.gov</a>	SGF EBHV
FISCAL OFFICER	Brie	Mendoza-Perez	Administrative Services Officer	Yes	Yes	<i>Brie Mendoza-Perez</i>	530-265-1401	<a href="mailto:Brie.Mendoza-Perez@nevadacountyca.gov">Brie.Mendoza-Perez@nevadacountyca.gov</a>	SGF EBHV
FISCAL CONTACT	Jennifer	Hondel	Accountant	Yes	Yes	<i>Jennifer Hondel</i>		<a href="mailto:Jennifer.Hondel@nevadacountyca.gov">Jennifer.Hondel@nevadacountyca.gov</a>	SGF EBHV
CLERK OF THE BOARD or	Jeff	Thorsby	Clerk of the Board	No	No		530-265-1484	<a href="mailto:jeffrey.thorsby@nevadacountyca.gov">jeffrey.thorsby@nevadacountyca.gov</a>	SGF EBHV
CHAIR BOARD OF SUPERVISORS	Heidi	Hall	Chair Board of Supervisors	No	No				SGF EBHV
OFFICIAL AUTHORIZED TO COMMIT AGENCY	Kathy	Cahill	Public Health Director	Yes	Yes	<i>Kathy Cahill</i>	530-265-1732	<a href="mailto:Kathy.Cahill@nevadacountyca.gov">Kathy.Cahill@nevadacountyca.gov</a>	SGF EBHV
ADDITIONAL CONTACTS									
PROJECT DIRECTOR	Charlene	Weiss-Wenzl	Director of Public Health Nursing	Yes	Yes	<i>Charlene Weiss-Wenzl</i>	530-265-7269	<a href="mailto:Charlene.Weiss-Wenzl@nevadacountyca.gov">Charlene.Weiss-Wenzl@nevadacountyca.gov</a>	SGF EBHV
ADMINISTRATIVE ASSISTANT	Carol	Smith	Administrative Assistant	No	No		530-559-3904	<a href="mailto:Carol.Smith@nevadacountyca.gov">Carol.Smith@nevadacountyca.gov</a>	SGF EBHV

All payments from CDPH to the Contractor shall be sent to the following address:

REMITTANCE ADDRESS	
Federal ID #:	94-6000526
FISCAL ID #:	0
Contractor:	Nevada County Public Health Department
Attention: "Cashier"	Cashier
Address:	500 Crown Point Circle, Suite 110, Grass Valley, CA 95945
Contact Number:	530-265-1450
Email:	<a href="mailto:PH.Fiscal@nevadacountyca.gov">PH.Fiscal@nevadacountyca.gov</a>

Either party may make changes to the information above by giving written notice to the other party.

Said changes shall not require an amendment to this agreement, but will require a new STD204 Payee Data Record or CDPH9083 Government Agency Taxpayer Form.

Always include this remittance address on your invoice.



## Exhibit K

### Attestation of Compliance with the Sexual Health Education Accountability Act of 2007

**Agency Name:** \_\_\_\_\_

**Agreement/Grant Number:** \_\_\_\_\_

**Compliance Attestation for Fiscal Year:** \_\_\_\_\_

The Sexual Health Education Accountability Act of 2007 (Health and Safety Code, Sections 151000 – 151003) requires sexual health education programs (programs) that are funded or administered, directly or indirectly, by the State, to be comprehensive and not abstinence-only. Specifically, these statutes require programs to provide information that is medically accurate, current, and objective, in a manner that is age, culturally, and linguistically appropriate for targeted audiences. Programs cannot promote or teach religious doctrine, nor promote or reflect bias (as defined in Section 422.56 of the Penal Code), and may be required to explain the effectiveness of one or more drugs and/or devices approved by the federal Food and Drug Administration for preventing pregnancy and sexually transmitted diseases. Programs directed at minors are additionally required to specify that abstinence is the only certain way to prevent pregnancy and sexually transmitted diseases.

In order to comply with the mandate of Health & Safety Code, Section 151002 (d), the California Department of Public Health (CDPH) Maternal, Child and Adolescent Health (MCAH) Program requires each applicable Agency or Community Based Organization (CBO) contracting with MCAH to submit a signed attestation as a condition of funding. The Attestation of Compliance must be submitted to CDPH/MCAH annually as a required component of the Agreement Funding Application (AFA) Package. By signing this letter, the MCAH Director or Adolescent Family Life Program (AFLP) Director (CBOs only) is attesting or “is a witness to the fact that the programs comply with the requirements of the statute”. The signatory is responsible for ensuring compliance with the statute. Please note that based on program policies that define them, the Sexual Health Education Act inherently applies to the Black Infant Health Program, AFLP, and the California Home Visiting Program, and may apply to Local MCAH based on local activities.

The undersigned hereby attests that all local MCAH agencies and AFLP CBOs will comply with all applicable provisions of Health and Safety Code, Sections 151000 – 151003 (HS 151000–151003). The undersigned further acknowledges that this Agency is subject to monitoring of compliance with the provisions of HS 151000–151003 and may be subject to contract termination or other appropriate action if it violates any condition of funding, including those enumerated in HS 151000–151003.

## Exhibit K

### Attestation of Compliance with the Sexual Health Education Accountability Act of 2007

**Signed**

\_\_\_\_\_  
*Agency Name*

**APPROVED**

*By Jessica Ferrer, RN, Sr. PHN, CLC at 3:38 pm, Jul 12, 2024*

\_\_\_\_\_  
*Agreement/Grant Number*

\_\_\_\_\_  
*Signature of MCAH Director*

\_\_\_\_\_  
*Signature of AFLP Director (CBOs only)*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Printed Name of MCAH Director*

\_\_\_\_\_  
*Printed Name of AFLP Director (CBOs only)*

## Exhibit K

### Attestation of Compliance with the Sexual Health Education Accountability Act of 2007

CALIFORNIA CODES  
HEALTH AND SAFETY CODE  
SECTION 151000-151003

151000. This division shall be known, and may be cited, as the Sexual Health Education Accountability Act.

151001. For purposes of this division, the following definitions shall apply:

(a) "Age appropriate" means topics, messages, and teaching methods suitable to particular ages or age groups of children and adolescents, based on developing cognitive, emotional, and behavioral capacity typical for the age or age group.

(b) A "sexual health education program" means a program that provides instruction or information to prevent adolescent pregnancy, unintended pregnancy, or sexually transmitted diseases, including HIV, that is conducted, operated, or administered by any state agency, is funded directly or indirectly by the state, or receives any financial assistance from state funds or funds administered by a state agency, but does not include any program offered by a school district, a county superintendent of schools, or a community college district.

(c) "Medically accurate" means verified or supported by research conducted in compliance with scientific methods and published in peer review journals, where appropriate, and recognized as accurate and objective by professional organizations and agencies with expertise in the relevant field, including, but not limited to, the federal Centers for Disease Control and Prevention, the American Public Health Association, the Society for Adolescent Medicine, the American Academy of Pediatrics, and the American College of Obstetricians and Gynecologists.

151002. (a) Every sexual health education program shall satisfy all of the following requirements:

(1) All information shall be medically accurate, current, and objective.

(2) Individuals providing instruction or information shall know and use the most current scientific data on human sexuality, human development, pregnancy, and sexually transmitted diseases.

(3) The program content shall be age appropriate for its targeted population.

(4) The program shall be culturally and linguistically appropriate for its targeted populations.

(5) The program shall not teach or promote religious doctrine.

(6) The program shall not reflect or promote bias against any person on the basis of disability, gender, nationality, race or ethnicity, religion, or sexual orientation, as defined in Section 422.56 of the Penal Code.

## **Exhibit K**

### **Attestation of Compliance with the Sexual Health Education Accountability Act of 2007**

(7) The program shall provide information about the effectiveness and safety of at least one or more drugs and/or devices approved by the federal Food and Drug Administration for preventing pregnancy and for reducing the risk of contracting sexually transmitted diseases.

(b) A sexual health education program that is directed at minors shall comply with all of the criteria in subdivision (a) and shall also comply with both the following requirements:

(1) It shall include information that the only certain way to prevent pregnancy is to abstain from sexual intercourse, and that the only certain way to prevent sexually transmitted diseases is to abstain from activities that have been proven to transmit sexually transmitted diseases.

(2) If the program is directed toward minors under the age of 12 years, it may, but is not required to, include information otherwise required pursuant to paragraph (7) of subdivision (a).

(c) A sexual health education program conducted by an outside agency at a publicly funded school shall comply with the requirements of Section 51934 of the Education Code if the program addresses HIV/AIDS and shall comply with Section 51933 of the Education Code if the program addresses pregnancy prevention and sexually transmitted diseases other than HIV/AIDS.

(d) An applicant for funds to administer a sexual health education program shall attest in writing that its program complies with all conditions of funding, including those enumerated in this section. A publicly funded school receiving only general funds to provide comprehensive sexual health instruction or HIV/AIDS prevention instruction shall not be deemed an applicant for the purposes of this subdivision.

(e) If the program is conducted by an outside agency at a publicly funded school, the applicant shall indicate in writing how the program fits in with the school's plan to comply fully with the requirements of the California Comprehensive Sexual Health and HIV/AIDS Prevention Education Act, Chapter 5.6 (commencing with Section 51930) of the Education Code. Notwithstanding Section 47610 of the Education Code, "publicly funded school" includes a charter school for the purposes of this subdivision.

(f) Monitoring of compliance with this division shall be integrated into the grant monitoring and compliance procedures. If the agency knows that a grantee is not in compliance with this section, the agency shall terminate the contract or take other appropriate action.

(g) This section shall not be construed to limit the requirements of the California Comprehensive Sexual Health and HIV/AIDS Prevention Education Act (Chapter 5.6 (commencing with Section 51930) of Part 28 of the Education Code).

(h) This section shall not apply to one-on-one interactions between a health practitioner and his or her patient in a clinical setting.

151003. This division shall apply only to grants that are funded pursuant to contracts entered into or amended on or after January 1, 2008.

ORIGINAL

BUDGET SUMMARY		FISCAL YEAR	BUDGET	BUDGET STATUS	BUDGET BALANCE
		2024-25	ORIGINAL	ACTIVE	0.00

Version 7.0 - 150 Quarterly 4.20.20

Program:	California Home Visiting Program (CHVP)		UNMATCHED FUNDING				NON-ENHANCED MATCHING (50/50)		ENHANCED MATCHING (75/25)		
Agency:	CHVP 24-29 NEVADA										
SubK:			MIECHV		AGENCY FUNDS		CHVP-Cnty NE		CHVP-Cnty E		
			(1)	(2)	(3)	(6)	(7)	(10)	(11)	(14)	(15)
			TOTAL FUNDING	%	MIECHV	%	Agency Funds*	%	Combined Fed/Agency*	%	Combined Fed/Agency*
ALLOCATION(S) ➞					882,135.00	#VALUE!					

EXPENSE CATEGORY									
(I) PERSONNEL	37,360.00		37,360.00		0.00		0.00		0.00
(II) OPERATING EXPENSES	0.00		0.00		0.00		0.00		0.00
(III) CAPITAL EXPENDITURES	0.00		0.00		0.00		0.00		0.00
(IV) OTHER COSTS	835,435.00		835,435.00		0.00		0.00		0.00
(V) INDIRECT COSTS	9,340.00		9,340.00		0.00		0.00		0.00
BUDGET TOTALS*	882,135.00	100.00%	882,135.00	0.00%	0.00	0.00%	0.00	0.00%	0.00
BALANCE(S) →			0.00						

TOTAL MIECHV  
TOTAL TITLE XIX  
TOTAL AGENCY FUNDS

882,135.00	→	882,135.00							
0.00	→					[50%]	0.00	[75%]	0.00
0.00	→					[50%]	0.00	[25%]	0.00

\$	882,135.00	Maximum Amount Payable from State and Federal resources
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<div> <div>APPROVED</div> <div>By Jessica Ferrer, RN, Sr. PHN, CLC at 8:27 am, Aug 05, 2024</div> </div>		<div> <div>APPROVED</div> <div>By Brie Mendoza at 3:50 pm, Aug 02, 2024</div> </div>	
MCAH/PROJECT DIRECTOR'S SIGNATURE	DATE	AGENCY FISCAL AGENT'S SIGNATURE	DATE

\* These amounts contain local revenue submitted for information and matching purposes. MCAH does not reimburse Agency contributions.

STATE USE ONLY - TOTAL STATE AND FEDERAL REIMBURSEMENT		MIECHV		AGENCY FUNDS		CHVP-Cnty NE		CHVP-Cnty E
PCA Codes		53128				TBD		TBD
(I) PERSONNEL		37,360.00				0.00		0.00
(II) OPERATING EXPENSES		0.00				0.00		0.00
(III) CAPITAL EXPENSES		0.00				0.00		0.00
(IV) OTHER COSTS		835,435.00				0.00		0.00
(V) INDIRECT COSTS		9,340.00				0.00		0.00
Totals for PCA Codes	882,135.00	882,135.00				0.00		0.00

Program:		California Home Visiting Program (CHVP)			UNMATCHED FUNDING				NON-ENHANCED MATCHING (50/50)		ENHANCED MATCHING (75/25)		
Agency:		CHVP 24-29 NEVADA							CHVP-Cnty NE		CHVP-Cnty E		
SubK:					MIECHV		AGENCY FUNDS						
				(1)	(2)	(3)	(6)	(7)	(10)	(11)	(14)	(15)	
				TOTAL FUNDING	%	MIECHV	%	Agency Funds*	%	Combined Fed/Agency*	%	Combined Fed/Agency*	
(II) OPERATING EXPENSES DETAIL									% TRAVEL NON-ENH MATCH		% TRAVEL ENH MATCH		% PERSONNEL MATCH
				TOTAL OPERATING EXPENSES	0.00		0.00		0.00		0.00		0.00%
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\*\* Unmatched Operating Expenses are not eligible for Federal matching funds (Title XIX). Expenses may only be charged to Unmatched Title V (Col. 3), State General Funds (Col. 5), and/or Agency (Col. 7) funds.

(III) CAPITAL EXPENDITURE DETAIL											
TOTAL CAPITAL EXPENDITURES					0.00		0.00		0.00		

(IV) OTHER COSTS DETAIL												% PERSONNEL MATCH
												0.00%
TOTAL OTHER COSTS				835,435.00		835,435.00		0.00		0.00		0.00
SUBCONTRACTS												
1	Child Advocates of Nevada County	835,435.00	100.00%	835,435.00		0.00	0.00%	0.00		0.00		
2				0.00		0.00		0.00				
3				0.00		0.00		0.00				
4				0.00		0.00		0.00				
5				0.00		0.00		0.00				
6				0.00		0.00		0.00				0
7				0.00		0.00		0.00				0
8				0.00		0.00		0.00				0
OTHER CHARGES												Match Available
1				0.00		0.00		0.00				
2				0.00		0.00		0.00				
3				0.00		0.00		0.00				
4				0.00		0.00		0.00				
5				0.00		0.00		0.00				
6				0.00		0.00		0.00				
7				0.00		0.00		0.00				
8				0.00		0.00		0.00				

(V) INDIRECT COSTS DETAIL										
TOTAL INDIRECT COSTS			9,340.00		9,340.00		0.00		0.00	
25.00%	of Total Wages + Fringe Benefits		9,340.00	100.00%	9,340.00		0.00	0.00%	0.00	

Program:	California Home Visiting Program (CHVP)		UNMATCHED FUNDING				NON-ENHANCED MATCHING (50/50)		ENHANCED MATCHING (75/25)		
Agency:	CHVP 24-29 NEVADA										
SubK:			MIECHV		AGENCY FUNDS		CHVP-Cnty NE		CHVP-Cnty E		
			(1)	(2)	(3)	(6)	(7)	(10)	(11)	(14)	(15)
			TOTAL FUNDING	%	MIECHV	%	Agency Funds*	%	Combined Fed/Agency*	%	Combined Fed/Agency*

(I) PERSONNEL DETAIL																J-Pers MCF Per Staff	Staff Traveling (X)
TOTAL PERSONNEL COSTS						37,360.00		37,360.00		0.00		0.00		0.00			
FRINGE BENEFIT RATE 72.00%						15,639.00		15,639.00		0.00		0.00		0.00			
TOTAL WAGES						21,721.00		21,721.00		0.00		0.00		0.00			
	FULL NAME (First Name Last Name)	TITLE OR CLASSIFICATION (No Acronyms)	% FTE	ANNUAL SALARY	TOTAL WAGES												
1	Charlene Weiss-Wenzl	Director of Public Health Nursing, Project	10.00%	157,167.00	15,717.00	100.00%	15,717.00		0.00		0.00		0.00		0.00	75.50%	
2	Jessica Ferrer	MCAH Director, Senior Public Health Nurse	4.77%	126,000.00	6,004.00	100.00%	6,004.00		0.00		0.00		0.00		0.00	75.50%	
3					0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
4					0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
5					0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
6					0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
7					0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
8					0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
9					0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
10					0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
11					0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
12					0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
13					0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
14					0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
15					0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
16					0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
17					0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
18					0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
19					0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
20					0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
21					0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
22					0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
23					0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
24					0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
25					0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
26					0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
27					0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
28					0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
29					0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
30					0.00		0.00		0.00		0.00		0.00		0.00	0.00%	

Budget:	ORIGINAL
Program:	California Home Visiting Program (CHVP)
Agency:	CHVP 24-29 NEVADA
SubK:	0

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(I) PERSONNEL DETAIL						BASE MEDI-CAL FACTOR %		75.50%	Use the following link to access the current AFA webpage and the current base MCF% for your agency:			
TOTALS			0.15	\$ 283,167.00	\$ 21,721.00		15,639.00					
	FULL NAME	TITLE OR CLASS.	TOTAL FTE	ANNUAL SALARY	TOTAL WAGES	FRINGE BENEFIT RATE %	FRINGE BENEFITS	PROGRAM	MCF %	MCF Type	Requirements (Click link to view)	MCF % Justification Maximum characters = 1024
1	Charlene Weiss-Wenzl	Director of Public Health Nursing, P	10.00%	\$ 157,167	\$ 15,717	72.00%	11,316.15	CHVP	75.50%	Base		
2	Jessica Ferrer	MCAH Director, Senior Public Health	4.77%	\$ 126,000	\$ 6,004	72.00%	4,322.85	CHVP	75.50%	Base		
3			0.00%	\$ -	\$ -				0.00%	0		
4			0.00%	\$ -	\$ -				0.00%	0		
5			0.00%	\$ -	\$ -				0.00%	0		
6			0.00%	\$ -	\$ -				0.00%	0		
7			0.00%	\$ -	\$ -				0.00%	0		
8			0.00%	\$ -	\$ -				0.00%	0		
9			0.00%	\$ -	\$ -				0.00%	0		
10			0.00%	\$ -	\$ -				0.00%	0		
11			0.00%	\$ -	\$ -				0.00%	0		
12			0.00%	\$ -	\$ -				0.00%	0		
13			0.00%	\$ -	\$ -				0.00%	0		
14			0.00%	\$ -	\$ -				0.00%	0		
15			0.00%	\$ -	\$ -				0.00%	0		
16			0.00%	\$ -	\$ -				0.00%	0		
17			0.00%	\$ -	\$ -				0.00%	0		
18			0.00%	\$ -	\$ -				0.00%	0		
19			0.00%	\$ -	\$ -				0.00%	0		
20			0.00%	\$ -	\$ -				0.00%	0		
21			0.00%	\$ -	\$ -				0.00%	0		
22			0.00%	\$ -	\$ -				0.00%	0		
23			0.00%	\$ -	\$ -				0.00%	0		
24			0.00%	\$ -	\$ -				0.00%	0		
25			0.00%	\$ -	\$ -				0.00%	0		
26			0.00%	\$ -	\$ -				0.00%	0		
27			0.00%	\$ -	\$ -				0.00%	0		
28			0.00%	\$ -	\$ -				0.00%	0		
29			0.00%	\$ -	\$ -				0.00%	0		
30			0.00%	\$ -	\$ -				0.00%	0		
31			0.00%	\$ -	\$ -				0.00%	0		
32			0.00%	\$ -	\$ -				0.00%	0		
33			0.00%	\$ -	\$ -				0.00%	0		
34			0.00%	\$ -	\$ -				0.00%	0		
35			0.00%	\$ -	\$ -				0.00%	0		
36			0.00%	\$ -	\$ -				0.00%	0		
37			0.00%	\$ -	\$ -				0.00%	0		
38			0.00%	\$ -	\$ -				0.00%	0		
39			0.00%	\$ -	\$ -				0.00%	0		
40			0.00%	\$ -	\$ -				0.00%	0		
41			0.00%	\$ -	\$ -				0.00%	0		
42			0.00%	\$ -	\$ -				0.00%	0		
43			0.00%	\$ -	\$ -				0.00%	0		
44			0.00%	\$ -	\$ -				0.00%	0		
45			0.00%	\$ -	\$ -				0.00%	0		
46			0.00%	\$ -	\$ -				0.00%	0		
47			0.00%	\$ -	\$ -				0.00%	0		
48			0.00%	\$ -	\$ -				0.00%	0		
49			0.00%	\$ -	\$ -				0.00%	0		



Budget:	ORIGINAL
Program:	California Home Visiting Program (CHVP)
Agency:	CHVP 24-29 NEVADA
SubK:	0

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50			0.00%	\$	-	\$	-			0.00%	0		
51			0.00%	\$	-	\$	-			0.00%	0		
52			0.00%	\$	-	\$	-			0.00%	0		
53			0.00%	\$	-	\$	-			0.00%	0		
54			0.00%	\$	-	\$	-			0.00%	0		
55			0.00%	\$	-	\$	-			0.00%	0		
56			0.00%	\$	-	\$	-			0.00%	0		
57			0.00%	\$	-	\$	-			0.00%	0		
58			0.00%	\$	-	\$	-			0.00%	0		
59			0.00%	\$	-	\$	-			0.00%	0		
60			0.00%	\$	-	\$	-			0.00%	0		
61			0.00%	\$	-	\$	-			0.00%	0		
62			0.00%	\$	-	\$	-			0.00%	0		
63			0.00%	\$	-	\$	-			0.00%	0		
64			0.00%	\$	-	\$	-			0.00%	0		
65			0.00%	\$	-	\$	-			0.00%	0		
66			0.00%	\$	-	\$	-			0.00%	0		
67			0.00%	\$	-	\$	-			0.00%	0		
68			0.00%	\$	-	\$	-			0.00%	0		
69			0.00%	\$	-	\$	-			0.00%	0		
70			0.00%	\$	-	\$	-			0.00%	0		
71			0.00%	\$	-	\$	-			0.00%	0		
72			0.00%	\$	-	\$	-			0.00%	0		
73			0.00%	\$	-	\$	-			0.00%	0		
74			0.00%	\$	-	\$	-			0.00%	0		
75			0.00%	\$	-	\$	-			0.00%	0		
76			0.00%	\$	-	\$	-			0.00%	0		
77			0.00%	\$	-	\$	-			0.00%	0		
78			0.00%	\$	-	\$	-			0.00%	0		
79			0.00%	\$	-	\$	-			0.00%	0		
80			0.00%	\$	-	\$	-			0.00%	0		
81			0.00%	\$	-	\$	-			0.00%	0		
82			0.00%	\$	-	\$	-			0.00%	0		
83			0.00%	\$	-	\$	-			0.00%	0		
84			0.00%	\$	-	\$	-			0.00%	0		
85			0.00%	\$	-	\$	-			0.00%	0		
86			0.00%	\$	-	\$	-			0.00%	0		
87			0.00%	\$	-	\$	-			0.00%	0		
88			0.00%	\$	-	\$	-			0.00%	0		
89			0.00%	\$	-	\$	-			0.00%	0		
90			0.00%	\$	-	\$	-			0.00%	0		
91			0.00%	\$	-	\$	-			0.00%	0		
92			0.00%	\$	-	\$	-			0.00%	0		
93			0.00%	\$	-	\$	-			0.00%	0		
94			0.00%	\$	-	\$	-			0.00%	0		
95			0.00%	\$	-	\$	-			0.00%	0		
96			0.00%	\$	-	\$	-			0.00%	0		
97			0.00%	\$	-	\$	-			0.00%	0		
98			0.00%	\$	-	\$	-			0.00%	0		
99			0.00%	\$	-	\$	-			0.00%	0		
100			0.00%	\$	-	\$	-			0.00%	0		
101			0.00%	\$	-	\$	-			0.00%	0		
102			0.00%	\$	-	\$	-			0.00%	0		
103			0.00%	\$	-	\$	-			0.00%	0		
104			0.00%	\$	-	\$	-			0.00%	0		

Budget:	ORIGINAL
Program:	California Home Visiting Program (CHVP)
Agency:	CHVP 24-29 NEVADA
SubK:	0

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105			0.00%	\$	-	\$	-			0.00%	0		
106			0.00%	\$	-	\$	-			0.00%	0		
107			0.00%	\$	-	\$	-			0.00%	0		
108			0.00%	\$	-	\$	-			0.00%	0		
109			0.00%	\$	-	\$	-			0.00%	0		
110			0.00%	\$	-	\$	-			0.00%	0		
111			0.00%	\$	-	\$	-			0.00%	0		
112			0.00%	\$	-	\$	-			0.00%	0		
113			0.00%	\$	-	\$	-			0.00%	0		
114			0.00%	\$	-	\$	-			0.00%	0		
115			0.00%	\$	-	\$	-			0.00%	0		
116			0.00%	\$	-	\$	-			0.00%	0		
117			0.00%	\$	-	\$	-			0.00%	0		
118			0.00%	\$	-	\$	-			0.00%	0		
119			0.00%	\$	-	\$	-			0.00%	0		
120			0.00%	\$	-	\$	-			0.00%	0		
121			0.00%	\$	-	\$	-			0.00%	0		
122			0.00%	\$	-	\$	-			0.00%	0		
123			0.00%	\$	-	\$	-			0.00%	0		
124			0.00%	\$	-	\$	-			0.00%	0		
125			0.00%	\$	-	\$	-			0.00%	0		
126			0.00%	\$	-	\$	-			0.00%	0		
127			0.00%	\$	-	\$	-			0.00%	0		
128			0.00%	\$	-	\$	-			0.00%	0		
129			0.00%	\$	-	\$	-			0.00%	0		
130			0.00%	\$	-	\$	-			0.00%	0		
131			0.00%	\$	-	\$	-			0.00%	0		
132			0.00%	\$	-	\$	-			0.00%	0		
133			0.00%	\$	-	\$	-			0.00%	0		
134			0.00%	\$	-	\$	-			0.00%	0		
135			0.00%	\$	-	\$	-			0.00%	0		
136			0.00%	\$	-	\$	-			0.00%	0		
137			0.00%	\$	-	\$	-			0.00%	0		
138			0.00%	\$	-	\$	-			0.00%	0		
139			0.00%	\$	-	\$	-			0.00%	0		
140			0.00%	\$	-	\$	-			0.00%	0		
141			0.00%	\$	-	\$	-			0.00%	0		
142			0.00%	\$	-	\$	-			0.00%	0		
143			0.00%	\$	-	\$	-			0.00%	0		
144			0.00%	\$	-	\$	-			0.00%	0		
145			0.00%	\$	-	\$	-			0.00%	0		
146			0.00%	\$	-	\$	-			0.00%	0		
147			0.00%	\$	-	\$	-			0.00%	0		
148			0.00%	\$	-	\$	-			0.00%	0		
149			0.00%	\$	-	\$	-			0.00%	0		
150			0.00%	\$	-	\$	-			0.00%	0		

Budget:	ORIGINAL
Program:	California Home Visiting Program (CHVP)
Agency:	CHVP 24-29 NEVADA
SubK:	0

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**(II) OPERATING EXPENSES JUSTIFICATION**

TOTAL OPERATING EXPENSES		TITLE V & TITLE XIX TOTAL	
	TRAVEL	0.00	
	TRAINING	0.00	
1	0	0.00	
2	0	0.00	
3	0	0.00	
4	0	0.00	
5	0	0.00	
6	0	0.00	
7	0	0.00	
8	0	0.00	
9	0	0.00	
10	0	0.00	
11	0	0.00	
12	0	0.00	
13	0	0.00	
14	0	0.00	
15	0	0.00	

**(III) CAPITAL EXPENDITURE JUSTIFICATION**

TOTAL CAPITAL EXPENDITURES	0.00	
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**(IV) OTHER COSTS JUSTIFICATION**

TOTAL OTHER COSTS	835,435.00	
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**SUBCONTRACTS**

1	Child Advocates of Nevada County	835,435.00	CANC delivers HFA and home visiting support to over 63 families annually.
2	0	0.00	
3	0	0.00	
4	0	0.00	
5	0	0.00	

**OTHER CHARGES**

1	0	0.00	
2	0	0.00	
3	0	0.00	
4	0	0.00	
5	0	0.00	
6	0	0.00	
7	0	0.00	
8	0	0.00	

**(V) INDIRECT COSTS JUSTIFICATION**

TOTAL INDIRECT COSTS	9,340.00	Per CDPH approved ICR
----------------------	----------	-----------------------

# CERTIFICATION OF INDIRECT COST RATE METHODOLOGY

Please list the Indirect Cost Rate (ICR) Percentage and supporting methodology for the contract or allocation with the California Department of Public Health, Maternal Child and Adolescent Health Division (CDPH/MCAH Division).

Date: 8/9/24

Agency Name: County of Nevada Public Health Department

Contract/Agreement Number: CHVP 24-29

Contract Term/Allocation Fiscal Year: 2024/2025

## **1. NON-PROFIT AGENCIES/ COMMUNITY BASED ORGANIZATIONS (CBO)**

Non-profit agencies or CBOs that have an approved ICR from their Federal cognizant agency are allowed to charge their approved ICR or may elect to charge less than the agency's approved ICR percentage rate.

Private non-profits local agencies that do not have an approved ICR from their Federal cognizant agency are allowed a maximum ICR percentage of 15.0 percent of the Total Personnel Costs.

The ICR percentage rate listed below must match the percentage listed on the Contract/Allocation Budget

       % Fixed Percent of:

☐ Total Personnel Costs

## **2. LOCAL HEALTH JURISDICTIONS (LHJ)**

LHJs are allowed up to the maximum ICR percentage rate that was approved by the CDPH Financial Management Branch ICR or may elect to charge less than the agency's approved ICR percentage rate. The ICR rate may not exceed 25.0 percent of Total Personnel Costs or 15.0 percent of Total Direct Costs. The ICR application (i.e. Total Personnel Costs or Total Allowable Direct Costs) may not differ from the approved ICR percentage rate.

The ICR percentage rate listed below must match the percentage listed on the Allocation/Contracted Budget.

25 % Fixed Percent of:

☒ Total Personnel Costs

☐ Total Allowable Direct Costs

# CERTIFICATION OF INDIRECT COST RATE METHODOLOGY

## **3. OTHER GOVERNMENTAL AGENCIES AND PUBLIC UNIVERSITIES**

University Agencies are allowed up to the maximum ICR percentage approved by the agency's Federal cognizant agency ICR or may elect to charge less than the agency's approved ICR percentage rate. Total Personnel Costs or Total Direct Costs cannot change.

       % Fixed Percent of:

- ☐ Total Personnel Costs (Includes Fringe Benefits)
- ☐ Total Personnel Costs (Excludes Fringe Benefits)
- ☐ Total Allowable Direct Costs

Please provide your agency's detailed methodology by listing all indirect costs, fees and percentages in the box below. (i.e. Insurance -- \$350,000 – 3%)

Please see attached ICR Detailed Methodology & Letter.

## CERTIFICATION OF INDIRECT COST RATE METHODOLOGY

The items listed on the ICR are unallocated department costs and are totally separate from expenses in the EBHV or MIECHV budgets. All expenses are carefully tracked and classified so that there is no duplication.

Please submit this form via email to your assigned Contract Liaison.

The undersigned certifies that the costs used to calculate the ICR are based on the most recent, available, and independently audited actual financials and are the same costs approved by the CDPH to determine the Department approved ICR.

Printed First & Last Name: Sarah Malugani

Title/Position: Accountant

Signature: \_\_\_\_\_

**APPROVED**

Date: \_\_\_\_\_

**By Sarah Malugani at 1:52 pm, Aug 09, 2024**

**Nevada County Department of Public Health**  
**FY 2024/2025 Indirect Cost Rate**  
**Based on FY 22/23 Actual Expenses**

Column A	B	C	D	H	I
		Total		G + I + K	Indirect Costs
Expenditures	Acct Code	by Department	Unallowed	Total Direct	Admin
		Amount		Costs	XXXXX
Permanent Salaries	510100	3,301,580.11	0.00	3,162,456.89	139,123.22
Overtime/Shift Differential	510105-10	0.00	0.00	0.00	0.00
Stand By Pay	510115	0.00	0.00	0.00	0.00
Leave Payoff	510120	156,005.82	0.00	109,576.00	46,429.82
Temporary Salaries	510200	339,137.72	0.00	339,137.72	0.00
Retirement Benefits	510300	1,540,701.63	5,621.31	1,477,118.22	57,962.10
OPEB - Other Post Empl Ben	510301	115,018.50	0.00	0.00	115,018.50
Health Insurance	510400	609,339.17	0.00	595,658.64	13,680.53
Dental Insurance	510401	30,907.26	0.00	30,330.66	576.60
Vision Insurance	510402	6,514.49	0.00	6,392.69	121.80
Unemployment Insurance	510403	5,044.38	0.00	4,972.82	71.56
Worker's Comp Insurance	510500	71,187.97	0.00	62,722.12	8,465.85
Other Benefits	510600	16,928.25	0.00	14,471.73	2,456.52
<b>Total Salaries &amp; Benefits</b>		<b>6,192,365.30</b>	<b>5,621.31</b>	<b>5,802,837.49</b>	<b>383,906.50</b>
Miscellaneous Expense	520010	8.00	0.00	8.00	0.00
Telephone Svc	520310	49,362.12	0.00	42,647.18	6,714.94
Data Communications Svc	520330	3,444.83	0.00	3,444.83	0.00
Pager Svc	520340	0.00	0.00	0.00	0.00
bu	520500	0.00	0.00	0.00	0.00
Household Appliances	520640	0.00	0.00	0.00	0.00
Household Expense - Other	520690	0.00	0.00	0.00	0.00
Insurance	520700	60,452.88	0.00	0.00	60,452.88
Maintenance Equipment	520900	3,352.85	0.00	3,272.85	80.00
Maint Building & Improve	521000	0.00	0.00	0.00	0.00
Memberships	521200	8,536.58	0.00	4,980.00	3,556.58
Medical-Dental-Lab	521300	35,194.10	0.00	35,194.10	0.00
Office Expense - Other	521410	42,414.59	0.00	40,002.43	2,412.16
Postage	521420	241.20	0.00	241.20	0.00
Software & License	521470	1,089.07	0.00	735.52	353.55
Software Maintenance	521474	14,026.40	0.00	13,726.60	299.80
Computers & Related Equip	521480	4,551.59	0.00	4,551.59	0.00
Central Svc - Postage	521490	14,074.06	0.00	5,567.24	8,506.82
Central Svc - Printing	521491	0.00	0.00	0.00	0.00
Central Svc - Copier	521492	18,708.74	0.00	14,396.25	4,312.49
Central Svc - Other	521493	0.00	0.00	0.00	0.00
Professional Svcs	521520	1,258,532.96	0.00	1,075,890.04	182,642.92
Profesional Svcs - Subrecipient	521525	753,505.00	0.00	753,505.00	0.00
Publications & Legal	521600	0.00	0.00	0.00	0.00
Rent & Lease - Bldg/Improv	521800	6,562.28	0.00	6,312.28	250.00
Small Tools & Instruments	521900	0.00	0.00	0.00	0.00
Spec Dept Expense - Other	522090	466,538.91	375,000.00	85,718.74	5,820.17
Vehicle Rental	522210	32,208.05	0.00	15,378.16	16,829.89
Mileage Reimbursement	522220	1,836.12	0.00	1,652.10	184.02
Travel - Training	522271	90,010.08	0.00	85,010.08	5,000.00
Other Transportation & Travel	522290	0.00	0.00	0.00	0.00
Utilities	522400	0.00	0.00	0.00	0.00
<b>Total Services and Supplies</b>		<b>2,864,650.41</b>	<b>375,000.00</b>	<b>2,192,234.19</b>	<b>297,416.22</b>



**TOMAS J. ARAGON, M.D.,  
DR.P.H.**  
*Director & State Health Officer*

State of California—Health and Human Services Agency  
**California Department of Public Health**



**GAVIN NEWSOM**  
*Governor*

January 31, 2024

Brie Mendoza  
Administrative Services Officer  
Nevada County  
950 Maidu Ave  
Nevada City, CA 95959

Dear Brie Mendoza:

Thank you for submitting your Indirect Cost Rate (ICR) documentation to the California Department of Public Health (CDPH). CDPH is using a standardized process that allows each Local Health Department (LHD) to use the negotiated ICR for all contracts, unless the ICR is otherwise designated by state or federal statutes, regulations, or specific grant guidelines, with CDPH.

For Fiscal Year 2024-2025, CDPH has accepted the documentation you have provided and, on a one-year basis, will approve your ICR proposal as follows:

**25.0% calculated based on Salaries, Wages and Fringe Benefits**

Please note, the rate you provided was approved up to the maximum allowed by CDPH policy (up to 25% for ICR calculated based on Salaries, Wages and Fringe Benefits and up to 15% for ICR calculated based on Allowable Total Direct Costs).

We look forward to working with you to document your approved ICR in CDPH contracts with a start date of July 1, 2024 or later.

If you have any questions, contact CDPH at [CDPH-ICR-Mailbox@cdph.ca.gov](mailto:CDPH-ICR-Mailbox@cdph.ca.gov).

Sincerely,

Luz Lunetta, Accounting Reporting Section Chief  
California Department of Public Health



## **MATERNAL CHILD ADOLESCENT HEALTH / CHVP PROGRAM**

### **NEVADA COUNTY**

#### **Duty Statement - Director of Public Health Nursing / Project Director (Budget line #1)**

##### **Administration**

Maintains oversight of the County's CHVP Programs

Assists individuals eligible for Medi-Cal to enroll in the Medi-Cal program or assists individuals enrolled in Medi-Cal to access providers, care, or services

Examples:

- Provides consultation to SPMP staff in other agencies/programs about specific medical conditions within their client population;
- Provides technical assistance to other agencies/programs that interface with the medical care needs of clients;
- Assists in health care planning and resource development with other agencies, which will improve the access, quality and cost-effectiveness of the health care delivery system and availability of Medi-Cal medical and dental referral sources;
- Assesses the effectiveness of inter-agency coordination in assisting clients to access health care services in a seamless delivery system;
- Provides training which improves the medical knowledge and skill level of SPMP medical staff that directly relates to the performance of the person's allowable SPMP administrative activities.

Provides support and consultation to the MCAH Director on a regular and as-needed basis

Works with the CHVP programs regarding needs, including assessments, goals and objectives, staffing, and training

Works with MCAH Director, CHVP program and fiscal staff in developing the budget for MCAH and CHVP

Collaborates with MCAH Director, and executive and management staff of CHVP on MCAH and CHVP SOW

Leads and/or participates in the Community Advisory Board for CHVP

Leads and/or participates in the Child Death Review Team

Attends and participates in CHVP meetings, trainings, and education events

Attends program and non-program related community meetings and collaborates with interagency groups

Apprises the MCAH Director of changes in agency directives and policy

This position must be filled by a qualified SPMP.

# **MATERNAL CHILD ADOLESCENT HEALTH PROGRAM / CHVP PROGRAM**

## **NEVADA COUNTY**

### **Duty Statement – MCAH Director / Sr. Public Health Nurse (Budget line #2)**

Maintains oversight of the County's MCAH Program

Provides program direction for MCAH goals, objectives and works with MCAH staff to accomplish such.

Using SPMP expertise identifies and defines problems and establishes priorities for action, based on measurable, realistic, and attainable goals.

Plans, implements, evaluates, coordinates, and manages MCAH services in the local jurisdiction.

Using SPMP expertise, develops policies, procedures, and protocols for the MCAH program and provides educational in-services to LHJ MCAH, WIC, Social Services and CHVP staff, as needed.

Maintains and reports MCAH activity statistics and other pertinent data specific to MCAH.

Reviews MCAH services and provides Technical Assistance and Quality Assurance activities within the parameters of MCAH practice.

Reports to and works in conjunction with the Director of Public Health Nursing

Represents the County Health Department at MCAH Director's meetings, and participates in statewide planning, advisory and regional boards.

Using SPMP expertise to engage community partners in addressing social determinants of health and encourage participation and support of public health and policy efforts to improve the health of Medi-Cal populations.

Works collaboratively with local community groups, county and non-profit agencies, and individuals to plan and implement solutions to promote improved access to community and provider resources and services, along with joint programs or projects to address mutually agreed upon service gaps and barriers.

Using SPMP expertise, acts as a liaison on medical aspects of MCAH program with providers and other agencies providing medical care.

Participates in the Child Death Review Team

Serves as the LHJ Sudden Infant Death (SIDS) Coordinator.

Provides community and first-responder SIDS education and ongoing grief services to SIDS families.

Participates in the hiring of MCAH personnel and provides orientation to newly hired staff members.

Supervises MCAH PHN home visiting staff, assessing case management and home visiting program

Assists those currently enrolled in Medi-Cal in accessing services, and aids individuals and families eligible for Medi-Cal in the referral process and accessing Medi-Cal providers, care and/or services.

Using SPMP expertise, provides assessments, referrals, and case coordination with partnering agencies, to address the ongoing needs of CYSHCN's.

Receives calls from the county's 24-hour toll-free MCAH telephone line and responds to callers by the next business day to provide referrals to community health and human resources.

Develops the annual MCAH AFA according to state policies and procedures and assesses other needs of Nevada County's MCAH population, not addressed in the plan.

Prepares the annual MCAH Scope of Work (SOW) and work plan from the State's goals and objectives through identified county needs.

Responsible for developing and submitting to the state reports of the county MCAH activities and participates in preparing the annual program budget.

Participates in the CHVP system of care improvement activities in the LHJ, to build local capacity to promote positive outcomes for children and families in the LHJ.

Coordinates with the Director of Public Health Nursing and participates in the CHVP Community Advisory Board (CAB), through quarterly meetings, and assists in development, implementation and reporting of agenda items to improve systems of care for early childhood.

Develops, in collaboration with the Director of Public Health Nursing, community partnerships and relationships and establishes appropriate MOUs with community partners to strengthen referrals, service integration, and continuity of care.

Serves as Program Coordinator, referral, and reporting agent for the Moving Beyond Depression program of Every Child Succeeds, Cincinnati, Ohio. Trained & licensed therapists provide in-home Cognitive Behavioral Therapy in partnership with a home visitation program for women experiencing perinatal depression.

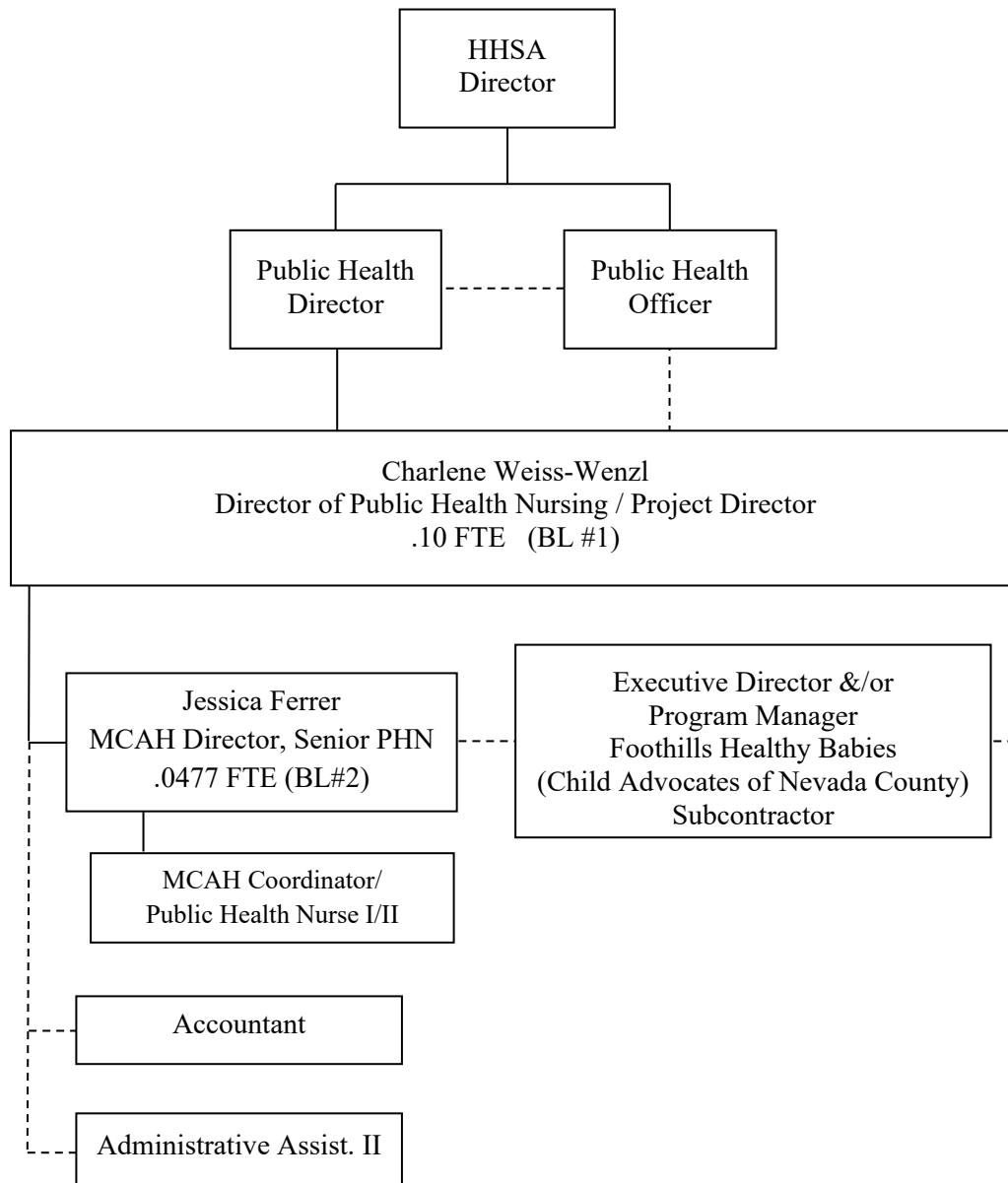
Assists with development and distribution of listing of community referrals.

This position must be filled by a qualified SPMP.

# NEVADA COUNTY PUBLIC HEALTH

2024/25

## MATERNAL CHILD AND ADOLESCENT HEALTH/ CALIFORNIA HOME VISITING PROGRAM (MIECHV) ORGANIZATIONAL CHART



**California Home Visiting Program**  
**Maternal, Infant, and Early Childhood Home Visiting (MIECHV)**  
**Scope of Work**  
**July 1, 2024- June 30, 2025**

The purpose of this Scope of Work (SOW) is to provide guidance and outline requirements for implementing early childhood home visiting services in the California Department of Public Health/California Home Visiting Program (CDPH/CHVP) funded by the federal Maternal, Infant, and Early Childhood Home Visiting (MIECHV) grant. CDPH/CHVP MIECHV-funded local health jurisdictions (LHJs) are approved to implement Healthy Families America (HFA) and/or Nurse Family Partnership (NFP) evidence-based home visiting programs in accordance with federal MIECHV and State requirements to achieve positive outcomes. The SOW includes the following goals:

1. Provide leadership and structure to implement California Home Visiting Program (CHVP) in funded LHJs.
2. Integrate the home visiting program into the local early childhood system.
3. Monitor federal benchmark measures to demonstrate improvement in maternal and early childhood health.

**Goals, Objectives, Activities and Deliverables for July 1, 2024 – June 30, 2025**

Goal 1: Provide leadership and structure to implement CHVP in the LHJ.			
#	Objective	Activities	Deliverables
1.1	<p>MCAH Director or designee will provide effective leadership and oversight of CHVP.</p> <p><b>NOTE:</b> The MCAH Director is required to devote a minimum of 0.05 FTE and a maximum of 0.15 FTE to CHVP oversight, fostering partnerships and collaboration within the LHJ, and directing the local CHVP Community Advisory Board (CAB).</p>	<p>(a) Provide leadership and oversight on all matters related to the development, implementation, operation, administration, evaluation, and reporting of all CHVP-funded home visiting programs following CDPH/CHVP Policies and Procedures (P&amp;P).</p> <p>(b) Attend quarterly CHVP Director calls.</p>	<p>Submission of:</p> <ul style="list-style-type: none"><li>• Status Reports</li><li>• CAB Meeting Materials</li><li>• Staffing Reports</li></ul> <p>Participation in:</p> <ul style="list-style-type: none"><li>• Quarterly CHVP Director calls</li><li>• Virtual and/or in-person site visits every two years</li></ul>

**California Home Visiting Program**  
**Maternal, Infant, and Early Childhood Home Visiting (MIECHV)**  
**Scope of Work**  
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	<p>The FTE percentage allocated to the CHVP Director shall not be included in the MCAH budget. This approach ensures compliance with the MCAH Director FTE limits specified in the local MCAH program policies and procedures. If an MCAH Director cannot meet the requirements of the CHVP SOWs, they can identify a designee, as outlined in the Local MCAH Program P&amp;P. In this situation, the designee, who may be identified as an MCAH Coordinator or other position, can act as the responsible party for CHVP, and should be designated as such on the CHVP budget justification.</p>	<p>(c) Participate in ongoing community advisory board (CAB) meetings, other local community groups, site visits, meetings, and conferences as directed.</p>	<p><b>NOTE:</b> If an LHJ establishes a subcontractor (subK) to deliver home visiting services, an LHJ representative (the CHVP Director when possible and appropriate) must be present during all technical assistance (TA) calls, virtual or in-person visits, and be involved in all programmatic, data, contract, and fiscal communications with CDPH/CHVP. This requirement ensures that the LHJ maintains oversight and direct involvement in all aspects of the contracted services, guaranteeing alignment with CDPH/CHVP standards and expectations. Additionally, no more than 10% of the allocation can be spent on administrative oversight of a SubK.</p>
1.2	<p>LHJ leadership and home visitors will implement home visiting services utilizing culturally responsive practices to ensure that all interactions, interventions, and</p>	<p>(a) Review the MCAH Title V Needs Assessment to determine the community's equity needs.</p>	<p>Submission of:</p> <ul style="list-style-type: none"><li>• Status Reports</li><li>• Staff Training Logs</li></ul>

**California Home Visiting Program**  
**Maternal, Infant, and Early Childhood Home Visiting (MIECHV)**  
**Scope of Work**  
**July 1, 2024- June 30, 2025**

	<p>service deliveries effectively meet the diverse needs of the communities served, employing a cultural humility approach.</p>	<p>(b) Participate in opportunities designed to enhance cultural sensitivity through webinars, trainings, and/or conferences.</p> <p>(c) Provide culturally responsive services that address the identified cultural needs of families (e.g. literacy levels, disabilities, military families, grandparents, tradition, etc.).</p> <p>(d) Provide documents in the family’s preferred language, when feasible. Documents should be written in no more than an eighth-grade reading level and use plain language.</p> <p>(e) Recruit and hire staff that reflect the community served and/or speak the language of program participants, when possible.</p> <p>(f) As needed, develop and document adaptations that are developmentally, culturally, and linguistically responsive to families, upon approval from model developer and CDPH/CHVP.</p>	<ul style="list-style-type: none"><li>• Staffing Reports</li></ul>
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**California Home Visiting Program**  
**Maternal, Infant, and Early Childhood Home Visiting (MIECHV)**  
**Scope of Work**  
 July 1, 2024- June 30, 2025

1.3	LHJ Leadership will hire, train, and retain staff to comply with selected home visiting model requirements and CDPH/CHVP Policies & Procedures (P&Ps).	<p>(a) Participate in model required trainings related to screening tools, health assessments, reflective supervision, data collection tools, and software.</p> <p>(b) Participate in CHVP site visits every two years.</p> <p>(c) Maintain full staffing capacity to serve families in the home visiting program and adhere to model requirements.</p> <p>(d) All staff will sign a Confidentiality Agreement at the time of hire and annually thereafter.</p>	<p>Submission of:</p> <ul style="list-style-type: none"> <li>• Status Reports</li> <li>• Training Logs</li> <li>• Training Plans</li> <li>• Staffing Reports</li> <li>• Confirmation of signed Confidentiality Agreement for each staff member</li> </ul>
1.4	LHJ leadership will ensure the program reaches and maintains contracted Caseload Capacity (CC).	<p>(a) Develop and sustain relationships with appropriate agencies to obtain home visiting participant referrals.</p> <p>(b) Develop a referral triage process for incoming home visiting participants to ensure families are connected with the program that best meets their needs.</p>	<p>Submission of:</p> <ul style="list-style-type: none"> <li>• Status Report</li> <li>• Outreach activity logs</li> <li>• Referral triage plans outlining referral process (flow chart, logic model, narrative, etc.).</li> <li>• Confirmation of signed Participant Consent Form for each enrolled participant.</li> <li>• Complete and timely caseload data.</li> </ul>



**California Home Visiting Program**  
**Maternal, Infant, and Early Childhood Home Visiting (MIECHV)**  
**Scope of Work**  
 July 1, 2024- June 30, 2025

		<p>(c) Ensure newly enrolled participants receive informed consent and sign a CHVP Participant Consent Form.</p> <p><b>NOTE:</b> Any LHJ that falls below 85% of the CC for three (3) consecutive months may be required to participate in an Extra Support Plan.</p>	
1.5	MCAH Director or Designee will provide oversight and leadership to ensure selected home visiting model fidelity and quality assurance.	(a) Implement model requirements in accordance with the selected model(s) fidelity standards.	<p>Submission of:</p> <ul style="list-style-type: none"> <li>Selected home visiting model(s) certificate of fidelity, accreditation or fidelity report, or similar document demonstrating good standing and model fidelity.</li> </ul>
1.6	LHJ Leadership will develop and implement home visiting Policies and Procedures (P&P).	<p>(a) Conduct an annual review of LHJs P&amp;Ps related to home visiting and update as needed.</p> <p>(b) Conduct an annual review of CDPH/CHVP P&amp;Ps.</p> <p>(c) Conduct an annual review of, and ensure compliance with, the MCAH Fiscal Administration P&amp;P Manual.</p>	<p>Submission of:</p> <ul style="list-style-type: none"> <li>Status Report</li> <li>Confirmation of review of local and CDPH/CHVP P&amp;Ps</li> </ul>

**California Home Visiting Program**  
**Maternal, Infant, and Early Childhood Home Visiting (MIECHV)**  
**Scope of Work**  
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		(d) Conduct an annual review of, and ensure compliance with, the Local MCAH Programs P&Ps.	
1.7	LHJ leadership will conduct CQI projects and activities to support program implementation and improvement goals.	(a) Participate in quality improvement activities as directed by CDPH/CHVP.  (b) Utilize the CAB to inform and address quality improvement projects and decisions.  (c) Utilize data to inform and improve program activities.	Submission of: <ul style="list-style-type: none"><li>• Status Report</li><li>• CAB Meeting materials</li><li>• CQI plans, data, and other requested information</li></ul> Participation in: <ul style="list-style-type: none"><li>• Technical Assistance (TA) meetings</li><li>• CQI meetings</li><li>• Learning Collaborative Presentations</li></ul>

**California Home Visiting Program**  
**Maternal, Infant, and Early Childhood Home Visiting (MIECHV)**  
**Scope of Work**  
July 1, 2024- June 30, 2025

Goal 2: Integrate CHVP into the local early childhood system.			
#	Objective	Activities	Deliverables
2.1	MCAH Director or designee will collaborate with local early childhood system partners to ensure a continuum of services for families.	(a) Maintain a CAB that includes local early childhood system partners and meets at least quarterly to establish appropriate linkages to referral and service systems.  (b) Meet and work with other local early childhood system and community partners to coordinate services to families.	Submission of: <ul style="list-style-type: none"><li>• Status Report</li><li>• CAB Meeting materials</li><li>• MOUs and/or informal agreements</li></ul>
2.2	MCAH Director or designee will pursue, develop, and maintain relationships with local service agencies and referral resources to facilitate participant recruitment.	(a) Develop Memoranda of Understanding (MOUs) and/or informal written agreements (e.g., letters of support) with community agencies and service providers.	Submission of: <ul style="list-style-type: none"><li>• Status Report</li><li>• MOUs and/or informal written agreements</li><li>• Outreach logs</li></ul>

**California Home Visiting Program**  
**Maternal, Infant, and Early Childhood Home Visiting (MIECHV)**  
**Scope of Work**  
 July 1, 2024- June 30, 2025

Goal 3: Monitor federal benchmark measures to show improvement in maternal and childhood health.			
#	Objective	Activities	Deliverables
3.1	LHJ leadership, home visitors, and data support staff will collect and submit all information required for HRSA/MIECHV reporting.	(a) Complete all model-issued forms and assessment tools as defined by CDPH/CHVP and model-issued data collection manual(s).  (b) Collect and enter federally required priority population data for all participants into the designated data system.	Submission of data for the following federal reports: <ul style="list-style-type: none"> <li>• Demographic, serviced Utilization, and Select Clinical Indicators (Form 1)</li> <li>• Performance Indicators and Systems Outcomes (Form 2)</li> <li>• Quarterly Performance Report (Form 4)</li> </ul> For NFP: Submission of Priority Population Survey on Status Reports.
3.2	LHJ leadership, home visitors, and data support staff will maintain clean and compliant data.	(a) Accurately collect and submit participant data using selected home visiting model and CHVP-required documents.  (b) Ensure accuracy and completeness of data input into designated data systems using data quality reports and monitoring.	<ul style="list-style-type: none"> <li>• Demonstrated compliance with data related policies and program quality measures.</li> <li>• Evidence of data cleaning on a monthly or quarterly basis using the CDPH/CHVP data cleaning schedule.</li> </ul>

**California Home Visiting Program**  
**Maternal, Infant, and Early Childhood Home Visiting (MIECHV)**  
**Scope of Work**  
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		<p>(c) NFP LHJs will coordinate data system requirements with the NFP National Service Office.</p> <p>(d) HFA LHJs will coordinate with the CHVP Data Team to establish buildout/modification in Efforts to Outcomes (ETO) data system and will comply with all CHVP HFA Data Collection Manual requirements.</p> <p>(e) Collect and enter participant data into designated data systems within seven working days, or as required by the selected home visiting model.</p> <p>(f) Provide and/or coordinate with data collection system owners to provide monthly enrollment and other requested reports to CDPH/CHVP as needed.</p>	<ul style="list-style-type: none"><li>• Evidence of signed Participant Consent form for each family, as requested.</li></ul>
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**California Home Visiting Program**  
**Maternal, Infant, and Early Childhood Home Visiting (MIECHV)**  
**Scope of Work**  
 July 1, 2024- June 30, 2025

<b>All reports and documentation must be submitted via SharePoint, unless otherwise directed by CHVP.</b>		
All	Staffing Report	January 15, April 15, July 15, October 15
All	Status Report <ul style="list-style-type: none"> <li>• CAB Roster, Minutes, and Agendas</li> <li>• MOUs or informal agreements with community agencies and service providers</li> <li>• Outreach logs</li> <li>• Training plans and logs</li> <li>• Policies and Procedures</li> <li>• Referral Triage Plan</li> <li>• Confirmation of signed Participant Consent Forms</li> <li>• Confirmation of signed confidentiality agreements for all direct staff</li> <li>• Model Developer agreement, accreditation, and affiliation documentation</li> </ul>	April 15 and/or October 15
Nurse-Family Partnership	Priority Population Survey	April 15 and October 15
All	CQI plans, data, and information	Upon Request
All	Technical Assistance calls/meetings	Quarterly (TBD)
All	Site Visit	Biennially (TBD)

**California Home Visiting Program**  
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**NOTE:** If compliance standards are not met in a timely manner, CDPH/CHVP may temporarily withhold cash payment pending correction of the deficiency; disallowing all or part of the cost of the activity or action out of compliance; wholly or partly suspending or terminating the award; or withholding further awards.

**APPROVED**

*By Jessica Ferrer at 8:03 am, Jun 25, 2024*

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MCAH Director Name

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MCAH Director Signature

---

Date

### CONTRACTOR EQUIPMENT PURCHASED WITH CDPH FUNDS

Date Current Contract Expires: 06/30/2029

CDPH Program Name: CHVP

CDPH Program Contract Manager: Andria Soto

CDPH Program Address: PO Box 997420, MS 8305

CDPH Program Contract Manager's Telephone Number: 916-650-0300

Date of this Report: 07/31/24

Date of this Report: 07/31/24

**(THIS IS NOT A BUDGET FORM)**

[illegible]



## INSTRUCTIONS FOR CDPH 1203

(Please read carefully.)

The information on this form will be used by the California Department of Public Health (CDPH) Asset Management (AM) to tag contract equipment and/or property (see definitions A, and B) which is purchased with CDPH funds and is used to conduct state business under this contract. After the Standard Agreement has been approved and each time state/CDPH equipment and/or property has been received, the CDPH Program Contract Manager is responsible for obtaining the information from the Contractor and submitting this form to CDPH AM. The CDPH Program Contract Manager is responsible for ensuring the information is complete and accurate. (See *Public Health Administrative Manual (PHAM)*, Section 1-1030 and Section 1-1070.)

Upon receipt of this form from the CDPH Program Contract Manager, AM will fill in the first column with the assigned state/ CDPH property tag, if applicable, for each item (See definitions A and B). AM will return the original form to the CDPH Program Contract Manager, along with the appropriate property tags. The CDPH Program Contract Manager will then forward the property tags and the original form to the Contractor and retain one copy until the termination of this contract. The Contractor should place property tags in plain sight and, to the extent possible, on the item's front left-hand corner. The manufacturer's brand name and model number are not to be covered by the property tags.

1. If the item was shipped via the CDPH warehouse and was issued a state/CDPH property tag by warehouse staff, fill in the assigned property tag. If the item was shipped directly to the Contractor, leave the first column blank.
2. Provide the quantity, description, purchase date, base unit cost, and serial number (if applicable) for each item of:
  - A. **Major Equipment:**
    - Tangible item having a base unit cost of \$5,000 or more and a life expectancy of one (1) year or more.
    - Intangible item having a base unit cost of \$5,000 or more and a life expectancy of one (1) year or more (e.g., software, video).

**These items are issued green numbered state/ CDPH property tags.**
  - B. **Minor Equipment/Property:** Specific tangible items with a life expectancy of one (1) year or more that have a base unit cost less than \$5,000. **These items are issued green unnumbered "BLANK" state/ CDPH property tags** with the exception of the following, which are issued numbered tags: Personal Digital Assistant (PDA), PDA/cell phone combination (Blackberries), laptops, desktop personal computers, LAN servers, routers, and switches. NOTE: It is CDPH policy not to tag modular furniture. (See your Federal rules, if applicable.)
3. Provide the CDPH Purchase Order (STD 65) number if the items were purchased by CDPH.
4. If a vehicle is being reported, provide the Vehicle Identification Number (VIN) and the vehicle license number to CDPH Vehicle Services.
5. If all items being reported do not fit on one form, make copies and write the number of pages being sent in the upper right-hand corner (e.g., "Page 1 of 3.") The CDPH Program Contract Manager should retain one copy and send the original to: California Department of Public Health, Asset Management, MS 1801, P.O. Box 997377, 1501 Capitol Avenue, Sacramento, CA 95899-7377.
6. Property tags that have been lost or destroyed must be replaced. Replacement property tags can be obtained by contacting AM at (916) 341-6168.
7. Use the version on the CDPH Intranet forms site. The CDPH 1203 consists of one page for completion and one page with information and instructions.

## INVENTORY/DISPOSITION OF CDPH-FUNDED EQUIPMENT

Contact's Telephone Number: 530-265-1491

**(THIS IS NOT A BUDGET FORM)**

[illegible]

## INSTRUCTIONS FOR CDPH 1204 (Please read carefully.)

The information on this form will be used by the California Department of Public Health (CDPH) Asset Management (AM) to: (a) conduct an inventory of CDPH equipment and/or property (see definitions A, and B) in the possession of the Contractor and/or Subcontractors, and (b) dispose of these same items. Report all items, regardless of the items' ages, per number 1 below, purchased with CDPH funds and used to conduct state business under this contract. (See *Public Health Administrative Manual (PHAM)*, Section 1-1000 and Section 3-1320.)

The CDPH Program Contract Manager is responsible for obtaining information from the Contractor for this form. The CDPH Program Contract Manager is responsible for the accuracy and completeness of the information and for submitting it to AM.

**Inventory:** List all CDPH tagged equipment and/or property on this form and submit it within 30 days prior to the three-year anniversary of the contract's effective date, if applicable. **The inventory should be based on previously submitted CDPH 1203s**, "Contractor Equipment Purchased with CDPH Funds." AM will contact the CDPH Program Contract Manager if there are any discrepancies. (See PHAM, Section 1-1020.)

**Disposal:** (*Definition: Trade in, sell, junk, salvage, donate, or transfer; also, items lost, stolen, or destroyed (as by fire).*) The CDPH 1204 should be completed, along with a "Property Survey Report" (STD. 152) or a "Property Transfer Report" (STD. 158), whenever items need to be disposed of; (a) during the term of this contract and (b) 30 calendar days before the termination of this contract. After receipt of this form, the AM will contact the CDPH Program Contract Manager to arrange for the appropriate disposal/transfer of the items. (See PHAM, Section 1-1050.)

1. List the state/ CDPH property tag, quantity, description, purchase date, base unit cost, and serial number (if applicable) for each item of;
  - A. Major Equipment: **(These items were issued green numbered state/ CDPH property tags.)**
    - Tangible item having a base unit cost of \$5,000 or more and a life expectancy of one (1) year or more.
    - Intangible item having a base unit cost of \$5,000 or more and a life expectancy of one (1) year or more (e.g., software, video.)
  - B. Minor Equipment/Property: **(These items were issued green state/ CDPH property tags.)**

Specific tangible items with a life expectancy of one (1) year or more that have a base unit cost less than \$5,000. The minor equipment and/or property items were issued green unnumbered "BLANK" state/ CDPH property tags with the exception of the following, which are issued numbered tags: Personal Digital Assistant (PDA), PDA/cell phone combination (Blackberries), laptops, desktop personal computers, LAN servers, routers and switches.
2. If a vehicle is being reported, provide the Vehicle Identification Number (VIN) and the vehicle license number to CDPH Vehicle Services. (See PHAM, Section 17-4000.)
3. If all items being reported do not fit on one page, make copies and write the number of pages being sent in the upper right-hand corner (e.g. "Page 1 of 3.")
4. The CDPH Program Contract Manager should retain one copy and send the original to: California Department of Public Health, Asset Management, MS1801, P.O. Box 997377, Sacramento, CA 95899-7377.
5. Use the version on the CDPH Intranet forms site. The CDPH 1204 consists of one page for completion and one page with information and instructions.

For more information on completing this form, call AM at (916) 341-6168.

ORIGINAL

<b>BUDGET SUMMARY</b>		<b>FISCAL YEAR</b>	<b>BUDGET</b>	<b>BUDGET STATUS</b>	<b>BUDGET BALANCE</b>
<b>SUBCONTRACT</b>		<b>2024-25</b>	<b>ORIGINAL</b>	<b>ACTIVE</b>	<b>0.00</b>

Version 7.0 - 150 Quarterly 4.20.20

Program:	California Home Visiting Program (CHVP)		UNMATCHED FUNDING				NON-ENHANCED MATCHING (50/50)		ENHANCED MATCHING (75/25)		
Agency:	CHVP 24-29 NEVADA										
SubK:	Child Advocates of Nevada County		MIECHV		AGENCY FUNDS		CHVP-Cnty NE		CHVP-Cnty E		
			(1)	(2)	(3)	(6)	(7)	(10)	(11)	(14)	(15)
			TOTAL FUNDING	%	MIECHV	%	Agency Funds*	%	Combined Fed/Agency*	%	Combined Fed/Agency*
ALLOCATION(S) ➡					835,435.00	#VALUE!					

EXPENSE CATEGORY									
(I) PERSONNEL	597,288.62		597,288.62		0.00		0.00		0.00
(II) OPERATING EXPENSES	47,244.00		47,244.00		0.00		0.00		0.00
(III) CAPITAL EXPENDITURES	0.00		0.00		0.00		0.00		0.00
(IV) OTHER COSTS	41,580.22		41,580.22		0.00		0.00		0.00
(V) INDIRECT COSTS	149,322.16		149,322.16		0.00		0.00		0.00
<b>BUDGET TOTALS*</b>	<b>835,435.00</b>	<b>100.00%</b>	<b>835,435.00</b>	<b>0.00%</b>	<b>0.00</b>	<b>0.00%</b>	<b>0.00</b>	<b>0.00%</b>	<b>0.00</b>
<b>BALANCE(S)</b>			<b>0.00</b>						

<b>TOTAL MIECHV</b>	835,435.00	→	835,435.00						
<b>TOTAL TITLE XIX</b>	0.00	→		[50%]	0.00	[75%]	0.00		
<b>TOTAL AGENCY FUNDS</b>	0.00	→	0.00	[50%]	0.00	[25%]	0.00		

<b>\$</b>	<b>835,435.00</b>	<b>Maximum Amount Payable from State and Federal resources</b>
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WE CERTIFY THAT THIS BUDGET HAS BEEN CONSTRUCTED IN COMPLIANCE WITH ALL MCAH ADMINISTRATIVE AND PROGRAM POLICIES.	<b>APPROVED</b> By Jessica Ferrer, RN, Sr. PHN, CLC at 9:03 am, Feb 18, 2025	<b>APPROVED</b> By Brie Mendoza at 9:37 am, Feb 18, 2025
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\* These amounts contain local revenue submitted for information and matching purposes. MCAH does not reimburse Agency contributions.

STATE USE ONLY - TOTAL STATE AND FEDERAL REIMBURSEMENT		MIECHV	AGENCY FUNDS	CHVP-Cnty NE	CHVP-Cnty E
	PCA Codes				
(I) PERSONNEL		53128		TBD	TBD
(II) OPERATING EXPENSES		597,288.62		0.00	0.00
(III) CAPITAL EXPENSES		47,244.00		0.00	0.00
(IV) OTHER COSTS		0.00		0.00	0.00
(V) INDIRECT COSTS		41,580.22		0.00	0.00
		149,322.16		0.00	0.00

ORIGINAL

Program:	California Home Visiting Program (CHVP)	UNMATCHED FUNDING				NON-ENHANCED MATCHING (50/50)		ENHANCED MATCHING (75/25)		
Agency:	CHVP 24-29 NEVADA									
SubK:	Child Advocates of Nevada County	MIECHV		AGENCY FUNDS		CHVP-Cnty NE		CHVP-Cnty E		
		(1)	(2)	(3)	(6)	(7)	(10)	(11)	(14)	(15)
		TOTAL FUNDING	%	MIECHV	%	Agency Funds*	%	Combined Fed/Agency*	%	Combined Fed/Agency*
Totals for PCA Codes		835,435.00		835,435.00				0.00		0.00

Program:		California Home Visiting Program (CHVP)		UNMATCHED FUNDING				NON-ENHANCED MATCHING (50/50)		ENHANCED MATCHING (75/25)			
Agency:		CHVP 24-29 NEVADA						CHVP-Cnty NE		CHVP-Cnty E			
SubK:		Child Advocates of Nevada County		MIECHV		AGENCY FUNDS							
				(1)	(2)	(3)	(6)	(7)	(10)	(11)	(14)	(15)	
				TOTAL FUNDING	%	MIECHV	%	Agency Funds*	%	Combined Fed/Agency*	%	Combined Fed/Agency*	
(II) OPERATING EXPENSES DETAIL									% TRAVEL NON-ENH MATCH		% TRAVEL ENH MATCH		% PERSONNEL MATCH
TOTAL OPERATING EXPENSES				47,244.00		47,244.00		0.00		0.00		0.00	0.00%
												Match Available	
	TRAVEL		4,300.00	100.00%	4,300.00		0.00	0.00%	0.00		0.00	0.00%	
	TRAINING		4,300.00	100.00%	4,300.00		0.00	0.00%	0.00		0.00	0.00%	
1	Program Office Supplies/Background Checks		4,515.00	100.00%	4,515.00		0.00	0.00%	0.00			0.00%	
2	Printing/Copying/Duplication		4,730.00	100.00%	4,730.00		0.00	0.00%	0.00			0.00%	
3	Postage		430.00	100.00%	430.00		0.00	0.00%	0.00			0.00%	
4	Mileage-Staff		15,480.00	100.00%	15,480.00		0.00	0.00%	0.00			0.00%	
5	Staff training		2,580.00	100.00%	2,580.00		0.00	0.00%	0.00			0.00%	
6	Internet, Phones, Cell Phones		10,909.00	100.00%	10,909.00		0.00	0.00%	0.00			0.00%	
7					0.00		0.00		0.00				
8					0.00		0.00		0.00				
9					0.00		0.00		0.00				
10					0.00		0.00		0.00				
11					0.00		0.00		0.00				
12					0.00		0.00		0.00				
13					0.00		0.00		0.00				
14					0.00		0.00		0.00				
15					0.00		0.00		0.00				

\*\* Unmatched Operating Expenses are not eligible for Federal matching funds (Title XIX). Expenses may only be charged to Unmatched Title V (Col. 3), State General Funds (Col. 5), and/or Agency (Col. 7) funds.

(III) CAPITAL EXPENDITURE DETAIL											
TOTAL CAPITAL EXPENDITURES							0.00		0.00		0.00
(IV) OTHER COSTS DETAIL											
TOTAL OTHER COSTS							41,580.22		0.00		0.00
SUBCONTRACTS											
1				0.00		0.00		0.00		0.00	
2				0.00		0.00		0.00		0.00	
3				0.00		0.00		0.00		0.00	
4				0.00		0.00		0.00		0.00	
5				0.00		0.00		0.00		0.00	
6				0.00		0.00		0.00		0	
7				0.00		0.00		0.00		0	
8				0.00		0.00		0.00		0	
OTHER CHARGES											
1 Parent Groups						4,128.00	100.00%	4,128.00		0.00	0.00%
2 Client Support Materials						12,905.22	100.00%	12,905.22		0.00	0.00%
3 Staff Recruitment						5,160.00	100.00%	5,160.00		0.00	0.00%
4 Outreach Materials						6,880.00	100.00%	6,880.00		0.00	0.00%
5 Accreditation Costs						10,443.00	100.00%	10,443.00		0.00	0.00%
6 Curriculum/Assessment Tools						2,064.00	100.00%	2,064.00		0.00	0.00%
7								0.00		0.00	
8								0.00		0.00	

(V) INDIRECT COSTS DETAIL											
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Program:	California Home Visiting Program (CHVP)			UNMATCHED FUNDING				NON-ENHANCED MATCHING (50/50)		ENHANCED MATCHING (75/25)		
Agency:	CHVP 24-29 NEVADA											
SubK:	Child Advocates of Nevada County			MIECHV		AGENCY FUNDS		CHVP-Cnty NE		CHVP-Cnty E		
				(1)	(2)	(3)	(6)	(7)	(10)	(11)	(14)	(15)
				TOTAL FUNDING	%	MIECHV	%	Agency Funds*	%	Combined Fed/Agency*	%	Combined Fed/Agency*
TOTAL INDIRECT COSTS				149,322.16		149,322.16		0.00		0.00		
25.00%	of Total Wages + Fringe Benefits			149,322.16	100.00%	149,322.16		0.00	0.00%	0.00		

Program:	California Home Visiting Program (CHVP)	UNMATCHED FUNDING				NON-ENHANCED MATCHING (50/50)		ENHANCED MATCHING (75/25)		
Agency:	CHVP 24-29 NEVADA					CHVP-Cnty NE		CHVP-Cnty E		
SubK:	Child Advocates of Nevada County	MIECHV		AGENCY FUNDS						
		(1)	(2)	(3)	(6)	(7)	(10)	(11)	(14)	(15)
		TOTAL FUNDING	%	MIECHV	%	Agency Funds*	%	Combined Fed/Agency*	%	Combined Fed/Agency*

(I) PERSONNEL DETAIL																J-Pers MCF Per Staff	Staff Traveling (X)
TOTAL PERSONNEL COSTS						597,288.62		597,288.62		0.00		0.00		0.00			
FRINGE BENEFIT RATE						21.73%		106,639.62		106,639.62		0.00		0.00			
TOTAL WAGES						490,649.00		490,649.00		0.00		0.00		0.00			
	FULL NAME (First Name Last Name)	TITLE OR CLASSIFICATION (No Acronyms)	% FTE	ANNUAL SALARY	TOTAL WAGES												
1	Susan Duffey Smith	Program Manager	73.23%	83,210.00	60,935.00	100.00%	60,935.00		0.00		0.00		0.00		0.00	75.50%	
2	Joette Collier	Supervisor Full Time	86.00%	68,640.00	59,030.00	100.00%	59,030.00		0.00		0.00		0.00		0.00	75.50%	
3	Nicole Hurd	Supervisor Part Time	38.70%	68,640.00	26,564.00	100.00%	26,564.00		0.00		0.00		0.00		0.00	75.50%	
4	Jennifer Ontiveros	Full Time Home Visitor-Year 2	86.00%	48,880.00	42,037.00	100.00%	42,037.00		0.00		0.00		0.00		0.00	75.50%	
5	Fatima Galindo	Part Time Home Visitor-Year 2	51.60%	49,920.00	25,759.00	100.00%	25,759.00		0.00		0.00		0.00		0.00	75.50%	
6	Rachel Williams	Part Time Home Visitor-Year 1	75.25%	48,880.00	36,782.00	100.00%	36,782.00		0.00		0.00		0.00		0.00	75.50%	
7	Maria Briviescas	Part Time Home Visitor-Year 2	60.20%	49,920.00	30,052.00	100.00%	30,052.00		0.00		0.00		0.00		0.00	75.50%	
8	Michelle Guerrero	Full Time Home Visitor-Year 1	86.00%	47,840.00	41,142.00	100.00%	41,142.00		0.00		0.00		0.00		0.00	75.50%	
9	Brittney Depew	Full Time Home Visitor-Year 1	86.00%	47,840.00	41,142.00	100.00%	41,142.00		0.00		0.00		0.00		0.00	75.50%	
10	Ashley Witcheck	Part Time Home Visitor-Year 1	51.60%	47,840.00	24,685.00	100.00%	24,685.00		0.00		0.00		0.00		0.00	75.50%	
11	Sage Sanchez-Ardas	Part Time Home Visitor-Year 1	43.00%	47,840.00	20,571.00	100.00%	20,571.00		0.00		0.00		0.00		0.00	75.50%	
12	Vacant Hours	Part Time Home Visitor-Year 1	16.68%	47,840.00	7,980.00	100.00%	7,980.00		0.00		0.00		0.00		0.00	75.50%	
13	Debbi Sutton	Administrative and Reporting Assistant	75.25%	48,880.00	36,782.00	100.00%	36,782.00		0.00		0.00		0.00		0.00	75.50%	
14	Nicole McNeely	Executive Director	15.76%	97,900.00	15,429.00	100.00%	15,429.00		0.00		0.00		0.00		0.00	75.50%	
15	Lynda Roath	Bookkeeper	34.87%	62,400.00	21,759.00	100.00%	21,759.00		0.00		0.00		0.00		0.00	75.50%	
16					0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
17					0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
18					0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
19					0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
20					0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
21					0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
22					0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
23					0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
24					0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
25					0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
26					0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
27					0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
28					0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
29					0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
30					0.00		0.00		0.00		0.00		0.00		0.00	0.00%	



**CHILD ADVOCATES OF NEVADA COUNTY**  
**Duty Statement – Program Manager (Budget Line 1)**

**Program:** Healthy Babies (HB)  
**Title/Job Classification:** Program Manager

**Salary Range \$83,210 Depending on Experience, Full-time, exempt**

**Minimum Requirements:** A solid understanding of and experience in managing diverse staff with humility • administrative experience in human service or related field including experience in quality assurance and continuous quality improvement • master's degree in public health or human services administration or fields related to working with children and families, or bachelor's degree in these fields with three years of relevant experience, or less than a bachelor's degree but with commensurate Healthy Families America (HFA) experience • willingness to engage in building reflective practice (e.g., capacity for introspection, communicating awareness of self in relation to others, recognizing the value of supervision, etc.) • infant mental health endorsement preferred (if available in the state; if unsure, you can find out on the IMH website)

**Definition:** Through the California Home Visiting Program, under the direction of the Child Advocates of Nevada County Executive Director, the Program Manager (PM) is responsible for a full range of management-level support to guide and promote the CHVP HFA Home Visitation program, ensuring fidelity to the evidence-based program model. This includes contract and program compliance, data collection and reporting, collaboration and outreach with private and public entities, supervision and quality assurance of HB staff, and program outcomes at the Nevada City and Truckee sites. PM will coordinate extensively with Nevada County Public Health Department's Maternal Child Adolescent Health Director/Coordinator. This is a full-time exempt position and is dependent on grant funding.

**Examples of Duties:**

- a. Works collaboratively with MCAH Director/Coordinator, community partners including and funders to monitor and ensure program progress and success.
- b. Designs and implements HB policy and procedures as prescribed in the HFA Best Practice Standards (BPS) and revises and updates the HFA/HB Policy & Procedure Manual.
- c. Ensures accreditation and program standards are met as prescribed in the HFA BPS.
- d. Organizes trainings and in-services for HB staff as mandated by HFA guidelines.
- e. Conducts outreach to promote HB with prenatal providers and other family support programs.
- f. Coordinates and conducts program staff meetings.
- g. Collects and analyzes program data and outcomes in collaboration with staff and the admin/data position.
- h. Completes all monthly, quarterly, and yearly reports for funders and Board of Directors.
- i. Establishes and maintains MOUs and effective partnerships with medical

- providers and partner agencies.
- j. Provides coverage for assessments and supervision as necessary.
- k. Conducts supervision with program supervisor(s) weekly, as needed, but at least bi-weekly.
- l. Oversees quality assurance process of family files.
- m. Directly supervises Healthy Babies Program Supervisor(s) and Admin/Data personnel.
- o. Chairs quarterly HB Community Advisory Board, and may co-chair with Maternal Child Adolescent Health Director.
- p. Provides fiscal management and oversight for all HB activities in collaboration with Child Advocates Bookkeeper.
- q. Promotes, develops, and models a sense of teamwork among staff.
- r. Reports regularly to the Child Advocates Executive Director.
- t. Maintains, models, and enforces all aspects of client confidentiality policies.
- u. Attends all HFA core trainings as required by HFA standards.
- v. Other related duties as assigned by Executive Director.
- w. Drives to Meetings, Trainings, Community Events and other locations as needed to fulfill job responsibilities.

#### **Additional Employment Qualifications:**

Requirements: A solid understanding of and experience in managing staff; Administrative experience in human service or related field including experience in quality assurance/improvement and adherence to program curricula or standards;

#### **Conditions of Employment:**

Employee must submit and pass a DOJ and FBI fingerprint clearance. Employee must allow access to DMV record through the Pull Notice Program. Employee must have car, a valid driver's license, and proof of valid automobile insurance. Position is dependent on continued funding.

Child Advocates is an equal opportunity employer.

This job description provided for the PAT Lead Case Manager has been read and understood by the following signees. The employee signature below indicates acceptance and agreement to adhere to the duties presented in this job description.

<b>Print Name of Employee</b>	<b>Date</b>
<b>Signature of Employee</b>	<b>Date</b>
<b>Print Name of Supervisor</b>	<b>Date</b>

\_\_\_\_\_  
**Signature of Supervisor**

\_\_\_\_\_  
**Date**

# CHILD ADVOCATES OF NEVADA COUNTY

## Healthy Babies Program

### Duty Statement – Supervisor F/T (Budget Line 2)

**Program:** Healthy Babies

**Job Title/Classification:** Supervisor F/T

**Compensation** \$68,640 Fulltime, exempt

**Minimum Requirements:** Master's degree in human services or fields related to working with children and families, or bachelor's degree in these fields with three years of relevant experience, or less than a bachelor's degree but with commensurate HFA experience • a solid understanding of, or experience in supervising diverse staff with humility, as well as providing support to staff in stressful work environments • knowledge of infant and child development and parent-child attachment • experience with family services that embraces the concepts of family-centered and strength-based service provision • knowledge of parent-infant health and dynamics of child abuse and neglect • experience supporting culturally diverse communities/families • experience in home visiting with a strong background in early childhood prevention services • willingness to engage in building reflective practice (e.g., capacity for introspection, communicating awareness of self in relation to others, recognizing value of supervision, etc.) • experience with reflective practice preferred.

#### **Definition:**

Under the direction of the Program Manager, the Supervisor provides supervision, coaching, and support for the CHVP home visiting program and Healthy Families America (HFA) program staff as assigned. This includes reflective supervision, monitoring of caseloads, quality assurance on all program levels, and acting as a substitute for HFA supervisors and staff that may be unable to perform their regular assignments. This is an Exempt position.

#### **Duties:**

- Independently seek, engage with, and attend community meetings, participate in outreach collaboratives, and events to maintain and increase participant engagement and participant program retention.
- Participate in recruiting activities as assigned by PM.
- Attending all mandatory meetings and training as assigned.
- Providing reflective supervision per HFA requirements with assigned team while supporting all direct service staff in their professional growth and learning.
- Participating in collecting referrals, returning calls as necessary, scheduling visits, attending meetings on assigning new participants to HVs, and monitoring all caseloads and documenting all supervisory interactions.
- Maintain all data and spreadsheets related to direct reports and HFA reporting.
- Assist with overseeing facilities by keeping areas organized, managing dated/obsolete materials, ordering supplies when asked, and related duties.
- Review family files for quality assurance.
- Documenting and monitoring assigned program standards.
- Being immediately available to staff for crisis interventions and emergencies.

- Promoting Healthy Babies and HFA throughout the community by attending networking meetings.
- Working collaboratively with partner agencies and establishing strong partner relationships.
- Attending all regular staff meetings.
- Helping to coordinate and assist with family socialization activities and events.
- Meeting with the PM regularly for reflective supervision and to report on overall program progress and performance.
- Monitoring the coordination and attendance of all necessary staff training.
- Conducting scheduled performance evaluations for team.
- Provide support regarding approval of timecards, vacation requests and sick days. Performing related duties as assigned.
- Attends all HFA meetings and trainings whenever possible.
- Maintains client confidentiality and abides by all program protocols.
- Drives to meetings, trainings, events and other locations as needed to fulfill job responsibilities.

### **Minimum Employment Qualifications:**

Preference is given to candidates who have a master's degree in social work, Psychology, Nursing, Counseling or other related Social Service field from an accredited college or university. Preference given to candidates with five years' experience, two years of which must be in a supervisory position, working in programs that serve families in a community-based or public agency that provides home visitation or family support service. Additional experience may be substituted for master's degree. A Bachelor's degree is required or 5 years prior experience in a social service program, including 2 years supervisory experience. Ability to operate standard office equipment; ability to lift 25 pounds; ability to legally drive a motor vehicle.

### **Conditions of Employment:**

Employee must submit and pass a DOJ and FBI fingerprint clearance. Employee must submit a D.M.V. driving record report. Employee must have a cell phone, a car, a valid driver's license, and proof of automobile insurance.

Position is dependent on continued funding.

Child Advocates of Nevada County is Equal Opportunity Employer

This job description provided above for the position of Supervisor is read and understood by the following signees. The employee signature below indicates acceptance and agreement to adhere to the duties presented in this job description.

<hr/>	<hr/>
<b>Print Name of Employee</b>	<b>Date</b>

<hr/>	<hr/>
<b>Signature of Employee</b>	<b>Date</b>

<hr/>	<hr/>
<b>Print Name of Supervisor</b>	<b>Date</b>

<hr/>	<hr/>
<b>Signature of Supervisor</b>	<b>Date</b>

## **CHILD ADVOCATES OF NEVADA COUNTY**

### **Healthy Babies Program**

#### **Duty Statement – Supervisor P/T (Budget line #3)**

**Program:** Healthy Babies

**Job Title/Classification:** Supervisor P/T

**Compensation** \$26,564- 18 hours/week exempt (remaining hours other programs)

**Minimum Requirements:** Master's degree in human services or fields related to working with children and families, or bachelor's degree in these fields with three years of relevant experience, or less than a bachelor's degree but with commensurate HFA experience • a solid understanding of, or experience in supervising diverse staff with humility, as well as providing support to staff in stressful work environments • knowledge of infant and child development and parent-child attachment • experience with family services that embraces the concepts of family-centered and strength-based service provision • knowledge of parent-infant health and dynamics of child abuse and neglect • experience supporting culturally diverse communities/families • experience in home visiting with a strong background in early childhood prevention services • willingness to engage in building reflective practice (e.g., capacity for introspection, communicating awareness of self in relation to others, recognizing value of supervision, etc.) • experience with reflective practice preferred.

#### **Definition:**

Under the direction of the Program Manager, the Supervisor provides supervision, coaching, and support for the CHVP home visiting program and Healthy Families America (HFA) program staff as assigned. This includes reflective supervision, monitoring of caseloads, quality assurance on all program levels, and acting as a substitute for HFA supervisors and staff that may be unable to perform their regular assignments. This is an Exempt position.

#### **Duties:**

- Independently seek, engage with, and attend community meetings, participate in outreach collaboratives, and events to maintain and increase participant engagement and participant program retention.
- Participate in recruiting activities as assigned by PM.
- Attending all mandatory meetings and training as assigned.
- Providing reflective supervision per HFA requirements with assigned team while supporting all direct service staff in their professional growth and learning.
- Participating in collecting referrals, returning calls as necessary, scheduling visits, attending meetings on assigning new participants to HVs, and monitoring all caseloads and documenting all supervisory interactions.
- Maintain all data and spreadsheets related to direct reports and HFA reporting.
- Assist with overseeing facilities by keeping areas organized, managing dated/obsolete materials, ordering supplies when asked, and related duties.
- Review family files for quality assurance.
- Documenting and monitoring assigned program standards.
- Being immediately available to staff for crisis interventions and emergencies.

- Promoting Healthy Babies and HFA throughout the community by attending networking meetings.
- Working collaboratively with partner agencies and establishing strong partner relationships.
- Attending all regular staff meetings.
- Helping to coordinate and assist with family socialization activities and events.
- Meeting with the PM regularly for reflective supervision and to report on overall program progress and performance.
- Monitoring the coordination and attendance of all necessary staff training.
- Conducting scheduled performance evaluations for team.
- Provide support regarding approval of timecards, vacation requests and sick days. Performing related duties as assigned.
- Attends all HFA meetings and trainings whenever possible.
- Maintains client confidentiality and abides by all program protocols.
- Drives to Meetings, Trainings, Events and other locations as needed to fulfill Job responsibilities.

### **Minimum Employment Qualifications:**

Preference is given to candidates who have a master's degree in social work, Psychology, Nursing, Counseling or other related Social Service field from an accredited college or university. Preference given to candidates with five years' experience, two years of which must be in a supervisory position, working in programs that serve families in a community-based or public agency that provides home visitation or family support service. Additional experience may be substituted for master's degree. A Bachelor's degree is required or 5 years prior experience in a social service program, including 2 years supervisory experience. Ability to operate standard office equipment; ability to lift 25 pounds; ability to legally drive a motor vehicle.

### **Conditions of Employment:**

Employee must submit and pass a DOJ and FBI fingerprint clearance. Employee must submit a D.M.V. driving record report. Employee must have a cell phone, a car, a valid driver's license, and proof of automobile insurance.

Position is dependent on continued funding.

Child Advocates of Nevada County is Equal Opportunity Employer

This job description provided above for the position of Supervisor is read and understood by the following signees. The employee signature below indicates acceptance and



agreement to adhere to the duties presented in this job description.

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**Print Name of Employee**

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**Date**

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**Signature of Employee**

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**Date**

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**Print Name of Supervisor**

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**Date**

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**Signature of Supervisor**

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**Date**

**CHILD ADVOCATES OF NEVADA COUNTY**  
**Duty Statement – F/T Home Visitor-Year 2 (Budget Lines 4)**

**Program:**                    **Healthy Babies (HB) Program**  
**Title/Classification:**        **F/T Home Visitor-Year 2**

**Compensation:**        **\$23.50/hr full-time, nonexempt Hours Vary**

**Minimum Requirements:**

Minimum of a high school diploma or equivalent • experience in working with or providing services to children and families • an ability to establish trusting relationships • acceptance of individual differences • experience and humility to work with culturally diverse families • knowledge of infant and child development • willing to engage in building reflective capacity (e.g., capacity for introspection, communicating awareness of self in relation to others, recognizing the value of supervision, etc.) • infant mental health endorsement preferred (if available in the state; if unsure, you can find out on the IMH website).

**Definition:**

Under the direction of the Supervisor, the Home Visitor (HV) conducts outreach in the assigned service area. Carries a caseload of participants enrolled in the Healthy Babies program via the California Home Visiting Program and conducts home visits and assessments with assigned families. The HV will provide families with parenting and development curriculum, parent/child activities, provide child development support, identify strengths, assist parents to develop a strong parent/child bond, help parents to set and meet goals, and provide resources. This position also reserves a few hours in the schedule as needed for family assessment work.

**Duties:**

1. Provides a variety of case management services to the families based on the level of need for the individual family.
2. Assists families with goal setting and supporting them to reach their goals.
3. Provides interactive, engaging activities (from curriculum) to promote parent/child interaction.
4. Assists the family in establishing a medical home and keeping immunization and well-baby appointments.
5. Documents every home visit in a timely manner adhering to policies and HFA standards.
6. Conducts developmental screenings for all assigned children; and other assessments as required (training provided).

7. Performs related duties as required.
8. Attends all mandatory meetings and training as assigned.
9. Abides by all program policies and procedures, HFA and State requirements.
10. Provides outreach activities to engage or re-engage families. Assists families in locating, accessing, and utilizing existing community services and resources.
11. Attends weekly reflective supervision sessions with supervisor and is prepared with questions related to delivering the best services to families.
12. Submits all necessary forms to Supervisor required by partners, funders, and *Healthy Families America* (HFA).
13. Completes all necessary confidentiality and family rights paperwork upon family enrollment. Maintaining and promoting a sense of teamwork. Representing the *Healthy Babies* Program in a positive, professional manner at all times.
14. Works collaboratively with coworkers and Supervisor during family assignments.
15. Maintains client confidentiality.
16. Adheres to and maintains professional boundaries.
17. Performs related duties as assigned and requested to meet the needs of the program and team. Drives to Home Visits, Meetings, Trainings, and other locations as needed to perform required job duties.

**Additional Qualifications:**

Knowledge of word processing and Microsoft products; ability to compile data for written and oral reports; ability to give small presentations representing the agency and the program in community meetings. Some experience in assessment process and scoring, recording of information, conducting interviews, problem solving skills and techniques, handling crisis intervention matters, and using proper referral procedures. Ability to establish rapport easily, outgoing, friendly and non-judgmental, user of active listening skills.

**Conditions of Employment:**

Employee must submit and pass a DOJ and FBI fingerprint clearance. Employee must allow access to DMV record through the Pull Notice Program. Employee must be able to legally drive a motor vehicle, have a currently registered car, a valid driver's license and proof of valid automobile insurance. Ability to operate standard office equipment; ability to lift 25 pounds, bend, move and sit on the floor to interact with infants and children as needed.

This position is dependent on continued funding.

Child Advocates of Nevada County is Equal Opportunity Employer

Signature page for full-time Home Visitor position.

This job description provided above for the position of Home Visitor is read and understood by the following signees. The employee signature below indicates acceptance and agreement to adhere to the duties presented in this job description.

_____	_____
<b>Print Name of Employee</b>	<b>Date</b>

_____	_____
<b>Signature of Employee</b>	<b>Date</b>

_____	_____
<b>Print Name of Supervisor</b>	<b>Date</b>

_____	_____
<b>Signature of Supervisor</b>	<b>Date</b>

**CHILD ADVOCATES OF NEVADA COUNTY**  
**Duty Statement – P/T Home Visitor-Year 2 (Budget Lines 5 & 7)**

**Program:**                    **Healthy Babies (HB) Program**  
**Title/Classification:**        **P/T Home Visitor-Year 2**

**Compensation:**        **\$23.50/hr Part-time, nonexempt Hours Vary**

**Minimum Requirements:**

Minimum of a high school diploma or equivalent • experience in working with or providing services to children and families • an ability to establish trusting relationships • acceptance of individual differences • experience and humility to work with culturally diverse families • knowledge of infant and child development • willing to engage in building reflective capacity (e.g., capacity for introspection, communicating awareness of self in relation to others, recognizing the value of supervision, etc.) • infant mental health endorsement preferred (if available in the state; if unsure, you can find out on the IMH website).

**Definition:**

Under the direction of the Supervisor, the Home Visitor (HV) conducts outreach in the assigned service area. Carries a caseload of participants enrolled in the Healthy Babies program via the California Home Visiting Program and conducts home visits and assessments with assigned families. The HV will provide families with parenting and development curriculum, parent/child activities, provide child development support, identify strengths, assist parents to develop a strong parent/child bond, help parents to set and meet goals, and provide resources. This position also reserves a few hours in the schedule as needed for family assessment work.

**Duties:**

1. Provides a variety of case management services to the families based on the level of need for the individual family.
2. Assists families with goal setting and supporting them to reach their goals.
3. Provides interactive, engaging activities (from curriculum) to promote parent/child interaction.
4. Assists the family in establishing a medical home and keeping immunization and well-baby appointments.
5. Documents every home visit in a timely manner adhering to policies and HFA standards.
6. Conducts developmental screenings for all assigned children; and other assessments as required (training provided).

7. Performs related duties as required.
8. Attends all mandatory meetings and training as assigned.
9. Abides by all program policies and procedures, HFA and State requirements.
10. Provides outreach activities to engage or re-engage families. Assists families in locating, accessing, and utilizing existing community services and resources.
11. Attends weekly reflective supervision sessions with supervisor and is prepared with questions related to delivering the best services to families.
12. Submits all necessary forms to Supervisor required by partners, funders, and *Healthy Families America* (HFA).
13. Completes all necessary confidentiality and family rights paperwork upon family enrollment. Maintaining and promoting a sense of teamwork. Representing the *Healthy Babies* Program in a positive, professional manner at all times.
14. Works collaboratively with coworkers and Supervisor during family assignments.
15. Maintains client confidentiality.
16. Adheres to and maintains professional boundaries.
17. Performs related duties as assigned and requested to meet the needs of the program and team. Drives to Home Visits, Meetings, Trainings, and other locations as needed to perform required job duties.

**Additional Qualifications:**

Knowledge of word processing and Microsoft products; ability to compile data for written and oral reports; ability to give small presentations representing the agency and the program in community meetings. Some experience in assessment process and scoring, recording of information, conducting interviews, problem solving skills and techniques, handling crisis intervention matters, and using proper referral procedures. Ability to establish rapport easily, outgoing, friendly and non-judgmental, user of active listening skills.

**Conditions of Employment:**

Employee must submit and pass a DOJ and FBI fingerprint clearance. Employee must allow access to DMV record through the Pull Notice Program. Employee must be able to legally drive a motor vehicle, have a currently registered car, a valid driver's license and proof of valid automobile insurance. Ability to operate standard office equipment; ability to lift 25 pounds, bend, move and sit on the floor to interact with infants and children as needed.

This position is dependent on continued funding.

Child Advocates of Nevada County is Equal Opportunity Employer

Signature page for full-time Home Visitor position.

This job description provided above for the position of Home Visitor is read and understood by the following signees. The employee signature below indicates acceptance and agreement to adhere to the duties presented in this job description.

_____	_____
<b>Print Name of Employee</b>	<b>Date</b>

_____	_____
<b>Signature of Employee</b>	<b>Date</b>

_____	_____
<b>Print Name of Supervisor</b>	<b>Date</b>

_____	_____
<b>Signature of Supervisor</b>	<b>Date</b>

**CHILD ADVOCATES OF NEVADA COUNTY**  
**Duty Statement – P/T Home Visitor Year 1**  
**(Budget Lines #6, 10 - 12)**

**Position:**                **Healthy Babies (HB) Program**  
                                 **P/T Home Visitor, Year 1**

**Compensation:**       **\$23/hr part-time, Hours Vary, nonexempt**

**Minimum Requirements:**

Minimum of a high school diploma or equivalent • experience in working with or providing services to children and families • an ability to establish trusting relationships • acceptance of individual differences • experience and humility to work with culturally diverse families • knowledge of infant and child development • willing to engage in building reflective capacity (e.g., capacity for introspection, communicating awareness of self in relation to others, recognizing the value of supervision, etc.)

**Definition:**

Under the direction of the Supervisor, the Home Visitor (HV) conducts outreach in the assigned Truckee area. Carries a caseload of participants enrolled in the Healthy Babies program via the California Home Visiting Program and conducts home visits and assessments with assigned families. The HV will provide families with parenting and development curriculum, parent/child activities, provide child development support, identify strengths, assist parents to develop a strong parent/child bond, help parents to set and meet goals, and provide resources. This position also reserves a few hours in the schedule as needed for family assessment work.

**\$1,000 bonus after completion of probation for Bilingual in Spanish.**

**Duties:**

1. Provides a variety of case management services to the families based on the level of need for the individual family.
2. Assists families with goal setting and supporting them to reach their goals.
3. Provides interactive, engaging activities (from curriculum) to promote parent/child interaction.
4. Assists the family in establishing a medical home and keeping immunization and well-baby appointments.
5. Documents every home visit in a timely manner adhering to policies and HFA standards.
6. Conducts developmental screenings for all assigned children; and other assessments as required (training provided).



7. Performs related duties as required.
8. Attends all mandatory meetings and training as assigned.
9. Abides by all program policies and procedures, HFA and State requirements.
10. Provides outreach activities to engage or re-engage families. Assists families in locating, accessing, and utilizing existing community services and resources.
11. Attends weekly reflective supervision sessions with supervisor and is prepared with questions related to delivering the best services to families.
12. Submits all necessary forms to Supervisor required by partners, funders, and *Healthy Families America* (HFA).
13. Completes all necessary confidentiality and family rights paperwork upon family enrollment. Maintaining and promoting a sense of teamwork. Representing the *Healthy Babies* Program in a positive, professional manner at all times.
14. Works collaboratively with coworkers and Supervisor during family assignments.
15. Maintains client confidentiality.
16. Adheres to and maintains professional boundaries.
17. Performs related duties as assigned and requested to meet the needs of the program and team.

**Additional Qualifications:**

Knowledge of word processing and Microsoft products; ability to compile data for written and oral reports; ability to give small presentations representing the agency and the program in community meetings. Some experience in assessment process and scoring, recording of information, conducting interviews, problem solving skills and techniques, handling crisis intervention matters, and using proper referral procedures. Ability to establish rapport easily, outgoing, friendly and non-judgmental, user of active listening skills.

**Conditions of Employment:**

Employee must submit and pass a DOJ and FBI fingerprint clearance. Employee must allow access to DMV record through the Pull Notice Program. Employee must be able to legally drive a motor vehicle, have a currently registered car, a valid driver's license and proof of valid automobile insurance. Ability to operate standard office equipment; ability to lift 25 pounds, bend, move and sit on the floor to interact with infants and children as needed.

This position is dependent on continued funding.

Child Advocates of Nevada County is Equal Opportunity Employer

Signature page for full-time Home Visitor position.

This job description provided above for the position of Home Visitor is read and understood by the following signees. The employee signature below indicates acceptance and agreement to adhere to the duties presented in this job description.

_____	_____
<b>Print Name of Employee</b>	<b>Date</b>

_____	_____
<b>Signature of Employee</b>	<b>Date</b>

_____	_____
<b>Print Name of Supervisor</b>	<b>Date</b>

_____	_____
<b>Signature of Supervisor</b>	<b>Date</b>

**CHILD ADVOCATES OF NEVADA COUNTY**  
**Duty Statement – F/T Home Visitor-Year 1 (Budget Lines 8 & 9)**

**Program:**                    **Healthy Babies (HB) Program**  
**Title/Classification:**        **F/T Home Visitor-Year 1**

**Compensation:**        **\$23.00/hr full-time, nonexempt Hours Vary**

**Minimum Requirements:**

Minimum of a high school diploma or equivalent • experience in working with or providing services to children and families • an ability to establish trusting relationships • acceptance of individual differences • experience and humility to work with culturally diverse families • knowledge of infant and child development • willing to engage in building reflective capacity (e.g., capacity for introspection, communicating awareness of self in relation to others, recognizing the value of supervision, etc.) • infant mental health endorsement preferred (if available in the state; if unsure, you can find out on the IMH website).

**Definition:**

Under the direction of the Supervisor, the Home Visitor (HV) conducts outreach in the assigned service area. Carries a caseload of participants enrolled in the Healthy Babies program via the California Home Visiting Program and conducts home visits and assessments with assigned families. The HV will provide families with parenting and development curriculum, parent/child activities, provide child development support, identify strengths, assist parents to develop a strong parent/child bond, help parents to set and meet goals, and provide resources. This position also reserves a few hours in the schedule as needed for family assessment work.

**Duties:**

1. Provides a variety of case management services to the families based on the level of need for the individual family.
2. Assists families with goal setting and supporting them to reach their goals.
3. Provides interactive, engaging activities (from curriculum) to promote parent/child interaction.
4. Assists the family in establishing a medical home and keeping immunization and well-baby appointments.
5. Documents every home visit in a timely manner adhering to policies and HFA standards.
6. Conducts developmental screenings for all assigned children; and other assessments as required (training provided).

7. Performs related duties as required.
8. Attends all mandatory meetings and training as assigned.
9. Abides by all program policies and procedures, HFA and State requirements.
10. Provides outreach activities to engage or re-engage families. Assists families in locating, accessing, and utilizing existing community services and resources.
11. Attends weekly reflective supervision sessions with supervisor and is prepared with questions related to delivering the best services to families.
12. Submits all necessary forms to Supervisor required by partners, funders, and *Healthy Families America* (HFA).
13. Completes all necessary confidentiality and family rights paperwork upon family enrollment. Maintaining and promoting a sense of teamwork. Representing the *Healthy Babies* Program in a positive, professional manner at all times.
14. Works collaboratively with coworkers and Supervisor during family assignments.
15. Maintains client confidentiality.
16. Adheres to and maintains professional boundaries.
17. Performs related duties as assigned and requested to meet the needs of the program and team. Drives to Home Visits, Meetings, Trainings, and other locations as needed to perform required job duties.

**Additional Qualifications:**

Knowledge of word processing and Microsoft products; ability to compile data for written and oral reports; ability to give small presentations representing the agency and the program in community meetings. Some experience in assessment process and scoring, recording of information, conducting interviews, problem solving skills and techniques, handling crisis intervention matters, and using proper referral procedures. Ability to establish rapport easily, outgoing, friendly and non-judgmental, user of active listening skills.

**Conditions of Employment:**

Employee must submit and pass a DOJ and FBI fingerprint clearance. Employee must allow access to DMV record through the Pull Notice Program. Employee must be able to legally drive a motor vehicle, have a currently registered car, a valid driver's license and proof of valid automobile insurance. Ability to operate standard office equipment; ability to lift 25 pounds, bend, move and sit on the floor to interact with infants and children as needed.

This position is dependent on continued funding.

Child Advocates of Nevada County is Equal Opportunity Employer

Signature page for full-time Home Visitor position.

This job description provided above for the position of Home Visitor is read and understood by the following signees. The employee signature below indicates acceptance and agreement to adhere to the duties presented in this job description.

_____	_____
<b>Print Name of Employee</b>	<b>Date</b>

_____	_____
<b>Signature of Employee</b>	<b>Date</b>

_____	_____
<b>Print Name of Supervisor</b>	<b>Date</b>

_____	_____
<b>Signature of Supervisor</b>	<b>Date</b>

**CHILD ADVOCATES OF NEVADA COUNTY**  
**Duty Statement – Administrative and Reporting Assistant (Budget Line 13)**

**Program:**                    **Healthy Babies (HB) Program**

**Title/Classification:**            **Administrative and Reporting Assistant**

**Brief Description:**

The position reports to the Program Manager (PM) in Healthy Babies (HB) and includes providing administrative and clerical services to ensure effective and efficient operations of the CHVP home visiting program. Additionally, this position runs reports for the HB program and may assist the agency with events and as needed. The Admin assistant is trained in HFA's Family Resource Specialist. She handles initial client contact in English and schedules/conducts FROGS with families.

**Compensation:** This position pays \$23.50/hr. Hours were determined as 34 per week, (68 per pay period) and may increase up to Full time as additional hours become available in the budget. This is a nonexempt position.

**Duties: This position will be in the office 3 days a week.**

- Maintain Healthy Babies office space for organization and CVHP communities.
- Pick up referrals from community partners weekly and drop off Contact forms.
  - Call names on referrals of those seeking services within 3 business days.
  - Document in ETO and spreadsheet the screening info and call attempts.
  - Place assessment dates on calendars for those to be "FROGGED."
  - Attend community tabling events- may include set up/take down.
    - Track supplies (tables, equipment, banners, marketing materials- order as necessary with PM approval.)
  - Monitor baby bag supply to drop off at clinics/hospitals.
    - Keep track of items for baby bags, order/fill as necessary with PM approval.
- Data entry into ETO system of assessments and related intake logs, including tracking training.
- Track donations, write thank you notes as necessary, and report on donations provided to families.
- Answer the phone, the door, and relay messages.
- Communicate with the Property Management Company regarding any facility space issues such as, changing light bulbs, changing air filters, parking the van, concerns, etc.

- Order supplies and forms as directed by the PM. Receive deliveries. Be available for shred pick-up and vendor services, such as, the copier.
- Run reports for the HB program from the ETO system as requested. Assist with monthly/quarterly, and annual reporting.
- Maintain all spreadsheets: Gift cards, events, equipment, program staff contacts, evaluations, etc.
- Attend events for promotion and networking.
- Social media proficiency for page updates and posts.
- Contact all Program referrals in English to the Nevada County HB programs, provide resources and referrals, offer/complete FROG assessments, connect Parents who wish to enroll with Home Visitors.
- Drive to meetings, trainings, events and other locations as required to fulfill job responsibilities.

### **Qualifications, Requirements, and Expectations:**

- High School diploma or equivalent
- Experience with reports, running reports, working with data
- Knowledge of Microsoft products is essential: Outlook, Word, Excel
- Ability to give full attention to requests, look for ways to help others, follow directions and instructions, and ask questions as needed to complete tasks
- Ability to shift or pivot to new tasks or a new direction on a task as needed
- Keep files and program participant information confidential, never sharing information outside of the program or agency.

### **Conditions of Employment:**

Employee must submit and pass a DOJ and FBI fingerprint clearance. Employee must submit a D.M.V. driving record report. Employee must have a cell phone, a car, a valid driver's license, and proof of automobile insurance.

Position is dependent upon continued funding.

Child Advocates of Nevada County is Equal Opportunity Employer

This job description provided above for the position of Administrative and Reporting Assistant is read and understood by the following signees. The employee signature below indicates acceptance and agreement to adhere to the duties presented in this job description.

**Print Name of Employee**

**Date**

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**Signature of Employee**

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**Date**

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**Print Name of Supervisor**

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**Date**

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**Signature of Supervisor**

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**Date**



## **CHILD ADVOCATES OF NEVADA COUNTY**

### **Duty Statement – Executive Director (Budget Line 14)**

<b>Title:</b>	<b>Executive Director</b>
<b>Reports to:</b>	<b>Board of Directors</b>
<b>Employment Status:</b>	<b>Fulltime, exempt</b>
<b>Hours:</b>	<b>40 hours per week, some weekend and evenings</b>
<b>Salary:</b>	<b>TBD – based on experience</b>
<b>Benefits:</b>	<b>Vacation, Holiday, and Sick Leave</b>

#### **SUMMARY**

Child Advocates of Nevada County (CANC) is a nonprofit dedicated to its vision that all children in Nevada County grow up in a safe, nurturing, and healthy family and community. CANC operates several programs, including advocacy for abused and neglected children (Court Appointed Special Advocates – CASA), family support services for new parents to prevent abuse (Foothills and Truckee Healthy Babies) and school-based personal safety and anti-bullying curriculum to empower children to stay safe (Child Safety Puppeteers).

As CANC's leader, the Executive Director (ED) has the primary responsibility for program development and insuring a high level of service so that the Agency can execute its mission to help Nevada County's children grow up free from abuse and neglect. The ED encourages visibility of Child Advocates in the community by promoting regular outreach activities outlined in the Development Plan. The ED is responsible for understanding community needs, program and grant requirements and other organizational and administrative issues. The ED is responsible for planning and implementing marketing and development plan. Effective communication skills are required and this position supervises program managers and coordinators, office bookkeeping, administrative and fundraising staff. Candidate will have 3-5 years of senior level experience and must be able to work occasional evenings/weekends

#### **KEY RESPONSIBILITIES**

Promote the overall vision, direction, health, and growth of the organization

Provide overall executive leadership.

Coordinates and represents the organization to the BOD

Ensure that board policies and goals are being implemented

Non-voting member of the Board and Executive Committee,

Oversight of public contracts, grants, fundraising and planning.

Develop positive relations with all stakeholders:

Nevada County Superior Court, National CASA, Cal CASA, Social Services, Public Health, State

Department of Health, Behavioral Health, schools, Board members, volunteers, donors, vendors, partners, staff and community.

Provides oversight of accounting, bookkeeping and payroll administration.

Develop and implement comprehensive fundraising and marketing plan.

#### **EDUCATION, EXPERIENCE AND CERTIFICATIONS**

Required Skills & Qualifications: Demonstrated professional, leadership and administrative skills. Nonprofit management experience. Demonstrated ability in fund raising.

Highly desirable for ED: Familiarity with the mission and work of Court Appointed Special Advocates and child abuse prevention programs and the child welfare system. Successful experience building a network of supporters. Successful experience collaborating with community leaders, businesses, board members-and governmental agencies. Undergraduate degree and 3-5 years senior level experience.

Required: Criminal justice fingerprint clearance required prior to commencing employment. Valid driver's license and auto insurance coverage.

## **CHILD ADVOCATES OF NEVADA COUNTY**

### **Duty Statement – Bookkeeper (Budget line #15)**

**Job Title:** Full Charge Bookkeeper and Human Resource Administrator  
**Reports to:** Executive Director  
**Hours:** 25-30 hours/week – duties to be performed in the office  
**Salary:** \$30 per hour non-exempt

**Position summary:** The Bookkeeper and Human Resource Manager is responsible for accurately maintaining on a timely basis all accounting procedures and record keeping including payroll and payroll taxes, invoicing, payables, and budgeting reports for Child Advocates. The Bookkeeper also maintains and updates the cash flow statement, personnel records including background checks, insurance, and DMV records.

The Bookkeeper supports the Executive Director's and Treasurer's oversight of the financial operations of the agency. The Bookkeeper is responsible for the smooth coordination of fiscal reporting, invoicing, and coding of purchases and maintains record keeping for contracts.

This position requires the ability to deliver complex reports and invoicing in a timely manner, communicate effectively, and be highly organized. Coordination with program managers and the treasurer is required. Computer literacy in Word, Excel, Outlook, and Quick Books and maintaining confidentiality regarding financial and personnel issues is required. Some of the duties are described below:

#### **Fiscal Operations**

- Understands and uses the fiscal and administrative manual and suggests recommended revisions as appropriate.
- Analyzes financial reports including cash flow forecasts and budget-to-actual reports for use by the executive director and treasurer. Advises Executive Director immediately of any projected variances that cannot be resolved with program managers or funders.
- Provides timely and accurate Quick Books and other reports on a monthly basis and as requested.
- Researches and provides information for the annual budget to the Executive Director.
- Assists Executive Director with annual agency financial audit; or programmatic audits if requested by Program Manager and Executive Director.

#### **Audit Preparation and Record Keeping**

- Work closely with Executive Director and Treasurer in preparation for the audit, submit all necessary information
- Meet with auditor and Executive Director, Finance Committee and Treasurer as needed.
- Coordinate and receive satisfactory audits from funding sources.

#### **Invoicing and Grants Administration**

- Determine contracted billing terms, including deliverables and coordinate with program managers to accurately report on schedule.
- Create and maintain contract abstract and calendar so invoicing and deliverables meet all contracted reporting requirements and deadlines.
- Ensures that invoicing is timely and formatted in accordance with contract terms and agency policy.
- Attend monthly program manager meetings and remind program managers of their reporting obligations.
- Maintain and match credit card receipts to monthly invoicing.
- Oversees proper coding of expenditures.
- Understand and use contracted terms for agency's budgeted allocations, grant billing.
- Maintain folders containing invoice filing, backup, and copies of checks received. Create digital filing as needed.

#### **Bookkeeping – Accounts Receivable and Accounts Payable**

- Using Quick Books software, perform all accounts payable and receivable in a timely manner.
- Using agency budget, properly code all expenses and income and send to executive director or designee for approval.
- Track, pay, and file all bills and print checks for all accounts payable in a timely manner.
- In coordination with other staff, record and process all deposits in keeping with CANC accounts receivable procedures to properly separate duties to ensure integrity of agency funds.
- Prepare monthly Quick Books reports: such as current month profit & loss, year to date profit & loss, balance sheet, and budget-to-actual by the 10<sup>th</sup> working day of the month.
- Reconcile monthly bank statements by the 5<sup>th</sup> working day of the month. Prepare Cashflow Report and supporting documents by the 10<sup>th</sup> working day of the month.

- Reconcile credit card statements.

### **Budgeting**

- Actively participate in Monthly Program Manager meetings to discuss the status of budget, grants management, and invoicing. Utilize agency and program budgets for coding of expenses and deposits and creating cashflow projections. Actively seek clarification from appropriate source of ambiguous, unresolved, or conflicting budget and financial information.

### **Payroll**

- Assure time sheets are ready for signature by Executive Director and processing by payroll deadline. Scan and digitally file timesheets and maintain permanent paper file record.
- Enter payroll into QuickBooks by deadline.
- Maintain payroll information to insure correctness, update Quick Books as needed.
- Maintain records of anniversary date, vacation, sick-leave and personal days taken/accrued by each employee. Distribute to employees on monthly basis.
- Properly process payroll taxes and Worker's Comp insurance.
- Properly maintain records of employee deferrals and forward to administrative agency in time limit described by law
- Prepare and file quarterly and annual tax returns in a timely manner
- Prepare and file annual W-2s

### **Administrative Duties:**

- Participate in agency office meetings as requested.

### **Minimum Employment Qualifications:**

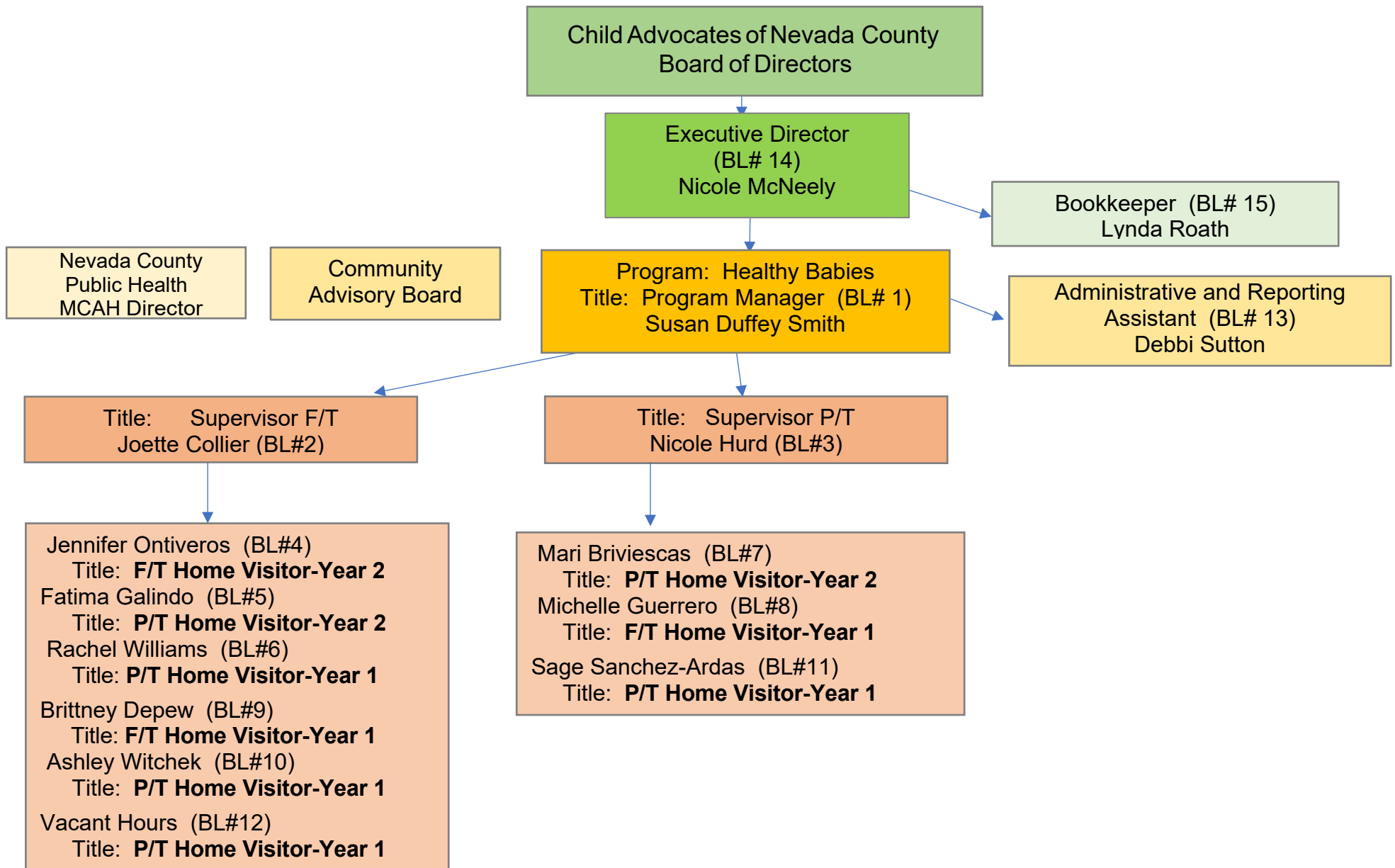
Must be a high school graduate, BA in business is preferred, and have at least 7 years of bookkeeping experience, and at least 5 years of experience with payroll, and have the ability to communicate effectively. Must have at least 2 years of experience invoicing governmental grants or other invoicing experience.

Ability to create and maintain an organized system of backup for all transactions, including but not limited to a traditional filing system, and a computerized filing system consisting of scanned documents and coordination of the two systems, use basic mathematics, create spreadsheets in Excel, analyze budget performance, and reconcile accounts. Expert use of Quick Books and Excel is required as well as expertise in grant billing, payroll, and accrual accounting necessary. Must have the ability to work in a fast-paced environment and maintain accuracy. Experience and familiarity with Microsoft Office (Word and Outlook) required. Ability to seek clarification and actively question conflicting or ambiguous information from appropriate source. Ability to operate standard office equipment; ability to lift 25 pounds; ability to legally drive a motor vehicle.

### **Conditions of Employment:**

Employee must submit and pass a DOJ and FBI fingerprint clearance. Employee must allow access to DMV record through the Pull Notice Program. Employee must have a car, a valid driver license and proof of valid automobile insurance. Position is dependent on continued funding.

**CHILD ADVOCATES OF NEVADA COUNTY**  
**Healthy Babies**  
**Organizational Chart 2024-2025**



**California Home Visiting Program**  
**Maternal, Infant, and Early Childhood Home Visiting (MIECHV)**  
**Scope of Work**  
**July 1, 2024- June 30, 2025**

The purpose of this Scope of Work (SOW) is to provide guidance and outline requirements for implementing early childhood home visiting services in the California Department of Public Health/California Home Visiting Program (CDPH/CHVP) funded by the federal Maternal, Infant, and Early Childhood Home Visiting (MIECHV) grant. CDPH/CHVP MIECHV-funded local health jurisdictions (LHJs) are approved to implement Healthy Families America (HFA) and/or Nurse Family Partnership (NFP) evidence-based home visiting programs in accordance with federal MIECHV and State requirements to achieve positive outcomes. The SOW includes the following goals:

1. Provide leadership and structure to implement California Home Visiting Program (CHVP) in funded LHJs.
2. Integrate the home visiting program into the local early childhood system.
3. Monitor federal benchmark measures to demonstrate improvement in maternal and early childhood health.

**Goals, Objectives, Activities and Deliverables for July 1, 2024 – June 30, 2025**

Goal 1: Provide leadership and structure to implement CHVP in the LHJ.			
#	Objective	Activities	Deliverables
1.1	<p>MCAH Director or designee will provide effective leadership and oversight of CHVP.</p> <p><b>NOTE:</b> The MCAH Director is required to devote a minimum of 0.05 FTE and a maximum of 0.15 FTE to CHVP oversight, fostering partnerships and collaboration within the LHJ, and directing the local CHVP Community Advisory Board (CAB).</p>	<p>(a) Provide leadership and oversight on all matters related to the development, implementation, operation, administration, evaluation, and reporting of all CHVP-funded home visiting programs following CDPH/CHVP Policies and Procedures (P&amp;P).</p> <p>(b) Attend quarterly CHVP Director calls.</p>	<p>Submission of:</p> <ul style="list-style-type: none"><li>• Status Reports</li><li>• CAB Meeting Materials</li><li>• Staffing Reports</li></ul> <p>Participation in:</p> <ul style="list-style-type: none"><li>• Quarterly CHVP Director calls</li><li>• Virtual and/or in-person site visits every two years</li></ul>

**California Home Visiting Program**  
**Maternal, Infant, and Early Childhood Home Visiting (MIECHV)**  
**Scope of Work**  
**July 1, 2024- June 30, 2025**

	<p>The FTE percentage allocated to the CHVP Director shall not be included in the MCAH budget. This approach ensures compliance with the MCAH Director FTE limits specified in the local MCAH program policies and procedures. If an MCAH Director cannot meet the requirements of the CHVP SOWs, they can identify a designee, as outlined in the Local MCAH Program P&amp;P. In this situation, the designee, who may be identified as an MCAH Coordinator or other position, can act as the responsible party for CHVP, and should be designated as such on the CHVP budget justification.</p>	<p>(c) Participate in ongoing community advisory board (CAB) meetings, other local community groups, site visits, meetings, and conferences as directed.</p>	<p><b>NOTE:</b> If an LHJ establishes a subcontractor (subK) to deliver home visiting services, an LHJ representative (the CHVP Director when possible and appropriate) must be present during all technical assistance (TA) calls, virtual or in-person visits, and be involved in all programmatic, data, contract, and fiscal communications with CDPH/CHVP. This requirement ensures that the LHJ maintains oversight and direct involvement in all aspects of the contracted services, guaranteeing alignment with CDPH/CHVP standards and expectations. Additionally, no more than 10% of the allocation can be spent on administrative oversight of a SubK.</p>
1.2	<p>LHJ leadership and home visitors will implement home visiting services utilizing culturally responsive practices to ensure that all interactions, interventions, and</p>	<p>(a) Review the MCAH Title V Needs Assessment to determine the community's equity needs.</p>	<p>Submission of:</p> <ul style="list-style-type: none"><li>• Status Reports</li><li>• Staff Training Logs</li></ul>

**California Home Visiting Program**  
**Maternal, Infant, and Early Childhood Home Visiting (MIECHV)**  
**Scope of Work**  
**July 1, 2024- June 30, 2025**

	service deliveries effectively meet the diverse needs of the communities served, employing a cultural humility approach.	<p>(b) Participate in opportunities designed to enhance cultural sensitivity through webinars, trainings, and/or conferences.</p> <p>(c) Provide culturally responsive services that address the identified cultural needs of families (e.g. literacy levels, disabilities, military families, grandparents, tradition, etc.).</p> <p>(d) Provide documents in the family’s preferred language, when feasible. Documents should be written in no more than an eighth-grade reading level and use plain language.</p> <p>(e) Recruit and hire staff that reflect the community served and/or speak the language of program participants, when possible.</p> <p>(f) As needed, develop and document adaptations that are developmentally, culturally, and linguistically responsive to families, upon approval from model developer and CDPH/CHVP.</p>	<ul style="list-style-type: none"><li>• Staffing Reports</li></ul>
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**California Home Visiting Program**  
**Maternal, Infant, and Early Childhood Home Visiting (MIECHV)**  
**Scope of Work**  
**July 1, 2024- June 30, 2025**

1.3	LHJ Leadership will hire, train, and retain staff to comply with selected home visiting model requirements and CDPH/CHVP Policies & Procedures (P&Ps).	<p>(a) Participate in model required trainings related to screening tools, health assessments, reflective supervision, data collection tools, and software.</p> <p>(b) Participate in CHVP site visits every two years.</p> <p>(c) Maintain full staffing capacity to serve families in the home visiting program and adhere to model requirements.</p> <p>(d) All staff will sign a Confidentiality Agreement at the time of hire and annually thereafter.</p>	<p>Submission of:</p> <ul style="list-style-type: none"><li>• Status Reports</li><li>• Training Logs</li><li>• Training Plans</li><li>• Staffing Reports</li><li>• Confirmation of signed Confidentiality Agreement for each staff member</li></ul>
1.4	LHJ leadership will ensure the program reaches and maintains contracted Caseload Capacity (CC).	<p>(a) Develop and sustain relationships with appropriate agencies to obtain home visiting participant referrals.</p> <p>(b) Develop a referral triage process for incoming home visiting participants to ensure families are connected with the program that best meets their needs.</p>	<p>Submission of:</p> <ul style="list-style-type: none"><li>• Status Report</li><li>• Outreach activity logs</li><li>• Referral triage plans outlining referral process (flow chart, logic model, narrative, etc.).</li><li>• Confirmation of signed Participant Consent Form for each enrolled participant.</li><li>• Complete and timely caseload data.</li></ul>



**California Home Visiting Program**  
**Maternal, Infant, and Early Childhood Home Visiting (MIECHV)**  
**Scope of Work**  
 July 1, 2024- June 30, 2025

		<p>(c) Ensure newly enrolled participants receive informed consent and sign a CHVP Participant Consent Form.</p> <p><b>NOTE:</b> Any LHJ that falls below 85% of the CC for three (3) consecutive months may be required to participate in an Extra Support Plan.</p>	
1.5	MCAH Director or Designee will provide oversight and leadership to ensure selected home visiting model fidelity and quality assurance.	(a) Implement model requirements in accordance with the selected model(s) fidelity standards.	<p>Submission of:</p> <ul style="list-style-type: none"> <li>Selected home visiting model(s) certificate of fidelity, accreditation or fidelity report, or similar document demonstrating good standing and model fidelity.</li> </ul>
1.6	LHJ Leadership will develop and implement home visiting Policies and Procedures (P&P).	<p>(a) Conduct an annual review of LHJs P&amp;Ps related to home visiting and update as needed.</p> <p>(b) Conduct an annual review of CDPH/CHVP P&amp;Ps.</p> <p>(c) Conduct an annual review of, and ensure compliance with, the MCAH Fiscal Administration P&amp;P Manual.</p>	<p>Submission of:</p> <ul style="list-style-type: none"> <li>Status Report</li> <li>Confirmation of review of local and CDPH/CHVP P&amp;Ps</li> </ul>

**California Home Visiting Program**  
**Maternal, Infant, and Early Childhood Home Visiting (MIECHV)**  
**Scope of Work**  
July 1, 2024- June 30, 2025

		(d) Conduct an annual review of, and ensure compliance with, the Local MCAH Programs P&Ps.	
1.7	LHJ leadership will conduct CQI projects and activities to support program implementation and improvement goals.	<p>(a) Participate in quality improvement activities as directed by CDPH/CHVP.</p> <p>(b) Utilize the CAB to inform and address quality improvement projects and decisions.</p> <p>(c) Utilize data to inform and improve program activities.</p>	<p>Submission of:</p> <ul style="list-style-type: none"><li>• Status Report</li><li>• CAB Meeting materials</li><li>• CQI plans, data, and other requested information</li></ul> <p>Participation in:</p> <ul style="list-style-type: none"><li>• Technical Assistance (TA) meetings</li><li>• CQI meetings</li><li>• Learning Collaborative Presentations</li></ul>

**California Home Visiting Program**  
**Maternal, Infant, and Early Childhood Home Visiting (MIECHV)**  
**Scope of Work**  
July 1, 2024- June 30, 2025

Goal 2: Integrate CHVP into the local early childhood system.			
#	Objective	Activities	Deliverables
2.1	MCAH Director or designee will collaborate with local early childhood system partners to ensure a continuum of services for families.	(a) Maintain a CAB that includes local early childhood system partners and meets at least quarterly to establish appropriate linkages to referral and service systems.  (b) Meet and work with other local early childhood system and community partners to coordinate services to families.	Submission of: <ul style="list-style-type: none"><li>• Status Report</li><li>• CAB Meeting materials</li><li>• MOUs and/or informal agreements</li></ul>
2.2	MCAH Director or designee will pursue, develop, and maintain relationships with local service agencies and referral resources to facilitate participant recruitment.	(a) Develop Memoranda of Understanding (MOUs) and/or informal written agreements (e.g., letters of support) with community agencies and service providers.	Submission of: <ul style="list-style-type: none"><li>• Status Report</li><li>• MOUs and/or informal written agreements</li><li>• Outreach logs</li></ul>

**California Home Visiting Program**  
**Maternal, Infant, and Early Childhood Home Visiting (MIECHV)**  
**Scope of Work**  
 July 1, 2024- June 30, 2025

Goal 3: Monitor federal benchmark measures to show improvement in maternal and childhood health.			
#	Objective	Activities	Deliverables
3.1	LHJ leadership, home visitors, and data support staff will collect and submit all information required for HRSA/MIECHV reporting.	(a) Complete all model-issued forms and assessment tools as defined by CDPH/CHVP and model-issued data collection manual(s).  (b) Collect and enter federally required priority population data for all participants into the designated data system.	Submission of data for the following federal reports: <ul style="list-style-type: none"> <li>• Demographic, serviced Utilization, and Select Clinical Indicators (Form 1)</li> <li>• Performance Indicators and Systems Outcomes (Form 2)</li> <li>• Quarterly Performance Report (Form 4)</li> </ul> For NFP: Submission of Priority Population Survey on Status Reports.
3.2	LHJ leadership, home visitors, and data support staff will maintain clean and compliant data.	(a) Accurately collect and submit participant data using selected home visiting model and CHVP-required documents.  (b) Ensure accuracy and completeness of data input into designated data systems using data quality reports and monitoring.	<ul style="list-style-type: none"> <li>• Demonstrated compliance with data related policies and program quality measures.</li> <li>• Evidence of data cleaning on a monthly or quarterly basis using the CDPH/CHVP data cleaning schedule.</li> </ul>

**California Home Visiting Program**  
**Maternal, Infant, and Early Childhood Home Visiting (MIECHV)**  
**Scope of Work**  
**July 1, 2024- June 30, 2025**

		<p>(c) NFP LHJs will coordinate data system requirements with the NFP National Service Office.</p> <p>(d) HFA LHJs will coordinate with the CHVP Data Team to establish buildout/modification in Efforts to Outcomes (ETO) data system and will comply with all CHVP HFA Data Collection Manual requirements.</p> <p>(e) Collect and enter participant data into designated data systems within seven working days, or as required by the selected home visiting model.</p> <p>(f) Provide and/or coordinate with data collection system owners to provide monthly enrollment and other requested reports to CDPH/CHVP as needed.</p>	<ul style="list-style-type: none"><li>• Evidence of signed Participant Consent form for each family, as requested.</li></ul>
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**California Home Visiting Program**  
**Maternal, Infant, and Early Childhood Home Visiting (MIECHV)**  
**Scope of Work**  
 July 1, 2024- June 30, 2025

<b>All reports and documentation must be submitted via SharePoint, unless otherwise directed by CHVP.</b>		
All	Staffing Report	January 15, April 15, July 15, October 15
All	Status Report <ul style="list-style-type: none"> <li>• CAB Roster, Minutes, and Agendas</li> <li>• MOUs or informal agreements with community agencies and service providers</li> <li>• Outreach logs</li> <li>• Training plans and logs</li> <li>• Policies and Procedures</li> <li>• Referral Triage Plan</li> <li>• Confirmation of signed Participant Consent Forms</li> <li>• Confirmation of signed confidentiality agreements for all direct staff</li> <li>• Model Developer agreement, accreditation, and affiliation documentation</li> </ul>	April 15 and/or October 15
Nurse-Family Partnership	Priority Population Survey	April 15 and October 15
All	CQI plans, data, and information	Upon Request
All	Technical Assistance calls/meetings	Quarterly (TBD)
All	Site Visit	Biennially (TBD)

**California Home Visiting Program**  
**Maternal, Infant, and Early Childhood Home Visiting (MIECHV)**  
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**NOTE:** If compliance standards are not met in a timely manner, CDPH/CHVP may temporarily withhold cash payment pending correction of the deficiency; disallowing all or part of the cost of the activity or action out of compliance; wholly or partly suspending or terminating the award; or withholding further awards.

**APPROVED**

*By Jessica Ferrer at 8:03 am, Jun 25, 2024*

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MCAH Director Name

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MCAH Director Signature

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Date



TOMÁS J. ARAGÓN, M.D., Dr.P.H  
Director and State Public Health Officer

# State of California—Health and Human Services Agency California Department of Public Health



GAVIN NEWSOM  
Governor

## Attestation of Compliance with the Requirements for Enhanced Title XIX Federal Financial Participation (FFP) Rate Reimbursement for Skilled Professional Medical Personnel (SPMP) and their Direct Clerical Support Staff

In compliance with the Social Security Act (SSA) section 1903(a)(2), Title 42 Code of Federal Regulations (CFR) part 432.2 and 432.50, and the Federal and State guidelines provided,

Nevada County Public Health Department

has determined that the list of individuals in the attached Exhibit A are eligible for the enhanced SPMP reimbursement rate, for the State Fiscal Year 2024/2025, based on our review of all the criteria below:

- ☒ Professional Education and Training
- ☒ Job Classification
- ☒ Job Duties /Duty Statement
- ☒ Specific Tasks (if only a portion will be claimed as SPMP enhanced functions)
- ☒ Organizational Chart
- ☒ Accurate, complete, and signed SPMP Questionnaire
- ☒ Active California License/Certification

The undersigned hereby attests that he/she:

- Has personally reviewed the criteria above and its supporting documentation, and determined that the individuals meet the federal requirements for the enhanced SPMP reimbursement rate.
- Will maintain all the aforementioned records and supporting documentation for audit purposes for a minimum of 3 years.
- Certifies that SPMP expenditures are from eligible non-federal sources and are in accordance with 42 CFR Section 433.51
- Understands that if SPMP requirements are not met, the agency will be financially responsible for repaying the costs to the California Department of Public Health (CDPH).
- Understands that CDPH may request additional information to substantiate the SPMP claims and such information must be provided in a timely manner.

Nevada County Public Health Department  
*Agency Name/Local Health Jurisdiction*

Kathy Cahill, Director of Public Health  
*Name and Title*

Kathy Cahill Digitally signed by Kathy Cahill  
Date: 2024.06.26 09:09:40  
-07'00'  
*Signature*

6/26/24  
*Date*

CDPH Maternal, Child and Adolescent Health Division/Center for Family Health  
MS 8300 • P.O. Box 997420 • Sacramento, CA 95899-7420  
(916) 650-0300 • (916) 650-0305 FAX  
[Department Website](http://www.cdph.ca.gov) ([www.cdph.ca.gov](http://www.cdph.ca.gov))





**SPMP ATTESTATION  
Exhibit A**

#	Agency Employee	Classification/Position	Professional Education/Training	Type of License	Active CA License No./ Certification No.
1	Charlene Weiss-Wenzl	Director of Public Health Nursing	BSN, RN, PHN	RN and PHN	RN 836556 PHN 86138
2	Jessica Ferrer	MCAH Director	BSN, RN, Sr. PHN	RN and PHN	RN 818771 PHN 85449
3	Jeana McHugh	MCAH Coordinator	BSN, RN, PHN	RN and PHN	RN 95186923 PHN 567212
4	Alison O'Connor	Public Health Nurse	RN, PHN	RN and PHN	RN 584575 PHN 63951
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#	Agency Employee	Classification/Position	Professional Education/Training	Type of License	Active CA License No./ Certification No.
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