MEMORANDUM OF AGREEMENT
Child Abuse Prevention Intervention and Treatment Counseling
FY 2018-2019

Sutter County Health and Human Services Dept. Casa de Esperanza, Inc.
Children’s Services Branch P.O. Box 56
1965 Live Oak Blvd., Suite A Yuba City, CA 95992-0056
Yuba City, CA 95991

This Agreement is entered into by the Department of Health and Human Services and Casa de Esperanza to provide services in accordance with the provisions of this Agreement. This Agreement consists of this sheet as well as the following:

I. Responsibilities – Casa de Esperanza
II. Reimbursement for Services
III. Fiscal Documentation and Audit
IV. Construction
V. Severability
VI. Nondiscrimination
VII. Indemnification
VIII. Insurance
IX. Status of CASA
X. Assignment
XI. Termination
Exhibit A – Scope of Work
Exhibit B – Budget
Exhibit C – Vendor Assurance of Compliance
Attachment 1 – Client Service Goals and Outcomes Summary (SU 150)

2. Budget Allotment
CAPIT - $67,883

3. Term
This Agreement covers from July 1, 2018 to June 30, 2019

4. Modification (If Applicable)
This action _____ increases _____ decreases _____ does not change the obligation for this Agreement by (this action) $____ to (new level) $______.

The purpose of this modification is:
MEMORANDUM OF AGREEMENT

Child Abuse Prevention Intervention and Treatment
Counseling
FY 2018-2019

This Memorandum of Agreement (MOA) is made and entered into by and between Casa de Esperanza, Inc. (hereinafter called “CASA”) and the Sutter County Health and Human Services Department (hereinafter called “HHSD”).

In consideration of the covenants, conditions and stipulations hereinafter expressed, and in consideration of the mutual benefits to be derived, CASA and HHSD hereto agree as follows:

I. RESPONSIBILITIES - CASA:

A. Provide services as specified in the Scope of Work outlined in “Exhibit A”. The Scope of Work is incorporated herein as though fully set forth, and the quality, nature and extent of the activities described therein are material inducement upon which Sutter County Board of Supervisors relied in determining to allocate funds to CASA and constitute a substantial portion of the consideration of this MOA. Any change in the method or mode of the conduct or operation of the Scope of Work may not be made without prior written approval of HHSD.

B. Use funds related to this MOA to serve only Sutter County residents.

C. Reporting: CASA shall provide the following information to HHSD:

1. Monthly Reports: Provide monthly reports to HHSD specifying the person(s) who provided the services and the number of families who were served during the reporting period.

2. Year-End Reports:

   a) Provide a written year-end report for the 2018-2019 fiscal year by August 1, 2019. The report shall include a narrative report which outlines the accomplishment of the stated goals and objectives. The final report shall also include demographic information (submitted on form SU 150) in order to meet the requirements of the State. (Copy of SU 150 attached as Attachment 1.)

   b) Attend the June 2019 Sutter County Domestic Violence/Child Abuse Prevention Council meeting to present a report of the services provided and outcomes achieved with these funds. The report shall include a verbal presentation and a written statistical report indicating the number of clients served during the period of this MOA.
D. **Client Satisfaction**: Provide a system through which recipients of services shall have the opportunity to express and have considered their views, suggestions, grievances, and complaints regarding delivery of services.

E. Assure that priority for services is given to children who are at high risk, including but not limited to those who are being served by HHSD for being abused or neglected and other children who are referred for services by legal, medical, or social service agencies.

F. Assure that services are culturally and linguistically appropriate to the population in the program.

G. Assure that geographic equity as well as service to minority populations is reflected in the program.

H. CASA shall prohibit the knowing employment in any capacity, paid or volunteer, of any person arrested (for which the person is released on bail or on his/her own recognizance pending trial) or convicted of any sex crimes, drug crimes, or crimes of violence.

I. Report all known or suspected instances of child abuse or neglect to Sutter County Child Protective Services and have all employees, consultants, subcontractors or agents sign a statement that he/she knows of the reporting requirements as defined in Penal Code Section 11166(a).

J. Maintain confidentiality of information and records pertaining to individuals pursuant to Welfare and Institutions Code, Section 10850 and CDSS Manual of Policies and Procedure, Division 19 regulations.

K. Allow persons who serve on a multi-disciplinary team to disclose to one another information which is relevant to the services provided to any person(s) under the terms of this MOA.

L. Agree to submit to all applicable provisions of State and Federal regulation and to all provisions of the grant contract between Sutter County and the State.

M. Agree to not supplant any Federal, State or County funds with any funds made available under this MOA. CASA agrees that it will not use funds received pursuant to this MOA, either directly or indirectly, as a contribution or compensation for purposes of obtaining State or County funds under any State or County programs.

N. CASA will actively recruit and engage community members and consumers of services as participants in planning and implementing this grant.
O. CASA will initiate and maintain contact with existing local Sutter County Domestic Violence/Child Abuse Prevention Council and other public and private agencies responsible for organizing and delivering children’s services in the area serviced by the grantee. Whenever possible, these organizations will be included in planning and implementation of this grant.

P. This MOA is valid and enforceable only if sufficient funds are made available by the Budget Act(s) for the State Fiscal Year applicable to the term of this grant. This MOA is subject to any additional restrictions, limitations, or conditions enacted by the Legislature and contained in the Budget Act(s) or any statute enacted by the Legislature which may affect the provisions, terms or funding, of this MOA in any manner.

II. REIMBURSEMENT FOR SERVICES:

A. The attached Exhibit B, “Budget”, is incorporated herein and made part hereof by this reference. CASA shall be reimbursed only as itemized in said Exhibit B. Payment under this MOA shall not exceed the amount as shown on Exhibit B. CASA shall be reimbursed in arrears for actual expenses for services provided according to the Exhibit B through the invoice process. Invoices will be submitted monthly and must be consistent with Exhibit B. However, CASA may make budget transfers in any individual line item in the Budget (Exhibit B) provided the following conditions are met:

1. Transfers up to 10%, not to exceed the approved budget, shall be allowed without approval of HHSD. CASA shall submit a written description of the transfer to the HHSD Children’s Services Branch Director.

2. Transfers between 11% and 30%, not to exceed the approved budget, shall require approval of the HHSD. CASA shall submit a written request to the HHSD Children’s Services Branch Director.

3. Transfers above 30%, not to exceed the approved budget, shall require approval of the Sutter County Board of Supervisors. CASA shall submit a written request to the HHSD Children’s Services Branch Director. Upon review and, if in agreement, HHSD shall submit the request to the Board of Supervisors for consideration.

4. Written request regarding transfer of funds shall include:

   a) An explanation of the need for any transfer(s) requested and;

   b) Identification of the program components (service category) or line-item in Exhibit B and the amount(s) of each to be adjusted in order to provide for the requested transfer.
B. CASA shall submit an estimated final invoice to HHSD not later than May 31, 2019. A revised final invoice shall be submitted by June 30, 2019.

III. FISCAL DOCUMENTATION AND AUDIT

A. CASA shall maintain books, records, documents, and other evidence of accounting procedures and practices; sufficient to reflect properly all direct and indirect costs of whatever nature claimed to have been incurred in the performance of this MOA, including any matching costs and expenses for a period of three (3) years. All books, records and accounts kept by CASA in connection with the performance of this MOA shall be made available to HHSD personnel upon request.

B. CASA’s records, which shall include but not be limited to accounting records, subcontract files, correspondence, change order files, and any other supporting evidence necessary to substantiate charges relating to this contract (all the foregoing hereinafter referred to as “records”) shall be open to inspection and subject to audit and/or reproduction, during normal working hours, by county’s agent or its authorized representative to the extent necessary to adequately permit evaluation and verification of any invoices, payments, or claims submitted by CASA or any of their payees pursuant to the execution of this MOA. For the purpose of such audits, inspections, examinations, and evaluations, the county’s agent or authorized representative shall have access to said records from the effective date of this contract, for the duration of the work and until three (3) years after the date of final payment by HHSD to CASA pursuant to this MOA.

C. CASA shall be subject to examinations and audits of the State Auditor General for a period of three (3) years after final payment under the MOA (Government Code Section 8546.7).

IV. CONSTRUCTION:

This MOA reflects the contributions of both parties and accordingly the provisions of Civil Code 1654 shall not apply to address and interpret any uncertainty.

V. SEVERABILITY:

If any provision of this MOA is found by any court or other legal authority, or is agreed by the parties, to be in conflict with any code or regulations governing its subject matter, the conflicting provisions shall be considered null and void. If the effect of nullifying any conflicting provisions is such that a material benefit of the MOA to either party is lost, the MOA may be terminated at the option of the affected party. In all other cases, the remainder of the MOA shall continue in full force and effect.
VI. NONDISCRIMINATION:

The CASA agrees that it will comply with Title VI of the Civil Rights Act of 1964 as amended; Section 504 of the Rehabilitation Act of 1793, as amended; the Age Discrimination Act of 1975, as amended; the Food Stamp Act of 1977, as amended, and in particular Section 272.6; Title II of the Americans with Disabilities Act of 1990; California Civil Code, Section 51 et. seq., as amended; California Government Code Section 11135-11139.5, as amended; California Government Code Section 12940 (c), (h) (1), (i) and (j); California Government Code Section 4450; Title 22, California Code of Regulation Section 98000-98413; The Dymally Alatorre Bilingual Services Act; Section 1808 Removal of Barriers to Inter Ethnic Adoption Act of 1996 and other applicable federal and state laws, as well as their implementing regulation (including 45 Code of Federal Regulations (CFR) Parts 80, 84, and 91; 7 CFR Part 15; and 28 CFR Part 35), by ensuring that employment practices and the administration of public assistance and social services programs are nondiscriminatory, to the effect that no person shall because of age, sex, color, disability, national origin, race, marital status, religion or political affiliation be excluded from participation in or be denied the benefits of, or be otherwise subject to discrimination under any program or activity receiving federal or state financial assistance; and gives assurance that it will immediately take any measure necessary to effectuate this agreement.

This assurance is given in consideration of and for the purpose of obtaining any and all federal and state assistance; and CASA hereby gives assurance that administrative methods/procedures which have the effect of subjecting individual to discrimination or defeating the objectives of the California Department of Social Services (CDSS) Manual of Policies and Procedure (MMP) Chapter 21, will be prohibited.

CASA agrees to compile data, maintain records and submit reports as required, to permit effective enforcement of the aforementioned laws, rules and regulations and permit authorized CDSS and/or federal government personnel, during normal working hours, to review such records, books and accounts as needed to ascertain compliance. If there are any violations of this assurance, CDSS shall have the right to invoke fiscal sanction or other legal remedies in accordance with Welfare and Institutions Code Section 10605, or Government Code Section 11135-11139.5, or any other laws, or the issue may be referred to the appropriate federal agency for further compliance action and enforcement.

VII. INDEMNIFICATION:

CASA shall indemnify, defend and hold harmless the State, Sutter County and HHSD, and their officers, agents and employees from and against any and all claims, losses, liabilities, or damages, including attorney’s fees, arising out of or resulting from the performance of this MOA, caused in whole or in part by any negligent act or omission of CASA or anyone directly or indirectly employed by CASA regardless
of whether or not it is caused in part by a party indemnified hereunder. In addition CASA agrees to indemnify, defend and hold harmless the State and County, its officers, agents and employees from and against any and all claims, losses, liabilities, or damages, including attorney fees accruing or resulting to any and all subcontractors, material men, laborers and any other person, firm or corporation furnishing or supplying work, services, materials or supplies in connection with the performance of this MOA, and from any and all claims and losses accruing or resulting to any person, firm or corporation who may be injured or damaged by CASA in the performance of this MOA.

VIII. INSURANCE:

A. CASA shall maintain at its sole cost and expense, and keep in force during the term of this agreement, the following insurance coverages:

Workers’ Compensation Insurance with statutory limits, as required by the laws of the State of California and; Employer’s Liability insurance on an “occurrence” basis with a limit of not less than $1,000,000.

Commercial General Liability Insurance at least as broad as CG 00 01, covering premises and operations and including but not limited to, owners and contractors protective, product and completed operations, personal and advertising injury and contractual liability coverage with a minimum per occurrence limit of $1,000,000 covering bodily injury and property damage; General Aggregate limit of $2,000,000; Products and Completed Operations Aggregate limit of $2,000,000 and Personal & Advertising Injury limit of $2,000,000, written on an occurrence form.

Automobile Liability Insurance at least as broad as CA 00 01 with Code 1 (any auto), covering use of all owned, non-owned, and hired automobiles with a minimum combined single limit of $1,000,000 per occurrence for bodily injury and property damage liability.

Professional Liability Insurance covering liability imposed by law or contract arising out of an error, omission or negligent act in the performance, or lack thereof, of professional services and any physical property damage, bodily injury or death resulting there from, with a limit of not less than $1,000,000 per claim and in the aggregate. The insurance shall include a vicarious liability endorsement to indemnify, defend, and hold harmless Sutter County for claims arising out of covered professional services and shall have an extended reporting period of not less than two years. That policy retroactive date coincides with or precedes CASA’s start of work (including subsequent policies purchased as renewals or replacements).

B. If the policy is terminated for any reason during the term of this Agreement, CASA shall either purchase a replacement policy with a retroactive date coinciding with or preceding the retroactive date of the terminating policy, or shall purchase an
extended reporting provision of at least two years to report claims arising from work performed in connection with this Agreement and a replacement policy with a retroactive date coinciding with or preceding the expiration date of the terminating policy.

C. If this Agreement is terminated or not renewed, CASA shall maintain the policy in effect on the date of termination or non-renewal for a period of not less than two years there from. If that policy is terminated for any reason during the two year period, CASA shall purchase an extended reporting provision at least covering the balance of the two year period to report claims arising from work performed in connection with this Agreement or a replacement policy with a retroactive date coinciding with or preceding the retroactive date of the terminating policy.

D. All policies of insurance shall provide for the following:

   (i) Name State Social Services, Sutter County, members of the Board of Supervisors of Sutter County, its officers, agents and employees, as additional insureds except with respect to Workers’ Compensation and Professional Liability.

   (ii) Be primary and non-contributory with respect to all obligations assumed by CASA pursuant to this Agreement or any other services provided. Any insurance carried by Sutter County shall not contribute to, or be excess of insurance maintained by CASA, nor in any way provide benefit to CASA, its affiliates, officers, directors, employees, subsidiaries, parent company, if any, or agents.

   (iii) Be issued by insurance carriers with a rating of not less than A VII, as rated in the most currently available “Best’s Insurance Guide.”

   (iv) Include a severability of interest clause and cross-liability coverage where Sutter County is an additional insured.

   (v) Provide a waiver of subrogation in favor of HHSD, Sutter County, members of the Board of Supervisors of Sutter County, its officers, agents and employees.

   (vi) Provide defense in addition to limits of liability.

E. Upon execution of this Agreement and each extension of the Term thereafter, CASA shall cause its insurers to issue certificates of insurance evidencing that the coverages and policy endorsements required under this Agreement are maintained in force and that not less than 30 days written notice shall be given to Sutter County prior to any material modification, cancellation, or non-renewal of the policies. Certificates shall expressly confirm at least the following: (i) Sutter County’s additional insured status on the general liability, and auto liability policies; (ii) and the waiver of subrogation applicable to the workers’ compensation and professional liability policies. CASA shall also furnish Sutter County with
endorsements effecting coverage required by this insurance requirements clause. The endorsements are to be signed by a person authorized by the Insurer to bind coverage on its behalf. The certificate of insurance and all required endorsements shall be delivered to:

Paula Kearns, Branch Director  
Department of Health and Human Services  
Children’s Services Branch  
1965 Live Oak Blvd., Suite A  
Yuba City, CA 95991

All endorsements are to be received and approved by the County of Sutter before work commences. However, failure to do so shall not operate as a waiver of these insurance requirements.

Unless otherwise agreed by the parties, CASA shall cause all of its Subcontractors to maintain the insurance coverages specified in this Insurance section and name CASA as an additional insured on all such coverages. Evidence thereof shall be furnished as Sutter County may reasonably request.

The coverage types and limits required pursuant to this Agreement shall in no way limit the liability of CASA.

IX. STATUS OF CASA:

A. No relationship of employer and employee is created by this MOA, it being understood that CASA will act hereunder as an independent CASA and the officers, employees, and agents of CASA shall not have any claim under this MOA against HHSD or County of Sutter for vacation pay, sick leave, retirement benefits, social security, worker’s compensation, disability, unemployment insurance benefits, or employee benefits of any kind. The parties acknowledge and understand that CASA is a separate entity from HHSD and County of Sutter and that the officers, employees, and agents of CASA in the performance of this MOA shall act in an independent capacity and not as officers, employees, or agent of HHSD or the County of Sutter.

B. CASA shall be responsible to pay all required taxes and obligations and benefits of every kind including social security and withholding taxes and unemployment insurance in connection with all services rendered pursuant to this MOA. CASA shall indemnify, defend and hold HHSD and County of Sutter harmless of any and all liability which HHSD or County of Sutter may incur to the federal or state governments as a consequence of this MOA.
C. CASA shall indemnify, defend and hold HHSD and County of Sutter harmless of any and all liability which HHSD or County of Sutter may incur for any state audit exceptions caused by any failure to comply with state grant requirements arising from CASA’s failure to properly perform the duties hereunder.

X. ASSIGNMENT

A. Without prior written consent of HHSD this MOA is not assignable by CASA either in whole or in part.

XI. TERMINATION

A. The performance of work under this MOA may be terminated in whole or part for either of the two (2) following circumstances.

1. Termination for convenience. Either the HHSD or CASA may terminate for convenience. The party terminating will give a written thirty (30) calendar-day notice to the other party.

2. Termination for cause. HHSD may terminate this Agreement in whole or in part when it has been determined that the CASA has substantially violated a specific provision of the Agreement and corrective action has not been taken.

The Notice of Termination will be withdrawn if appropriate corrective action is taken.

B. All notices of termination or modification may be personally delivered or may be delivered by deposit in the United States Postal Service via certified mail, return receipt required, postage prepaid, and shall be deemed to have been given at the time of personal delivery, or the date of deposit of mail. Notices to the HHSD shall be addressed to:

Paula Kears, Branch Director  
Department of Health and Human Services  
Children’s Services Branch  
1965 Live Oak Blvd, Suite A  
Yuba City, CA 95991

Notices to CASA shall be addressed to:

Marsha Krouse-Taylor  
Casa de Esperanza, Inc.  
P.O. Box 56  
Yuba City, CA 95992
CASA DE ESPERANZA

By______________________________

COUNTY OF SUTTER

By______________________________

Mat Conant, Chairman of the Board

By ______________________________

Nancy O’Hara, Director
Health and Human Services Department

ATTEST:
DONNA JOHNSTON, CLERK

By______________________________

Deputy

APPROVED AS TO FORM
SUTTER COUNTY COUNSEL

By______________________________

   11
The GRANTEE shall work toward achieving the following goals and will accomplish the following objectives. This shall be done by performing the specified activities and evaluating the results using the listed methods to focus on process and/or outcome.

<table>
<thead>
<tr>
<th>GOAL NUMBER</th>
<th>SPECIFY</th>
<th>IMPLEMENTATION ACTIVITIES</th>
<th>TIMELINE</th>
<th>METHOD(S) OF EVALUATING PROCESS AND/OR OUTCOME OF OBJECTIVE(S)</th>
</tr>
</thead>
<tbody>
<tr>
<td>ONE</td>
<td></td>
<td>A. As needed throughout the grant term the Executive Director will recruit, hire, and evaluate licensed therapists to directly supervise the Master and/or Bachelor interns and to provide direct services. Position will be 20% fte.</td>
<td>all activities will continue from 7/1/18-6/30/19</td>
<td>Licensed therapists will meet with Exec. Director and interns on a regular basis to discuss program and supervision.</td>
</tr>
<tr>
<td></td>
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<td>B. As needed throughout the grant term the Executive Director will recruit, hire and evaluate the Master and Bachelor interns to provide direct services to children and adults. Master and/or Bachelor level interns will be approximately 1.4 fte</td>
<td></td>
<td>After hiring, staff is evaluated after an initial 68 hours of training, and again at 90 and 180 days by the Executive Director and the licensed therapist. Yearly evaluations occur after the first six months.</td>
</tr>
</tbody>
</table>

Grantee will provide "no cost" counseling for children who are either victims of, witness to, or, at risk of, family violence and/or child abuse and their significant adults.
**SCOPE OF WORK**
**FY 2018-2019**

The GRANTEE shall work toward achieving the following goals and will accomplish the following objectives. This shall be done by performing the specified activities and evaluating the results using the listed methods to focus on process and/or outcome.

<table>
<thead>
<tr>
<th>GOAL NUMBER</th>
<th>MEASURABLE OBJECTIVE(S)</th>
<th>IMPLEMENTATION ACTIVITIES</th>
<th>TIMELINE</th>
<th>METHOD(S) OF EVALUATING PROCESS AND/OR OUTCOME OF OBJECTIVE(S)</th>
</tr>
</thead>
</table>
| TWO         | Grantee will provide "no cost" counseling for children who are either victims of, witness to, or, at risk of, family violence and/or child abuse and their significant adults. | A. Grantee will provide counseling space and supplies.  
B. Licensed Therapists will receive referrals and assign case loads, supervise staff, and provide direct services.  
C. Interns and paid staff will provide direct services to include intake, counseling, education, advocacy, accompaniment resource & referral as needed  
D. Individual counseling will be age, language and culturally appropriate. | all activities will continue from | Licensed Therapists will act as project direct and will review files on a weekly basis.  
Licensed Therapists and Executive Director will meet on a bi-weekly basis to discuss any problems, successes or changes needed in the project.  
Statistics will be gathered and forwarded to the funding source as required. |
<table>
<thead>
<tr>
<th>PERSONNEL POSITION TITLES</th>
<th>PERCENT TIME ON PROJECT</th>
<th>TOTAL GRANTOR SUPPORT (SALARY AND BENEFITS)</th>
<th>GRANTEE MATCH (CAPIT Only)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Licensed Clinical Social Worker (LCSW) or</td>
<td>17% fte</td>
<td>$16,816.00</td>
<td></td>
</tr>
<tr>
<td>Licensed Marriage Family Therapist (LMFT)</td>
<td>17% fte</td>
<td>$16,816.00</td>
<td></td>
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<tr>
<td>Interns (Master or Bachelor level)</td>
<td>1.1% fte</td>
<td>$49,872.00</td>
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</tr>
</tbody>
</table>

(A) Total Salary and Benefits Expenses $66,688.00 (A) $0.00
<table>
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<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
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<tbody>
<tr>
<td><strong>OTHER EXPENSES</strong></td>
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<tr>
<td><strong>SUBCONTRACTS: LIST</strong></td>
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<tr>
<td>(B) TOTAL SUBCONTRACTS EXPENSES</td>
<td>(B)</td>
<td>$0</td>
<td>(B)</td>
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<tr>
<td><strong>OPERATING EXPENSES:</strong></td>
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<tr>
<td>TRAVEL EXPENSES</td>
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<tr>
<td><strong>SPACE RENTAL SQUARE FEET</strong></td>
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<tr>
<td>OTHER OPERATING EXPENSES: (LIST)</td>
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<tr>
<td><strong>TO INCLUDE SPACE AND OVERHEAD EXPENSES</strong></td>
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<tr>
<td>SUCH AS UTILITIES, WATER, SEWER, GARBAGE, ALARM, PHONES, COMPUTERS, OFFICE EXPENSE, MAINTENANCE, ETC</td>
<td></td>
<td>$6,788.00</td>
<td></td>
</tr>
<tr>
<td>Counseling aids (games, books, dvd's, music, players, activity materials, paints, paper, storage for items, and others materials for evaluation and assessment)</td>
<td></td>
<td>$1,195.00</td>
<td></td>
</tr>
<tr>
<td>(C) TOTAL OPERATING EXPENSES</td>
<td>(C)</td>
<td>67,883.00</td>
<td></td>
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<tr>
<td>(D) TOTAL GRANTEE SUPPORT (COLUMN 2, A+B+C)</td>
<td>(D)</td>
<td>67,883.00</td>
<td></td>
</tr>
<tr>
<td>(E) TOTAL GRANTEE MATCH (COLUMN 3, A+B+C)</td>
<td>(E)</td>
<td>$67,883.00</td>
<td></td>
</tr>
<tr>
<td>(F) PERCENTAGE OF GRANTEE MATCH (E/D X 100)</td>
<td>(F)</td>
<td>10.00%</td>
<td></td>
</tr>
</tbody>
</table>
VENDOR ASSURANCE OF COMPLIANCE WITH THE SUTTER COUNTY HHS DEPARTMENT NONDISCRIMINATION IN STATE AND FEDERALLY ASSISTED PROGRAMS

NAME OF VENDOR/RECIPIENT Casa de Esperanza

HEREBY AGREES THAT it will comply with Title VI and VII of the Civil Rights Act of 1964 as amended; Section 504 of the Rehabilitation Act of 1973 as amended; the Age Discrimination Act of 1975 as amended; the Food Stamp Act of 1977, as amended and in particular section 272.6; Title II of the Americans with Disabilities Act of 1990; California Civil Code Section 51 et seq., as amended; California Government Code section 11135-11139.5, as amended; California Government Code section 12940 (c), (h) (1), (i), and (j); California Government Code section 4450; Title 22, California Code of Regulations section 98000 – 98413; Title 24 of the California Code of Regulations, Section 3105A(e); the Dymally-Alatorre Bilingual Services Act (California Government Code Section 7290-7299.8); Section 1808 of the Removal of Barriers to Interethnic Adoption Act of 1996; and other applicable federal and state laws, as well as their implementing regulations [including 45 Code of Federal Regulations (CFR) Parts 80, 84, and 91, 7 CFR Part 15, and 28 CFR Part 42], by ensuring that employment practices and the administration of public assistance and social services programs are nondiscriminatory, to the effect that no person shall because of ethnic group identification, age, sex, color, disability, medical condition, national origin, race, ancestry, marital status, religion, religious creed or political belief be excluded from participation in or be denied the benefits of, or be otherwise subject to discrimination under any program or activity receiving federal or state financial assistance; and HEREBY GIVE ASSURANCE THAT it will immediately take any measures necessary to effectuate this agreement.

THIS ASSURANCE is given in consideration of and for the purpose of obtaining any and all federal and state assistance; and THE VENDOR/RECIPIENT HEREBY GIVES ASSURANCE THAT administrative methods/procedures which have the effect of subjecting individuals to discrimination or defeating the objectives of the California Department of Social Services (CDSS) Manual of Policies and Procedures (MPP) Chapter 21, will be prohibited.

BY ACCEPTING THIS ASSURANCE, the vendor/recipient agrees to compile data, maintain records and submit reports as required, to permit effective enforcement of the aforementioned laws, rules and regulations and permit authorized CDSS and/or federal government personnel, during normal working hours, to review such records, books and accounts as needed to ascertain compliance. If there are any violations of this assurance, CDSS shall have the right to invoke fiscal sanctions or other legal remedies in accordance with Welfare and Institutions Code section 10605, or Government Code section 11135-11139.5, or any other laws, or the issue may be referred to the appropriate federal agency for further compliance action and enforcement of this assurance.

THIS ASSURANCE is binding on the vendor/recipient directly or through contract, license, or other provider services, as long as it receives federal or state assistance.

_______________________________ _______________________________
Date Director’s Signature
P.O. Box 56, Yuba City, CA 95992
Address of vendor/recipient
(08/13/01)
This summary is "service focused". Clients may access multiple services and shall be counted each time a service is provided in the reporting period. Count 'families' only when service is provided to the entire family unit. For the period July 1-June 30.

<table>
<thead>
<tr>
<th>1. Client Centered Services:</th>
<th>Total Number of clients receiving services</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Children ages 0-17</td>
</tr>
<tr>
<td>Advocacy</td>
<td></td>
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<tr>
<td>Basic needs, concrete supports</td>
<td></td>
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<tr>
<td>Behavioral health, mental health services</td>
<td></td>
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<tr>
<td>Case Management (do not use for TLFR)</td>
<td></td>
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<tr>
<td>Day Care</td>
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<tr>
<td>Disability Services</td>
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<tr>
<td>Domestic Violence Services</td>
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<tr>
<td>Early Childhood Services</td>
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<tr>
<td>Family Resource Center or other drop-in service</td>
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<tr>
<td>Health Services</td>
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<tr>
<td>Home Visiting (parents with children 0-5)</td>
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<tr>
<td>Housing Services</td>
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<tr>
<td>Parent Education / Program (Classes)</td>
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<tr>
<td>Peer Support</td>
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<tr>
<td>Respite Care</td>
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<tr>
<td>Substance Abuse Services</td>
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<tr>
<td>Transportation</td>
<td></td>
</tr>
<tr>
<td>Youth Programs</td>
<td></td>
</tr>
<tr>
<td><strong>TOTALS</strong></td>
<td><strong>Children ages 0-17</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2. Client Characteristics:</th>
<th>Children</th>
<th>Children w/ disabilities</th>
<th>Parents / Caregivers</th>
<th>Parents / Caregivers w/ disabilities</th>
<th>Families</th>
</tr>
</thead>
<tbody>
<tr>
<td>White (non-Hispanic)</td>
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<td></td>
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<tr>
<td>Hispanic</td>
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<tr>
<td>Black (non-Hispanic)</td>
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<tr>
<td>Asian</td>
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<tr>
<td>Native American</td>
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<tr>
<td>Two or more races</td>
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<tr>
<td>Other (specify below)</td>
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</tr>
<tr>
<td><strong>TOTALS</strong></td>
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</tbody>
</table>

Ethnicity of those noted "Other":
3. Compared to the prior fiscal year participation counts, are there any unusual variances? If so briefly explain.

4. Does this program include evidence-based or evidence-informed practices (EBP/EIP) for the population served?

5. In what languages are your programs offered? Include all that apply.

6. Provide one example of outreach to maximize the participation of racial and ethnic minorities, people with disabilities or underserved group. How has your agency promoted culturally relevant programs?

7. Primary Outcome of the Family Preservation Program: ____________________________

8. How was your primary outcome measured?
   ___ Pre/Post Test Developed In-House
   ___ Validated Assessment Tool (Which one?) ____________________________
   ___ Outcomes were not measured

9. Total number served achieving the primary outcome identified above. Insert a total count of all unit types (individuals and families). Enter zero if outcomes were not measured.

   All unit types (individuals and families): ____________________________

10. Did you experience any unexpected challenges with this program? (briefly describe)

11. Did you experience any unexpected benefits with this program? (briefly describe)
12. Please share one participant success story related to services received (include client demographics, presenting issues, and the specific success the participant achieved as a result of the program.)

13. Please include any client comments regarding services received: