

**SUBMITTAL TO THE BOARD OF SUPERVISORS
COUNTY OF RIVERSIDE, STATE OF CALIFORNIA**



FROM: Community Action Partnership of Riverside County

SUBMITTAL DATE:
May 22, 2009

SUBJECT: Request Approval for Sole Source Memorandum of Understanding Made Under the American Recovery and Reinvestment Act of 2009

RECOMMENDED MOTION: That the Board approve and

1. Authorize the Chairman of the Board to sign the following sole sourced Memorandum of Understanding (MOU) made under the American Recovery and Reinvestment Act of 2009:
 - County of Riverside, Department of Public Health (CAP-09-042) for the term July 1, 2009 through September 30, 2010, not to exceed \$200,000.
2. Authorize the Purchasing Agent to sign any ministerial amendments not to exceed the Board authorized amount;
3. Authorize the Executive Director of Community Action Partnership of Riverside County (CAP Riverside) to administer the program.

Lois J. Carson
Lois J. Carson, CAP, Executive Director

Continued (2-pages total)

FINANCIAL DATA	Current F.Y. Total Cost:	\$ 0	In Current Year Budget:	No
	Current F.Y. Net County Cost:	\$ 0	Budget Adjustment:	No
	Annual Net County Cost:	\$ 0	For Fiscal Year:	09/10

SOURCE OF FUNDS: 100% Federal – American Recovery and Reinvestment Act of 2009	Positions To Be Deleted Per A-30	<input type="checkbox"/>
	Requires 4/5 Vote	<input type="checkbox"/>

C.E.O. RECOMMENDATION: **APPROVE**
BY: *Debra Cournoyer*
Debra Cournoyer

County Executive Office Signature

Dep't Recomm.: Consent Policy
 Per Exec. Ofc.: Consent Policy
 FORM APPROVED COUNTY COUNSEL BY: *ARISA R-MCKENNA* DATE: *6/22/09*
 Purchasing: *Mark Söller*, Assistant Director
 Departmental Concurrence

Prev. Agn. Ref.: 6/2/09 (#3.21) | **District:** All | **Agenda Number:**

ATTACHMENTS FILED
WITH THE CLERK OF THE BOARD

3.17

FROM: Community Action Partnership
Of Riverside County

DATE: 5/11/09

SUBJECT: Request for Sole Source Memorandum
Of Understanding Made Under
The American Recovery and
Reinvestment Act of 2009

PAGE: 2 of 2

BACKGROUND:

On February 17, 2009, President Obama signed into law the American Recovery and Reinvestment Act of 2009 (ARRA). The ARRA provides CAP Riverside with approximately \$3.4 million in additional funds to the Community Services Block Grant (CSBG) program for Federal Fiscal Year 2009. The purpose of the ARRA is to create sustainable economic resources in communities by:

1. Providing a wide range of innovative employment-related services and activities tailored to the specific needs of their community;
2. Using funds in a manner that meets the short-term and long-term economic and employment needs of individuals, families, and communities; and
3. Making meaningful and measurable progress toward the reform goals of the ARRA with special attention to creating and sustaining economic growth and employment opportunities.

On June 2, 2009 (#3.20 and #3.21), the Board adopted Resolution #2009-189 and approved the CSBG ARRA Local Plan and approved sole-sourced agreements made under the ARRA with the United Way of the Inland Valleys, Boys and Girls Club of Coachella Valley, YMCA of Riverside City and County, Inc., Fair Housing Council of Riverside County, Inc., Riverside Community College District, Habitat for Humanity Inland Valley, Habitat for Humanity Riverside, Community Settlement Association, Community Investment Corporation, The Foundation for California State University, San Bernardino, Community Access Center and the Riverside County office on Aging.

In MOU #CAP-09-042, CAP Riverside will partner with the Department of Public Health's Nutrition Services to provide residents with access to healthy food option through their Food Network Initiative. CSBG-ARRA funding will support and maintain the Initiative.

FINANCIAL IMPACT: No County General Funds will be required. Funding for the MOU will be contingent on the execution of the ARRA agreement between the State of California Department of Community Services and Development and CAP Riverside.

ATTACHMENTS:

Riverside County Department of Public Health
(Memorandum of Understanding #CAP-09-042 – 4 copies)

LJC:MYJ:KA:jb

DATE: 6/18/09

TO: Board of Supervisors

VIA: Purchasing Agent

FROM: Lois J. Carson, CCAP
Executive Director

DEPARTMENT: Community Action Partnership of Riverside County

SUBJECT: Request for Sole Source Procurement

Supply/Service requested:

Coordinate countywide efforts to increase access to healthier food to prevent obesity for low-income families

Supplier being requested:

Department of Public Health

Alternative suppliers that can or might be able to provide supply/service:

None known

Extent of market search conducted:

CAP Riverside has a historical partnership with the Department of Public Health who has a proven track record of meeting contractual and programmatic requirements. With the ARRA strict requirements for performance and focus on the areas of food, housing, health services and employment, CAP Riverside explored partnering with organizations where CAP Riverside has existing formal/informal partnerships in these areas.

Unique features of the supply/service being requested from this supplier, which no alternative supplier can provide:

The Riverside County Department of Public Health provides a variety of nutrition information and education services to low-income families throughout Riverside County. Services include an education program to promote healthy eating, Food Assistance information and referrals, development of a County Garden Network, resource director and website, and coordination of "train-the-trainer workshops." The services provided by the Riverside County Department of Public Health meet the ARRA requirements of food, health services, housing and employment.

Reasons why my department requires these unique features and what benefit will accrue to the county:

On February 17, 2009, President Obama signed into law the American Recovery and Reinvestment Act of 2009 (ARRA). The ARRA provides CAP Riverside with approximately \$3.4 million in additional funds to the Community Services Block Grant (CSBG) program for Federal Fiscal Year 2009. The purpose of the ARRA is to create sustainable economic resources in communities by:

1. Providing a wide range of innovative employment-related services and activities tailored to the specific needs of their community;

2. Using funds in a manner that meets the short-term and long-term economic and employment needs of individuals, families, and communities; and
3. Making meaningful and measurable progress toward the reform goals of the ARRA with special attention to creating and sustaining economic growth and employment opportunities.

Because recipients of the ARRA funding are under strict deadlines to meet contractual and programmatic requirements, CAP Riverside developed its Local Plan to administer funds expeditiously by expanding existing programs and partnering with organizations where CAP Riverside has had formal and/or informal partnerships. Focus of the partnership is on job creation and expansion of services to low-income residents countywide with emphasis on food, housing, health services and employment.

Price Reasonableness:

N/A

Does moving forward on this product or service further obligate the county to similar contractual arrangements?

No

Leis J. Carson 6-18-09
Department Head Signature Date

Purchasing Department comments:

Approve

Approve with Condition/s

Disapprove

Ma [Signature]
Purchasing Agent Signature

6-25-09
Date

Community Action Partnership of Riverside County

2038 Iowa Avenue, Suite B-102
Riverside, CA 92507

MEMORANDUM OF UNDERSTANDING: CAP-09-042

PROVIDER: County of Riverside Department of Public Health

MEMORANDUM OF UNDERSTANDING TERM: July 1, 2009 through September 30, 2010

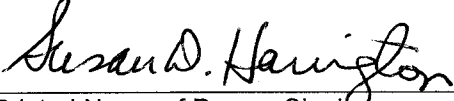
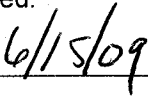
MAXIMUM REIMBURSABLE AMOUNT: \$200,000

WHEREAS, the Community Action Partnership of Riverside County, hereinafter referred to as CAP Riverside, desires to coordinate countywide efforts to increase access to healthier food to prevent obesity for low-income families;

WHEREAS, Department of Public Health is qualified to provide nutrition information and education services

WHEREAS, CAP Riverside desires Department of Public Health hereinafter referred to as the PROVIDER, to perform these services in accordance with the TERMS and CONDITIONS (T&C) attached hereto and incorporated herein by this reference. The T&C specify the responsibilities of CAP Riverside and the PROVIDER;

NOW THEREFORE, CAP Riverside and the PROVIDER do hereby covenant and agree that the PROVIDER shall provide said services in return for monetary compensation, all in accordance with the terms and conditions contained herein, of this Memorandum of Understanding, hereinafter referred to as MOU.

Authorized Signature for Purchasing:	Authorized Signature for PROVIDER: 
Printed Name of Person Signing: Jeff Stone	Printed Name of Person Signing: Susan D. Harrington, M.S., R.D.
Title: Chairman, Board of Supervisors	Title: Director
Address: 4080 Lemon Street Riverside, CA 92501	Address: 4065 County Circle Drive Riverside, CA 92503
Date Signed:	Date Signed: 

FORM APPROVED COUNTY COUNSEL
BY:  6/22/09
LARISA R-MCKENNA DATE

**COUNTY OF RIVERSIDE
DEPARTMENT OF PUBLIC HEALTH
MEMORANDUM OF UNDERSTANDING
TERMS AND CONDITIONS**

Table of Contents

I. CAP RIVERSIDE RESPONSIBILITIES 4

II. PROVIDER RESPONSIBILITIES 4

A. Assign staff to act as liaison to CAP RIVERSIDE..... 4

B. Provide services as described in the Scope of Work attached hereto and incorporated herein as "Attachment A" 4

III. FISCAL PROVISIONS 4

A. MAXIMUM AMOUNT 4

B. LINE ITEM BUDGET 4

C. METHOD, TIME, AND SCHEDULE/CONDITION OF PAYMENTS 4

D. RECORDS, INSPECTIONS, AND AUDITS 5

E. DISALLOWANCE 5

F. AVAILABILITY OF FUNDING 5

IV. GENERAL PROVISIONS 5

A. EFFECTIVE PERIOD 5

B. NOTICES 6

C. CONFIDENTIALITY 6

D. REPORTING 6

E. COMPLIANCE WITH RULES, REGULATIONS, REQUIREMENTS, AND DIRECTIVES.. 6

F. DISPUTES 6

G. SANCTIONS 7

H. TERMINATION..... 7

I. MODIFICATION OF TERMS 7

J. ENTIRE MOU 7

LIST OF EXHIBITS AND ATTACHMENTS

- Attachment A – Scope of Work
- Exhibit A – Contractor Payment Request Form 2076A
- Exhibit B – Form 2076B
- Exhibit C – Instructions for Form 2076A and 2076B
- Exhibit D – Monthly Program Performance Report
- Exhibit E – CSBG Programmatic Data – Client Characteristic Report (CSD 295-CCR)

MOU TERMS AND CONDITIONS

I. CAP RIVERSIDE RESPONSIBILITIES

- A. CAP Riverside will assign staff to act as liaison between the PROVIDER and CAP Riverside.
- B. CAP Riverside will monitor the performance of the PROVIDER in meeting the terms, conditions, and services in this MOU. CAP Riverside, at its sole discretion, may monitor the performance of the PROVIDER through any combination of the following methods: periodic on-site visits, annual inspections, evaluations, and PROVIDER self-monitoring.

II. PROVIDER RESPONSIBILITIES

- A. Assign staff to act as liaison to CAP RIVERSIDE.
- B. Provide services as described in the Scope of Work attached hereto and incorporated herein as "Attachment A".

III. FISCAL PROVISIONS

A. MAXIMUM AMOUNT

Total payment under this MOU shall not exceed \$200,000

B. LINE ITEM BUDGET

Personnel: Salaries/Wages/Benefits	\$154,722
Direct Program Costs	\$29,806
Indirect Costs	\$15,472
Total Grant:	\$200,000

C. METHOD, TIME, AND SCHEDULE/CONDITION OF PAYMENTS

1. CAP Riverside will reimburse the PROVIDER for services provided in accordance with the terms and conditions contained herein, in this MOU.
 1. The Contractor shall submit the Contractor Payment Request Form 2076A (Exhibit A) and the Form 2076B (Exhibit B) on a calendar month basis, following the instructions in Instructions for Form 2076A and 2076B (Exhibit C). **The Form 2076B is due on a monthly basis regardless of activity.** Supporting documentation such as pay stubs must accompany the 2076A. Exhibits A, B, C are attached hereto and incorporated herein by these references.
 2. Each claiming period shall consist of a calendar month claiming period. Contractor invoices are due no later than the 5th day of the month after which services were rendered. Any invoice not received within the time period indicated above may be rejected by CAP Riverside in its entirety if it is not feasible for CAP Riverside to make payment.
 3. All invoices submitted in a timely manner shall be processed by CAP Riverside within ten (10) working days of receipt by CAP Riverside and forwarded to the Auditor-Controller's Office for payment.
 4. If the PROVIDER ceases operation for any period, then no payment will apply for that period.

D. RECORDS, INSPECTIONS, AND AUDITS

The PROVIDER shall maintain auditable books, records, documents, and other evidence pertaining to costs and expenses in this MOU. The PROVIDER shall maintain these records for three (3) years after final payment has been made or until all pending county, state, and federal audits, if any, are completed, whichever is later.

1. Any authorized representative of the County of Riverside, the State of California, and the federal government shall have access to any books, documents, papers, electronic data, and other records, which these representatives may determine to be pertinent to this MOU, for the purpose of performing an audit, evaluation, inspection, review, assessment, or examination. These representatives are authorized to obtain excerpts, transcripts, and copies, as they deem necessary. Further, these authorized representatives shall have the right at all reasonable times to inspect or otherwise evaluate the work performed, or being performed, under this MOU and the premises in which it is being performed.
2. This access to records includes, but is not limited to, service delivery, referral, financial, and administrative documents for three (3) years after final payment is made, or until all pending county, state, and federal audits are completed, whichever is later.
3. Should the PROVIDER disagree with any audit conducted by CAP Riverside, the PROVIDER shall have the right to employ a licensed, Certified Public Accountant (CPA) to prepare and file with CAP Riverside a certified financial and compliance audit that is in compliance with generally-accepted government accounting standards of related services provided during the term of this MOU. The PROVIDER shall not be reimbursed by CAP Riverside for such an audit.
4. In the event the PROVIDER does not make available its books and financial records at the location where they are normally maintained, the PROVIDER agrees to pay all necessary and reasonable expenses, including legal fees, incurred by CAP Riverside in conducting such an audit.

E. DISALLOWANCE

In the event the PROVIDER receives payment for services under this MOU which is later disallowed for nonconformance with the terms and conditions herein by CAP Riverside, the PROVIDER shall promptly refund the disallowed amount to CAP Riverside on request, or at its option, CAP Riverside may offset the amount disallowed from any payment due to the PROVIDER under any MOU with CAP Riverside.

F. AVAILABILITY OF FUNDING

CAP Riverside's obligation for payment of any MOU is contingent upon the availability of funds from which payment can be made.

IV. GENERAL PROVISIONS

A. EFFECTIVE PERIOD

This MOU is effective July 1, 2009 through September 30, 2010.

B. NOTICES

All notices, reports, claims, correspondence, and/or statements authorized or required by this MOU shall be addressed as follows:

CAP Riverside:
 County of Riverside
 Community Action Partnership
 of Riverside County
 2038 Iowa Avenue, Suite B-102
 Riverside, CA 92507-2412
 (951) 955-4900

PROVIDER:
 Department of Public Health
 4065 County Circle Drive
 Riverside, CA 92503
 Attention: Susan D. Harrington, M.S.,
 R.D, Director
 (951) 358-5000

All notices shall be deemed effective when they are made in writing, addressed as indicated above, and deposited in the United States mail. Any notices, correspondence, reports and/or statements authorized or required by this MOU, addressed in any other fashion will not be acceptable.

C. CONFIDENTIALITY

The PROVIDER shall maintain the confidentiality of all information and records and comply with all other statutory laws and regulations relating to privacy and confidentiality.

D. REPORTING

The following reports shall be submitted to CAP Riverside no later than the due dates indicated, including periods where there is no activity. Attachment A and B are attached hereto and incorporated herein by this reference.

ATTACHMENT#	TITLE OF REPORT	DUE DATE
D	Monthly Program Performance Report	5 th day of each month
E	CSBG Programmatic Data Client Characteristic Report (CSD 295-CCR)	Quarterly: Jul – Sep due Oct 5, 2009 Oct – Dec due Jan 5, 2010 Jan – Mar due Apr 5, 2010 Apr – Jun due Jul 5, 2010 Jul – Sep due Oct 5, 2010

E. COMPLIANCE WITH RULES, REGULATIONS, REQUIREMENTS, AND DIRECTIVES

The PROVIDER shall comply with all rules, regulations, requirements, and directives of the California Department of Social Services, other applicable state agencies, and funding sources which impose duties and regulations upon CAP Riverside, which are equally applicable and made binding upon the PROVIDER as though made with the PROVIDER directly.

F. DISPUTES

Except as otherwise provided in this MOU, any dispute concerning a question of fact arising under this MOU, which is not disposed by MOU, shall be disposed by County of Riverside's Purchasing Compliance Officer which shall furnish the decision in writing. The decision of County of Riverside's Purchasing Compliance Officer shall be final and conclusive until determined by a court of competent jurisdiction to have been fraudulent or capricious, arbitrary, or so grossly

erroneous as necessarily to imply bad faith. The PROVIDER shall proceed diligently with the performance of the MOU pending County of Riverside's Purchasing Compliance Officer decision.

G. SANCTIONS

Failure by the PROVIDER to comply with any of the provisions covenants, requirements, or conditions of this MOU including, but not limited to, reporting and evaluation requirements, shall be a material breach of this MOU. In such event, Purchasing may immediately terminate this MOU and may take other remedies available by law, or otherwise specified in this MOU. Purchasing may also:

1. Afford the PROVIDER a time period within which to cure the breach, the period of which shall be established at the sole discretion of Purchasing and CAP Riverside; and/or
2. Discontinue reimbursement to the PROVIDER for, and during the period in which the PROVIDER is in breach, the reimbursement of which the PROVIDER shall not be entitled to recover later; and/or
3. Withhold funds pending a cure of the breach; and/or
4. Offset against any monies billed by the PROVIDER but yet unpaid by CAP Riverside. CAP Riverside shall give the PROVIDER notice of any action pursuant to this paragraph, the notice of which shall be effective when given.

H. TERMINATION

This MOU may be terminated without cause by either party by giving thirty (30) days written notification to the other party. In the event CAP Riverside elects to abandon, indefinitely postpone, or terminate the MOU, CAP Riverside shall make payment for all services performed up to the date that written notice was given in a prorated amount.

I. MODIFICATION OF TERMS

The Board of Supervisors and the COUNTY Purchasing Agent are the only authorized COUNTY representatives who may at any time, by written order, make alterations within the general scope of this MOU, in the definition of services to be performed, and the time (i.e. hours of the day, days of the week, etc.) and place of performance thereof. If any such alteration causes an increase or decrease in the cost of, or the time required for the performance of any part of the work under this MOU, an equitable adjustment shall be made in the MOU price or delivery schedule, or both, and the MOU shall be modified in writing accordingly. Any claim by the PROVIDER for adjustment under this paragraph shall be assessed within 30 days of when the PROVIDER received notice of the alteration in the work. Notwithstanding the foregoing, if the COUNTY Purchasing Agent decides that the facts provide sufficient justification, he/she may receive and act upon any claim, which is asserted by the PROVIDER at any time prior to final payment under this MOU. Failure to agree to any adjustment shall be a dispute concerning a question of fact within the meaning of the clause of this MOU entitled 'Disputes.' However, nothing in this clause shall excuse the PROVIDER from proceeding with the MOU as changed.

J. ENTIRE MOU

This MOU constitutes the entire MOU between the parties hereto with respect to the subject matter hereof, and all prior or contemporaneous MOUs of any kind or nature relating to the same shall be deemed to be merged herein.

**ATTACHMENT A:
SCOPE OF SERVICE**

FUNDING INITIATIVE: 2009 CSBG Recovery Local Plan

CAP Riverside will partner with the Riverside County Department of Public Health (RCDPH) Nutrition Services to provide residents with access to healthy food options through their Food Network Initiative. Services and outreach include, but are not limited to: developing and managing a food network; developing and maintaining a food network website; developing and distributing an electronic food access resource directory; managing a food security referral hotline; developing a county-wide gardening network; and, coordinating "Champion for Change" symposiums in each Supervisorial Districts. CAP Riverside will provide funding to support and maintain the Initiative including funding of one (1) Community Health Agency (CHA) Program Coordinator II (0.50 FTE), one (1) Administrative Services Assistant (1.00 FTE); and, one (1) Nutritionist (0.30 FTE).

Geographic Area(s) of Service: County-Wide

Program Outcome(s)

1. 2 of 3 (67%) participants will increase their income by retaining a job for 12 months or longer by the end of the contract term.

Program Output(s)

1. Develop Food Network Initiative Collaborative (Western Region and Coachella Valley Region) which will involve 50 community leaders/organizations
2. Develop Food Network Website, to include Riverside County Garden Network, with quarterly updates
3. Develop Electronic Food Access / Garden Resource Directory
4. Provide Food Resource Referrals to 2,000 residents through "Do You Know Someone Who is Hungry?" toll-free Call Center
5. Coordinate 10 Train-the-Trainer Workshops (2 per Supervisorial Districts) to train 15 Champions for Change to institute healthy lifestyle changes in their district
6. Develop 1 new Garden Network resource for each Supervisorial District

Budget

Personnel: Salaries/Wages/Benefits	\$154,722.00
Direct Program Costs	\$ 29,806.00
Indirect Costs	\$ 15,472.00
Total Grant:	\$200,000.00

CONTRACTOR PAYMENT REQUEST
CAP FORM # 2076A

Exhibit A

TO: Community Action Partnership
of Riverside County
Attn: Fiscal Division
2038 Iowa Avenue Suite B-102
Riverside, CA 92507

FROM:

Remit to Name _____
Address _____
City _____ State _____ Zip Code _____
Contractor Name _____
Contract Number _____

Customer Name _____

Total amount requested _____ for the period of _____ 20 _____

Select Payment Type(s) Below

Advance Payment \$ _____
(If allowed by Contract/MOU)

Actual Payment \$ _____
(Same amount as CAP FORM # if required)

Unit of Service Payment

_____ (# of Units) x _____ (Unit Price) = \$ _____ (Total)

_____ (# of Units) x _____ (Unit Price) = \$ _____ (Total)

Any questions regarding this request should be directed to:

_____ Name _____ Phone # _____

I hereby certify under penalty of perjury that to the best of my knowledge the above is true and correct.

Authorized Signature _____ Title _____ Date _____

FOR CAP RIVERSIDE USE ONLY (DO NOT WRITE BELOW THIS LINE)

Business Unit (5) _____	Purchase Order # and line # (10) _____	Invoice # _____
Account (6) _____	Amount Authorized _____	
Fund (5) _____	Comments _____	
Dept ID (10) _____	<i>if amount authorized is different from amount requested</i> _____	
Program (5) _____	Programs _____	Date _____
Class (10) _____	Fiscal (Staff) _____	Date _____
Project/Grant (15) _____	Contracts _____	Date _____
Vendor Code (10) _____	Fiscal (Accountant) _____	Date _____

RETURN TO CAP RIVERSIDE, FISCAL DIVISION

**Community Action Partnership of Riverside County
Instructions for Form 2076A and Form 2076B**

Mailing Instructions: When completed, these forms will summarize all of your claims for payment. Your Claims Packet will include Form 2076A (page 1), Form 2076B (page 2 - if applicable) invoices, payroll verification, and copies of cancelled checks attached (required). If cover letter is included (not required) attach to front of Claims Packet **Mail Claims Packet to address shown on upper left corner of Form 2076A [see method, time, and schedule/condition of payments].** (Please type or print information on all Forms.)

FORM 2076A

CONTRACTOR PAYMENT REQUEST

"Remit to Name"

The legal name of your agency.

"Address"

The remit to address used when this contract was established for your agency. **All address changes must be submitted for processing prior to use.**

"Contractor Name"

Business name, if different than legal name (if not leave blank).

"Contract Number"

Can be found on the first page of your contract.

"Amount Requested"

Fill in the total amount and billing period you are requesting payment for.

"Payment Type"

Check the box and enter the dollar amount for the type(s) of payment(s) you are requesting payment for.

"Any questions regarding..."

Fill in the name and phone number of the person to be contacted should any questions arise regarding your request for payment.

"Authorized Signature, Title, and Date (Contractor's)

Self-explanatory (required).

FORM 2076B

CONTRACTOR EXPENDITURE REPORT

When completed, this form is attached to the front of your invoices, and behind Form 2076A (only if contract contains a line item budget, or you are to report match, or client fees collected).

"Contractor Name"

Business name, if different than legal name (if not leave blank).

"Actual Expenditures For"

The billing period you are requesting payment for.

"Contract Number"

Can be found on the first page of your contract.

"Approved Budget Amount"

Current itemized budget amount as approved (or amended) in accordance with the **Fiscal Provisions** of your executed agreement.

"Current Expenditures"

Itemized expenditures incurred during the billing period.

"Cumulative Expenditures"

Cumulative expenditures from previous billings plus current expenditures.

"Unexpended Budgeted Amount"

Approved budget amount less cumulative expenditures.

"In-kind/Cash Contribution"

If your contract requires that you provide a match, fill in your itemized contributions, if not leave blank (The same documentation is required for match as for actual reimbursable costs).

"Client Fees Collected"

If your contract allows you to collect client fees fill in the total amount collected (if not specifically addressed in your contract you may not collect additional fees from the client).

EVERYTHING BELOW THE THICK SOLID LINE IS FOR CAP RIVERSIDE USE ONLY AND SHOULD BE LEFT BLANK.

**Community Action Partnership of Riverside County
MONTHLY PROGRAM PROGRESS REPORT (PPR)**

Program Name: _____

Agency / Organization: _____

Reporting Period: ___/___/___ to ___/___/___

Prepared By: _____ Title: _____ Date Submitted: ___/___/___

(Answer all questions in detail. Use as much space as needed.)

1. PROGRAM OUTCOME(S)	2. PROGRAM OUTPUT(S)
1. _____	1. _____
2. _____	2. _____
OUTCOME NUMBERS ACHIEVED	OUTPUT NUMBERS ACHIEVED
1. _____	1. _____
2. _____	2. _____

3. PROGRAM OUTCOME(S):

- A. What accomplishments have you made in meeting your program outcomes?
- B. What outcomes are not on target?
- C. What challenges have you encountered in meeting your outcomes?
- D. What is your specific plan of action in meeting your outcomes?
- E. How have challenges from the previous reporting period been resolved?

4. PROGRAM OUTPUTS:

- F. What accomplishments have you made in meeting your program outputs?
- G. What outputs are not on target?
- H. What challenges have you encountered in meeting your outputs?
- I. What is your specific plan of action in meeting your outputs?
- J. How have challenges from the previous reporting period been resolved?

5. PROGRAM OUTREACH ACTIVITIES:

6. PARTICIPANTS' SUCCESS STORIES:

7. ACTIVITIES PLANNED FOR NEXT REPORTING PERIOD:

Community Action Partnership of Riverside County
MONTHLY PROGRAM PROGRESS REPORT (PPR)
Instructions

You must submit a monthly report for each contract month. Keep your comments brief and focused. Reports should be no longer than 3 pages, single-spaced. Please do not simply copy and paste information from the previous month. If no new achievements have been made or activities completed, please explain why and the future plans to address this.

1. **PROGRAM OUTCOME(S) / NUMBERS ACHIEVED:**
 - List all outcomes listed in your agreement's Scope of Service (Attachment A)
 - Each month, record the number of participants meeting the outcomes.

2. **PROGRAM OUTPUT(S) / NUMBERS ACHIEVED:**
 - List all outputs listed in your agreement's Scope of Service (Attachment A)
 - Each month, record the number of participants/ activities meeting the outputs.

3. **PROGRAM OUTCOME(S):** Provide details to answer each question.

4. **PROGRAM OUTPUT(S):** Provide details to answer each question.

5. **PROGRAM OUTREACH ACTIVITIES:** How have you advertised this project to recruit participants during this report period? If you held or participated in events, please include name of event, date, location and estimated number of people who attended.

6. **PARTICIPANTS' SUCCESS STORIES:** What successes are noteworthy during this report period?

7. **ACTIVITIES PLANNED FOR NEXT REPORTING PERIOD:** Describe key program activities, training, outreach, services planned for the next report period.

Please use the CSD 295 -- Client Characteristic Report Instructions and Helpful Hints document to complete this form.

1 Contractor Name: _____ Contract #: _____
 Prepared By (print name/title): _____ Report Period: _____

Demographic data should be collected on ALL clients receiving services under any program administered by the designated Community Action Agency.

Yellow Highlighted Sections represent demographics collected on INDIVIDUALS			
2 Total unduplicated number of persons about whom one or more characteristics were obtained		_____	
3 Total unduplicated number of persons about whom no characteristics were obtained		_____	
Blue Highlighted Sections represent demographics collected on FAMILIES			
4 Total unduplicated number of families about whom one or more characteristics were obtained		_____	
5 Total unduplicated number of families about whom no characteristics were obtained		_____	
6. Gender		12. Family Size	
Number of Persons*		Number of Families***	
a. Male	_____	a. One	_____
b. Female	_____	b. Two	_____
*Total	_____	c. Three	_____
7. Age		d. Four	
Number of Persons*		e. Five	
a. 0-5	_____	f. Six	
b. 6-11	_____	g. Seven	
c. 12-17	_____	h. Eight or more	
d. 18-23	_____	***Total	
e. 24-44	_____	_____	
f. 45-54	_____	13. Source of Family Income	
g. 55-69	_____	Number of Families	
h. 70+	_____	a. Unduplicated # of Families	
*Total	_____	Reporting One or More Sources	
8. Ethnicity/Race		of Income**	
i. Ethnicity		b. Unduplicated # of Families	
a. Hispanic or Latino	_____	Reporting No Income	
b. Not Hispanic or Latino	_____	Total UNDUP Families who responded	
*Total	_____	as either having a source of income	
ii. Race		or having no income	
a. White	_____	Record the sources of each family income as reported in 13a	
b. African American	_____	above:	
c. Native American and Alaskan Native	_____	c. TANF	
d. Asian	_____	d. SS	
e. Native Hawaiian and Other Pacific Islander	_____	e. Social Security	
f. Other	_____	f. Pension	
g. Multi-Race (any 2 or more of the above)	_____	g. General Assistance	
*Total	_____	h. Unemployment Insurance	
9. Education Level of Adults		i. Employment + other source	
Number of Persons 24+**		j. Employment only	
a. 0-8	_____	k. Other	
b. 9-12/non-graduate	_____	14. Level of Family Income	
c. High sch. Grad./GED	_____	% of HHS guideline	
d. 12+ some post secondary	_____	Number of Families***	
e. 2 or 4 yr. College graduates	_____	a. Up to 50%	
**Total	_____	b. 51% to 75%	
10. Other Characteristics		c. 76% to 100%	
Number of Persons****		d. 101% to 125%	
a. No Health insurance	# of Persons _____ # Surveyed _____	e. 126% to 150%	
b. Disabled	# of Persons _____ # Surveyed _____	f. 151% and over	
11. Family Type		***Total	
Number of Families***		_____	
a. Single parent/female	_____	15. Housing	
b. Single parent/male	_____	Number of Families***	
c. Two-parent household	_____	a. Own	
d. Single person	_____	b. Rent	
e. Two adults - no children	_____	c. Homeless	
f. Other	_____	d. Other	
***Total	_____	***Total	
16. Other family characteristics		Number of Families***	
a. Farmer	_____	a. Farmer	
b. Migrant Farmworker	_____	b. Migrant Farmworker	
c. Seasonal Farmworker	_____	c. Seasonal Farmworker	

* The sum in this category should not exceed the value of Section 2.
 ** The sum in this category should not exceed the value of Section 7e-h.
 *** The sum in this category should not exceed the value of Section 4.
 **** The numbers reported under either column should not exceed the value of Section 2.

Purpose: Utilize this document to assist in the completion of the CSD 295—Client Characteristic Report.

- The 295 is designed to collect demographics on all clients served by the agency.
 - ✓ *Non-Profit Agencies: data should be collected on all clients served by any of the programs administered by the Community Action Agency.*
 - ✓ *Local Government Agencies: data should be collected on all clients served by the Department/Unit that has been designated to administer CSBG. This would include client data from all programs administered by the designated Department/Unit.*

Retrieving the form:

- This form can be downloaded from the CSD Web Page at www.csd.ca.gov
- The correct form should have the revision date (located at the top left corner) of 11/07.
- Use the form as is – do not recreate or alter the form in any way. Any form that has been altered or recreated will not be accepted. NOTE: This form has been created for IBM compatible users.

Completing the CSD 295:

- Use the Tab key to navigate to the next data entry cell, using Shift & Tab will send you to the previous data entry cell.
- Do not use characters such as N/A, if the data is unavailable or not applicable to your agency, leave the cell blank.
- Please note that zeros should not be used to indicate that you do not collect that information, but rather used to indicate the null value (0).

Printing the form for your records:

- When printing the 295 for your records, the form should be already formatted. However some printers, have different defaults that can alter the settings set by CSD. Therefore if you are experiencing the following problems here are some solutions to try:
 - **One or more columns are printing on a separate page:**
 1. Go to view,
 2. Click Page Break Preview. (This will show where the page is breaking with either blue solid lines and/or blue broken lines.)
 3. Click and grab the blue line that is breaking the columns and drag to the last column. (This should reformat the page to one page wide.)
 4. Select print and the problem should be corrected.

Submitting the forms:

- Please do not send hard copies of the CSD 295, CSD only wants the electronic copy.
- Submit the report via e-mail to CSBGReports@csd.ca.gov by January 20, 2008 for the January 2007—December 2007 Program Year.
- Please do not send the reports directly to your Field Representative or Field Operations managers. Please only send a copy to CSBGReports@csd.ca.gov.

CSD 295 –General Hints:

- Make sure to use the correct CSD 295 reporting form. This form has a revision date of 11/07.
- The cells that show a red triangle in the right corner are cells that have a comment/reminder to assist in the completion of the form. To see the comment place the mouse in that cell and the message will pop up. Another option is to right click in the cell with a comment and choose *show comment* and the comment will appear permanently. To hide the comment, right click in the cell again and choose *hide comment* and it will disappear.
- Make sure to double check the footnote verifications to make sure the values entered fall within the proper verification.
 - ✓ * *The sum in this category should not exceed the value of Section 2.*
 - ✓ ** *The sum in this category should not exceed the value of Section 7e-h.*
 - ✓ *** *The sum in this category should not exceed the value of Section 4.*
 - ✓ **** *The numbers reported under either column should not exceed the value of Section 2.*
- Sections 2, 3, and 6-10 collect INDIVIDUAL demographic data.
- Sections 4, 5 and 11-16 collect FAMILY demographic data.
- Both Individual AND Family demographic data should be collected on all clients.
 - ✓ *1 client = 1 individual and 1 family.*
 - ✓ *4 clients from same family = 4 individuals and 1 family.*
 - ✓ *"Family" is self-defined by the client(s) being served.*

Section 1:

- Enter contractor name, report period, preparer's name and contract number.

Sections 2, 3 and 6 – 10 Collects Demographics on INDIVIDUALS**Section 2 – Total Unduplicated Number of Persons about whom one or more characteristics were obtained:**

- To the extent possible, agencies should attempt to report unduplicated counts.
- To obtain unduplicated counts, an agency will need to have a system to distinguish each individual so the number of services the individual is provided can be assigned to that individual.
 - ✓ *For example: if a person enters an agency and receives seven different services, an unduplicated count would record one person, not seven services.*

Section 3 – Total Unduplicated number of persons about whom no characteristics were obtained:

- Enter the total the number of persons for whom characteristics were not obtained.
 - ✓ *Please note: This would include any clients that were served, however demographics were not collected.*

Section 6 – Gender:

- Report the Gender on individuals receiving services.
- Make sure that the total of this section does not exceed the value in Section 2. See Asterisk Note * on the CSD 295.

Section 7—Age:

- Report the age of the individuals receiving services.
- Make sure that the total of this section does not exceed the value in Section 2. See Asterisk Note * on the CSD 295.

Section 8 – Ethnicity and Race:

- Report one ethnicity AND one race for each individual receiving services.
- Ethnicity and Race are determined by self-identification: *Ethnicity and Race shall not be limited to being biologically or genetically determined, it can also be thought of in terms of social and cultural characteristics as well as ancestry.*
- Make sure that the total of this section does not exceed the value in Section 2. See Asterisk Note * on the CSD 295.

Section 9 – Education Level of Individuals 24 years or older:

- Only collect the education level of those individuals receiving services that are 24 years or older.
- The total of this section cannot exceed the sum of Section 7e-7h. See Asterisk Note ** on the CSD 295.

Section 10 – Other Characteristics:

- Report the number of individuals receiving services that were surveyed about their health insurance or disability. All individuals that are asked about each of the two items should be reported in the # Surveyed column. Of those surveyed, the number that report having no health insurance and/or disabled should be reported in the # of Persons column. If an individual receiving services has any form of health insurance, including Medicare or Medicaid, they should be included in the # surveyed column only. Do not count any other family members.
- The definition of “disabled” used in this form is taken from the Americans With Disabilities Act of 1990: “The term disability means, with respect to an individual (a) a physical or mental impairment that substantially limits one or more of the major life activities of such individual, (b) a record of such an impairment, (c) being regarded as having such an impairment.” Any individual who responded to this question but is not disabled should be included in the # Surveyed column only.
- The number reported under the column # of Persons should not exceed the number reported under # Surveyed for that line item.
- Make sure that the total of this section does not exceed the value in Section 2. See Asterisk Note **** on the CSD 295.

Sections 4, 5 and 11-16 Collects Demographics on FAMILIES

Section 4 – Total Unduplicated number of families about whom one or more characteristics were obtained:

- To the extent possible the numbers reported here should be unduplicated.
- This requires that a similar system of unique identifiers be in place, which, in addition to identifying an individual, also identifies a family.
 - ✓ *For example: if a family member comes in and receives four services and another family member comes in and receives six services, an unduplicated count would record one family, and two individuals.*

Section 5 – Total unduplicated number of families about whom no characteristics were obtained:

- Enter the total number of families for whom characteristics were not obtained. Please note: This number would include clients that were served, but demographics were not collected on the family.
- To the extent possible the numbers reported here should be unduplicated.

Section 11 – Family Type:

- Based on the clients, family composition, report the type of family. If the family type of the recipient is not reflected in one of these types please mark "other."
- Make sure that the total of this section does not exceed the value in Section 4. See Asterisk Note *** on the CSD 295.

Section 12 – Family Size:

- Report the number of persons in the client's family.
- Make sure that the total of this section does not exceed the value in Section 4. See Asterisk Note *** on the CSD 295.

Section 13 – Source of Family Income:

- 13a: Enter the total number of families reporting one or more sources of income
- 13b: Enter the total number of families reporting NO income
- Please enter the type or types of income received by all persons in the family.
- Food Stamps, Medicaid and other in-kind benefits (LIHEAP, WAP, etc.) will not be included in these calculations.
 - ✓ Item 13a: Unduplicated # of Families Reporting One or More Sources of Income: With this Section we are attempting to collect an *unduplicated* count of families who indicated that the household receives one or more sources of income.
 - ✓ Item 13b: Unduplicated # of Families Reporting No Income: This section attempts to collect an *unduplicated* count of families who indicate that the household has no income.
 - ✓ Item 13c: TANF: Enter the unduplicated number of families who receive funds from the HHS Temporary Assistance for Needy Families program.
 - ✓ Item 13d: SSI - Supplemental Security Income: This is federal assistance usually provided to persons whose Social Security payments are inadequate. Please enter the unduplicated number of families who receive SSI benefits.
 - ✓ Item 13e: Social Security: Enter the unduplicated number of families who receive Social Security benefits.
 - ✓ Item 13f: Pension: Any type of income earned from private pensions, e.g., company retirement, IRA income or 401(k)(Keough). Please enter the number of families who receive Pension benefits.
 - ✓ Item 13g: General Assistance: This is usually a state-funded program available for emergencies and in some instances becomes a regular source of income for single clients. It has a variety of names, for instance, in some states it is called General Relief. Please enter the unduplicated number of families that receive General Assistance.
 - ✓ Item 13h: Unemployment insurance payments: Enter the unduplicated number of families that receive Unemployment Insurance payments.

- ✓ **Item 13i: Employment plus any other sources:** Enter the unduplicated number of families that have income from employment *and* from any other sources such as those included in this list.
 - ✓ **Item 13j: Employment only:** Please enter the unduplicated number of families for whom employment is the only source of income. Employment is considered wages and salaries before deductions and self-employed income less operating expenses. Sections 13.i and 13.h are mutually exclusive.
 - ✓ **Item 13k: Other:** Enter the unduplicated number of families that report other sources of income, including investments, rent, etc.
- Make sure that the values reported in Item 13a and 13b do not exceed the value in Section 4. See Asterisk Note *** on the CSD 295
 - The value in item a, should be greater than or equal to the values reported in items c-k.
 - For all the items you will report the number of families receiving that source, not the number of individuals in the family receiving the source.
- ✓ *For example:* A family of four, where both parents are employed and the mother is receiving SSI, and the father and mother has 2 types of investments would be reported as follows:

- Item 13a = 1
- Item 13d = 1
- Item 13j = 1
- Item 13k = 1

Each item they have would be reported as 1, even though both parents are working because they are 1 family.

Section 14 – Level of Family Income % of HHS Guidelines:

- Section refers to income levels of the families served compared to the current HHS Poverty Income Guidelines, published annually in the Federal Register.
- Make sure that the total of this section does not exceed the value in Section 4. See Asterisk Note ***.

Section 15 – Housing:

- Report the housing situation of the family:
 - ✓ **Item 15a: Own:** Please enter the number of families that own their home.
 - ✓ **Item 15b: Rent:** Please enter the number of families that rent their housing. Rent can be considered as money or services exchanged for housing and payment of a portion of rent in units shared with others.
 - ✓ **Item 15c: Homeless:** Please enter the number of families that were homeless. The definition of the term “Homeless” used for this form, taken from the Stewart B. McKinney Homeless Assistance Act, follows: “Homeless” or “homeless individual” includes: (1) An individual who lacks a fixed, regular, and adequate nighttime residence; and (2) An individual who has a primary nighttime residence that is: A supervised, publicly or privately operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters, and transitional housing for the mentally ill); An institution that provides a temporary residence for individuals intended to be institutionalized; A temporary, makeshift arrangement in the accommodations of other persons or A public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.” The term “homeless” or “homeless individual” does not include any individual imprisoned or otherwise detained pursuant to an Act of the Congress or a State law.
 - ✓ **Item 15d: Other:** If neither Items 15a, 15b nor 15c describe the family’s housing situation record them here.

- Make sure that the total of this section does not exceed the value in Section 4. See Asterisk Note *** on the CSD 295.

Section 16 – Other Family Characteristics:

- Report families that are farmworkers in the categories below:
 - ✓ Item 16a: Farmer: Enter the number of families served who are farmers. The value of this item should not exceed the value in Section 4.
 - ✓ Item 16b: Migrant Farmworker: Enter the number of families served who are migrant farm workers. The value of this item should not exceed the value in Section 4.
 - ✓ Item 16c: Seasonal Farmworker: Enter the number of families served who are seasonal farm workers. The value of this item should not exceed the value in Section 4.
- Make sure that the value of each item in this section does not exceed the value in Section 4. See Asterisk Note *** on the CSD 295.

If you need further training and technical assistance, please contact your assigned Field Representative.