

FORM APPROVED COUNTY COUNSEL
 BY: GREGORY P. PRIAMOS DATE: 9/10/14
 Departmental Concurrence

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

484A



FROM: Community Action Partnership of Riverside County

SUBMITTAL DATE:
 September 23, 2014

SUBJECT: Health Education Grant #2014-08 with the Riverside Community Health Foundation [District: All] [\$15,000] [Riverside Community Health Foundation]

RECOMMENDED MOTION: That the Board of Supervisors:

1. Authorize the Chairman of the Board to adopt the attached Grant #2014-08 between Riverside Community Health Foundation for the term July 1, 2014 through June 30, 2015, not to exceed \$15,000 for the Riverside County's Healthy VET Program; and
2. Approve and direct the Auditor Controller to adjust the budget as identified in the attached Schedule A.

[Signature]
 Name: Maria X. Juarez, CCAP
 Title: Executive Director

FINANCIAL DATA	Current Fiscal Year:	Next Fiscal Year:	Total Cost:	Ongoing Cost:	POLICY/CONSENT (per Exec. Office)
COST	\$ 15,000	\$ 0	\$ 15,000	\$ 0	Consent <input type="checkbox"/> Policy X <input checked="" type="checkbox"/>
NET COUNTY COST	\$ 0	\$ 0	\$ 0	\$ 0	

SOURCE OF FUNDS: 100% Riverside Community Health Foundation
 Budget Adjustment: Yes
 For Fiscal Year: 14/15

C.E.O. RECOMMENDATION: APPROVE
 BY: Donna Shaw
 Donna Shaw

County Executive Office Signature

MINUTES OF THE BOARD OF SUPERVISORS

- A-30
- Positions Added
- 4/5 Vote
- Change Order
- []

Prev. Agn. Ref.: | District: All | Agenda Number:

3-9

SUBMITTAL TO THE BOARD OF SUPERVISORS, COUNTY OF RIVERSIDE, STATE OF CALIFORNIA
FORM 11: Health Education Grant #2014-08 with the Riverside Community Health Foundation. District: All]
[\$15,000] [Riverside Community Health Foundation]

DATE: September 23, 2014

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Impact on Citizens and Businesses

Riverside Community Health Foundation's Health Education grant supports Community Action Partnership of Riverside County Healthy VET Program. The Healthy VET Program will improve the health status of the veterans in Riverside County by funding, developing, and operating partnerships and collaborations that provide expanded access to high quality health care services and education.

The grant with Riverside Community Health Foundation provides \$15,000 for programmatic activities.

SUPPLEMENTAL:

Additional Fiscal Information

No County General Funds are required.

ATTACHMENTS:

A. BUDGET ADJUSTMENT

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

FORM 11: Health Education Grant #2014-08 with the Riverside Community Health Foundation.

District: All] [\$15,000] [Riverside Community Health Foundation]

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SCHEDULE A

Community Action Partnership of Riverside County

Budget Adjustment

Fiscal Year 2014/2015

INCREASE IN APPROPRIATIONS:

CAARC-21050-5200300000-527780	Special Program Expense	\$15,000
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INCREASE IN ESTIMATED REVENUES:	Program Revenue	\$15,000
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CAARC-21050-5200300000-781480		
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Conditions of Award

Riverside Community Health Foundation (RCHF)

Grant #: 2014-08

Organization: Community Action Partnership of Riverside County

Please include your grant number in all correspondence pertaining to your grant with Foundation staff.

Progress Reports

Grantee agrees to submit progress and final reports on the following dates. Communicate with Desiree Santos-Kho if a delay in the submission of a report is anticipated.

Report	Due Date	Report Period
Progress	January 30, 2015	July 1, 2014 – December 31, 2014
Final	July 31, 2015	January 1, 2015 – June 30, 2015

Budget Expenditures and Reporting

Expenditures of grant funds must be used for the line items specified in the approved grant proposal budget. If any items need to be deviated from the original approved budget, grantee must obtain written approval from RCHF. In reporting the balance of the expended grant funds in progress/final reports, grantee will refer to the budget submitted with the proposal unless otherwise indicated.

Recognition of the Foundation

Grantee will ensure that RCHF is clearly identified as a supporting organization in all published material relating to the subject matter of the awarded grant. The Foundation requests that drafts of materials be sent to Lauren Scheller, Communications & Marketing Coordinator (RCHF) for approval prior to publication. She may be contacted at (951) 788-3471 or lauren@rchf.org.

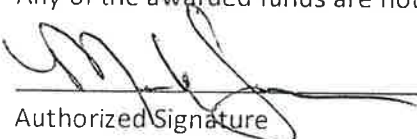
Communication

Grantee must communicate with the Vice President if they anticipate significant changes to the grant as it was originally awarded, including changes in the grantee's management personnel, losses of funding or change in other key staff.

Return of Funds

The Grantee shall return any unexpended funds to RCHF under the following conditions:

- a. If RCHF determines that the Grantee has not performed in accordance with the Conditions of Award and/or the grant program or budget as approved by RCHF.
- b. If the Grantee loses its status as a qualified recipient to receive grants funds under RCHF restrictions.
- c. Any of the awarded funds are not used for the grant purpose.



 Authorized Signature

Executive Director

 Title

MARIA Y. SUAREZ

 Printed Name

6-25-14

 Date

FOR APPROVED COUNTY COUNSEL
 BY: Neal R. Kipnis DATE: _____
 NEAL R. KIPNIS



June 11, 2014

Maria Y. Juarez
Executive Director
Community Action Partnership of Riverside County
2038 Iowa Avenue, Suite B-102
Riverside, CA 92507

Grant #2014-08

Dear Ms. Juarez:

I am pleased to inform you that on June 2, 2014, Riverside Community Health Foundation's Board of Directors approved a Health Education grant in the amount of \$15,000 to support the Community Action Partnership of Riverside County's *Healthy VET* program. It is our understanding the funds will be used for residents from the following Riverside zip codes: 92501 – 92509, 92518, 92521, 92522, and 91752.

In order for the grant award check to be released, the following document(s) must be completed, signed, and returned to our office by mail immediately:

- *Revised Program Budget*
- *Conditions of Award* (original document)

Conditions of Award

Enclosed you will find a document titled *Conditions of Award*. This document (a) outlines the grantee's responsibility with regards to progress reports; budget expenditures and reporting; recognition of the Foundation; and communication of significant changes; and (b) stipulates the conditions under which the grantee would be required to return unexpended funds to the Foundation.

Please review, sign, and date this document, and return the original to our office immediately. Please maintain a copy of this document for your reference.

Award Check

Following our receipt of the signed *Conditions of Award*, you will receive a grant award check in the amount of \$15,000, accompanied by a form titled the *Recipient's Acknowledgement of Receipt of Grant*. Please sign the form and return it to our office within 30 days of receiving the check.

Report(s)

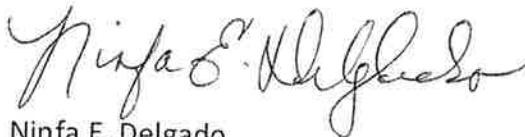
In order to learn about your program's accomplishments, changes, and challenges, Riverside Community Health Foundation will be requesting a Progress Report on January 30, 2015 (report period of July 1, 2014 – December 31, 2014) and a Final Report on July 31, 2015 (report period of January 1, 2015 – June 30, 2015).

Copies of these report forms have been provided for your convenience; electronic versions of the forms are available on our website at www.rchf.org. Please submit all reports by mail to:

Ninfa Delgado, Vice President/COO
Riverside Community Health Foundation
4445-A Magnolia Ave.
Riverside, CA 92501

We wish you continued success in providing this valuable service to our community. If you have any questions, please feel free to call Desirée Santos-Kho at (951) 788-3471.

Sincerely,



Ninfa E. Delgado
Vice President/COO

Enclosures

Cc: Debra P. Jackson, Planning Division Manager