

FY 2020-2021 AGREEMENT FUNDING APPLICATION (AFA) CHECKLIST

Agency Name: Mono County

Agreement #: 2020-26

Program: MCAH BIH AFLP CHVP
(Check one box only)

Please check the box next to all submitted documents. <u>All documents must be submitted by email using the required naming convention on page 2.</u>	
<input checked="" type="checkbox"/>	1. <u>AFA Checklist</u>
<input checked="" type="checkbox"/>	2. <u>Agency Information Form</u> (Excel version and PDF with signatures)
<input checked="" type="checkbox"/>	3. <u>Signed Budget Template</u> for FY 20.21 only. Budget has been prepopulated with your most current 19.20 budget on file.
<input checked="" type="checkbox"/>	4. <u>CDPH 9083 Government Agency Taxpayer ID Form</u> -Only if remit to address has changed.
<input checked="" type="checkbox"/>	5. <u>Attestation of Compliance with the Requirements for Enhanced Title XIX Federal Financial Participation (FFP) Rate Reimbursement for Skilled Professional Medical Personnel (SPMP) and their Direct Clerical Support Staff</u>

Please contact your [Contract Manager \(CM\)](#) if you have any questions.

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

**FUNDING AGREEMENT PERIOD
FY 2020-2021**

AGENCY INFORMATION FORM

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

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

AGENCY IDENTIFICATION INFORMATION

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

Please enter the agreement or contract number for each of the applicable programs

2020-26	MCAH	BIH		AFLP	
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Update Effective Date: _____ (only required when submitting updates)

Federal Employer ID#:	95-6005661
Complete Official Agency Name:	Mono County Health Department
Business Office Address:	PO Box 3329, Mammoth Lakes, Ca 93546
Agency Phone:	760.924.1830
Agency Fax:	760.924.1831
Agency Website:	www.monohealth.com

AGREEMENT FUNDING APPLICATION POLICY COMPLIANCE AND CERTIFICATION

Please enter the **agreement or contract** number for each of the applicable programs

2020-26	MCAH	0	BIH		0	AFLP	
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The undersigned hereby affirms that the statements contained in the Agreement Funding Application (AFA) are true and complete to the best of the applicant's knowledge.

I certify that these Maternal, Child and Adolescent Health (MCAH) programs will comply with all applicable provisions of Article 1, Chapter 1, Part 2, Division 106 of the Health and Safety code (commencing with section 123225), Chapters 7 and 8 of the Welfare and Institutions Code (commencing with Sections 14000 and 142), and any applicable rules or regulations promulgated by CDPH pursuant to this article and these Chapters. I further certify that all MCAH related programs will comply with the most current MCAH Policies and Procedures Manual, including but not limited to, Administration, Federal Financial Participation (FFP) Section. I further certify that the MCAH related programs will comply with all federal laws and regulations governing and regulating recipients of funds granted to states for medical assistance pursuant to Title XIX of the Social Security Act (42 U.S.C. section 1396 et seq.) and recipients of funds allotted to states for the Maternal and Child Health Service Block Grant pursuant to Title V of the Social Security Act (42 U.S.C. section 701 et seq.). I further agree that the MCAH related programs may be subject to all sanctions, or other remedies applicable, if the MCAH related programs violate any of the above laws, regulations and policies with which it has certified it will comply.

<p>Original signature of official authorized to commit the Agency to an MCAH Agreement</p> <p>Stacy Corless</p> <hr style="border: 0; border-top: 1px solid black; margin: 0;"/> <p style="text-align: center;">Name (Print)</p>	<p style="text-align: center;">Chair of the Board of Supervisor</p> <hr style="border: 0; border-top: 1px solid black; margin: 0;"/> <p style="text-align: center;">Title</p> <hr style="border: 0; border-top: 1px solid black; margin: 0;"/> <p style="text-align: center;">Date</p>
<p>Original signature of MCAH/AFLP Director</p> <p>Jacinda Croissant</p> <hr style="border: 0; border-top: 1px solid black; margin: 0;"/> <p style="text-align: center;">Name (Print)</p>	<p style="text-align: center;">MCAH Director</p> <hr style="border: 0; border-top: 1px solid black; margin: 0;"/> <p style="text-align: center;">Title</p> <hr style="border: 0; border-top: 1px solid black; margin: 0;"/> <p style="text-align: center;">Date</p>

	CONTACT	FIRST NAME	LAST NAME	TITLE	ADDRESS	PHONE	EMAIL ADDRESS
1	AGENCY EXECUTIVE DIRECTOR	Lynda	Salcido	Public Health Director, Interim	PO Box 3329, Mammoth Lakes, Ca 93546	760.924.1818	lsalcido@mono.ca.gov
2	MCAH DIRECTOR	Jacinda	Croissant	MCAH Director	PO Box 3329, Mammoth Lakes, Ca 93546	760.924.1842	jcroissant@mono.ca.gov
3	MCAH COORDINATOR (Only complete if different from #2)						
4	MCAH FISCAL CONTACT	Stephanie	Butters	Fiscal & Admin Officer	PO Box 476, Bridgeport, CA 93517	760.932.5587	sbutters@mono.ca.gov
5	FISCAL OFFICER						
6	CLERK OF THE BOARD or						
7	CHAIR BOARD OF SUPERVISORS						
8	OFFICIAL AUTHORIZED TO COMMIT AGENCY	Stacy	Corless	Chairperson, BOS	PO Box 715, Bridgeport, Ca 93517	760.920.0190	scorless@mono.ca.gov
9	FETAL INFANT MORTALITY REVIEW (FIMR) COORDINATOR						
10	SUDDEN INFANT DEATH SYNDROME (SIDS) COORDINATOR/CONTACT	Jacinda	Croissant	SIDS coordinator	PO Box 3329, Mammoth Lakes, Ca 93546	760.924.1842	jcroissant@mono.ca.gov
11	PERINATAL SERVICES COORDINATOR	Jacinda	Croissant	PSC Coordinator	PO Box 3329, Mammoth Lakes, Ca 93546	760.924.1842	jcroissant@mono.ca.gov

BUDGET SUMMARY

FISCAL YEAR
2020-21

BUDGET
ORIGINAL

BUDGET STATUS	BUDGET BALANCE
ACTIVE	0.00

Version 7.0 - 150 Quarterly 4.20.20

Program:	Maternal, Child and Adolescent Health (MCAH)		UNMATCHED FUNDING					NON-ENHANCED MATCHING (50/50)		ENHANCED MATCHING (75/25)		
Agency:	202026 Mono		MCAH-TV		MCAH-SIDS		AGENCY FUNDS		MCAH-Cnty NE		MCAH-Cnty E	
SubK:	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(10)	(11)	(14)	(15)	
	TOTAL FUNDING	%	MCAH-TV	%	MCAH-SIDS	%	Agency Funds*	%	Combined Fed/Agency*	%	Combined Fed/Agency*	
	ALLOCATION(S) →		77,008.00		3,000.00						#VALUE!	

EXPENSE CATEGORY	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(10)	(11)	(14)	(15)
(I) PERSONNEL	109,121.34		57,779.74		2,418.91		1,862.34		35,817.13		11,243.22
(II) OPERATING EXPENSES	4,660.00		2,643.49		121.09		670.99		1,224.43		0.00
(III) CAPITAL EXPENDITURES	0.00		0.00		0.00		0.00		0.00		0.00
(IV) OTHER COSTS	1,960.00		1,070.44		460.00		63.04		366.52		0.00
(V) INDIRECT COSTS	27,280.34		15,514.33		0.00		0.00		11,766.01		0.00
BUDGET TOTALS*	143,021.68	53.84%	77,008.00	2.10%	3,000.00	1.82%	2,596.37	34.38%	49,174.09	7.86%	11,243.22
	BALANCE(S) →		0.00		0.00						

TOTAL MCAH-TV	77,008.00	→	77,008.00								
TOTAL MCAH-SIDS	3,000.00	→		→	3,000.00						
TOTAL TITLE XIX	33,019.48	→		→		→		[50%]	24,587.06	[75%]	8,432.42
TOTAL AGENCY FUNDS	29,994.20	→		→		→	2,596.37	[50%]	24,587.03	[25%]	2,810.80

\$	113,027.48	Maximum Amount Payable from State and Federal resources
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WE CERTIFY THAT THIS BUDGET HAS BEEN CONSTRUCTED IN COMPLIANCE WITH ALL MCAH ADMINISTRATIVE AND PROGRAM POLICIES.

Jacinda Croissant Jul 17, 2020 MCAH/PROJECT DIRECTOR'S SIGNATURE DATE

Stephanie Butters Jul 17, 2020 AGENCY FISCAL AGENT'S SIGNATURE DATE

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

STATE USE ONLY - TOTAL STATE AND FEDERAL REIMBURSEMENT	PCA Codes	MCAH-TV	MCAH-SIDS	AGENCY FUNDS	MCAH-Cnty NE	MCAH-Cnty E
(I) PERSONNEL	53107	57,779.74	2,418.91		17,908.57	8,432.42
(II) OPERATING EXPENSES		2,643.49	121.09		612.22	0.00
(III) CAPITAL EXPENSES		0.00	0.00		0.00	0.00
(IV) OTHER COSTS		1,070.44	460.00		183.26	0.00
(V) INDIRECT COSTS		15,514.33	0.00		5,883.01	0.00
Totals for PCA Codes	113,027.48	77,008.00	3,000.00		24,587.06	8,432.42

Program:	Maternal, Child and Adolescent Health (MCAH)	UNMATCHED FUNDING						NON-ENHANCED MATCHING (50/50)		ENHANCED MATCHING (75/25)		
Agency:	202026 Mono	MCAH-TV		MCAH-SIDS		AGENCY FUNDS		MCAH-Cnty NE		MCAH-Cnty E		
SubK:		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(10)	(11)	(14)	(15)
		TOTAL FUNDING	%	MCAH-TV	%	MCAH-SIDS	%	Agency Funds*	%	Combined Fed/Agency*	%	Combined Fed/Agency*

(II) OPERATING EXPENSES DETAIL												% TRAVEL NON-ENH MATCH	% TRAVEL ENH MATCH	% PERSONNEL MATCH
												16.62%	13.31%	43.12%
TOTAL OPERATING EXPENSES		4,660.00		2,643.49		121.09		670.99		1,224.43		0.00		Match Available
TRAVEL		2,200.00	45.21%	994.69	4.60%	101.09	21.19%	466.22	29.00%	638.00		0.00		0.93%
TRAINING		360.00	0.00%	0.00		0.00	56.88%	204.77	43.12%	155.23		0.00		0.00%
1 Communications		1,000.00	54.88%	548.80	2.00%	20.00		0.00	43.12%	431.20		0.00		0.00%
2 2020-21 MCAH Dues		1,100.00	100.00%	1,100.00		0.00		0.00		0.00		0.00		43.12%
3				0.00		0.00		0.00		0.00		0.00		
4				0.00		0.00		0.00		0.00		0.00		
5				0.00		0.00		0.00		0.00		0.00		
6				0.00		0.00		0.00		0.00		0.00		
7				0.00		0.00		0.00		0.00		0.00		
8				0.00		0.00		0.00		0.00		0.00		
9				0.00		0.00		0.00		0.00		0.00		
10				0.00		0.00		0.00		0.00		0.00		
11				0.00		0.00		0.00		0.00		0.00		
12				0.00		0.00		0.00		0.00		0.00		
13				0.00		0.00		0.00		0.00		0.00		
14				0.00		0.00		0.00		0.00		0.00		
15				0.00		0.00		0.00		0.00		0.00		

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

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

(IV) OTHER COSTS DETAIL												% PERSONNEL MATCH		
												43.12%		
TOTAL OTHER COSTS		1,960.00		1,070.44		460.00		63.04		366.52		0.00		
SUBCONTRACTS														
1				0.00		0.00		0.00		0.00		0.00		0.00
2				0.00		0.00		0.00		0.00		0.00		0.00
3				0.00		0.00		0.00		0.00		0.00		0.00
4				0.00		0.00		0.00		0.00		0.00		0.00
5				0.00		0.00		0.00		0.00		0.00		0.00
OTHER CHARGES												Match Available		
1	Pack'n'Play & Crib Sheets	460.00	0.00%	0.00	100.00%	460.00		0.00		0.00		0.00		43.12%
2	Keep a Clear Mind Drug Program Outreach	550.00	56.88%	312.84		0.00		0.00	43.12%	237.16		0.00		0.00%
3	Bike Blender w/ attachment parts and stand	300.00	56.88%	170.64		0.00		0.00	43.12%	129.36		0.00		0.00%
4	Prenatal Support Materials	650.00	90.30%	586.96		0.00	9.70%	63.04		0.00		0.00		43.12%
5				0.00		0.00		0.00		0.00		0.00		
6				0.00		0.00		0.00		0.00		0.00		
7				0.00		0.00		0.00		0.00		0.00		
8				0.00		0.00		0.00		0.00		0.00		

(V) INDIRECT COSTS DETAIL														
TOTAL INDIRECT COSTS		27,280.34		15,514.33		0.00		0.00		11,766.01				
25.00%	of Total Wages + Fringe Benefits	27,280.34	56.87%	15,514.33		0.00		0.00	43.13%	11,766.01				

Program:	Maternal, Child and Adolescent Health (MCAH)			UNMATCHED FUNDING				NON-ENHANCED MATCHING (50/50)		ENHANCED MATCHING (75/25)				
Agency:	202026 Mono			MCAH-TV		MCAH-SIDS		AGENCY FUNDS		MCAH-Cnty NE		MCAH-Cnty E		
SubK:				(1)	(2)	(3)	(4)	(5)	(6)	(7)	(10)	(11)	(14)	(15)
				TOTAL FUNDING	%	MCAH-TV	%	MCAH-SIDS	%	Agency Funds*	%	Combined Fed/Agency*	%	Combined Fed/Agency*

(I) PERSONNEL DETAIL

TOTAL PERSONNEL COSTS				109,121.34	57,779.74	2,418.91	1,862.34	35,817.13	11,243.22
FRINGE BENEFIT RATE		53.34%	37,958.34	20,098.94	841.43	647.82	12,459.15	3,911.00	
TOTAL WAGES			71,163.00	37,680.80	1,577.48	1,214.52	23,357.98	7,332.22	

FULL NAME (First Name Last Name)	TITLE OR CLASSIFICATION (No Acronyms)	% FTE	ANNUAL SALARY	TOTAL WAGES										J-Pers MCF Per Staff	Staff Traveling (X)
1 Jacinda Croissant	MCAH Director/Public Health Nurse	66.50%	93,061.00	61,886.00	55.10%	34,099.19	0.00	0.00	35.52%	21,981.91	9.38%	5,804.91	44.9%	X	
2 Jacinda Croissant	PeriNatal Services Coordinator	3.00%	93,061.00	2,792.00	55.10%	1,538.39	0.00	0.00	14.35%	400.65	30.55%	852.96	44.9%	X	
3 Jacinda Croissant	SIDS Coordinator	3.00%	93,061.00	2,792.00	0.00%		56.50%	1,577.48	43.50%	1,214.52	0.00	0.00	44.9%	X	
4 Shelby Stockdale	MCAH Public Health Nurse	1.00%	93,061.00	931.00	56.00%	521.36	0.00	0.00	18.00%	167.58	26.00%	242.06	44.9%		
5 Bryan Wheeler	MCAH Public Health Nurse	0.50%	97,714.00	489.00	55.10%	269.44	0.00	0.00	0.00%	0.00	44.90%	219.56	44.9%		
6 Thomas Boo	Health Officer	0.50%	110,975.00	555.00	55.10%	305.81	0.00	0.00	6.57%	36.46	38.33%	212.73	44.9%		
7 Lynda Salcido	Public Health Director (Interim)	1.00%	130,084.00	1,301.00	55.10%	716.85	0.00	0.00	44.90%	584.15		0.00	44.9%		
8 Stephanie Butters	Fiscal & Administrative Officer	0.50%	83,476.00	417.00	55.10%	229.77	0.00	0.00	44.90%	187.23		0.00	44.9%		
9				0.00		0.00	0.00	0.00		0.00		0.00	0.0%		
10				0.00		0.00	0.00	0.00		0.00		0.00	0.0%		

Submit

GOVERNMENT AGENCY TAXPAYER ID FORM

The principal purpose of the information provided is to establish the unique identification of the government entity.

Instructions: You may submit one form for the principal government agency and all subsidiaries sharing the same TIN. Subsidiaries with a different TIN must submit a separate form. Fields bordered in red are required. Please print the form to sign prior to submittal. You may email the form to: GovSuppliers@cdph.ca.gov or fax it to (916) 650-0100, or mail it to the address above.

Principal Government Agency Name: Mono County

Remit-To Address (Street or PO Box): PO Box 476

City: Bridgeport State: CA Zip Code+4: 93517-047

Government Type: City County Special District Federal Other (Specify)
Federal Employer Identification Number (FEIN): 95-6005661

List other subsidiary Departments, Divisions or Units under your principal agency's jurisdiction who share the same FEIN and receives payment from the State of California.

FI\$Cal ID# (if known)	<input type="text"/>	Dept/Division/Unit Name	Public Health	Complete Address	PO box 476, Bridgeport, CA 93517
FI\$Cal ID# (if known)	<input type="text"/>	Dept/Division/Unit Name	<input type="text"/>	Complete Address	<input type="text"/>
FI\$Cal ID# (if known)	<input type="text"/>	Dept/Division/Unit Name	<input type="text"/>	Complete Address	<input type="text"/>
FI\$Cal ID# (if known)	<input type="text"/>	Dept/Division/Unit Name	<input type="text"/>	Complete Address	<input type="text"/>

Contact Person: Stephanie Butters Title: Public Health Fiscal & Administrative Officer
Phone number: 760-932-5587 E-mail address: sbutters@mono.ca.gov
Signature:  Date: 06-29-2020



SONIA Y. ANGELL, MD, MPH
State Public Health Officer & Director

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



GAVIN NEWSOM
Governor

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

In compliance with the Social Security Act (SSA) section 1903(a)(2), Title 42 Code of Federal Regulations (CFR) part 432.2 and 432.50, and the Federal and State guidelines provided, the Mono County has determined that the list of individuals in the attached Exhibit A are eligible for the enhanced SPMP reimbursement rate, for the State Fiscal Year 2020-2021, based on our review of all the criteria below:

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

The undersigned hereby attests that he/she:

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

Mono County
Agency Name/ Local Health Jurisdiction

Jacinda Croissant, MCAH Director
Name and Title

Jacinda Croissant
Signature

6/12/20
Date

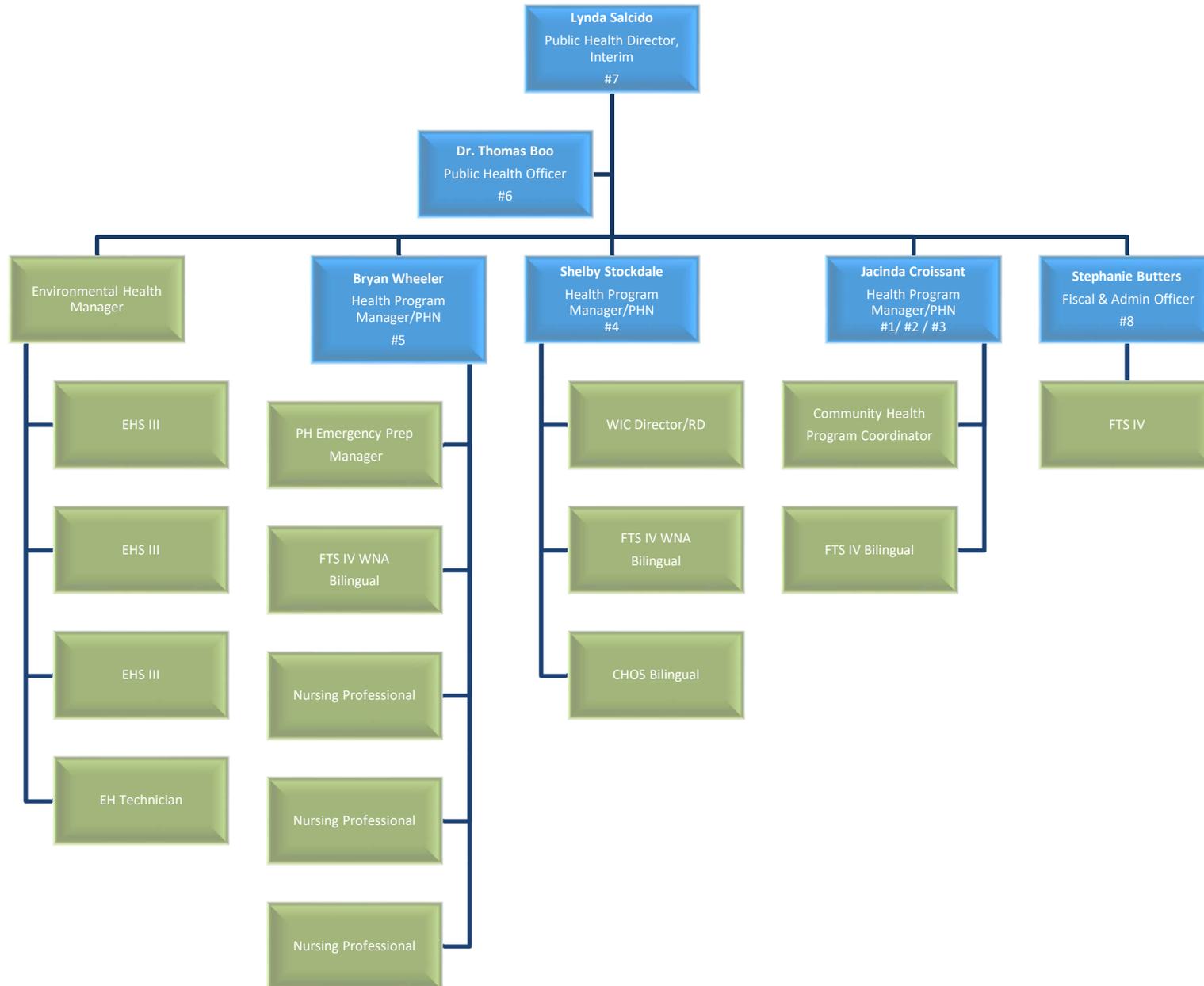


**SPMP ATTESTATION
Exhibit A**

	Agency Employee	Classification/Position	Professional Education/Training	Type of License	Active CA License No./ Certification No.
1	Lynda Salcido	Public Health Director, Interim	BSN, MSN	RN	293978
2	Jacinda Croissant	MCAH Director	BSN	RN	95021915
3	Jacinda Croissant	PSC	BSN	RN	95021915
4	Tom Boo	Public Health Officer	MD	MD	G80249
5	Shelby Stockdale	Public Health Nurse	BSN	RN	95064964
6	Bryan Wheeler	Public Health Nurse	BSN, MSN	RN	825278
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Mono County Health Department Organizational Chart

Fiscal Year 2020/21



MCAH PHN
DUTY STATEMENT

Budget Line: #5

Health Jurisdiction: Mono County

Program: Maternal, Child, and Adolescent Health

Program Position: MCAH PHN

County Job Specification: Health Program Manager/PHN

Under the supervision of the MCAH Director, this position is responsible for assisting with health promotion for MCAH population. This MCAH PHN position must meet the definition of a Skilled Professional Medical Personnel (SPMP). Duties and responsibilities of this position include but are not limited to:

- Collaborate with other program administrators in Mono County around MCAH population issues and assist MCAH Director with administrative oversight of community activities.
- MCAH organization and planning activities, both internally and externally including, identifying stakeholders, bringing them together to discuss problems and developing solutions, and facilitating the implementation of solutions.
- Collaborates with the MCAH Director in community efforts to build and maintain the local MCAH infrastructure.
- Collaborate with the community in the planning for and development of resources.
- Facilitate collaboration, coordination, communication, and cooperation among service providers.
- Facilitate health promotion for MCAH population.