

**NUTRITION EDUCATION AND OBESITY PREVENTION BRANCH
SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM-EDUCATION**

Awarded By

THE CALIFORNIA DEPARTMENT OF PUBLIC HEALTH, hereinafter “Department”

TO

County of Siskiyou Health and Human Services Agency, hereinafter “Grantee”

Implementing the “CalFresh Healthy Living Program,” hereinafter “Project”

GRANT AGREEMENT NUMBER 23–10350

The Department awards this Grant and the Grantee accepts and agrees to use the Grant funds as follows:

AUTHORITY: The Department has authority to grant funds for the Project Health and Safety Code (HSC), Section 131085(a)(b)

PURPOSE: The Department administers a portion of the United States Department of Agriculture (USDA)-funded Supplemental Nutrition Assistance Program – Education (SNAP-Ed), known in California as the CalFresh Healthy Living program (CFHL). The purpose of the Grant is to provide allowable nutrition education and obesity prevention activities and interventions for low-income Californians under the CFHL program. The negative health effects of obesity and resulting chronic diseases, such as heart disease, high blood pressure, diabetes, arthritis, and some forms of cancer, are well-documented. Obesity rates continue to grow and remain high among children, adolescents, and adults. The focus of the project is upstream public health approaches and individual and organizational health promotion to help the CFHL target audience establish healthy eating habits, a physically active lifestyle, and for primary prevention of disease. The CalFresh Healthy Living program in California offers a comprehensive public health approach that enables partners to work together to prevent obesity and serve California’s individuals and families with low incomes. The target audience for CFHL is CFHL-eligible Californians. CFHL-eligible individuals refers to the SNAP-Ed eligible audience, specifically SNAP participants and other low-income individuals who qualify for SNAP (CalFresh Food) benefits or other means-tested Federal assistance programs. The term “means-tested Federal Assistance programs” is defined as Federal programs that require the populations they serve have a gross individual or family income at or below 185 percent of the Federal Poverty Level. There may be additional eligibility requirements to receive these programs, which provide cash and noncash assistance to eligible individuals and families.

GRANT AMOUNT: The maximum amount payable under this Grant Agreement shall not exceed the amount of [\$584,604.00]. The total budget authority for this grant includes an additional 20 percent above the FFY 2024-2026 funding allocation projections. This additional amount provides flexibility for budget allocations and minimizes the administrative burden in the event additional funds become available and are awarded to the Grantee. The maximum amount of this grant does not guarantee that the Grantee will receive this full amount. Funds awarded above the base funding allocation projection amount are contingent upon available funds.

TERM OF GRANT AGREEMENT: The term of the Grant shall begin on October 1, 2023 and terminates on September 30, 2026. No funds may be requested or invoiced for services performed or costs incurred after September 30, 2026.

PROJECT REPRESENTATIVES. The Project Representatives during the term of this Grant will be:

California Department of Public Health	Grantee: County of Siskiyou Health and Human Services Agency
Name: Shelly Cater	Name: Diana Smith, Project Manager
Address: 1616 Capitol Avenue	Address: 810 S. Main Street
Sacramento, CA 95814	Yreka, CA 96097
Phone: 916-449-5446	Phone: 530- 841-2161
E-mail: Shelly.cater@cdph.ca.gov	E-mail: dsmith@co.sisikyou.ca.us

Direct all inquiries to the following representatives:

California Department of Public Health, Project Officer]	Grantee: County of Siskiyou Health and Human Services Agency
Attention: Eugenio Garcia	Attention: Diana Smith, Project Manager
Address: 1616 Capitol Avenue	Address: 810 S. Main Street
Sacramento, CA 95814	Yreka, CA 96097
Phone: 916-449-5331	Phone: 530- 841-2161
E-mail: Eugenio.garcia@cdph.ca.gov	E-mail: dsmith@co.sisikyou.ca.us

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

Remittance Address
Grantee: County of Siskiyou Health and Human Services Agency
Attention: Dawn Walton, Fiscal Officer
Address: 810 S. Main Street Yreka, CA 96097
Phone: 530-841-2184
E-mail: dwalton@co.siskiyou.ca.us

Either party may make changes to the Project Representatives, or remittance address, by giving a written notice to the other party. Said changes shall not require an amendment to this agreement but must be maintained as supporting documentation. Note: Remittance address changes will require the Grantee to submit a completed CDPH 9083 Governmental Entity Taxpayer ID Form or STD 204 Payee Data Record Form and the STD 205 Payee Data Supplement, which can be requested through the CDPH Project Representatives for processing.

STANDARD GRANT PROVISIONS. The Grantee must adhere to all Exhibits listed and any subsequent revisions. The following Exhibits are attached hereto or attached by reference and made a part of this Grant Agreement:

- Exhibit A GRANT APPLICATION FORMS (Response from applicant)
- Exhibit B BUDGET DETAIL AND PAYMENT PROVISIONS
- Exhibit C STANDARD GRANT CONDITIONS
- Exhibit D FEDERAL FISCAL YEAR 2024-2026 FUNDING APPLICATION PACKAGE –
Including all the requirements and attachments contained therein
- Exhibit E ADDITIONAL PROVISIONS
- Exhibit F FEDERAL TERMS AND CONDITIONS

GRANTEE REPRESENTATIONS: The Grantee(s) accepts all terms, provisions, and conditions of this grant, including those stated in the Exhibits incorporated by reference above. The Grantee(s) shall fulfill all assurances and commitments made in the application, declarations, other accompanying documents, and written communications (e.g., e-mail, correspondence) filed in support of the request for grant funding. The Grantee(s) shall comply with and require its subgrantee's to comply with all applicable laws, policies, and regulations.

IN WITNESS THEREOF, the parties have executed this Grant on the dates set forth below.

Executed By:

Date: _____
Ed Valenzuela, Chair, Board of Supervisors
County of Siskiyou
1312 Fairlane Road, Suite1
Yreka, CA 96097

Date: _____
Maksim Lyulkin, Chief
Fiscal Services Unit
California Department of Public Health
1616 Capitol Avenue, Suite 74.262
P.O. Box 997377, MS 1800- 1804
Sacramento, CA 95899-7377