



DATE	March 19, 2025
TIME	12:00 pm
LOCATION	CAPK Administrative Office 1300 18 th St., 3 rd Floor Bakersfield, CA 93301

Budget & Finance Committee Agenda - REVISED

1. Call to Order

2. Roll Call

Michelle Jara Rangel
Fred Plane

Fatima Echeverria
Ana Vigil

3. Public Comments

The public may address the Committee on items not on the agenda but under the jurisdiction of the Committee. Speakers are limited to 3 minutes. If more than one person wishes to address the same topic, the total group time for the topic will be 10 minutes. Please state your name before making your presentation.

4. New Business

- a. Head Start / Early Head Start Budget to Actual Reports for January 31, 2025, - **Info Item**
Head Start Budget to Actual for the Period Ended January 31, 2025 **(p. 3-5)**
Early Head Start Budget to Actual for the Period Ended January 31, 2025 **(p. 6-8)**
Head Start (No Cost Extension) for the Period Ended January 31, 2025 **(p. 9-10)**
Early Head Start (No Cost Extension) for the Period Ended January 31, 2025 **(p. 11-14)**
Head Start Building Proceeds for Central Kitchen as of January 31, 2025 **(p. 15-16)**
Tracy Webster, Chief Financial Officer,
Louis Rodriguez, Head Start Finance Administrator
- b. 2025-26 California Department of Education Program (CSPP) Community Based Expansion - **Action Item (p. 17-18)**
Rosa Guerrero, Administrative Analyst
- c. Food Bank FY25-26 Additional Blanket Purchase Order Request – **Action Item (p. 19-32)**
Kelly Lowery, Food Bank Administrator
- d. Request to Approve the Submission of the FY 2026-2028 Funding Application and Contract Packet for the California Department of Public Health's Women Infants and Children (WIC) Program – **Action Item (p. 33-36)**
Marissa Ortiz-Cortez, WIC Program Manager

e. New Service Agreement: Homeless Housing Assistance and Prevention Program (HHAP 4) Bakersfield Kern Regional Homeless Collaborative Action Item (p. 37-57)	Rebecca Moreno, Director of Housing & Supportive Services
f. New Contract: Anthem Blue Cross Community Supports Contract: Cal-AIM Community Supports (CS) – Action Item (p. 58-134)	Rebecca Moreno, Director of Housing & Supportive Services
g. New Contract: Kern Health Systems Cal-AIM Enhanced Care Management Program (ECM) – Action Item (p. 135-199)	Rebecca Moreno, Director of Housing & Supportive Services
h. Open Door Network Child Care Partnership Contract – Action Item (p. 200-214)	Jerry Meade, Assistant Program Director Head Start & State Child Development
i. January 2025 Financial Reports – Action Item (p. 215-297)	Tracy Webster, Chief Financial Officer
j. 2025 San Joaquin County (SJC) Food Services Vendor Contract – Action Item (p. 298-322)	Jerry Meade, Assistant Program Director Head Start & State Child Development

5. Committee Member Comments

6. Next Scheduled Meeting

Budget & Finance Committee Meeting
April 23, 2025
1300 18th St., 3rd Floor, Board Room
Bakersfield, CA 93301

7. Adjournment

This is to certify that this Agenda Notice was posted in the lobby of the CAPK Administrative Office at 1300 18th St. Bakersfield, CA and online at www.capk.org by 12:00 pm, March 14, 2025, by Glyniel Campbell, Administrative Coordinator.



MEMORANDUM

To: Budget and Finance Committee

From: Tracy Webster, CFO/ Louis Rodriguez, Finance Administrator

Date: March 19, 2025

Subject: *Head Start 4a*: Budget to Actual Report for the period ended January 31, 2025 – **Info Item**

The Office of Head Start has awarded CAPK the full amount of its Head Start and Early Head Start grant for a five-year budget period, the first-year budget period is March 1, 2024, through February 28, 2025.

The following are highlights of the Head Start Budget to Actual Report for the period of March 1, 2024, through January 31, 2025. Eleven months (91.7%) of the 12-month budget period have elapsed.

Base Funds

Overall expenditures are at 92% of the budget.

Training & Technical Assistance Funds

Overall expenditures are at 85% of the budget.

Non-Federal Share (Head Start and Early Head Start combined)

The non-Federal share is at 126% of the budget.

Community Action Partnership of Kern
Head Start
Budget to Actual Report
Budget Period: March 1, 2024 - February 28, 2025
Report Period: March 1, 2024 - January 31, 2025
 Month 11 of 12 (91.7%)

Prepared 03/11/2025

BASE FUNDS	BUDGET	ACTUAL	REMAINING	% SPENT	% REMAINING
PERSONNEL	7,789,945	7,487,078	302,867	96%	4%
FRINGE BENEFITS	2,534,192	2,531,646	2,546	100%	0%
TRAVEL	55,000	51,966	3,034	94%	6%
EQUIPMENT	-	-	-		
SUPPLIES	535,017	516,458	18,559	97%	3%
CONTRACTUAL	186,280	229,659	(43,379)	123%	-23%
CONSTRUCTION	-	-	-		
OTHER	4,417,992	3,530,969	887,023	80%	20%
INDIRECT	1,533,410	1,280,467	252,943	84%	16%
TOTAL BASE FUNDING	17,051,836	15,628,243	1,423,593	92%	8%

TRAINING & TECHNICAL ASSISTANCE

TRAVEL	60,904	34,717	26,187	57%	43%
SUPPLIES	23,986	23,209	777	97%	3%
CONTRACTUAL	12,800	12,800	-	100%	0%
OTHER	63,752	63,752	-	100%	0%
INDIRECT	16,144	16,072	72	100%	0%
TOTAL TRAINING & TECHNICAL ASSISTANCE	177,586	150,550	27,036	85%	15%

GRAND TOTAL HS FEDERAL FUNDS	17,229,422	15,778,793	1,450,629	92%	8%

HEAD START and EARLY HEAD START COMBINED NON-FEDERAL SHARE

SOURCE	BUDGET	ACTUAL	REMAINING	% SPENT	% REMAINING
IN-KIND	2,252,076	3,836,314	(1,584,238)	170%	-70%
CALIF DEPT OF ED	10,925,665	12,823,833	(1,898,168)	117%	-17%
TOTAL NON-FEDERAL	13,177,741	16,660,147	(3,482,406)	126%	-26%

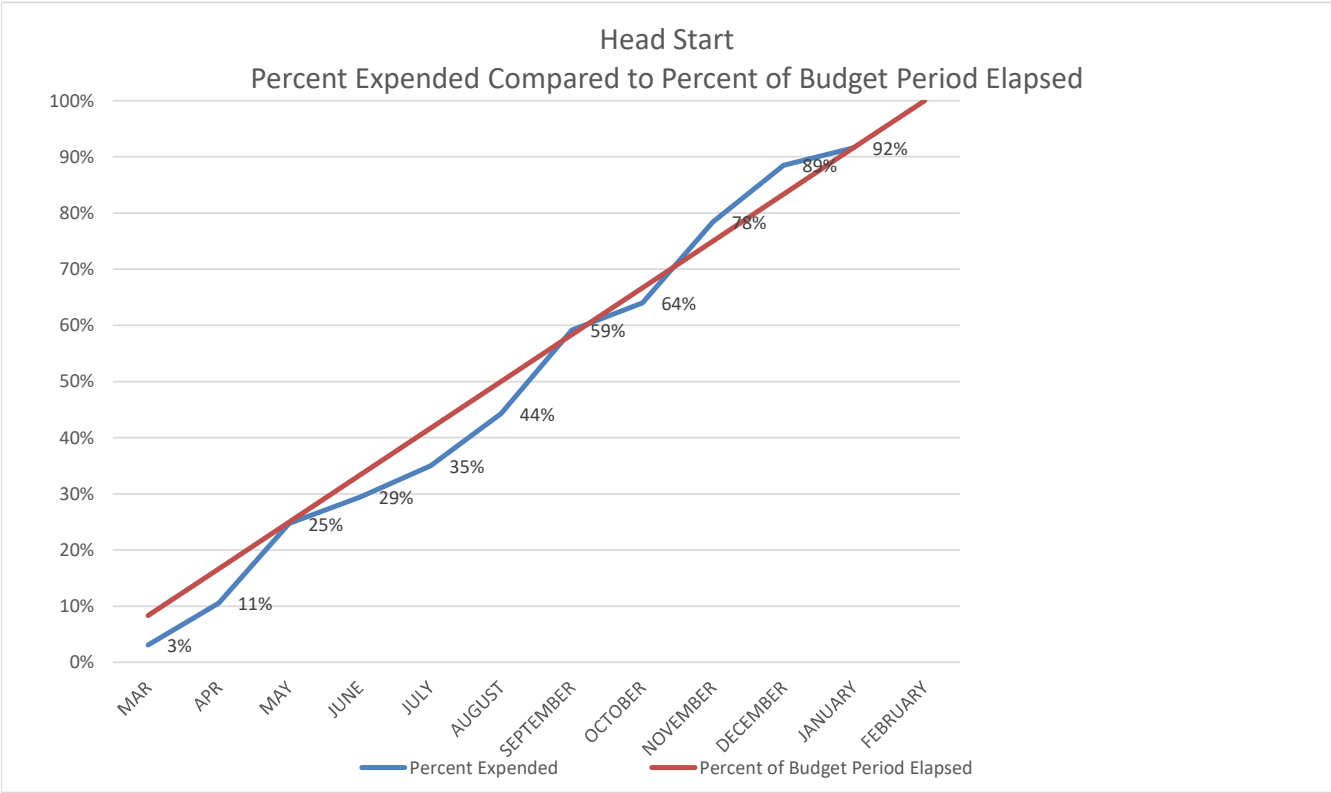
Budget reflects Notice of Award #09CH012489-01-03

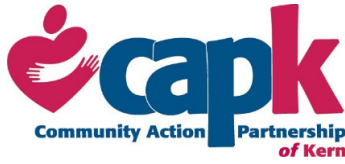
Actual expenditures include posted expenditures and estimated adjustments through 01/31/2025

Administrative Cost for HS and EHS Combined **6.6%**

Agency-Wide Credit Card Report

	CURRENT	1 TO 30	31 TO 60	61 TO 90	TOTAL	STATEMENT DATE
Wells Fargo	27,875	-	-	-	27,875	2/1/2025
Lowe's	51,066	1,817	325	-	53,208	2/1/2025
Smart & Final	90	-	-	-	90	2/2/2025
Save Mart	333	-	-	-	333	2/4/2025
Chevron & Texaco Business Card	7,656	-	-	-	7,656	2/6/2025
Home Depot	18,124	885	-	-	19,010	2/5/2025
	105,144	2,702	325	-	108,172	





MEMORANDUM

To: Budget and Finance Committee

From: Tracy Webster, CFO / Louis Rodriguez, Finance Administrator

Date: March 19, 2025

Subject: *Early Head Start* Budget to Actual Report for the period ended January 31, 2025 – **Info Item**

The Office of Head Start has awarded CAPK the full amount of its Head Start and Early Head Start grant for a five-year budget period, the first-year budget period is March 1, 2024, through February 28, 2025.

The following are highlights of the Early Head Start Budget to Actual Report for the period of March 1, 2024, through January 31, 2025. Eleven months (91.7%) of the 12-month budget period has elapsed.

Base Funds

Overall expenditures are at 67% of the budget.

Training & Technical Assistance Funds

Overall expenditures are at 77% of the budget.

**Community Action Partnership of Kern
Early Head Start
Budget to Actual Report**

Budget Period: March 1, 2024 - February 28, 2025

Report Period: March 1, 2024 - January 31, 2025

Month 11 of 12 (91.7%)

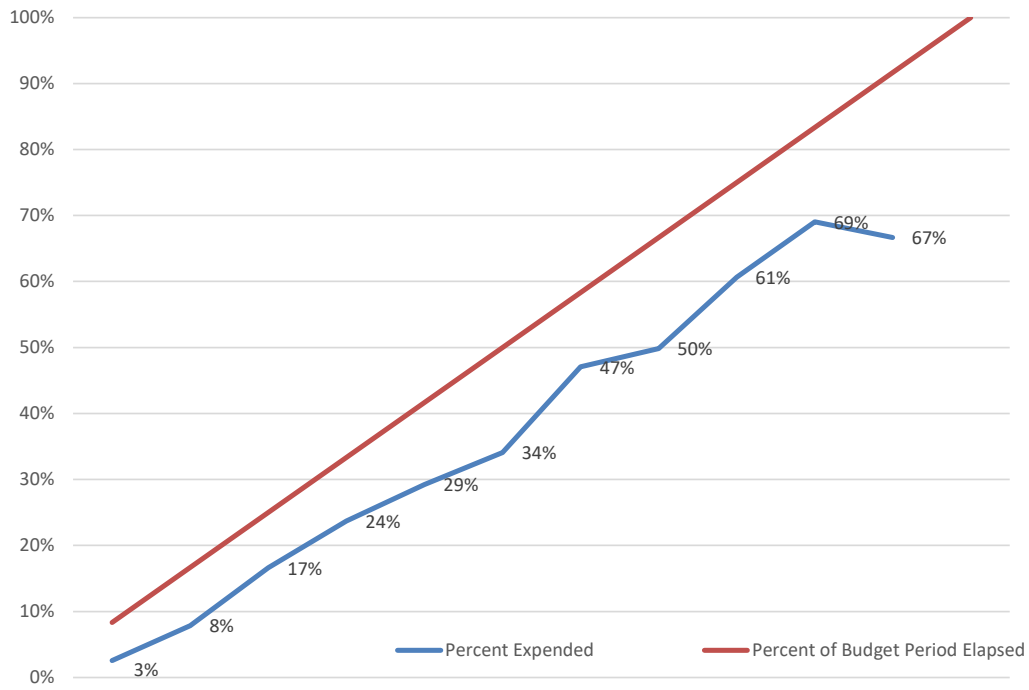
Prepared 03/11/2025

BASE FUNDS	BUDGET	ACTUAL	REMAINING	% SPENT	% REMAINING
PERSONNEL	12,396,888	8,370,450	4,026,438	68%	32%
FRINGE BENEFITS	3,803,667	2,716,853	1,086,814	71%	29%
TRAVEL	45,000	44,975	25	100%	0%
EQUIPMENT	-	-	-		
SUPPLIES	751,602	773,152	(21,550)	103%	-3%
CONTRACTUAL	1,001,244	746,692	254,552	75%	25%
CONSTRUCTION	-	-	-		
OTHER	2,518,573	1,090,401	1,428,172	43%	57%
INDIRECT	2,001,083	1,273,237	727,846	64%	36%
TOTAL BASE FUNDING	22,518,057	15,015,760	7,502,297	67%	33%
TRAINING & TECHNICAL ASSISTANCE					
PERSONNEL	-	-	-		
FRINGE BENEFITS	-	-	-		
TRAVEL	118,632	75,037	43,595	63%	37%
SUPPLIES	30,013	30,013	-	100%	0%
CONTRACTUAL	26,080	13,004	13,076	50%	50%
OTHER	137,953	125,321	12,632	91%	9%
INDIRECT	31,268	21,365	9,903	68%	32%
TOTAL TRAINING & TECHNICAL ASSISTANCE	343,946	264,740	79,206	77%	23%
GRAND TOTAL EHS FEDERAL FUNDS	22,862,003	15,280,500	7,581,503	67%	33%

Budget reflects Notice of Award #09CH012489-01-03

Actual expenditures include posted expenditures and estimated adjustments through 01/31/2025

Early Head Start Percent Expended Compared to Percent of Budget Period Elapsed





MEMORANDUM

To: Budget and Finance Committee

From: Tracy Webster, CFO/ Louis Rodriguez, Finance Administrator

Date: March 19, 2025

Subject: *Head Start (No Cost Extension)* Budget to Actual Report for the period ended January 31, 2025 – **Info Item**

The following are highlights of the Head Start Budget to Actual Report for the period of March 1, 2023, through January 31, 2025. Twenty-Three months (95.8%) of the 24-month budget period have elapsed. The office of Head Start processed a no cost extension to the prior year contract through February 28, 2025. This will allow CAPK to complete ongoing capital projects to benefit the Head Start program.

Base Funds

Overall expenditures are 102% of the budget.

Training & Technical Assistance Funds

Overall expenditures are 99% of the budget.

Non-Federal Share (Head Start and Early Head Start combined)

The non-Federal share is 117% of the budget.

Community Action Partnership of Kern

Head Start

Budget to Actual Report

Budget Period: March 1, 2023 - February 28, 2025 (No Cost Extension)

Report Period: March 1, 2023 - January 31, 2025

Month 23 of 24 (95.8%)

Prepared 03/13/2025

BASE FUNDS	BUDGET	ACTUAL	REMAINING	% SPENT	% REMAINING
PERSONNEL	8,932,482	8,943,165	(10,683)	100%	0%
FRINGE BENEFITS	2,356,212	2,359,638	(3,426)	100%	0%
TRAVEL	25,228	95,111	(69,883)	377%	-277%
EQUIPMENT	894,076	331,096	562,980	37%	63%
SUPPLIES	898,278	2,066,064	(1,167,786)	230%	-130%
CONTRACTUAL	511,650	289,764	221,886	57%	43%
CONSTRUCTION	1,624,892.00	1,240,172	384,720	76%	24%
OTHER	4,594,069	5,003,755	(409,686)	109%	-9%
INDIRECT	1,867,451	1,753,282	94,640	94%	6%
TOTAL BASE FUNDING	21,704,338	22,082,047	(397,238)	102%	-2%

TRAINING & TECHNICAL ASSISTANCE

TRAVEL	41,904	41,904	-	100%	0%
SUPPLIES	23,986	23,986	-	100%	0%
CONTRACTUAL	22,800	22,800	-	100%	0%
OTHER	72,752	72,752	-	100%	0%
INDIRECT	16,144	13,566	2,578	84%	16%
TOTAL TRAINING & TECHNICAL ASSISTANCE	177,586	175,008	2,578	99%	1%

GRAND TOTAL HS FEDERAL FUNDS	21,881,924	22,257,055	(394,660)	102%	-2%

HEAD START and EARLY HEAD START COMBINED NON-FEDERAL SHARE

SOURCE	BUDGET	ACTUAL	REMAINING	% SPENT	% REMAINING
IN-KIND	1,958,398	3,993,841	(2,035,443)	204%	-104%
CALIF DEPT OF ED	11,131,398	11,261,048	(129,650)	101%	-1%
TOTAL NON-FEDERAL	13,089,796	15,254,889	(2,165,093)	117%	-17%

Budget reflects Notice of Award #09CH011132-05-06

Actual expenditures include posted expenditures and estimated adjustments through 01/31/2025

Administrative Cost for HS and EHS Combined **11.2%**



MEMORANDUM

To: Budget and Finance Committee

From: Tracy Webster, CFO / Louis Rodriguez, Finance Administrator

Date: March 19, 2025

Subject: *Early Head Start (No Cost Extension)* Budget to Actual Report for the period ended January 31, 2025 – **Info Item**

The following are highlights of the Early Head Start Budget to Actual Report for the period of March 1, 2023, through January 31, 2025. Twenty-Three months (95.8%) of the 24-month budget period have elapsed. The office of Head Start processed a no cost extension to the prior year contract through February 28, 2025. This will allow CAPK to complete ongoing capital projects to benefit the Head Start program.

Base Funds

Overall expenditures are 93% of the budget.

Training & Technical Assistance Funds

Overall expenditures are 100% of the budget.

**Community Action Partnership of Kern
Early Head Start
Budget to Actual Report**

Budget Period: March 1, 2023 - February 28, 2025 (No Cost Extension)

Report Period: March 1, 2023 - January 31, 2025

Month 23 of 24 (95.8%)

Prepared 03/13/2025

BASE FUNDS	BUDGET	ACTUAL	REMAINING	% SPENT	% REMAINING
PERSONNEL	8,833,704	8,890,992	(57,288)	101%	-1%
FRINGE BENEFITS	2,454,456	2,455,606	(1,150)	100%	0%
TRAVEL	37,198	37,190	8	100%	0%
EQUIPMENT	479,780	198,028	281,752	41%	59%
SUPPLIES	1,304,550	1,017,263	287,287	78%	22%
CONTRACTUAL	1,244,477	953,846	290,631	77%	23%
CONSTRUCTION	1,345,378	87,936	1,257,442	7%	93%
OTHER	3,212,174	3,823,790	(611,616)	119%	-19%
INDIRECT	1,569,115	1,635,588	(66,473)	104%	-4%
TOTAL BASE FUNDING	20,480,832	19,100,239	1,380,593	93%	7%
TRAINING & TECHNICAL ASSISTANCE					
PERSONNEL	-	-	-		
FRINGE BENEFITS	-	-	-		
TRAVEL	46,536	44,496	2,040	96%	4%
SUPPLIES	30,013	30,013	-	100%	0%
CONTRACTUAL	26,080	26,080	-	100%	0%
OTHER	212,393	212,393	-	100%	0%
INDIRECT	28,924	31,092	(2,168)	107%	-7%
TOTAL TRAINING & TECHNICAL ASSISTANCE	343,946	344,074	(128)	100%	0%
GRAND TOTAL EHS FEDERAL FUNDS	20,824,778	19,444,313	1,380,465	93%	7%

Budget reflects Notice of Award #09CH011132-05-06

Actual expenditures include posted expenditures and estimated adjustments through 01/31/2025

LOCATION	Enroll- ment	March	April	May	June	July	Aug	Sep	Oct	Nov	Dec	Jan	YTD Totals	Kern/SJC	IN-KIND GOAL	% OF GOAL MET
Alberta Dillard	34	15,847	15,179	6,902	0	0	7,155	13,690	16,899	18,099	11,495	13,996	119,262	Kern	43,028	277%
Alicante	17	10,869	11,808	10,120	8,157	6,803	4,858	13,433	13,068	11,486	12,795	8,609	112,007	Kern	21,514	521%
Angela Martinez	75	27,839	26,740	14,794	17,194	20,916	24,744	24,268	30,797	30,439	21,338	18,855	257,924	Kern	94,916	272%
Broadway	37	11,643	7,909	5,992	0	0	3,429	8,884	7,979	3,130	8,434	9,846	67,246	Kern	46,825	144%
California City	17	8,464	12,184	3,116	0	0	0	0	0	0	0	0	23,763	Kern	21,514	110%
Cleo Foran	23	9,095	11,613	12,788	8,230	6,041	7,593	4,281	9,255	3,655	2,864	6,505	81,921	Kern	29,107	281%
Delano	60	24,094	25,425	15,771	0	0	9,545	20,321	25,006	21,289	23,086	18,015	182,550	Kern	75,933	240%
East California	52	10,239	9,308	4,334	656	0	0	0	0	0	0	0	24,536	Kern	65,808	37%
Fairfax	34	8,091	8,219	4,907	0	338	2,523	6,258	7,267	7,253	5,724	0	50,581	Kern	43,028	118%
Harvey L. Hall	146	21,066		17,703	17,322	19,586	21,036	22,845	19,334	16,088	23,617	27,635	206,230	Kern	184,769	112%
Heritage	17	3,577	2,886	799	0	0	965	2,100	1,901	3,733	246	1,370	17,577	Kern	21,514	82%
Home Base	160	8,211	4,033	3,319	1,526	5,434	9,637	6,769	10,659	7,750	16,641	26,190	100,169	Kern	202,487	49%
Lamont	20	6,429	9,371	3,940	0	0	0	0	0	0	0	0	19,740	Kern	25,311	78%
Martha J. Morgan	50	239	256	6,620	251	0	0	365	258	741	9,944	14,110	32,785	Kern	63,277	52%
McFarland	20	215	0	0	0	0	0	0	0	0	0	0	215	Kern	25,311	1%
Mojave	20	3,490	2,750	1,019	0	0	0	0	0	0	0	0	7,259	Kern	25,311	29%
Oasis	42	5,930	5,344	4,563	0	0	2,490	6,962	9,017	9,147	8,529	9,756	61,738	Kern	53,153	116%
Pete H. Parra	116	38,467	35,032	29,677	33,175	30,875	30,416	40,804	49,051	21,339	30,487	0	339,321	Kern	146,803	231%
Planz	0	0	0	0	0	0	0	0	0	0	0	0	0	Kern	0	0%
Primeros Pasos	67	42,257	43,003	50,204	37,829	26,370	30,711	45,624	51,773	51,667	51,865	52,894	484,197	Kern	84,791	571%
Rosamond	34	1,474	3,599	1,219	0	0	6,543	15,711	15,568	10,333	4,932	0	59,378	Kern	43,028	138%
San Diego	32	6,452	8,156	7,606	6,795	8,498	5,793	6,214	9,158	5,472	4,125	6,460	74,731	Kern	40,497	185%
Seibert	20	2,223	1,036	0	0	0	0	0	0	0	0	0	3,258	Kern	25,311	13%
Shafter	17	2,058	3,790	799	3,652	2,040	1,960	1,541	1,775	2,257	2,002	982	22,856	Kern	21,514	106%
Shafter HS/EHS	24	4,087	4,024	3,424	2,683	2,485	3,776	4,482	3,613	5,351	4,540	5,079	43,544	Kern	30,373	143%
Sterling	134	27,996	23,444	21,937	21,826	23,243	26,977	28,936	37,167	21,429	25,766	0	258,720	Kern	169,583	153%
Stockdale Head Start	45	0														
Sunrise Villa	17	905	1,552	745	0	0	0	2,259	1,658	2,941	1,193	0	11,252	Kern	21,514	52%
Taft	51	4,118	6,079	3,535	0	0	4,016	6,381	6,826	5,501	3,402	0	39,857	Kern	64,543	62%
Tehachapi	15	567	744	0	0	0	3,312	4,134	1,533	310	0	0	10,599	Kern	18,983	56%
Vineland	17	1,788	1,609	562	0	0	1,822	6,318	8,413	5,845	6,383	6,818	39,559	Kern	21,514	184%
Virginia	17	10,041	0	4,607	0	0	6,043	11,136	13,425	13,116	9,380	7,393	75,141	Kern	21,514	349%
Wesley	60	15,716	597	7,850	0	0	0	0	0	0	0	0	24,163	Kern	75,933	32%
Willow	40	9,709	119	5,731	0	0	4,835	9,364	12,440	10,044	8,149	8,170	68,561	Kern	50,622	135%
Governance		24	0	50	24	0	0	0	95	0	0	412	605	Kern	15,000	4%
Program Services		12,651	15,519	196	11,985	17,327	8,618	13,172	21,281	11,471	4,302	16,836	133,358	Kern/SJC	74,265	180%
California Street	24	12,526	12,655	11,074	9,643	7,939	13,936	10,614	13,286	10,264	15,633	7,173	124,744	SJC	30,373	411%
Gianone	16	0	0	0	0	0	614	972	1,674	2,250	1,554	1,700	8,765	SJC	26,431	0%
Kennedy	16	2,025	2,271	2,024	1,488	2,007	2,894	2,251	2,948	3,105	2,004	1,359	24,376	SJC	20,249	120%
Lodi Home Base	20	8,517	15,287	11,465	13,115	12,101	77,046	14,163	10,687	11,503	10,940	9,598	194,422	SJC	25,311	768%
Lodi UCC	24	8,845	465	11,289	7,808	4,305	6,321	9,335	8,780	8,420	7,557	4,032	77,157	SJC	30,373	254%
Lathrop Home Base	20	0	0	0	0	0	0	0	0	0	0	0	0	SJC	25,311	0%
Marci Massei	24	3,181	3,607	3,815	2,671	5,318	4,432	8,133	9,718	9,175	5,921	7,535	63,506	SJC	30,373	209%
St. Mary's	16	3,438	4,376	7,566	1,366	1,078	404	0	0	0	0	0	18,227	SJC	20,249	90%
Stockton Home Base	40	76	17,519	20,203	21,437	20,312	19,634	19,890	18,440	16,411	12,266	8,353	174,541	SJC	50,622	345%
Lathrop	24	9,405	9,356	9,651	8,520	8,155	11,164	8,040	11,087	10,535	6,932	2,905	95,751	SJC	30,373	315%
SUBTOTAL IN-KIND	1,754	403,884	366,861	331,918	237,351	231,172	365,242	399,650	461,837	371,768	364,046	302,585	3,836,314	0	2,258,258	170%
x																
State General Child Care*		261,877	257,404	266,689	221,757	240,220	274,223	306,158	394,178	329,674	363,224	405,857	3,321,260	Kern	3,481,300	95%
State Preschool*		620,606	674,911	576,199	314,235	289,388	416,040	541,428	767,995	672,208	691,599	846,415	6,411,024	Kern	6,219,213	103%
State Migrant Child Care*		4,433	4,433	4,655	3,196	1,191	1,248	1,134	1,304	1,021	1,077	1,191	24,883	Kern	50,000	50%
SUBTOTAL CA DEPT of ED		886,916	936,748	847,543	539,188	530,799	691,511	848,720	1,163,477	1,002,903	1,055,901	1,253,462	9,757,167		9,750,513	100%
x																
State General Child Care*		209,012	215,878	238,485	189,226	228,190	249,276	232,927	269,968	216,386	221,948	237,202	2,271,296	SJC	1,175,152	193%
SUBTOTAL CA DEPT of ED		209,012	215,878	238,485	189,226	228,190	249,276	232,927	269,968	216,386	221,948	237,202	2,271,296		1,175,152	193%
GRAND TOTAL		1,499,812	1,519,487	1,417,946	965,765	990,161	1,306,029	1,481,297	1,895,282	1,591,057	1,641,895	1,793,249	15,864,777		13,183,923	120%
CCP In-Kind 795,370																
16,660,147																

Community Action Partnership of Kern
Early Head Start Child Care Partnerships
Non-Federal Share and In-Kind Year-to-Date Report
Budget Period: March 1, 2024 through February 28, 2025
Report for period ending January 31, 2025 (Month 11 of 12)

Percent of year elapsed: 91.7%

LOCATION	FUNDED ENROLL- MENT	Mar 2024	Apr 2024	May 2024	June 2024	July 2024	Aug 2024	Sept 2024	Oct 2024	Nov 2024	Dec 2024	Jan 2025	YTD Totals	IN-KIND GOAL	% OF GOAL MET
Kern Community College District - BC	32	19,159	112,423	27,266	22,688	23,772	17,871	23,511	24,616	22,721	50	260	294,338	137,864	213%
KCSOS - Blanton	16	20,737	11,266	9,755	43,530	23,355	20,018	30,666	37,307	43,340	0	0	239,972	68,932	348%
Garden Pathways	11	0	0	0	0	0	0	111	0	0	0	0	111	47,391	0%
Taft College	42	20,928	30,799	34,264	24,121	28,103	28,103	30,402	37,562	26,603	0	0	260,887	180,947	144%
Escuelita Hernandez	16	0	0	0	0	0	0	24	37	0	0	0	61	68,932	0%
TBD	11	0	0	0	0	0	0	0	0	0	0	0	0	47,391	0%
Program Services		0	0	0	0	0	0	0	0	0	0	0	0		
Admin Services		0	0	0	0	0	0	0	0	0	0	0	0		
GRAND TOTAL	128	60,824	154,489	71,285	90,338	75,230	65,992	84,714	99,523	92,665	50	260	795,370	551,456	144%

Budget reflects Notice of Award #09CH012489-01-03



MEMORANDUM

To: Budget and Finance Committee

From: Tracy Webster, CFO/ Louis Rodriguez, Finance Administrator

Date: March 19, 2025

Subject: *Head Start* Building Proceeds for Central Kitchen as of January 31, 2025 – **Info Item**

CAPK received authorization from the Office of Head Start (OHS) to sell the properties located at 3100 Mall View Road and 5005 Business Park North. Accordingly, OHS requested that the proceeds from the sale of these buildings be held in an interest-bearing account for the purpose of funding the construction of a new central kitchen.

The remodel of the new central kitchen will be largely funded from the funds in this account and by the funds from the no cost extension grant 09CH011132-05. CAPK submits regular reporting to OHS each time funds are expended for this construction project.

The following are highlights of the funds held from the proceeds of sale of buildings designated for the New Central Kitchen remodel for the period ended December 31, 2024.

Overall expenditures are 61.9% of the Building Proceeds.

Community Action Partnership of Kern

Building Proceeds

Report Period: March 1, 2023 - January 31, 2025

Prepared 03/11/2025

BUILDING PROCEEDS (For Central Kitchen Remodel)	BUILDING PROCEEDS	EARNINGS (INTEREST)	TOTAL	EXPENSES	REMAINING	% REMAINING
	3,329,792	28,946	3,358,738	2,078,695	1,280,043	38.1%

% Spent 61.9%

Sale Central Kitchen - 10/31/2023	1,105,128
Sale BPN - 02/14/2024	2,224,664
Total Proceeds	<u>3,329,792</u>
Plus Interest	<u>28,946</u>
	3,358,738
Less Expenses	<u>2,078,695</u>
Remaining Balance	<u>1,280,043</u>



MEMORANDUM

To: Budget and Finance Committee
Rosa Guerrero
From: Rosa Guerrero, Administrative Analyst
Date: March 19, 2025
Subject: *Agenda Item 4b:* California Department of Education Program (CSPP) Community Based Expansion – **Action Item**

The Head Start and State Child Development Division is requesting approval from the Board of Directors to apply for community-based expansion for the California Department of Education's California State Preschool Program (CSPP) grant. The funding period for this grant opportunity is July 2025 through June 2026.

Funds will be used to add an additional 17 slots to the State Preschool program that is currently blended with Head Start center-based services. Services provided under this grant will be available in Full Day/Full Year Head Start centers located in either Bakersfield, Arvin, Lamont or Shafter. This is a one-time funding opportunity with an available amount of \$256,412.

As this is one-time funding, the Head Start/State Child Development Program modifies services through its annual evaluation of its program options for eligible children and families. To do so, the program analyzes the Community Needs Assessment to effectively allocate services and resources to ensure classrooms are available where they are most needed. Other program aspects such as staffing and facilities are also evaluated in order to fully earn our state contracts.

Strategic Plan Impact

This proposal aligns with Goal 2 of the 2021-2025 Strategic Plan: All families in the communities we serve have access to high quality early learning and care choices to meet their diverse needs, specifically as it relates to 2.1.1 b) increasing capacity to provide slots by taking advantage of emerging funding opportunities at the County, Regional, State, and federal levels.

Recommendation

Staff recommends the Budget and Finance Committee approve, with resolution, the submission of the Fiscal Year 2025-2026 Community Based Funding Application for California Department of Education's CSPP program and further recommend approval by the full Board at the March 26, 2025 meeting to include the authorization for the Chief Executive Officer to sign the application for funding and execute the contract and all amendments during the term of the contract, if awarded.

Attachment:

Resolution 2025 -05



RESOLUTION # 2025-05

A Resolution of the Board of Directors of Community Action Partnership of Kern Approving the Submission of the 2025 California State Preschool Program Contract Funds for Community Based Organizations in Kern County

The Board of Directors of Community Action Partnership of Kern, met on March 26, 2025, at a regularly scheduled meeting, at the CAPK Administrative Offices located at 1300 18th Street, Suite 200, Bakersfield, CA 93301 and resolved as follows:

WHEREAS, Community Action Partnership of Kern (CAPK) is a private, non-profit 501(c)(3) corporation established as a result of the Economic Opportunity Act of 1964, and is the federally designated community action agency serving the low-income, elderly and disadvantaged residents of Kern County; and

WHEREAS, CAPK is charged with the responsibility of continuing the battle to alleviate poverty in Kern County by developing and implementing creative and innovative programs, and has adopted the philosophical position of “Helping People, Changing Lives” in its quest to assist people in need, and families with minimal or no resources; and

WHEREAS, the Head Start and State Child Development Division is requesting to submit the California Department of Education (CDE) funding application for the State Preschool (CSPP) Program Contract Funds for Community Based Organizations in Kern County, for funding from July 1, 2025 through June 30, 2026; and

WHEREAS, the Head Start and State Child Development Division is requesting a maximum funding amount of \$256,412 for State Preschool (CSPP); and

WHEREAS, the California Department of Education requires that an authorized signatory be named for the refunding application and contract, as well as an authorized representative be named for submitting the application electronically; and

NOW, THEREFORE, be it resolved that the CAPK Board of Directors hereby authorizes the Chief Executive Officer to act on behalf of the Board as CAPK’s representative signatory with regard to the CDE Continued Funding Application and CDE contract, and assign Rosa Guerrero, Administrative Analyst to submit the application electronically.

APPROVED by a majority vote of the Directors of Community Action Partnership of Kern, this 26th day of March 2025.

Maritza Jimenez, Chair
CAPK Board of Directors

Date



MEMORANDUM

To: Budget & Finance Committee
Alphy

From: Kelly Lowery, Food Bank Program Administrator

Date: March 19, 2025

Subject: *Agenda Item 4c*: Food Bank FY 25-26 Additional Blanket Purchase Order Request
– **Action Item**

Background

In 2024 the CAPK Food Bank distributed approximately 22 million pounds of food through various programs. Of that amount, more than 4 million pounds were distributed through the pantry and farmers' market programs throughout our network of agency partners. In January 2023, The CAPK Food Bank network was averaging approximately 100,000 engagements each month. By the end of 2024, that number has more than doubled with an all-time high of more than a quarter of a million engagements each month. Federal & State resources are pre-determined, fixed, and unable to swell with demand. The Food Bank's ability to purchase food is one of the primary ways we were able to address the growing demand.

Current Events

In January, BPOs for the following vendors were approved by the Budget & Finance Committee and the CAPK Board. However, after the FY 25-26 BPOs were approved, two additional funding sources were secured CSFP CCC (\$357,393) & Kern County CARES (\$750,000). Here are two of the vendors and additional amounts we are requesting to use for food purchasing with these funds:

	CSFP CCC	Kern County CARES
CalFoods Logistics:	\$300,000	\$600,000
I Deal Specialties:	\$250,000	\$250,000
Grimmway		\$100,000

Recommendation:

Staff recommend the Budget & Finance Committee approve the requested additional blanket purchase orders listed which will allow staff to fully spend down the associated grant allocations and further recommend approval by the full Board at the March 26, 2025 meeting.

Attachments:

SSJFs for CalFood Logistics
I Deal Specialties
Grimmway



Community Action Partnership of Kern

Finance - Business Services Department
1300 18th Street · Bakersfield, CA 93301
(661) 336-5236 procurement@capk.org

SOLE SOURCE JUSTIFICATION FORM

Sole source purchases are not permitted except when clearly and thoroughly justified.

- Estimated contract amount: 250,000.00 Account Code(s): See Attachment
- Recommended supplier name, address, phone, fax, e-mail, and contact name and title:
I Deal Specialties 2492 Cedarwood Rd Pepper Pike, OH 44124
- Description of requested items or services and their purpose(s): **Fresh Produce for Cal-Foods Grant.**
- Reason(s) for requesting a sole source purchase:
 - ☐ Original manufacturer or provider; no other local distributors exist.
 - ☐ Only local distributor for the original manufacturer or provider.
 - ☐ Parts or equipment not interchangeable with similar parts of another manufacturer.
 - ☐ Only known item or service matching the requested needs or performing the intended task.
 - ☐ Sole provider of a licensed or patented good or service.
 - ☐ Sole provider of items compatible with existing equipment, inventory, systems, programs or services.
 - ☐ Sole provider of goods or service established as standard (please provide evidence of such a standard).
 - ☐ Sole provider of factory-authorized warranty service.
 - ☒ None of the above applies. Please attach a detailed explanation and justification for this sole source request.
- Explain why the product or service requested is the only one that can satisfy your requirements, as well as why alternatives are unacceptable. Be specific with regard to specifications. Attach additional pages if necessary.

REQUESTED BY:

Maricla Conde

PRINTED NAME

Admin Sup.

TITLE

2/26/25

DATE

I hereby certify that, to the best of my knowledge, the above justification is accurate and request that a sole source be approved for the procurement of the above requested items or services.

Division Director:

Susana Magina
Susana Magina (Mar 3, 2025 09:23 PST)

Date: 03/03/2025

Additional Approvals

Kelly Lowary
Kelly Lowary (Feb 28, 2025 09:34 PST)

Date: 02/28/2025

Chief Program Officer:

\$30,000-\$100,000

Date: 03/03/2025

Chief Financial Officer:

\$100,000-\$149,999

Date: 03/03/2025

Chief Executive Officer:

\$150,000+

Date: 03/03/2025

Authorization:

☐ APPROVED

☐ NOT APPROVED

Business Manager:

Alexander

Date: 03/03/2025

/2024

Account Codes(s):

7145-147024-2005-10033-210-135

Total: \$250,000 00

#5

I Deal Specialties is a food broker that offers truckloads of produce and protein on a first-come, first-serve basis. Offers are received and can be unavailable within the day due to being accepted by other food banks etc. The Capk Food Bank needs to procure large amounts of produce and protein to support the free farmer's markets and pantry programs. Responding in real-time with this vendor will expand our purchasing strengths by allowing resources to go further. Additionally, this vendor understands and works with the food bank industry and can assist in identifying loads that will be eligible for certain grant funding.

Advanced ordering for discounted produce and protein is challenged by several factors including but not limited to season of the year weather, retail market fluctuation, etc. Responding in real-time will save CAPK Food Bank time, money, and staff resources.

Note:

I Deal Specialties is an active vendor. This is a new BPO for the new fiscal year 3/1/2025-2/28/2026



Community Action Partnership of Kern

Finance - Business Services Department

1300 18th Street • Bakersfield, CA 93301

(661) 336-5236 procurement@capk.org

SOLE SOURCE JUSTIFICATION FORM

Sole source purchases are not permitted except when clearly and thoroughly justified.

1. Estimated contract amount: 300,000.00 Account Code(s): See Attachment
2. Recommended supplier name, address, phone, fax, e-mail, and contact name and title:
Cal- Foods Logistics 3478 Buskirk Ave Ste 346 Pleasant Hill CA 94523
3. Description of requested items or services and their purpose(s): **Fresh Produce for Cal-Foods Grant.**
4. Reason(s) for requesting a sole source purchase:
 - ☐ Original manufacturer or provider; no other local distributors exist.
 - ☐ Only local distributor for the original manufacturer or provider.
 - ☐ Parts or equipment not interchangeable with similar parts of another manufacturer.
 - ☐ Only known item or service matching the requested needs or performing the intended task.
 - ☐ Sole provider of a licensed or patented good or service.
 - ☐ Sole provider of items compatible with existing equipment, inventory, systems, programs or services.
 - ☐ Sole provider of goods or service established as standard (please provide evidence of such a standard).
 - ☐ Sole provider of factory-authorized warranty service.
 - ☒ None of the above applies. Please attach a detailed explanation and justification for this sole source request.
5. Explain why the product or service requested is the only one that can satisfy your requirements, as well as why alternatives are unacceptable. Be specific with regard to specifications. Attach additional pages if necessary.

REQUESTED BY:

Maricla Conde

PRINTED NAME

Admin Sup.

TITLE

2/26/25

DATE

I hereby certify that, to the best of my knowledge, the above justification is accurate and request that a sole source be approved for the procurement of the above requested items or services.

Division Director:

Suzanne Magana
Suzanne Magana (Mar 3, 2025 09:22 PST)

Date: 03/03/2025

Additional Approvals

Kelly Lowery
Kelly Lowery (Feb 26, 2025 09:33 PST)

02/28/2025

Chief Program Officer:

[Signature]

Date: 03/03/2025

\$30,000-\$100,000

Chief Financial Officer:

Amey Webster

Date: 03/03/2025

\$100,000-\$149,999

Chief Executive Officer:

[Signature]

Date: 03/03/2025

\$150,000+

Authorization:

☐ APPROVED

☐ NOT APPROVED

Business Manager:

Alexander

Date: 03/03/2025

1/2024

Account Codes(s):

7145-147024-2005-10033-210-135

Total: \$300,000 00

#5

Cal- Foods Logistics is a food broker that offers truckloads of produce and protein on a first-come, first-serve basis. Offers are received and can be unavailable within the day due to being accepted by other food banks etc. The Capk Food Bank needs to procure large amounts of produce and protein to support the free farmer's markets and pantry programs. Responding in real-time with this vendor will expand our purchasing strengths by allowing resources to go further. Additionally, this vendor understands and works with the food bank industry and can assist in identifying loads that will be eligible for certain grant funding.

Advanced ordering for discounted produce and protein is challenged by several factors including but not limited to season of the year weather, retail market fluctuation, etc. Responding in real-time will save CAPK Food Bank time, money, and staff resources.

Note:

Cal- Foods Logistics is an active vendor. This is a new BPO for the new fiscal year 3/1/2025-2/28/2026



Community Action Partnership of Kern

Finance - Business Services Department
1300 18th Street · Bakersfield, CA 93301
(661) 336-5236 procurement@capk.org

SOLE SOURCE JUSTIFICATION FORM

Sole source purchases are not permitted except when clearly and thoroughly justified.

1. Estimated contract amount: 600,000.00 Account Code(s): See Attachment
2. Recommended supplier name, address, phone, fax, e-mail, and contact name and title:
Cal-Food Logistics 3478 Buskirk Ave Suite 346, Pleasant Hill Ca 94523 info@calfoods.org
3. Description of requested items or services and their purpose(s): **Fresh Produce for Cal-Foods Grant.**
4. Reason(s) for requesting a sole source purchase:
 - ☐ Original manufacturer or provider; no other local distributors exist.
 - ☐ Only local distributor for the original manufacturer or provider.
 - ☐ Parts or equipment not interchangeable with similar parts of another manufacturer.
 - ☐ Only known item or service matching the requested needs or performing the intended task.
 - ☐ Sole provider of a licensed or patented good or service.
 - ☐ Sole provider of items compatible with existing equipment, inventory, systems, programs or services.
 - ☐ Sole provider of goods or service established as standard (please provide evidence of such a standard).
 - ☐ Sole provider of factory-authorized warranty service.
 - ☒ X None of the above applies. Please attach a detailed explanation and justification for this sole source request.
5. Explain why the product or service requested is the only one that can satisfy your requirements, as well as why alternatives are unacceptable. Be specific with regard to specifications. Attach additional pages if necessary.

REQUESTED BY:

Maricla Conde

PRINTED NAME

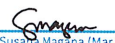
Admin Sup.

TITLE

3/10/25

DATE

I hereby certify that, to the best of my knowledge, the above justification is accurate and request that a sole source be approved for the procurement of the above requested items or services.

Division Director: 

Susan Magaña (Mar 10, 2025 15:57 PDT)

Date: 03/10/2025

Additional Approvals 

Kelly Lowery (Mar 10, 2025 15:53 PDT)

03/10/2025

Chief Program Officer: 

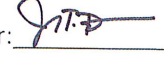
\$30,000-\$100,000

Date: 03/10/2025

Chief Financial Officer: 

\$100,000-\$149,999

Date: 03/11/2025

Chief Executive Officer: 

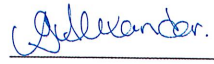
\$150,000+

Date: 03/11/2025

Authorization:

☐ APPROVED

☐ NOT APPROVED

Business Manager: 

Date: 03/11/2025

/2024

Account Codes(s):

7145-138024-2001-10033-210-135

KC CARES GRANT

Total: \$ 600,000.00

#5

Cal- Foods Logistics is a food broker that offers truckloads of produce and protein on a first-come, first-serve basis. Offers are received and can be unavailable within the day due to being accepted by other food banks etc. The Capk Food Bank needs to procure large amounts of produce and protein to support the free farmer's markets and pantry programs. Responding in real-time with this vendor will expand our purchasing strengths by allowing resources to go further. Additionally, this vendor understands and works with the food bank industry and can assist in identifying loads that will be eligible for certain grant funding.

Advanced ordering for discounted produce and protein is challenged by several factors including but not limited to season of the year weather, retail market fluctuation, etc. Responding in real-time will save CAPK Food Bank time, money, and staff resources.

Note:

Cal-Foods Logistics is an active vendor. This is a new BPO for the new fiscal year 3/1/2025-2/28/2026



Community Action Partnership of Kern

Finance - Business Services Department
1300 18th Street · Bakersfield, CA 93301
(661) 336-5236 procurement@capk.org

SOLE SOURCE JUSTIFICATION FORM

Sole source purchases are not permitted except when clearly and thoroughly justified.

1. Estimated contract amount: 250,000.00 Account Code(s): See Attachment
2. Recommended supplier name, address, phone, fax, e-mail, and contact name and title:
I deal Specialties 2492 Cedarwood Rd Pepper Pike OH 44124
3. Description of requested items or services and their purpose(s): **Fresh Produce for Cal-Foods Grant.**
4. Reason(s) for requesting a sole source purchase:
 - ☐ Original manufacturer or provider; no other local distributors exist.
 - ☐ Only local distributor for the original manufacturer or provider.
 - ☐ Parts or equipment not interchangeable with similar parts of another manufacturer.
 - ☐ Only known item or service matching the requested needs or performing the intended task.
 - ☐ Sole provider of a licensed or patented good or service.
 - ☐ Sole provider of items compatible with existing equipment, inventory, systems, programs or services.
 - ☐ Sole provider of goods or service established as standard (please provide evidence of such a standard).
 - ☐ Sole provider of factory-authorized warranty service.
 - ☒ X None of the above applies. Please attach a detailed explanation and justification for this sole source request.
5. Explain why the product or service requested is the only one that can satisfy your requirements, as well as why alternatives are unacceptable. Be specific with regard to specifications. Attach additional pages if necessary.

REQUESTED BY:

Maricla Conde

PRINTED NAME

Admin Sup.

TITLE

3/10/25

DATE

I hereby certify that, to the best of my knowledge, the above justification is accurate and request that a sole source be approved for the procurement of the above requested items or services.

Division Director:

Suzanne Magaña
Suzanne Magaña (Mar 11, 2025 09:05 PDT)

Date: 03/11/2025

Additional Approvals

Kelly Lowery
Kelly Lowery (Mar 10, 2025 16:23 PDT)

03/10/2025

Chief Program Officer:

[Signature]

Date: 03/11/2025

\$30,000-\$100,000

Chief Financial Officer:

Nancy Webster

Date: 03/11/2025

\$100,000-\$149,999

Chief Executive Officer:

[Signature]

Date: 03/11/2025

\$150,000+

Authorization:

☐ APPROVED

☐ NOT APPROVED

Business Manager:

Alexander

Date: 03/11/2025

/2024

Account Codes(s):

7145-138024-2001-10033-210-135

KC CARES GRANT

Total: \$ **250,000.00**

#5

I Deal Specialties is a food broker that offers truckloads of produce and protein on a first-come, first-serve basis. Offers are received and can be unavailable within the day due to being accepted by other food banks etc. The Capk Food Bank needs to procure large amounts of produce and protein to support the free farmer's markets and pantry programs. Responding in real-time with this vendor will expand our purchasing strengths by allowing resources to go further. Additionally, this vendor understands and works with the food bank industry and can assist in identifying loads that will be eligible for certain grant funding.

Advanced ordering for discounted produce and protein is challenged by several factors including but not limited to season of the year weather, retail market fluctuation, etc. Responding in real-time will save CAPK Food Bank time, money, and staff resources.

Note:

I deal Specialties as an active vendor. This is a new BPO for the new fiscal year 3/1/2025-2/28/2026



Community Action Partnership of Kern

Finance - Business Services Department
1300 18th Street · Bakersfield, CA 93301
(661) 336-5236 procurement@capk.org

SOLE SOURCE JUSTIFICATION FORM

Sole source purchases are not permitted except when clearly and thoroughly justified.

1. Estimated contract amount: 100,000.00 Account Code(s): See Attachment
2. Recommended supplier name, address, phone, fax, e mail, and contact name and title:
Grimmway Farms PO BOX 81498 Bakersfield CA 93380 661 393-3320
3. Description of requested items or services and their purpose(s): **Fresh Produce for Cal-Foods Grant.**
4. Reason(s) for requesting a sole source purchase:
 - ☐ Original manufacturer or provider; no other local distributors exist.
 - ☐ Only local distributor for the original manufacturer or provider.
 - ☐ Parts or equipment not interchangeable with similar parts of another manufacturer.
 - ☐ Only known item or service matching the requested needs or performing the intended task.
 - ☐ Sole provider of a licensed or patented good or service.
 - ☐ Sole provider of items compatible with existing equipment, inventory, systems, programs or services.
 - ☐ Sole provider of goods or service established as standard (please provide evidence of such a standard).
 - ☐ Sole provider of factory-authorized warranty service.
 - ☒ X None of the above applies. Please attach a detailed explanation and justification for this sole source request.
5. Explain why the product or service requested is the only one that can satisfy your requirements, as well as why alternatives are unacceptable. Be specific with regard to specifications. Attach additional pages if necessary.

REQUESTED BY:

Maricla Conde

PRINTED NAME

Admin Sup.

TITLE

3/10/25

DATE

I hereby certify that, to the best of my knowledge, the above justification is accurate and request that a sole source be approved for the procurement of the above requested items or services.

Division Director:


Susan Magana (Mar 11, 2025 14:12 PDT)

03/11/2025

03/10/2025

Additional Approvals


Kelly Lowery (Mar 10, 2025 16:34 PDT)

Chief Program Officer:

Date: 03/11/2025

Date: 03/11/2025

\$30,000-\$100,000

Chief Financial Officer:

Date: 03/12/2025

\$100,000-\$149,999

Chief Executive Officer:

Date: 03/12/2025

\$150,000+

Authorization:

☐ APPROVED

☐ NOT APPROVED

Business Manager:



Date: 03/11/2025

Account Codes(s):

7145-138024-2001-10033-210-135 (**KC CARES GRANT**

Total: \$ **100,000.00**

#5

Grimmway is a food broker that offers truckloads of produce and protein on a first-come, first-serve basis. Offers are received and can be unavailable within the day due to being accepted by other food banks etc. The Capk Food Bank needs to procure large amounts of produce and protein to support the free farmer's markets and pantry programs. Responding in real-time with this vendor will expand our purchasing strengths by allowing resources to go further. Additionally, this vendor understands and works with the food bank industry and can assist in identifying loads that will be eligible for certain grant funding.

Advanced ordering for discounted produce and protein is challenged by several factors including but not limited to season of the year weather, retail market fluctuation, etc. Responding in real-time will save CAPK Food Bank time, money, and staff resources.

Note:

Grimmway is an active vendor. This is a new BPO for the new fiscal year 3/1/2025-2/28/2026

SSJF for Grimmway for KC Cares Grant

Final Audit Report

2025-03-11

Created:	2025-03-10
By:	Maricela Conde (mconde@capk.org)
Status:	Signed
Transaction ID:	CBJCHBCAABAAK2pPn5IJezKTzCSiPuY4XwNjSntkx7Co

"SSJF for Grimmway for KC Cares Grant" History

-  Document created by Maricela Conde (mconde@capk.org)
2025-03-10 - 11:26:09 PM GMT- IP address: 12.76.40.22
-  Document emailed to Kelly Lowery (klowery@capk.org) for signature
2025-03-10 - 11:28:04 PM GMT
-  Email viewed by Kelly Lowery (klowery@capk.org)
2025-03-10 - 11:34:05 PM GMT- IP address: 104.47.56.254
-  Document e-signed by Kelly Lowery (klowery@capk.org)
Signature Date: 2025-03-10 - 11:34:12 PM GMT - Time Source: server- IP address: 12.76.40.22
-  Document emailed to Susana Magana (smagana@capk.org) for signature
2025-03-10 - 11:34:14 PM GMT
-  Email viewed by Susana Magana (smagana@capk.org)
2025-03-11 - 9:11:54 PM GMT- IP address: 104.47.58.254
-  Document e-signed by Susana Magana (smagana@capk.org)
Signature Date: 2025-03-11 - 9:12:17 PM GMT - Time Source: server- IP address: 12.76.40.22
-  Document emailed to lgill@capk.org for signature
2025-03-11 - 9:12:19 PM GMT
-  Email viewed by lgill@capk.org
2025-03-11 - 9:52:56 PM GMT- IP address: 104.47.58.254
-  Signer lgill@capk.org entered name at signing as Louis Gill
2025-03-11 - 9:53:13 PM GMT- IP address: 12.76.40.22
-  Document e-signed by Louis Gill (lgill@capk.org)
Signature Date: 2025-03-11 - 9:53:15 PM GMT - Time Source: server- IP address: 12.76.40.22

 Document emailed to Tracy Webster (twebster@capk.org) for signature
2025-03-11 - 9:53:17 PM GMT

 Email viewed by Tracy Webster (twebster@capk.org)
2025-03-11 - 9:57:50 PM GMT- IP address: 104.47.56.254

 Document e-signed by Tracy Webster (twebster@capk.org)
Signature Date: 2025-03-11 - 9:58:18 PM GMT - Time Source: server- IP address: 12.76.40.22

 Document emailed to Gabrielle Alexander (g.alexander@capk.org) for signature
2025-03-11 - 9:58:20 PM GMT

 Document e-signed by Gabrielle Alexander (g.alexander@capk.org)
Signature Date: 2025-03-11 - 11:45:01 PM GMT - Time Source: server- IP address: 12.76.40.22

 Agreement completed.
2025-03-11 - 11:45:01 PM GMT

SSJF for Grimmway for KC Cares Grant - signed

Final Audit Report

2025-03-12

Created:	2025-03-12
By:	Maricela Conde (mconde@capk.org)
Status:	Signed
Transaction ID:	CBJCHBCAABAAfWdMz6xyWv7BbvO6G40Gm-lxuZKULW3I

"SSJF for Grimmway for KC Cares Grant - signed" History

-  Document created by Maricela Conde (mconde@capk.org)
2025-03-12 - 6:01:41 PM GMT- IP address: 12.76.40.22
-  Document emailed to Jeremy Tobias (jtobias@capk.org) for signature
2025-03-12 - 6:02:08 PM GMT
-  Email viewed by Jeremy Tobias (jtobias@capk.org)
2025-03-12 - 6:10:20 PM GMT- IP address: 72.158.132.135
-  Document e-signed by Jeremy Tobias (jtobias@capk.org)
Signature Date: 2025-03-12 - 9:06:20 PM GMT - Time Source: server- IP address: 174.216.146.169
-  Agreement completed.
2025-03-12 - 9:06:20 PM GMT



MEMORANDUM

To: Budget and Finance Committee

From: Marissa Ortiz-Cortez, WIC Program Administrator
Susana Magana, Director of Health and Nutrition

Date: March 19, 2025

Subject: *Agenda Item 4d*: Request to Approve the Submission of the FY 2026-2028 Funding Application and Contract Packet for the California Department of Public Health's Women Infants and Children (WIC) Program - **Action Item**

Background

The California Department of Public Health (CDPH) administers funds provided by the United States Department of Agriculture, Food and Nutrition Service for the operation of the Women, Infant, and Children (WIC) program. The overall goal of the WIC program is to improve the health status of eligible participants by providing nutritious foods to supplement diets, information on healthy eating, breastfeeding support, and referrals to health care services.

Current Events

CAPK entered a three-year Contract Agreement with CDPH in October of 2022 with a maximum funding amount of \$12,003,183. The contract will conclude on September 30, 2025. CAPK has received an award letter for \$14,013,621 for a new three-year term beginning October 1, 2025, and ending September 30, 2028. The continued funding application and contract packet is due on April 11, 2025. The WIC program has grown by 16.75% with an increase of \$2,010,438 compared to our last funding cycle FY 2023-2025.

Women and caregivers with children 0-5 will continue to be the target demographic. Our new caseload will be approximately 3,500 women/caregivers and 11,400 children each month. The new Contract Agreement will allow CAPK to continue provide WIC program services to eligible California residents of Kern County and portions of San Bernardino County, thereby supporting goal 1 of the strategic plan, aimed at addressing barriers to nutritious foods. CAPK WIC program supports the state and county efforts to improve communities by promoting opportunities that enrich the lives of children and their families.

Recommendation:

Staff recommend the Budget & Finance Committee approve, with resolution, the submission of the FY 2026-2028 Funding Contract for the WIC Program and further recommend approval by the full Board at the March 26, 2025 meeting, and authorize the Chief Executive Officer to execute the FY 2026-2028 contract and any amendments throughout the duration of the contract term.

Attachments:

CDPH WIC 2026-2028 Award Letter
WIC 2026-2028 Resolution



RESOLUTION # 2025-06

A Resolution of the Board of Directors of Community Action Partnership of Kern (CAPK) Approving the FY 2026-2028 Funding Contract for the WIC Program

The Board of Directors of Community Action Partnership of Kern, met on March 26, 2025, at a regularly scheduled meeting, at the CAPK Administrative Offices located at 1300 18th Street, Suite 200, Bakersfield, CA 93301 and resolved as follows:

WHEREAS, Community Action Partnership of Kern (CAPK) is a private, non-profit 501(c)(3) corporation established as a result of the Economic Opportunity Act of 1964, and is the federally designated community action agency serving the low-income, elderly and disadvantaged residents of Kern County; and

WHEREAS, CAPK is charged with the responsibility of continuing the battle to alleviate poverty in Kern County by developing and implementing creative and innovative programs, and has adopted the philosophical position of “Helping People, Changing Lives” in its quest to assist people in need, and families with minimal or no resources; and

WHEREAS, the California Department of Public Health’s Women Infants and Children Program has requested the Community Action Partnership of Kern to submit a FFY 2026-2028 Funding Contract; and

WHEREAS, CAPK’s Women Infants and Children Program is requesting approval by the CAPK Board of Directors to enter a new three-year term with the California Department of Public Health’s for a contract totaling \$14,013,621.00; and

WHEREAS, the California Department of Public Health requires that an authorized signatory be named for the Women Infants and Children Program contract; and

WHEREAS, the CAPK Board of Directors has determined that there is a need for anti-poverty programs and is willing to accept the submission of the Funding Contract; and

NOW, THEREFORE, be it resolved that the CAPK Board of Directors hereby authorizes the Chief Executive Officer to act on behalf of the Board as CAPK’s representative signatory with regard to the submission of the FFY 2026-2028 funding application and contract packet for the Women, Infants, and Children Program.

APPROVED by a majority vote of the Directors of Community Action Partnership of Kern, this 26th day of March 2025.

Maritza Jimenez, Chair
CAPK Board of Directors

Date

Erica Pan, MD, MPH
Director and State Public Health Officer

Gavin Newsom
Governor

March 4, 2025

Community Action Partnership of Kern
Marissa Ortiz-Cortez, MPH
1300 18th St. Suite 200
Bakersfield, CA 93301

Unique Entity Identifier: MH2JA4FK2WK1

Dear Marissa Ortiz-Cortez:

Federal Fiscal Year (FFY) 2026 - 2028 Funding Award Letter

The California Department of Public Health/Women, Infants and Children (CDPH/WIC) Division is pleased to award your agency funding for Federal Fiscal Year (FFY) 2026-28 WIC Program. This funding is from the United States Department of Agriculture (USDA), also referred to as the USDA – Food and Nutrition Service.

The legal authority for the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) is found in United States Code (U.S.C.) Title 42 §1786: Special Supplemental Nutrition Program for Women, Infants and Children. In addition, the Code of Federal Regulations (CFR) Part 246-Special Supplemental Nutrition Program for Women, Infants and Children provides the regulations that govern the actions of federal agencies and recipients of this funding.

The USDA – Food and Nutrition Service, Assistance Listing (ALN) numbers, are the following:

- 10.557 WIC Special Supplemental Nutrition Program for Women, Infants and Children
 - WIC Nutrition Services and Administration (NSA)
 - WIC Nutrition Services Special Project (NSA Special Project)
- 10.578 WIC Breastfeeding Peer Counseling Grant
 - WIC Breastfeeding Peer Counseling (BFPC) Program
- 10.572 Commodity Assistance Program (CAP)

- CAP Farmers Market Administration, referred to here as WIC Farmers' Market Nutrition Program (FMNP)

The amount of funding being awarded to your local agency is listed in the table by funding source.

Description of Funding	FFY 2026 (Year 1)	FFY 2027 (Year 2)	FFY 2028 (Year 3)
Nutrition Services and Administration (NSA) Base Funding	\$4,185,329	\$4,185,329	\$4,185,329
NSA Special Project Funding	\$215,888	\$215,888	\$215,888
Farmers Market Nutrition Program (FMNP)	\$725	\$725	\$725
Breastfeeding Peer Counseling (BFPC) Program	\$269,265	\$269,265	\$269,265
Total Contracted Funding for FFY 2026 - 2028	\$4,671,207	\$4,671,207	\$4,671,207

The total funding details in the FFY 2026-28 Caseload and Funding spreadsheet, can be found here: [LASS/Contract Administration](#).

Next Steps:

1. Begin discussions with your leadership and fiscal staff on how you plan to allocate these funds and any other changes you need to make for your program.
2. Review WIC Information Notice (WIN) 2025-09, announcing the release of the FFY 2026 - 2028 three-year application and contract package.
3. Plan to attend the FFY 2026 - 2028 Contract webinar on March 13, 2025 at 10:00am. The webinar invitation was sent to directors on February 27, 2025.
4. Plan time to work on your FFY 2026 - 2028 contract package so that it can be submitted no later than **April 11, 2025**.

We appreciate your continuing commitment to the WIC Program. For questions, please contact your Contract Manager, Meghann Harrison at Meghann.Harrison@cdph.ca.gov.

Sincerely,



Ia Lo, MSW, Chief
Local Services Branch
Women, Infants and Children Division



MEMORANDUM

To: Budget & Finance Committee

From: Rebecca Moreno, Director of Housing and Supportive Services

Date: March 19, 2025

Subject: *Agenda Item 4e*: New Service Agreement: Homeless Housing Assistance and Prevention Program (HHAP 4) Bakersfield Kern Regional Homeless Collaborative (BKRHC) - **Action Item**

INTRODUCTION

The State of California is providing a fourth round of one-time funding under the Homeless Housing, Assistance and Prevention Program (HHAP 4) to the BKRHC, City of Bakersfield, and County of Kern to address homelessness in Kern County.

CAPK's PROGRAM GOALS

This non-competitive award of \$114,953.27 will go to the continued support of the BKRHC's Continuum of Care (CoC) Coordinated Entry System (CES) operated by CAPK. The CES is the main point of entry for the CoC's system of care.

The annual budget of \$114,953.27 has been designed to fund two (2) FTE CES Housing Navigators. The term of the contract is 04/01/2025 through 04/30/2026.

This agreement aligns with CAPK's enduring mission to address critical needs in the community and Strategic Goal #3, Objective 3.1 to increase housing stability for people experiencing or at risk of homelessness.

RECOMMENDATION

Staff recommends the Budget and Finance Committee approve the submission of the Homeless Housing Assistance and Prevention Program contract and further recommend approval by the full Board at the March 26, 2025 meeting, and authorize the Chief Executive Officer to execute the contract and any amendments throughout the duration of the contract term.

Attachment:

Agreement #2023-327

AGREEMENT NO. 2023-327

**THE COMMUNITY ACTION PARTNERSHIP OF KERN SUBRECIPIENT AGREEMENT FOR
HOMELESS HOUSING ASSISTANCE AND PREVENTION**

THIS AGREEMENT is entered into on April 1, 2025, by and between the **BAKERSFIELD-KERN REGIONAL HOMELESS COLLABORATIVE**, a California nonprofit public benefit corporation and IRS 501(c)(3) entity (BKRHC) and **THE COMMUNITY ACTION PARTNERSHIP OF KERN**, a California nonprofit public benefit corporation (CORPORATION).

R E C I T A L S

WHEREAS, California Governor Gavin Newsom and the members of the California Legislature have recognized the urgent and immediate need for funding at the local level to combat homelessness; and

WHEREAS, the Governor and Legislature have provided funding to local governments under the Homeless Housing Assistance and Prevention program as part of AB 101 (Chapter 159); and

WHEREAS, BKRHC has developed a homelessness plan and undertaken multiple efforts at the local level to combat homelessness; and

WHEREAS, BKRHC finds that the health and safety of unsheltered persons in Kern County is threatened by a lack of shelter and housing; and

WHEREAS, the State of California has granted Homeless Housing and Prevention (HHAP-4) funds to BKRHC and BKRHC desires to grant HHAP-4 funds to CORPORATION to provide Coordinated Entry System services

WHEREAS, BKRHC shall not be obligated to disburse, or pay to, CORPORATION or any third party, any fund until and after BKRHC receives fund from the state government; and

WHEREAS, CORPORATION has requested assistance to continue the level of programs and activities; and

WHEREAS, BKRHC desires to assist CORPORATION by making grant funding available for a portion of the costs associated with certain activities as are permitted for homeless citizens in Kern County; and

WHEREAS, CORPORATION represents that CORPORATION is experienced and well qualified in the field of homeless services.

NOW, THEREFORE, incorporating the foregoing recitals herein, BKRHC and CORPORATION mutually agree as follows:

AGREEMENT

1. FUNDING TERMS. CORPORATION and its subcontractors must abide by all terms of the HHAP-4 State of California Standard Agreement, which is attached hereto and incorporated by reference herein as Exhibit "A" and the proposal for activities which is attached hereto and incorporated by reference herein as Exhibit "C."

2. SCOPE OF WORK. The scope of the grant is set forth in **Exhibit "B"** which is attached hereto and incorporated herein by reference as if set forth in full.

3. COMPENSATION. It is expressly agreed and understood that the total amount to be paid by BKRHC to CORPORATION under this Agreement shall not exceed **ONE HUNDRED FOURTEEN THOUSAND NINE HUNDRED FIFTY-THREE DOLLARS AND TWENTY-SEVEN CENTS (\$114,953.27)**. The Compensation shall be the total compensation under this Agreement, including, but not limited to, all out-of-pocket costs and taxes. Such grant shall only be used to pay for eligible expenses provided as set forth in **Exhibit "B"** and in accordance with this Agreement.

3.1.1. CORPORATION shall conform to the "time frame" as set forth in **Exhibit "B,"** attached hereto and incorporated herein by reference. CORPORATION shall pay for any and all costs greater than **ONE HUNDRED FOURTEEN THOUSAND NINE HUNDRED FIFTY-THREE DOLLARS AND TWENTY-SEVEN CENTS (\$114,953.27)**.

3.2. Eligible Claims for Payment. BKRHC agrees to pay eligible "claims for payment" to CORPORATION within thirty (30) days after BKRHC receives an eligible claim for payment as set forth herein, and a properly designated CORPORATION official certifies the claim.

3.3. Method of Payment. BKRHC agrees to pay "claims for payment" directly to CORPORATION within 30 days after BKRHC receives a satisfactory "claim for payment." CORPORATION may request one-time funding advance equal to 1/12 of the total amount. CORPORATION shall properly itemize, and document claims for payment to show clearly the items, tasks, or services for which CORPORATION claims reimbursement, as well as describing to which of

the Activities the payment is related. CORPORATION shall also describe the basis for computation: cost per hour, cost per weight, cost per task, cost per task, cost per task, or other measurement as BKRHC may specify. BKRHC may review the claim for completeness and accuracy and may refuse to pay any claim until explained to BKRHC's satisfaction.

3.4. Term. The term of this Agreement shall begin April 1,2025, and end June 30,2027. 50% of the funds must be expended by April 30,2026. All funds must be expended by June 30,2027.

4. CORPORATION'S OBLIGATIONS. In addition to the terms stated herein, CORPORATION shall comply with the following Federal and State laws and regulations:

4.1. Laws and Regulations

4.1.1. Federal. CORPORATION shall comply with all provisions of Federal law applicable to this Agreement.

4.1.2. California. CORPORATION shall comply with all provisions of California law applicable to this Agreement.

4.1.3. Independent Contractor. CORPORATION understands and agrees that it is an "independent contractor" with respect to the services to be performed under this Agreement. CORPORATION is not an agent or employee of BKRHC for any purpose and is not entitled to any of the benefits provided by BKRHC to its employees. BKRHC shall be exempt from payment of all Unemployment Compensation, FICA, retirement, life and/or medical insurance and Workers' Compensation Insurance. This agreement shall not be construed as forming a partnership or any other association with CORPORATION other than that of an independent contractor.

4.1.4. Indemnification. CORPORATION shall indemnify, defend, and hold harmless BKRHC, its Executive Director, and employees against any and all liability, claims, actions, causes of action or demands whatsoever against them, or any of them, before administrative or judicial tribunals of any kind whatsoever, arising out of, connected with, or caused by CORPORATION, CORPORATION's employees, agents, independent contractors, companies, or subcontractors in the performance of, or in any way arising from, the terms and provisions of this Agreement whether or not caused in part by a party indemnified hereunder, except for BKRHC's sole active negligence or willful misconduct.

4.1.5. Insurance. In addition to any other insurance or bond required under this Agreement, CORPORATION shall procure and maintain for the duration of this Agreement the following types and limits of insurance (Basic Insurance Requirements):

4.1.5.1. Automobile liability insurance, providing coverage on an occurrence basis for bodily injury, including death, of one or more persons, property damage and personal injury, with limits of not less than One Million Dollars (\$1,000,000) per occurrence; and the policy shall:

4.1.5.1.1. Provide coverage for owned, non-owned and hired autos.

4.1.5.2. Broad form commercial general liability insurance, unless otherwise approved by the BKRHC's Executive Director, provide coverage on an occurrence basis for bodily injury, including death, of one or more persons, property damage and personal injury, with limits of not less than One Million Dollars (\$1,000,000) per occurrence; and the policy shall:

4.1.5.2.1. Provide contractual liability coverage for the terms of this Agreement.

4.1.5.2.2. Provide products and completed operations coverage.

4.1.5.2.3. Contain an additional insured endorsement in favor of BKRHC, its Executive Director, agents, employees, and volunteers.

4.1.5.2.4. All policies shall be written on a first-dollar coverage basis or contain a deductible provision. Subject to advance approval by BKRHC, CORPORATION may utilize a Self-Insured Retention provided that the policy shall not contain language, whether added by endorsement or contained in the Policy Conditions, that prohibits satisfaction of any Self-Insured provision or requirement by anyone other than the Named Insured, or by any means including other insurance or which is intended to defeat the intent or protection of an Additional Insured.

4.1.5.3. Workers' compensation insurance with statutory limits and employer's liability insurance with limits of not less than One Million Dollars (\$1,000,000) per occurrence; and the policy shall contain a waiver of subrogation in favor of BKRHC, its Executive Director, agents, employees and designated volunteers.

4.1.5.4. Except for professional liability, all policies required of CORPORATION shall be primary insurance as to BKRHC, its Executive Director, agents, employees or designated volunteers, and any insurance or self-insurance maintained by BKRHC shall be excess of CORPORATION's insurance and shall not contribute with it.

4.1.5.5. Except for workers' compensation, insurance is to be placed with insurers with a Bests' rating as approved by BKRHC's Executive Director, but in no event less than A-: VII. Any deductibles, self-insurance retentions or insurance in lesser amounts, or lack of certain types of insurance otherwise required by this Agreement, or insurance rated below Bests' A-: VII, must be declared prior to execution of this Agreement and approved by BKRHC in writing.

4.1.5.6. Unless otherwise approved by BKRHC's Executive Director, all policies shall contain an endorsement providing BKRHC with thirty (30) days written notice of cancellation or material change in policy language or terms. All policies shall provide that there shall be continuing liability thereon, notwithstanding any recovery on any policy. Copies of policies shall be delivered to BKRHC on demand.

4.1.5.7. The insurance required hereunder shall be maintained at all times during the term of this Agreement or any extension thereof.

4.1.5.8. CORPORATION shall furnish BKRHC's Executive Director with a certificate of insurance and required endorsements, evidencing the insurance required. The BKRHC may withdraw its offer of contract or cancel this contract if certificates of insurance and endorsements required have not been provided prior to the execution of this Agreement.

4.1.5.9. Full compensation for all premiums which the CORPORATION is required to pay on all the insurance described herein shall be considered as included in the prices paid for the various items of work to be performed under the Agreement, and no additional allowance will be made therefore or for additional premiums which may be required by extensions of the policies of insurance.

4.1.5.10. It is further understood and agreed by CORPORATION that its liability to BKRHC shall not in any way be limited to or affected by the amount of insurance obtained and carried by CORPORATION in connection with this Agreement.

4.1.5.11. Unless otherwise approved by BKRHC, if any part of the work under this Agreement is subcontracted, the Basic Insurance Requirements

set forth above shall be provided by, or on behalf of, all subcontractors even if BKRHC has approved lesser insurance requirements for CORPORATION.

5. ADMINISTRATIVE REQUIREMENTS.

5.1. Financial Management.

5.1.1. Accounting Standards. CORPORATION agrees to utilize adequate internal controls and maintain necessary source documentation for all costs incurred.

5.1.2. Documentation and Record Keeping.

5.1.2.1. Records to be Maintained. CORPORATION shall maintain all records required as specified in “**Exhibit A**” and “**Exhibit B**” that are pertinent to the activities to be funded under this Agreement. Such records include, but are not limited to:

5.1.2.2. Retention. CORPORATION shall retain all records pertinent to expenditures incurred under this Agreement for a period of five (5) years after the expiration of this Agreement. Notwithstanding the above, if there is litigation, claims, audits, negotiations or other actions that involve any of the records cited and that have started before the expiration of the five-year period, then such records must be retained until completion of the actions and resolution of all issues, or the expiration of the three-year period, whichever occurs later.

5.1.2.3. Client Data. CORPORATION shall maintain client data demonstrating client eligibility for services provided. Such information shall include, but not be limited to, client name, address, income level, or other basis for determining eligibility, and description of service provided. Such information shall be submitted to BKRHC or its designees for review on a quarterly basis.

5.1.2.4. HMIS Reporting Requirements. CORPORATION will collect and evaluate data to be entered into the Homeless Management Information System (HMIS). The data will be entered into a local HMIS using HUD's standards for participation.

5.1.2.5. Property Records. CORPORATION shall accept title to and be responsible for the maintenance and operation of the improvements made under this Agreement. CORPORATION shall maintain real property inventory records which clearly identify properties purchased, improved or sold.

5.1.2.6. Close-Outs. CORPORATION's obligation to BKRHC shall not end until all close-out requirements are completed. Activities during this close-

out period shall include, but are not limited to, making final payments, disposing of program assets (including the return of all unused materials, equipment, unspent cash advances, program income balances, and accounts receivable to BKRHC), and determining the custodianship of records.

5.1.2.7. Audits and Inspections. All CORPORATION records with respect to any matters covered by this Agreement shall be made available to BKRHC, at any time during normal business hours, as often as BKRHC deems necessary, to audit, examine, and make excerpts or transcripts of all relevant data. Any deficiencies noted in audit reports must be fully cleared by the CORPORATION within 30 days after receipt by it. Failure of CORPORATION to comply with the above audit requirements will constitute a violation of this Agreement and may result in the withholding of future payments. CORPORATION hereby agrees to have an annual audit conducted in accordance with current BKRHC policies concerning subrecipient audits.

5.2. Personnel and Participant Conditions

5.2.1. Nondiscrimination Requirements. During the performance of this Agreement, CORPORATION and its subcontractors shall not unlawfully discriminate, harass, or allow harassment against any employee or applicant for employment because of sex (gender), sexual orientation, gender identity, gender expression, race, color, ancestry, religion, creed, national origin (including language use restriction), pregnancy, physical disability (including HIV and AIDS), mental disability, medical condition (cancer/genetic characteristics), age (over 40), genetic information, marital status, military and veteran status, and denial of medical and family care leave or pregnancy disability leave. CORPORATION and subcontractors shall ensure that the evaluation and treatment of their employees and applicants for employment are free from such discrimination and harassment. CORPORATION or subcontractors shall comply with the provisions of the Fair Employment and Housing Act (Government Code section 12990 (a-f) et seq.) and the applicable regulations promulgated thereunder (California Code of Regulations, Title 2, section 7285 et seq.). The applicable regulations of the Fair Employment and Housing Commission implementing Government Code section 12990 (a-f), set forth in Chapter 5 of Division 4 of Title 2 of the California Code of Regulations, are incorporated into this Agreement by reference and made a part hereof as if set forth in full. CORPORATION and its subcontractors shall give written notice of their obligations under this clause to labor organizations with which they have a collective bargaining or other agreement.

5.2.2 Conflict of Interest. All participants are subject to State and Federal conflict of interest laws. Failure to comply with these laws, including business and financial disclosure provisions, will result in any subsequent contract being declared void. Other legal action may also be taken. Applicable statutes include, but are not limited to, Government Code section 1090 and Public Contract Code, sections 10410 and 10411, for State conflict of interest requirements.

5.2.3 Drug Free Workplace Certification. Certification of Compliance: By signing this Agreement, CORPORATION, and its subcontractors, hereby certify, under penalty of perjury under the laws of State of California, compliance with the requirements of the Drug-Free Workplace Act of 1990 (Government Code 8350 et seq.) See **Exhibit “D”**.

5.2.4 Child Support Compliance Act. For any Contract Agreement in excess of \$100,000, CORPORATION acknowledges in accordance with Public Contract Code 7110, that:

CORPORATION recognizes the importance of child and family support obligations and shall fully comply with all applicable state and federal laws relating to child and family support enforcement, including, but not limited to, disclosure of information and compliance with earnings assignment orders, as provided in Chapter 8 (commencing with section 5200) of Part 5 of Division 9 of the Family Code; and

CORPORATION, to the best of its knowledge is fully complying with the earnings assignment orders of all employees and is providing the names of all new employees to the New Hire Registry maintained by the California Employment Development Department.

5.3. Environmental Conditions.

5.3.1. Environmental Considerations. BKRHC and CORPORATION want to assure that the policies of the California Environmental Quality Act of 1970 (CEQA), as amended, are most effectively implemented, BKRHC shall comply with the CEQA review procedures (Title 14, Section 15000 et. seq. of the California Administrative Code) in connection with this Project as rapidly as possible. Project delay occasioned by delay in the CEQA review procedures shall extend the estimated work completion period.

6. COMPLIANCE WITH STATE AND FEDERAL LAWS, RULES, GUIDELINES AND REGULATIONS. CORPORATION agrees to comply with all State and Federal laws, rules and regulations that pertain to construction, health and safety, labor, fair employment practices, environmental protection, equal opportunity, fair housing, and all other matters applicable and/or related to the HHAP-4 program, CORPORATION, its subcontractors, and all eligible activities.

CORPORATION shall also be responsible for obtaining any and all permits, licenses, and approvals required for performing any activities under this Agreement, including those necessary to perform design, construction, or operation and maintenance of the activities. CORPORATION shall be responsible for observing and complying with any applicable federal, state, and local laws, rules or regulations affecting any such work, specifically those including, but not limited to, environmental protection, procurement, and safety laws, rules, regulations, and ordinances. CORPORATION shall provide copies of permits and approvals to BKRHC upon request.

7. BKRHC's OBLIGATIONS.

7.1. Copy of Regulations and Statutes. BKRHC will make available to CORPORATION a copy of any regulation BKRHC enacts to facilitate administration of said Program.

8. BKRHC'S REMEDIES. If CORPORATION fails to materially comply with the terms of this Agreement, BKRHC, at its option, may suspend or terminate this Agreement and may demand CORPORATION return all funds granted to CORPORATION pursuant to this Agreement. The remedies provided in this Agreement are cumulative and are in addition to any other remedies in law or equity which may be available to BKRHC. The election of one or more remedies shall not bar the use of other remedies unless the circumstances made the remedies incompatible.

8.1. Concurrent Remedy. No right or remedy herein conferred on or reserved to BKRHC is exclusive of any other right or remedy herein or by law or equity provided or permitted; but each shall be cumulative of every other right or remedy given hereunder or now or hereafter existing by law or in equity or by statute or otherwise and may be enforced concurrently therewith or from time to time.

9. MISCELLANEOUS.

9.1. No Waiver of Default. The failure of any party to enforce against another party any provision of this Agreement shall not constitute a waiver of that party's right to enforce such a provision at a later time and shall not serve to vary the terms of this Agreement.

9.2. Binding Effect. The rights and obligations of this Agreement shall inure to the benefit of, and be binding upon, the parties to the Agreement and their heirs, administrators, executors, personal representatives, successors and assigns.

9.3. Merger and Modification. All prior agreements between the parties are incorporated in this Agreement which constitutes the entire Agreement. Its terms are intended by the parties as a final expression of their agreement with respect to such terms as are included herein and may not be contradicted by evidence of any prior agreement or contemporaneous oral agreement. The parties further intend this Agreement constitutes the complete and exclusive statement of its terms and no extrinsic evidence whatsoever may be introduced in any judicial or arbitration proceeding involving this Agreement. This Agreement may be modified only in a writing approved by BKRHC and signed by all the parties.

9.4. Corporate Authority. Each individual signing this Agreement on behalf of entities represents and warrants that they are, respectively, duly authorized to sign on behalf of the entities and to bind the entities fully to each and all of the obligations set forth in this Agreement.

9.5. Governing Law. The laws of the State of California will govern the validity of this Agreement, its interpretation and performance. Any litigation arising in any way from this Agreement shall be brought in Kern County, California.

9.6. Termination of Agreement. BKRHC reserves the right to terminate this AGREEMENT upon giving CORPORATION notice of intention to terminate at least 30 days prior to the effective date of the termination. BKRHC shall only convey to CORPORATION funds for work done prior to the effective date of termination. This Agreement may be terminated by any party upon 30 days written notice, served by mail or personal service, to all other parties.

9.7. Notices. All notices relative to this Agreement shall be given in writing and shall be personally served or sent by certified or registered mail and be effective upon actual personal service or depositing in the United States mail.

The parties shall be addressed as follows, or at any other address designated by notice:

If directed to BKRHC, addressed to:

Program Administrator
Bakersfield Kern Regional Homeless Collaborative
2101 Oak Street
Bakersfield, CA 93301

If directed to CORPORATION, addressed to:

Chief Executive Officer
The Community Action Partnership of Kern
1300 18th Street, Suite 200
Bakersfield, CA 93301

9.8. Execution. This Agreement is effective upon execution. It is the product of negotiation and all parties are equally responsible for authorship of this Agreement. Section 1654 of the California Civil Code shall not apply to the interpretation of this Agreement.

9.9. Assignment. Neither this Agreement nor any rights, interests, duties, liabilities, obligations or responsibilities arising out of, concerning or related in any way to this Agreement (including, but not limited to, accounts, actions, causes of action, claims, damages, demands, liabilities, losses, obligations, or reckonings of any kind or nature whatsoever, for compensatory or exemplary and punitive damages, or declaratory, equitable or injunctive relief, whether based on contract, equity, tort or other theories of recovery provided for by the common or statutory law) may be assigned or transferred by any party. Any such assignment is prohibited and shall be unenforceable and otherwise null and void without the need for further action by the non-assigning party or parties.

9.10. Negation of Partnership. BKRHC shall not become or be deemed a partner or joint venture with CORPORATION or associate in any such relationship with CORPORATION by reason of the provisions of this Agreement. CORPORATION shall not for any purpose be considered an agent, officer or employee of BKRHC.

9.11. Conflicts of Interest. CORPORATION stipulates that the CORPORATION, its employees, and sub-consultants have no financial interest in either the success or failure of any project which is dependent upon the result of

the work prepared pursuant to this Agreement and funds provided for herein (California Government Code Section 1090).

9.12. Tax Numbers.

"CORPORATION's" Federal Tax Identification No. 95-2402760

"CORPORATION" is a corporation? Yes _____ No _____.

(Please check one.)

9.13.1 Reporting Timeframe CORPORATION will submit quarterly reports to BKRHC, with first report due July 31, 2025, and final report due September 30, 2027

(The remainder of this page intentionally left blank)

IN WITNESS WHEREOF, the parties hereto have caused this Agreement to be executed the day and year first-above written.

“BKRHC”

BAKERSFIELD KERN REGIONAL HOMELESS COLLABORATIVE

By: _____

CARLOS BALDOVINOS

Chair of the Executive Board

Date: _____

“CORPORATION”

THE COMMUNITY ACTION PARTNERSHIP OF KERN

By: _____

JEREMY T. TOBIAS

Chief Executive Officer

Date: _____

EXHIBIT "A"
HHAP-4 STANDARD AGREEMENT

EXHIBIT "B"

HOMELESS HOUSING ASSISTANCE AND PREVENTION GRANT PROGRAM COMMUNITY ACTION PARTNERSHIP OF KERN

Purpose of Project

The Community Action Partnership of Kern (CAPK) will provide Homeless Housing Assistance and Prevention Grant eligible services (Coordinated Entry System services) to provide comprehensive information and referral services that link Kern County residents to community health and human services and support.

Description

CAPK will use HHAP-4 grant funding for the eligible activity:

Coordinated Entry System used to screen, assess, and prioritize homeless and at-risk persons for appropriate housing and services.

CAPK will meet costs of operation and maintenance, including but not limited to such items as payment of office supplies, printing, postage, telephone, internet, insurance, water, electricity, and janitorial and maintenance costs.

The total amount of HHAP-4 funds expended to meet these operations and maintenance costs shall not exceed **ONE HUNDRED FOURTEEN THOUSAND NINE HUNDRED FIFTY-THREE DOLLARS AND TWENTY-SEVEN CENTS (\$114,953.27)**. Operating costs are solely for use in operating costs closely associated with CAPK's Coordinated Entry System.

Limitations

CORPORATION shall not use HHAP-4 program funding to supplant existing funds for homeless housing, assistance, or prevention.

Time frame

All funds granted to CAPK shall be completely expended within the term of the Agreement.

Data Submission Requirements and Timeline:

CORPORATION shall submit an annual report to the BKRHC on forms provided by the BKRHC, by May 1, 2025, and annually every year thereafter with a final report due September 30, 2027. If the Contractor fails to provide such documentation, The BKRHC may disencumber any portion of the amount authorized by this Agreement with a 14- day written notification.

Corporation will report on the following, as well as any additional information the BKRHC deems appropriate or necessary:

- (1)** Data collection shall include, but not be limited to, information regarding individuals and families served, including demographic information, information regarding partnerships among entities or lack thereof, and participant and regional outcomes.
- (2)** The performance monitoring and accountability framework shall include clear metrics, which may include, but are not limited to, the following:
 - (a)** The number of people served, and individuals exit to permanent housing, as defined by the United States Department of Housing and Urban Development, from unsheltered environments and interim housing resulting from this funding.
 - (b)** Racial equity, as defined by the council in consultation with representatives of state and local agencies, service providers, the Legislature, and other stakeholders.
 - (c)** Any other metrics deemed appropriate by BKRHC.

The Contractor further agrees to retain all records for a minimum period of five (5) years after the termination of this Agreement.

Other Requirements

HMIS

CORPORATION will collect and evaluate data to be entered into the Homeless Management Information System [HMIS). The data will be entered into a local HMIS using HUD's standards for participation.

Housing First

Any housing-related activities funded with HHAP-4 funds must be in compliance or otherwise aligned with the Core Components of Housing First, pursuant to Welfare and Institution Code Section 8255(b).

Exhibit “C”

Homeless Housing Assistance and Prevention Round 4 Annual Report

This Agreement shall terminate on June 30, 2027, or upon delivery of the HHAP-4 final report required by HSC § 50223(b), whichever is sooner

HHAP-4 Annual reporting due dates:

December 31, 2025

December 31, 2026

EXHIBIT "D"

DRUG FREE WORKPLACE CERTIFICATION

The undersigned certifies, to the best of his or her knowledge and belief, that: Corporation, representing the facility known as **THE COMMUNITY ACTION PARTNERSHIP OF KERN** CORPORATION located at 1300 18th Street, Suite #200 Bakersfield, CA 93301 will continue to provide a drug-free workplace by meeting all standards and requirements of the Code of Federal Regulations, Part 24, Subpart F as follows:

1. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition.
2. Establishing an ongoing drug-free awareness program to inform employees about:
 - (a) The dangers of drug abuse in the workplace;
 - (b) The grantee's policy of maintaining a drug-free workplace;
 - (c) Any available drug counseling, rehabilitation, and employee assistance programs; and
 - (d) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.
3. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph 1.
4. Notifying the employee in the statement required by paragraph 1 that, as a condition of employment under the grant, the employee will –
 - (a) Abide by the terms of the statement; and
 - (b) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction.
5. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph 4 (b) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant.

6. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph 4(b), with respect to any employee who is so convicted:
 - (a) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended: or
 - (b) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency.
7. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs 1, 2,3,4,5, and 6.
8. This certification meets the objectives and requirements of the United States Department of Housing and Urban Development (HUD).

“CORPORATION”

THE COMMUNITY ACTION PARTNERSHIP OF KERN

By: _____

Jeremy T. Tobias
Chief Executive Officer

Date: _____



MEMORANDUM

To: Budget and Finance Committee

From: Rebecca Moreno, Director of Community Development

Date: March 19, 2025

Subject: *Agenda Item 4f*: New Contract: Anthem Blue Cross Community Supports Contract:
Cal-AIM Community Supports (CS) - **Action Item**

INTRODUCTION

Cal-AIM is a new initiative by the Department of Health Care Services (DHCS) to improve the quality of life and health outcomes of Medi-Cal beneficiaries by implementing broad delivery of system, programmatic, and payment system reforms. A key feature of Cal-AIM is the introduction of a new menu of “in lieu of services” (ILOS), or Community Supports, which, at the option of a Medi-Cal managed care health plan (MCP) and a member, can substitute for covered Medi-Cal services as cost-effective alternatives. MCPs will be responsible for administering Community Supports. For this partnership, CAPK would serve as a Community Support providing rental assistance.

OVERVIEW OF COMMUNITY SUPPORTS

Community Supports are medically appropriate and cost-effective alternatives to services covered under the State Plan. Federal regulations allow for state-permitted Medicaid managed care organizations (Anthem Blue Cross) to offer Community Supports as an option to Members. Community Supports can substitute for and potentially decrease utilization of a range of covered Medi-Cal benefits, such as hospital care, nursing facility care, and emergency department (ED) usage. In essence, they would serve as upstream services designed to mitigate the need for some Medi-Cal services.

Community Supports are an important part of whole-person care delivery for Members enrolled in Enhanced Care Management (ECM), another Cal-AIM initiative that will address the clinical and non-clinical needs of high-need, high-cost Medi-Cal Members through systematic coordination of services and comprehensive care management. As such, DHCS encourages MCPs to offer a robust menu of 14 pre-approved Community Supports to comprehensively address the needs of Members – including those with the most significant and complex challenges affecting health such as homelessness, unstable and unsafe housing, food insecurity, and/or other big social needs.

MCPs will have the opportunity to provide details on their elected Community Supports to DHCS as part of their Model of Care (MOC) responses to DHCS. MCPs in all Counties are encouraged to offer one or more of the following Community Supports starting on January 1, 2022:

- Housing Transition Navigation Services
- Housing Deposits
- Housing Tenancy and Sustaining Services
- Day Habilitation Services

CAPK’s PROGRAM GOALS

In partnership with Anthem Blue Cross, CAPK's Cal-AIM Program will be designed to reduce rates of homelessness and recidivism. CAPK proposes a multi-modal intervention strategy with complimentary rental assistance and more sustainable housing tenancy service lines. These services target known risk factors for homelessness and recidivism, including housing instability, unemployment or severe underemployment, and mental health/substance use. The CAPK Cal-AIM Program is based on previous experience (2 years) with our current Cal-AIM program through Kern Health Systems. Housing Navigators will perform Housing Search and Stabilization services by assisting members in their search for housing, completion of rental applications, securing required documentation for housing applications, and provision of rental assistance payments. The Housing Navigators' program goals for members will include reducing housing barriers, preventing homelessness, and connecting individuals to services that promote stable housing. Housing Navigator activities may also consist of the following: Financial Capability Skill Training, Financial Coaching or Counseling, Tenant Rights Education, Rental Counseling, Financial Assistance, Landlord Incentives, Housing Plan Development, Landlord Engagement, and/or referrals to external community agencies. Staff will also determine client eligibility through Interagency referral for CAPK's other unique anti-poverty programs and services.

Budget Projection

A detailed budget projection was completed in partnership with Finance. CAPK's initial program implementation will encompass serving 100 clients per month. The following positions would be allocated to this service line:

- 0.05 FTE Director
- 0.40 FTE Program Administrator
- 6.0 FTE Case Managers

The reimbursement rate per client per month is \$372.91 for Housing Navigation and \$394.50 for Housing Sustainability. Based on conservative budgeting, CAPK expects to generate revenue in excess of program expenses by 24.8%.

This agreement aligns with CAPK's enduring mission to address critical needs in the community and Strategic Goal #3, Objective 3.1 to increase housing stability for people experiencing or at risk of homelessness.

RECOMMENDATION

Staff recommend that the Budget & Finance Committee approve the contract for services with the Anthem Blue Cross: Cal-AIM CS contract and further recommend approval by the full Board at the March 26, 2025 meeting to include the authorization for the Chief Executive Officer to sign and execute the contract and all amendments during the term of the contract.

Attachments:

Budget FY 2025-2025
Contract

Enhanced Care Management and Community Supports Contract Submission Checklist

☐ **Medi-Cal Managed Care Program Enhanced Care Management (ECM) and Community Supports (CS) Provider Agreement**

Do not enter a contract effective date as Anthem Blue Cross will add it upon counter signature.

☐ **Disclosure of Ownership Form (located within Exhibit F of the agreement)**

☐ **W-9 Form**

Sign and enter only **one** Tax ID number (**either** a Social Security number [SSN] **or** an Employer Identification Number [EIN]).

☐ **Proof of insurance:**

- ☐ *Professional Liability Face Sheet*
- ☐ *General Liability Face Sheet*
- ☐ *Commercial Auto Policy Declaration (if applicable)*

☐ **Background Check Attestation**

☐ **Business Associate Agreement**

☐ **Health Delivery Organization (HDO) Application (FACILITIES ONLY)**

All facility-based organizations are required to complete the HDO application.

☐ **Appropriate Taxonomy has been added to Group's NPI via NPPES**

If you have multiple locations with distinct NPIs, you must add the appropriate taxonomy to **each** location providing ECM/CS services.

☐ **Completed Excel Roster**

Do not convert the *Excel Roster* to PDF.

- ☐ Confirm **each** clinical practitioner has completed and attested their CAQH applications **and** indicate their CAQH provider ID numbers in the *Excel Roster* form provided (if applicable).
- ☐ Enroll the organization and the individuals within the organization through California Department of Health Care Services (DHCS) PAVE* (**instructions attached**). Once approved, indicate the effective date in the *Excel Roster*. If application status is *in process*, and effective date is unavailable/pending, submit a screenshot reflecting the application was successfully submitted.

☐ Return **all** documents listed above via email to ECM_CS_Contracting@anthem.com.

* As applicable per state guidelines.

Post-submission: Once the packet is returned, it will be reviewed for completeness. If a response is not received within 10 business days, please feel free to send a follow-up email.

<https://providers.anthem.com/ca>

Anthem Blue Cross is the trade name of Blue Cross of California. Anthem Blue Cross and Blue Cross of California Partnership Plan, Inc. are independent licensees of the Blue Cross Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc. Blue Cross of California is contracted with L.A. Care Health Plan to provide Medi-Cal Managed Care services in Los Angeles County.
ACAPEC-3448-22 March 2022

**ANTHEM BLUE CROSS
MEDI-CAL MANAGED CARE PROGRAM
ECM / CS PROVIDER AGREEMENT**

WITH

Community Action Partnership of Kern

**ANTHEM BLUE CROSS
MEDI-CAL MANAGED CARE PROGRAM
ECM / CS ANCILLARY PROVIDER AGREEMENT**

TABLE OF CONTENTS

I.	Definitions	1
II.	Services/Obligations	3
III.	Confidentiality/Records	12
IV.	Insurance	13
V.	Relationship of the Parties	14
VI.	Indemnification and Limitation of Liability	14
VII.	Dispute Resolution and Arbitration	15
VIII.	Term and Termination	16
IX.	General Provisions	19

EXHIBITS

A	Provider Reimbursement	A-1
B	Covered Services	B-1
C	Provider County Service Area	C-1
D	Copies of Licenses and Certificates	D-1
E	Scope of Work	E-1
F	Disclosure of Ownership and Control Interest Statement	F-1

This Enhanced Care Management (ECM) / Community Supports (CS) Provider Agreement (hereinafter "Agreement") is made and entered into by and between the Medicaid Division of Blue Cross of California doing business as Anthem Blue Cross and its affiliates (hereinafter "Anthem") and Community Action Partnership of Kern (hereinafter "Provider"). In consideration of the mutual promises and covenants herein contained, the sufficiency of which is acknowledged by the parties, the parties agree as follows:

ARTICLE I DEFINITIONS

- 1.1 "Affiliate" means an entity owned or controlled either directly or through a parent or subsidiary entity by Anthem, or under common control with Anthem.
- 1.2 "Anthem Rate" means the lesser of Provider's Charges for Covered Services, or the total payment amount that Provider and Anthem have agreed upon as set forth in Exhibit A and made a part of this Agreement. The Anthem Rate is payment-in-full to Provider for Covered Services when Anthem is financially responsible to pay Provider for those Covered Services.
- 1.3 "Anthem Medi-Cal Managed Care Plan" is the healthcare service plan maintained and operated by Anthem pursuant to state contracts with the California Department of Health Care Services. Enrollees of an Anthem Medi-Cal Managed Care Plan are Medi-Cal beneficiaries.
- 1.4 "Charges" means the amount that Provider routinely bills and accepts as payment for products, services and supplies.
- 1.5 "Claim" means either the uniform bill claim form, electronic claim form in the format prescribed by Anthem or an invoice in a format prescribed by Anthem and submitted by Provider for payment by Anthem for Health Services provided to a Covered Individual.
- 1.6 "Clean Claim" means a claim that can be processed without obtaining additional information from Provider or from a third party. A Clean Claim does not include a claim being reviewed for Medical Necessity, or include a claim where the claim or Provider is under investigation for fraud, waste or abuse. [42 CFR 447.45(b)]
- 1.7 "Cost Share" means, with respect to Covered Services, the amount that a Covered Individual is required to pay under the terms of his or her Health Benefit Plan. Such payment may be referred to as a copayment, deductible, or other Covered Individual payment responsibility, and may either be a fixed amount or a percentage of the applicable payment owed for the Covered Services.
- 1.8 "Covered Individual" means for Medi-Cal beneficiaries, an "Eligible Beneficiary" as defined in the contract between Anthem and a state/federal Medicaid Program, who is enrolled in an Anthem Medi-Cal Managed Care Plan or Affiliate at the time Covered Services are provided. For purposes related to this Agreement, including all schedules, attachments, exhibits, manual(s), notices and communications related to this Agreement, the term "Covered Individual" may be used interchangeably with the terms Medi-Cal, Medicaid, Covered Person, Member, Enrollee, or Subscriber, and the meaning of each is synonymous with any such other.
- 1.9 "Covered Services" means Medically Necessary Health Services provided by Provider to a Covered Individual as determined exclusively by Anthem in accordance with guidelines, standards, policies or regulations promulgated by the California Department of Healthcare Services or Anthem. To be a Covered Service, the services must be provided by Provider on a date when the person was both eligible with, and enrolled in, an Anthem Medi-Cal Managed Care Plan or Affiliate.

- 1.10 "Delegated Entity" or "Delegated Provider" means a risk bearing organization as defined in Health and Safety Code section 1375.4, that when applicable, is financially responsible for Covered Services provided by Provider and the entity to whom Provider shall seek payment from for those delegated Covered Services.
- 1.11 "Emergency Medical Condition" means a medical condition manifesting itself by acute symptoms of sufficient severity (including, severe pain) that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in the following: (1) placing the health of the individual (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy; (2) serious impairment to bodily functions; or (3) serious dysfunction of any bodily organ or part. [see, 42 CFR 438.114]
- 1.12 "Health Benefit Plan" means either the document(s) describing the benefits and services covered under a Medi-Cal Managed Care Plan administered by Anthem pursuant to a contract with the California Department of Health Care Services whereby Anthem has agreed to provide managed care services to Medi-Cal beneficiaries enrolled in the Anthem Medi-Cal Managed Care Plan. Items, services or supplies not described in a Health Benefit Plan are not Covered Services.
- 1.13 "Health Services" means those services or supplies that Provider is licensed or certified, equipped and staffed to provide and are routinely provided to Provider's individual patients.
- 1.14 "Medically Necessary" or "Medical Necessity" means, except as otherwise defined by the applicable Health Benefit Plan, procedures, supplies, equipment or services that are determined to be: (a) appropriate for the symptoms, diagnosis or treatment of the medical condition; (b) provided for the diagnosis or direct care and treatment of the medical condition; (c) within standards of good medical practice within the organized medical community; (d) not primarily for the convenience of the Covered Individual's physician or another provider, and (e) the most appropriate procedures, supplies, equipment or service which can safely be provided. The most appropriate procedures, supplies, equipment or service or supply must satisfy all of the following criteria: (i) there must be valid scientific evidence demonstrating that the expected health benefits from the procedure, supply, equipment or service are clinically significant and produce a greater likelihood of benefit, without a disproportionately greater risk of harm or complications, for the Covered Individual with the particular medical condition being treated than other alternatives; (ii) generally accepted forms of treatment that are less invasive have been tried and found to be ineffective or are otherwise unsuitable; and (iii) for inpatient facility admissions, the inpatient stay is necessary due to the kind of services the Covered Individual is receiving or the severity of the medical condition, and safe and adequate care cannot be received by the Covered Individual as an outpatient or in a less intensified medical setting.
- 1.15 "Network Participating Provider" means a provider, including physician, hospital, and ancillary healthcare provider, who has entered into a contract with Anthem to provide Health Services to Covered Individuals and participate in one or more of Anthem's provider networks.
- 1.16 "Overpayment" means any funds that Provider receives or retains for providing services or supplies to Covered Individuals to which the Provider, after applicable reconciliation, is not entitled to keep.
- 1.17 "Provider Operations Manual" means the Anthem Medi-Cal Provider Operations Manual. The Provider Operations Manual is incorporated herein by this reference and applies to all Anthem Medi-Cal Managed Care Plans.
- 1.18 "Surcharge" means a fee which is charged to a Covered Individual by Provider for Health Service(s) but has not been approved by the applicable state regulatory authority, and is neither disclosed nor provided for in the Covered Individual's Health Benefit Plan.

- 1.19 Enhanced Care Management (ECM): a whole-person, interdisciplinary approach to care that addresses the clinical and non-clinical needs of high-need and/or high-cost Members through systematic coordination of services and comprehensive care management that is community-based, interdisciplinary, high-touch, and person-centered as referenced in Exhibit B.
- 1.20 Community Supports (CS): Pursuant to 42 CFR 438.3(e)(2), CS are services or settings that are offered in place of services or settings covered under the California Medicaid State Plan and are medically appropriate, cost-effective alternatives to services or settings under the State Plan as referenced in Exhibit B.

ARTICLE II SERVICES/OBLIGATIONS

- 2.1 Covered Individual Identification. Anthem shall provide a means of identifying a Covered Individual by issuing a paper, plastic, or other identification document to the Covered Individual, or by a telephonic, paper or electronic communication to the Provider. The identification will provide sufficient information so that Provider may contact Anthem to determine a Covered Individual's participation in a Health Benefit Plan. The identification alone will be insufficient to establish a Covered Individual's eligibility at the time a Health Service is provided. As such, Provider acknowledges and agrees that possession of such identification document or ability to access eligibility information telephonically or electronically, in and of itself does not qualify the holder thereof as a Covered Individual, nor does the lack thereof mean that the person is not a Covered Individual.
 - 2.1.1 Provider agrees that it will confirm that the person presenting the identification document is in fact the Covered Individual. Provider agrees that Anthem shall not be responsible for any fraudulent, deceptive or misuse of a Covered Individual's identification document.
 - 2.1.2 Anthem will provide verification of a Covered Individual's eligibility when Provider requests such verification. Provider acknowledges and agrees that any eligibility information provided by Anthem will not be deemed, interpreted, or considered as approval or authorization of the Medical Necessity of any Health Services provided, nor that any services provided are Covered Services.
- 2.2 Provider Services. Provider agrees to provide Covered Individuals with those Health Services and/or supplies set forth in Exhibit B, attached hereto and incorporated by reference herein, within the county location(s) listed in Exhibit C.
 - 2.2.1 Provider agrees to adhere to the ECM / CS Scope of Work (SOW) as reference in Exhibit E attached hereto and incorporated by reference herein.
- 2.3 Provider Non-discrimination.
 - 2.3.1 Provider agrees that its primary consideration shall be the quality of health care services rendered to Covered Individuals. As such, Provider agrees that it will provide Health Services to Covered Individuals in a manner similar to and within the same time availability in which Provider provides Health Services to any other individual. Provider will not differentiate, or use any policy or practice that has the effect of discriminating against any Covered Individual because of race, color, creed, national origin, ancestry, religion, sex, marital status, age, disability, payment source, health status or need for health care services, the filing of any compliant or grievance, status as a litigant, status as a Medicaid beneficiary, sexual orientation, or any other basis prohibited by law. Provider shall not be required to provide any type, or kind of Health Service to Covered Individuals that the Provider does not customarily provide to others.

- 2.3.2 As required by Anthem's Medi-Cal contracts with the State of California, Provider, its agents and employees, shall not unlawfully discriminate, harass, or allow harassment against any employee or applicant for employment because of sex, sexual orientation, race, color, ancestry, religious creed, national origin, physical disability (including HIV and AIDS), mental disability, medical condition (including health impairments related to or associated with a diagnosis of cancer for which a person has been rehabilitated or cured), age (over 40), marital status, and use of family and medical care leave pursuant to state or federal law. Provider shall insure that the evaluation and treatment of its employees and applicants for employment are free from such discrimination and harassment. Provider, its agents and employees, shall ensure that the evaluation and treatment of its employees and applicants for employment are free from such discrimination and harassment. Provider, its agents and employees, shall comply with the provisions of the Fair Employment and Housing Act (Government Code Section 12990 (a-f) *et seq.*) and the applicable regulations promulgated there under (Title 2, California Code of Regulations, Section 11099 *et seq.*). The applicable regulations of the Fair Employment and Housing Commission implementing Government Code Section 12990 (a-f), set forth in Chapter 5 of Division 4 of Title 2 of the California Code of Regulations, are incorporated into this Agreement by reference and made a part hereof as if set forth in full.
- 2.4 Standard of Care. Provider shall provide Health Services to Covered Individuals at a level of care and competence that equals or exceeds the generally accepted and professionally recognized standard of practice at the time of treatment, all applicable rules and/or standards of professional conduct, and any controlling governmental licensing requirements. Should a Covered Individual suffer any complication or preventable adverse event as a direct result of the treatment and care provided by Provider, Provider agrees that Anthem does not have to pay Provider for the Medically Necessary treatment or care required to treat the complication or preventable adverse event that resulted from Provider's negligence.
- 2.5 Cost Effective Care. Provider shall provide Covered Services in the most cost effective setting and manner.
- 2.6 Publication and Use of Provider Information. For the term of this Agreement, Provider agrees that Anthem may use, publish, disclose, and display information and disclaimers, as applicable, relating to Provider. Anthem will make good faith efforts to share data with Provider prior to initial disclosure or publication of any information related to a procedure or service for its transparency initiative(s) impacting Provider, such as but not limited to, Anthem Care Comparison.
- 2.6.1 To the extent permitted by the requirements of the Knox-Keene Act, including Health and Safety Code Section 1395.5, for the term of this Agreement, Provider agrees to provide, and authorize Anthem to publish, its name, tax identification number or other provider identification number, and other information reasonably required by an employer, individual or government entity in Anthem marketing and informational materials. Anthem agrees that Provider may identify itself as a Network Participating Provider in the Network(s) in which Provider participates without prior approval from Anthem, provided Provider strictly follows the publishing guidelines for use of Anthem's name, symbols, trademarks, or service marks, as set forth in the provider manual(s), and that such participation in the Network is then in effect. Provider's ability to identify its participation as a Network Participating Provider without Anthem's consent excludes the issuance of any press release. Anthem shall have the right of prior approval of any other use of Anthem's symbols, trademarks, or service marks presently existing or later established. Except as provided in this section, each party reserves the right to control the use of its name and all symbols, trademarks, or service marks presently existing or later established. With the exception of limited downloading and copying rights which may be expressly posted by Anthem on its web sites, and which may be amended in Anthem's sole discretion, no rights are granted to Provider to reproduce, store, transmit or modify the content of such web sites in any

manner, to link to the home page, to deeplink to any content, or frame any portion of the web sites without Anthem's written permission.

2.7 Use of Symbols and Marks. Neither party to this Agreement shall publish, copy, reproduce, or use in any way the other party's symbols, service mark(s) or trademark(s) without the prior written consent of such other party. Notwithstanding the foregoing, the parties agree that they may each identify Provider as an Anthem Medi-Cal Managed Care Plan Network Participating Provider.

2.8 Submission of Provider Claims.

2.8.1 Provider shall submit all Claims for Covered Services within three hundred sixty-five (365) days from the date Covered Services are rendered to a Covered Individual using the national standard specifications and code sets as referenced in Exhibit A. In the event Provider is unable to submit claims using the national standard (UB04 or CMS 1500) specifications and DHCS-defined code sets, Provider shall submit an invoice to Anthem with a minimum set of data elements necessary for Anthem to convert the invoice to an encounter for submission to DHCS. If Anthem is the secondary payor, the three hundred sixty-five (365) day period will not begin until Provider receives notification of the primary payor's financial responsibility.

2.8.2 Provider agrees to bill Anthem at least monthly for any Covered Individual receiving extended Health Services from Provider. An extended Health Service is any on-going treatment in excess of 30 days.

2.8.3 Depending on the specific services provided to Covered Individuals under this ancillary provider agreement, Provider shall submit Claims on the applicable Universal Billing Form 04 (UB-04) promulgated by the National Uniform Billing Committee ("NUBC") or the CMS 1500 claim form, or any successor forms promulgated by either the NUBC or CMS. Claims shall be submitted in a format that is consistent with industry standards and acceptable to Anthem. Claims will be submitted electronically, or if electronic submission is not available, utilizing paper forms. Additionally, Provider Claims shall meet all billing requirements set forth in Anthem's Provider Operations Manual. This manual provides additional guidance regarding Claim submission, including clarification on billing procedures for special circumstances such as when Anthem is the secondary payor. Provider agrees to comply with the billing procedures included in Anthem's Provider Operations Manual.

2.8.4 Preventable Adverse Events ("PAEs"). When applicable, Provider shall include accurate and current CMS present-on-admission ("POA") indicators on all inpatient Claims submitted to Anthem for payment. Anthem will use such POA indicators and other applicable and CMS codes and conventions to identify PAEs and adjust inpatient payments to Provider under this Agreement consistent with instructions provided by CMS, and CMS's practices and DRG groupers (hereinafter collectively, "CMS PAE Policies").

2.8.5 Provider agrees that Anthem may obtain and review all Provider information, medical records, or documents regarding any Claim. When requested by Anthem, Provider shall furnish records, documents or other information necessary to verify the Health Services provided, the Charges for such Health Services, or to determine Anthem's financial liability for the Health Services listed on a Claim or invoice. When Anthem requests the additional information, medical records or documents, Provider shall provide the requested material and information within ninety (90) days, or before the expiration of the three hundred sixty-five (365) day period referenced above, whichever is longer. All materials and information will be provided to Anthem at no cost to Anthem or the Covered Individual. Once Anthem determines its payment liability, all Clean Claims will be adjudicated in accordance with the terms and conditions of a Covered Individual's Health Benefit Plan.

2.9 Timely Payment of Clean Claims.

- 2.9.1 Anthem will adjudicate Clean Claims submitted by Provider within thirty (30) working days of the date Anthem receives the claim. For purposes of determining compliance with the stated time frames, the date of receipt is the date that Anthem receives the claim, as indicated by its date stamp on the claim. The date of payment is the date of the check or other form of payment.
- 2.9.2 Payment shall be made in accordance with above stated timeframe unless the Claim, or portion thereof, is contested. If all or part of a Claim is contested, Anthem will notify Provider in writing within thirty (30) working days of receipt of the Claim. Anthem may contest a Claim where Anthem has not received all information necessary to determine its liability for the Claim, or has not been granted reasonable access to information or material concerning Provider services. Information that may be necessary to determine Anthem's liability includes reports or investigations concerning fraud, waste and abuse, necessary consents, releases, and assignments, a claim on appeal, relevant medical records, or other information necessary to determine Medical Necessity for the health care services provided.
- 2.9.3 The times frames set forth above shall in no way prevent or limit Anthem's right to recover any partial or complete payments made to Provider for Covered Services when Anthem determines that it has for any reason overpaid a Claim.

2.10 Payment in Full and Hold Harmless.

- 2.10.1 Provider agrees that the Anthem Rates set forth in Exhibit A and made a part of this Agreement shall apply to Health Services provided to Covered Individuals when Anthem is financially responsible for payment of the Covered Services.
- 2.10.2 Provider agrees that it will only seek payment for Covered Services from Anthem, or when applicable, from a Delegated Entity that has agreed to be financially responsible for the payment of the Covered Services provided by Provider. When Anthem has delegated financial responsibility for services provided by Provider to a Delegated Entity, Provider shall look only to the Delegated Entity for payment of those services.
- 2.10.3 Provider agrees that in no event, including nonpayment or insolvency by Anthem or a Delegated Entity, will Provider or any person acting on Provider's behalf, bill, charge, seek payment from, or have any recourse against a Covered Individual, or a person acting on the Covered Individual's behalf, for Covered Services provided pursuant to this Agreement. Provider agrees that it will not hold, or attempt to hold, a Covered Individual liable for the payment of Covered Services should Anthem, its Delegated Provider, or the State of California not pay Provider for Covered Services. Provider agrees not to balance bill a Covered Individual. If Anthem receives notice of any such conduct, it will take appropriate action.

This section does not prohibit Provider from collecting payment from the Covered Individual for:

2.10.3.1 Applicable Cost Shares;

2.10.3.2 Health Services that are not Covered Services. However, Provider may seek payment for a Health Service that is not Medically Necessary or is experimental/investigational only if Provider obtains a written waiver that meets the following criteria:

- (a) The waiver notifies the Covered Individual that the Health Service is likely to be deemed not Medically Necessary, or experimental/investigational;

- (b) The waiver notifies the Covered Individual of the Health Service being provided and the date(s) of service;
- (c) The waiver notifies the Covered Individual of the approximate cost of the Health Service; and
- (d) The waiver is signed by the Covered Individual prior to receipt of the Health Service.

2.10.3.3 Any reduction in or denial of payment as a result of the Covered Individual's failure to comply with his/her utilization management program.

2.11 Provider Requirements for Services Provided to CCS Eligible Individuals.

2.11.1 Provider agrees that for Covered Individuals whose health condition is eligible for California Children's Services ("CCS"), Provider will submit a referral for CCS coverage within the time limits specified by CCS and Anthem. Provider agrees to provide Anthem with the names of all Covered Individuals whose condition may make the Covered Individual eligible to receive CCS covered services. Provider will not seek payment from Anthem, and Anthem will not pay Provider, for Health Services denied by CCS because the referral was not timely submitted by Provider to CCS.

2.11.2 If Provider is certified by CCS to provide CCS covered services to eligible Covered Individuals, Provider agrees that such services shall be provided by, or provided by order of, a CCS paneled provider. Provider will not seek payment from Anthem, and Anthem will not pay Provider, for Health Services denied by CCS because the care or treatment was not provided by a paneled provider.

2.11.3 If Provider is not certified by CCS to provide CCS covered services to eligible Covered Individuals, Provider shall transfer the care and treatment of a CCS eligible Covered Individual to the nearest CCS certified Provider within the time limits set by CCS or Anthem. When possible, the transfer shall be to a CCS paneled Network Participating Provider. Provider will not seek payment from Anthem, and Anthem will not pay Provider, for CCS covered Health Services provided to the Covered Individual if Provider fails to transfer a Covered Individual to a CCS certified Provider.

2.11.4 Provider agrees that under no situation or circumstances will Provider bill, or seek payment from, Covered Individuals for CCS covered services that were not paid.

2.12 Appeals/Adjustment Requests. If Provider believes a Claim for Covered Services has been improperly adjudicated or paid by Anthem, Provider shall submit a provider dispute request appealing Anthem's adjudication or payment of the Claim within one (1) year from the date of payment or explanation of payment. The provider dispute request shall be submitted in accordance with Anthem's payment appeal or adjustment process contained in Anthem's Provider Operations Manual. Provider acknowledges and agrees that a provider dispute request submitted more than one year after payment or explanation of payment, will be denied and no additional compensation will be paid to Provider on the Claim, and Provider will not be permitted to bill Anthem, or the Covered Individual for those services for which payment was denied.

2.13 Returning or Adjusting Overpayments.

2.13.1 Provider agrees to report and return all Overpayments it has received for services provided under this Agreement. Such Overpayments shall be reported and returned within 60 days after the date on which the Overpayment was first identified. [See, 42 U.S.C. 1320a-7k(d)].

- 2.13.2 Anthem may recover any Overpayment made to Provider where Anthem determined that all or part of any payment was an Overpayment under this Agreement. Where Anthem determines an Overpayment occurred, Anthem will notify Provider of the Overpayment and request a refund from Provider, in accordance with applicable laws and regulations. If Provider does not contest Anthem's notice of the Overpayment, Anthem will deduct from and set off against, the Overpayment amount from any amounts due and payable from Anthem to Provider for Covered Services provided at any time under this Agreement, in accordance with applicable laws and regulations. The Provider Operations Manual states the procedures concerning Overpayment recoveries.
- 2.13.3 Notwithstanding any other provision of this Agreement, a lien held by Provider under California Civil Code 3045.1, *et seq.* (or any similar law) shall not increase the maximum payment amount that Provider receives for providing Covered Services. Provider may only claim and collect under any such lien an amount which, when added to all amounts Provider has received from all other sources for such Covered Services, will not exceed the maximum compensation payable under this Agreement. Anthem may, under third party liability, third party recovery, or similar provisions of benefit agreements, service agreements, certificates or other documents setting forth terms and conditions of health coverage, become entitled to refunds of benefit amounts paid by Anthem. Anthem's right to such a refund will not, in any case, alter the maximum compensation Provider is entitled to receive under this Agreement for Covered Services.
- 2.14 Coordination of Benefits/Subrogation. Provider agrees to cooperate with Anthem regarding subrogation and coordination of benefits as set forth in the Provider Operations Manual. Provider shall make reasonable inquiry of Covered Individuals to learn whether the Covered Individual has health insurance or health benefit coverage other than from Anthem, or is entitled to payment by a third party under any other insurance or plan of any type. Provider shall promptly notify Anthem after receipt of information regarding a Covered Individual who may have a claim involving subrogation or coordination of benefits.
- Provider acknowledges and agrees that the process for coordination of benefits to individuals whose coverage is based on their eligibility in a government healthcare program shall be as follows:
- 2.14.1 In all cases where Health Services are provided to a Covered Individual enrolled in an Anthem Medi-Cal Managed Care Plan, Anthem shall be the payor of last resort. As such, whenever benefits are to be coordinated with some other payor for Health Services provided to a Medi-Cal Managed Care Plan enrollee, Anthem shall be the secondary payor for all treatment and care provided to the Covered Individual.
- 2.14.2 In all cases where Health Services are provided to a Covered Individual who is enrolled in both the Medicare and Medi-Cal programs and Medicare is primary, Anthem's payment as the secondary payor shall be limited to the Medicare beneficiary's co-pay, deductible or co-insurance amount.
- 2.15 Fraud, Waste and Abuse.
- 2.15.1 Provider shall report to Anthem's compliance officer any incident of suspected fraud, waste or abuse, as defined in title 42 Code of Federal Regulation section 455.2. Where Provider has a reason to believe that an incident of fraud, waste or abuse has occurred by Provider, or by Provider's employee, agent, subcontractor, or other individual. Provider shall report that belief to Anthem within ten (10) working days of first suspecting any incident of fraud, waste or abuse.
- 2.15.2 Provider shall establish policies and procedures for identifying, investigating, and taking appropriate corrective action against suspected incidents of fraud, waste or abuse arising from the delivery of Health Services provided to any patient covered under an Anthem

Medi-Cal Managed Care Plan. Upon the request of Anthem, or any state or federal agency, Provider shall discuss with the state or federal agency appropriate actions prior to and during the course of any investigation into fraud, waste or abuse.

- 2.15.3 This contract shall immediately terminate for cause if at any time during the lifetime of this agreement Provider is excluded from participating in a Federal health care program under 42 U.S.C. sections 1320a-7 or 1320a-7a.
- 2.16 Provider Subcontractors. Anthem agrees that Provider may fulfill its contractual duties and obligations under this Agreement through subcontractors or delegates (Subcontractors and delegates are collectively referred to as "subcontractors"), subject to the conditions stated below:
- 2.16.1 Provider shall provide Anthem with a minimum of thirty (30) days prior written notice before entering into any subcontractor agreement for Health Services when the Health Services being sub-contracted away from Provider are Health Services currently provided by Provider and are Provider's obligation under this Agreement.
- 2.16.2 Provider acknowledges and agrees that it shall be solely responsible for paying subcontractor(s) for all Health Services provided by its subcontractor(s), and to indemnify and hold harmless Anthem, Covered Individuals and the Department of Health Care Services for any mistake, failure, or breach of this Agreement committed by subcontractor(s).
- 2.16.3 Provider agrees that it will require all subcontractors to abide by the terms and conditions of this Agreement when providing Health Services to Covered Individuals.
- 2.16.4 Provider agrees that it will require as a condition of any subcontract for Health Services, that the subcontractor make available for inspection and duplication the subcontract and the subcontractor's books and records regarding Health Services provided to Covered Individuals. The subcontract agreement shall allow inspection and duplication by the Department of Managed Health Care, the Department of Health Care Services, MRMIB, the Center for Medicare and Medicaid Services, the Department of Justice, or Anthem consistent with the requirements of section 3.3 of this Agreement.
- 2.17 Compliance with Provider Operations Manual and Policies, Programs and Procedures. Provider acknowledges that the Provider Operations Manual is an integral part of the obligations contemplated by this agreement. As such, Provider agrees to abide by, and comply with, the Provider Operations Manual, and other policies, programs and procedures established and implemented by Anthem (collectively "Policies"). Anthem may modify the Provider Operations Manual and Policies by providing notice to Provider at least ninety (90) calendar days in advance of the effective date of material modifications thereto.
- 2.18 In Network Referrals and Transfers. Provider shall, when medically appropriate, refer and transfer Covered Individuals to Network Participating Providers. Provider acknowledges that as a condition to coverage and payment for services provided to a Covered Individual, the services must be authorized by Anthem, or by the Network Participating Provider responsible for the Covered Individual's care. Provider agrees to obtain telephone authorization from the Network Participating Provider for any unscheduled Health Services. If prior authorization cannot be obtained, Provider agrees to notify the Network Participating Provider no later than the next working day.
- 2.19 Programs and Provider Panels. Provider acknowledges that Anthem may have, develop, or contract to develop, various networks or programs that have a variety of provider panels, program components and other requirements. Provider agrees that Anthem may discontinue, or modify such networks or programs without notifying Provider or obtaining Provider's acquiescence to the discontinuance or modification of such networks or programs.

- 2.20 Provider's Inability to Carry Out Duties. Provider shall promptly send written notice, in accordance with the Notice section of this Agreement, to Anthem of:
- 2.20.1 Any change in Provider's business address;
 - 2.20.2 Any legal, governmental, or other action involving Provider which could materially impair the ability of Provider to carry out its duties and obligations under this Agreement, except for temporary emergency diversion situations; or
 - 2.20.3 Any change in accreditation, Provider affiliation, insurance, licensure, certification or eligibility status, or other relevant information regarding Provider's practice or status in the medical community.
- 2.21 Provider Accreditation. Provider agrees that all times while the parties are contracted pursuant to this Agreement, it will maintain in good standing all licenses required by law, as well as its certification to participate in the Medicare and Medicaid programs. If applicable, Provider further agrees that it shall meet or exceed the standards required by the Joint Commission on the Accreditation of Healthcare Organizations (JCAHO), the Healthcare Facilities Accreditation Program (HFAP), or Medicare Program certification. Copies of such licenses, certifications and standards are attached as referenced in Exhibit D and made a part of this Agreement. Provider agrees to provide copies of all such, licenses, certifications and standards to Anthem each year that they are issued, and upon Anthem's written request.
- 2.22 Marketing and Promotion. Provider agrees to make reasonable efforts to assist Anthem in its marketing of Health Benefit Plans. To the extent permitted by 42 C.F.R. section 438.104 and the Knox-Keene Act, including Health and Safety Code Section 1395.5, Provider shall ensure that it maintains Anthem signs and health promotion, membership, and marketing materials as reasonably requested by Anthem, consistent with the signage visibility and marketing support granted to third party payers other than Anthem.
- 2.23 Language Assistance Program. Anthem maintains a language assistance program that ensures limited English proficient ("LEP") Covered Individuals have access to language assistance when accessing health care services. When language assistance is needed by a Covered Individual, Provider agrees to coordinate, cooperate and comply with Anthem's language assistance program as set forth in Anthem's Provider Operations Manual. Provider shall comply with language assistance standards developed pursuant to Health & Safety Code §1367.04.
- 2.24 Utilization Management. Provider acknowledges that Anthem has an established utilization management program that will determine whether Health Services provided to Covered Individuals are Medically Necessary. Provider agrees that Anthem is responsible for the authorization of Covered Services provided to Covered Individuals and agrees to cooperate with Anthem's utilization management process.
- 2.24.1 Provider shall request a pre-service authorization at least three (3) working days prior to any scheduled medical service or supply so as to avoid retrospective denial of payment for such services or supplies.
 - 2.24.2 Provider further agrees to participate, when applicable, in the concurrent utilization management process and promptly notify Anthem in instances where it is anticipated that a Covered Individual's care and treatment exceeds the care and treatment already authorized as Medically Necessary.
 - 2.24.3 Provider agrees to be bound by Anthem's utilization management determinations subject to the dispute resolution process contained in section 7.1.1.

- 2.25 Notice of Provider Ownership. As required by the Department of Health Care Services' contract with Anthem, Provider agrees to provide the following information to Anthem and permit Anthem to disclose the information to the Department of Health Care Services.

2.25.1 The names of all officers and owners of Provider.

2.25.2 The names of all stockholders owning more than ten percent (10%) of the stock issued by Provider.

2.25.3 The names of all creditors holding more than five percent (5%) of the debt of Provider.

The information required by this section is included in Exhibit F and made a part of this Agreement. Provider agrees to provide Anthem with written notice of any changes to the information listed in subsections 2.25.1 through 2.25.3 within days of the effective date of the change.

- 2.26 Federal, State and Contract Requirements. As a Medi-Cal managed care organization, Anthem is subject to Federal requirements mandated by the Social Security Act, state requirements contained in the Knox-Keene Act and the Welfare and Institutions Code, and obligations contained in its state contract with Department of Health Care Services. Any contractual provision required to be in this Agreement under any of the cited laws or contract shall bind Anthem and Provider, whether or not the contractual provision is expressly provided in this Agreement. Provider certifies that neither it nor its principals nor any of its subcontractors are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participating in any of such programs by any Federal agency or by any department, agency or political subdivision of the State. For purposes of this paragraph, "principal" means an officer, director, owner, partner, key employee, or other person with primary management or supervisory responsibilities, or a person who has a critical influence or substantive control over Provider's operations. Provider shall be required to submit a Disclosure of Ownership and Control Interest Statement form included in Exhibit F during the initial contracting, recontracting and/or recredentialing process or upon request by Anthem. The Provider further agrees to notify Anthem within thirty-five (35) days of any changes to the required disclosures.

- 2.27 Provider agrees to submit all reports required by Anthem necessary to comply with Medi-Cal Managed Care Program requirements. Provider agrees to submit to Anthem complete, accurate, reasonable, and timely provider data and encounter data necessary for Anthem to comply with the Department of Health Care Services' data reporting requirements.

- 2.28 Provider shall comply with applicable monitoring provisions of the contract between Anthem and Department of Health Care Services and any monitoring request by the Department of Health Care Services. Further, Provider agrees that Anthem shall revoke the delegation of activities or obligations, or specify other remedies in instances where Department of Health Care Services or Anthem determine that Provider has not performed satisfactorily.

- 2.29 Provider is entitled to all protections afforded to it under the Health Care Provider's Bill of Rights, including but not limited to Health & Safety Code §1375.7.

- 2.30 Anthem agrees to provide cultural competency, sensitivity and diversity training for Provider and Provider Subcontractors.

- 2.31 If Provider is responsible for the coordination of care for Covered Individuals, Anthem agrees to share with Provider any utilization data that Department of Health Care Services has provided to Anthem and Provider agrees to receive the utilization data provided and use it as Provider is able for the purpose of Covered Individual care coordination.

- 2.32 PROVIDER agrees to cooperate with Anthem's administration of its internal quality of care review and provider grievance resolution procedures.

ARTICLE III CONFIDENTIALITY/RECORDS

- 3.1 Proprietary Information. All information and material provided by either party in contemplation of or in connection with this Agreement remains proprietary to the disclosing party. Neither party shall disclose any information proprietary to the other, or use such information or material except: (1) as otherwise set forth in this Agreement; (2) as may be required to perform obligations hereunder; (3) as required to deliver Health Services to a Covered Individual; (4) upon the express written consent of the parties; or (5) as required by law or regulation, except that either party may disclose such information to its legal advisors, lenders and business advisors, provided that such legal advisors, lenders and business advisors agree to maintain confidentiality of such information.
- 3.2 Confidentiality of Personally Identifiable Information. Both parties agree to abide by state and federal laws and regulations regarding confidentiality of the Covered Individual's personally identifiable information.
- 3.3 Access to Provider Records.
- 3.3.1 Provider agrees that Anthem or its authorized representative may review, audit, and duplicate data and other records maintained by Provider regarding services Provider provides to Covered Individuals, and the cost thereof to the extent permitted by state and federal law including but not limited to the Agreement between Anthem and the Department of Health Care Services. Records include but are not limited to: medical and clinical records, encounter data, and records relating to billing, payment and assignment. Provider shall make such records and information available to Anthem or its authorized representative at all reasonable times at Provider's place of business upon Anthem's request. Such books and records shall be made available to Anthem in a form maintained in accordance with the general standards applicable to such books or record keeping.
- 3.3.2 Provider further agrees that the Directors or their designated representatives from the California Department of Managed Health Care, the California Department of Health Care Services, the Department of Health and Human Services ("DHHS"), the Centers for Medicaid and Medicare Services ("CMS"), Inspector General and the Department of Justice may inspect, audit and copy all financial, medical or other records maintained by Provider as may be necessary to ensure Anthem's compliance with the requirements of the Knox-Keene Act, the Medi-Cal program, or Anthem's contract with DHCS. [42 CFR 438.6(g)] Access to Provider's records and data for any government inspection shall be consistent to the access provided to Anthem under section 3.3.1. Should any governmental regulatory entity request certified documents, information, or data as part of that entity's inspection or audit, Provider agrees to have an authorized officer certify the accuracy of the documents, information or data produced by Provider. Furthermore, Provider agrees to make available all of its premises, facilities, equipment, books, records, contracts, computer and other electronic systems pertaining to the services Provider provides to Covered Individuals furnished under the terms of this Agreement.
- 3.3.3 Provider agrees that it will maintain its books, records and other papers for at least ten (10) years from the final date of the Medi-Cal Managed Care Program Agreement between Anthem and the Department of Health Care Services or from the date of completion of any audit, whichever is later. In addition, such obligation will not terminate upon the termination of this Agreement. Anthem agrees to reimburse Provider quarterly for reasonable expenses related to its review or audit not to exceed the lesser of ten (10) cents per page or a total of twenty-five dollars (\$25.00) related to the duplication and preparation of requested records. Anthem maintains the right to audit such records to determine the

appropriateness of payments made. Anthem's audit policy is described in its Provider Operations Manual.

If Department of Health Care Services, CMS or DHHS Inspector General determines there is a reasonable possibility of fraud or similar risk, Department of Health Care Services, CMS or the DHHS Inspector General may inspect, evaluate, and audit the Provider at any time. Upon resolution of a full investigation of fraud, Department of Health Care Services has the right to suspend or terminate the Provider from participation in the Medi-Cal Managed Care Program; seek recovery of payments made to the Provider; impose other sanctions under the Medi-Cal State Plan contract between Department of Health Care Services and CMS, and direct Anthem to terminate this Agreement due to fraud.

- 3.3.4 Anthem agrees and acknowledges that Provider's participation with the obligations contained in this section shall not be a waiver of Provider's right to maintain as confidential all proceedings of its Quality Assurance Committee, Professional Review Committee, or any other similar committee whose deliberations and findings are protected by California Evidence Code Section 1156 through 1157.7. These confidentiality provisions shall remain in effect notwithstanding any subsequent termination of this Agreement.
- 3.4 Transfer of Medical Records. Provider shall share a Covered Individual's medical records, and forward medical records and clinical information in a timely manner to other health care providers treating a Covered Individual, at no cost to Anthem, the Covered Individual, or other treating healthcare providers.
- 3.5 Upon request by the Department of Health Care Services, Provider shall timely gather, preserve and provide to the Department, in the form and manner specified by the Department of Health Care Services, any information specified by the Department, subject to any lawful privileges, in Provider's or its subcontractors' possession, relating to threatened or pending litigation by or against the Department of Health Care Services. (If Provider asserts that any requested documents are covered by a privilege, Provider shall: 1) identify such privileged documents with sufficient particularity to reasonably identify the document while retaining the privilege; and 2) state the privilege being claimed that supports withholding production of the document.) Such request shall include, but is not limited to, a response to a request for documents submitted by any party in any litigation by or against the Department of Health Care Services. Provider acknowledges that time may be of the essence in responding to such request. Provider shall use all reasonable efforts to immediately notify the Department of Health Care Services of any subpoenas, document production requests, or requests for records, received by Provider or its Subcontractors related to this Agreement or subcontracts entered into under this Agreement. The Department of Health Care Services shall reimburse reasonable costs incurred by Provider in complying with these requests, subject to limitations established by the Department of Health Care Services.

ARTICLE IV INSURANCE

- 4.1 Anthem Insurance. Anthem shall self-insure or maintain insurance as shall be necessary to insure Anthem and its employees, acting within the scope of their duties.
- 4.2 Provider Insurance.
- 4.2.1 Provider, at its sole expense, agrees to self-insure or maintain professional liability and comprehensive general liability in amounts acceptable to Anthem as set forth in the Anthem Provider Operations Manual.
- 4.2.2 Upon Request by Anthem, Provider agrees to provide Anthem with copies of insurance policies or evidence of the ability to respond to any and all damages, as provided in section 4.2.1.

ARTICLE V RELATIONSHIP OF THE PARTIES

- 5.1 Relationship of the Parties. For purposes of this Agreement, Anthem and Provider are and will act at all times as independent contractors. Nothing in this Agreement shall be construed, or be deemed to create, a relationship of employer or employee or principal and agent, or any relationship other than that of independent entities contracting with each other for the purposes of effectuating this Agreement. In no way shall Anthem be construed to be providers of Health Services or responsible for the provision of such Health Services. Provider shall be solely responsible to the Covered Individual for treatment and medical care with respect to the provision of Health Services. Provider may freely communicate with Covered Individuals regarding the treatment options available to them, including medication treatment options, regardless of benefit coverage limitations.
- 5.2 Blue Cross Blue Shield Association (BCBSA). Provider hereby expressly acknowledges its understanding that this Agreement constitutes a contract between Provider and Anthem, that Anthem is an independent corporation operating under a license from the Blue Cross and Blue Shield Association, an association of independent Blue Cross and/or Blue Shield Plans ("Association"), permitting Anthem to use the Blue Cross and/or Blue Shield Service Marks in the state where Anthem is located, and that Anthem is not contracting as the agent of the Association. Provider further acknowledges and agrees that it has not entered into this Agreement based upon representations by any Association person, entity or organization, and that no Association person, entity or organization other than Anthem shall be held accountable or liable to Provider for any of Anthem's obligations to Provider created under this Agreement. Provider has no license to use the Blue Cross and/or Blue Shield names, symbols, or derivative marks (the "Brands") and nothing in the Agreement shall be deemed to grant a license to Provider to use the Brands. Any references to the Brands made by Provider in its own materials are subject to review and approval by Anthem. This section shall not create any additional obligations on the part of Anthem, other than those obligations already created under other provisions of this Agreement.

ARTICLE VI INDEMNIFICATION AND LIMITATION OF LIABILITY

- 6.1 Indemnification. Anthem and Provider shall each indemnify, defend and hold harmless the other party, and its directors, officers, employees, agents and subsidiaries, from and against any and all losses, claims, damages, liabilities, costs and expenses (including, without limitation, reasonable attorneys' fees and costs) arising from third party claims resulting from the indemnifying party's failure to perform its obligations under this Agreement, and/or the indemnifying party's violation of any law, statute, ordinance, order, standard of care, rule or regulation. The obligation to provide indemnification under this Agreement shall be contingent upon the party seeking indemnification providing the indemnifying party with prompt written notice of any claim for which indemnification is sought, allowing the indemnifying party to control the defense and settlement of such claim, provided however that the indemnifying party agrees not to enter into any settlement or compromise of any claim or action in a manner that admits fault or imposes any restrictions or obligations on an indemnified party without that indemnified party's prior written consent which will not be unreasonably withheld, and cooperating fully with the indemnifying party in connection with such defense and settlement.
- 6.2 Limitation of Liability. Regardless of whether there is a total and fundamental breach of this Agreement or whether any remedy provided in this Agreement fails of its essential purpose, in no event shall either of the parties hereto be liable for any amounts representing loss of revenues, loss of profits, loss of business, the multiple portion of any multiplied damage award, or incidental, indirect, consequential, special or punitive damages, whether arising in contract, tort (including negligence), or otherwise regardless of whether the parties have been advised of the possibility of such damages, arising in any way out of or relating to this Agreement. Further, in no event shall

Anthem be liable to Provider for any extra-contractual damages relating to any claim or cause of action assigned to Provider by any person or entity.

- 6.3 Period of Limitations. Unless otherwise provided for in this Agreement, neither party shall commence any action at law or equity, including but not limited to, an arbitration demand, against the other to recover on any legal or equitable claim arising out of this Agreement more than two (2) years after the events which gave rise to such claim. The deadline for initiating an action shall not be tolled by the appeal process, meet and confer process, provider dispute resolution process or any other administrative process. To the extent a dispute is timely commenced, it will be administered in accordance with Article VII of this Agreement.

ARTICLE VII DISPUTE RESOLUTION AND ARBITRATION

- 7.1 Dispute Resolution. All disputes between Anthem and Provider arising out of or related in any manner to this Agreement shall be resolved using the dispute resolution and arbitration procedures set forth below. Provider shall exhaust any other applicable provider appeal/provider dispute resolution procedures and any applicable state law exhaustion requirements as a condition precedent to Provider's right to pursue the dispute resolution and arbitration procedures set forth below.

7.1.1 Medical Necessity/Experimental or Investigational Disputes. Any dispute concerning whether a service provided or to be provided by Provider to a Covered Individual is not a Covered Service because such service is not Medically Necessary, or is experimental or investigational shall be resolved by an independent review organization (IRO). If the issue has already been reviewed by an IRO at the Covered Individual's request, then Anthem and Provider agree to be bound by the findings of such IRO. If not, then the Provider shall choose the IRO from a list provided by Anthem containing two or more such organizations. Anthem and Provider agree to be bound by the findings of such IRO with respect to such dispute. Anthem and Provider further agree to equally split the costs charged by the IRO for conducting each case review. This process shall be the exclusive means for resolving medical necessity / experimental or investigational disputes.

7.1.2 With respect to disputes other than those addressed in subsection 7.1.1, to invoke the dispute resolution procedures in this Agreement, a party first shall send to the other party a written demand letter that contains a detailed description of the dispute and all relevant underlying facts, a detailed description of the amount(s) in dispute and how they have been calculated and any other information that the Anthem Provider Operations Manual may require Provider to submit with respect to such dispute. If the total amount in dispute as set forth in the demand letter is less than two million dollars (\$2,000,000), exclusive of interest, costs, and attorneys' fees within twenty (20) calendar days following the date on which the receiving party receives the demand letter, the parties' shall meet and confer in an effort to resolve the dispute. If the total amount in dispute as set forth in the demand letter is two million dollars (\$2,000,000) or more, exclusive of interest, costs, and attorneys' fees, within ninety (90) calendar dates following the date of the demand letter, the parties shall engage in non-binding mediation in an effort to resolve the dispute unless both parties agree in writing to waive the mediation requirement. The parties shall mutually agree upon a mediator, and failing to do so, Judicial Arbitration and Mediation Services (JAMS) shall be authorized to appoint a mediator.

- 7.2 Arbitration. Any dispute within the scope of section 7.1 above that remains unresolved at the conclusion of the applicable process outlined in section 7.1 above shall be resolved by binding arbitration in the manner set forth below. Except to the extent as set forth below, the arbitration shall be conducted pursuant to the JAMS Comprehensive Arbitration Rules and Procedures, provided, however, that the parties may agree in writing to further modify the JAMS Comprehensive Arbitration Rules and Procedures. The parties agree to be bound by the findings of the arbitrator(s)

with respect to such dispute, subject to the right of the parties to appeal such findings as set forth herein. No arbitration demand shall be filed until after the parties have completed the dispute resolution efforts described in section 7.1 above. An arbitration demand shall not aggregate more than one hundred (100) disputed claims involving Covered Individuals arising out of this Agreement.

- 7.2.1 Selection and Replacement of Arbitrator(s). If the total amount in dispute as set forth in the demand letter is less than two million dollars (\$2,000,000), exclusive of interest, costs, and attorneys' fees, the dispute shall be decided by a single arbitrator selected, and replaced when required, in the manner described in the JAMS Comprehensive Arbitration Rules and Procedures. If the total amount in dispute as set forth in the demand letter is two million dollars (\$2,000,000) or more, exclusive of interest, costs, and attorneys' fees, the dispute shall be decided by an arbitration panel consisting of three arbitrators, unless the parties agree in writing that the dispute shall be decided by a single arbitrator.
- 7.2.2 Appeal. If the total amount of the arbitration award is five million dollars (\$5,000,000) or more, inclusive of interest, costs, and attorneys' fees, the parties shall have the right to appeal the decision of the arbitrator(s) pursuant to the JAMS Optional Arbitration Appeal Procedure. In reviewing a decision of the arbitrator(s), the appeal panel shall apply the same standard of review that a United States Court of Appeals would apply in reviewing a similar decision issued by a United States District Court in the jurisdiction in which the arbitration hearing was held.
- 7.2.3 Waiver of Certain Claims. The parties, on behalf of themselves and those that they may now or hereafter represent, each agree to and do hereby waive any right to join or consolidate claims in arbitration by or against other individuals or entities to pursue, on a class basis, any dispute; provided however, that if an arbitrator or court of competent jurisdiction determines that such waiver is unenforceable for any reason with respect to a particular dispute, then the parties agree that section 7.2 shall not apply to such dispute and that such dispute shall be decided instead in a court of competent jurisdiction.

ARTICLE VIII TERM AND TERMINATION

- 8.1 Department of Health Care Services Contract Approval. Provider acknowledges that this Agreement, and any subsequent amendment to this Agreement, shall become effective only upon the written approval by the Department of Health Care Services, or by operation of law as follows: (i) for the initial Agreement, where the Department of Health Care Services has acknowledged receipt of the Agreement and neither approves or disapproves the Agreement within sixty (60) days of its receipt; (ii) for any amendment to the Agreement governing compensation, services, or term, where the Department of Health Care Services has acknowledged receipt of the amendment and neither approves or disapproves the amendment within thirty (30) days of its receipt.
- 8.2 Initial Term of Agreement. The initial term of this Agreement shall commence at 12:01 AM on the Effective Date and shall continue in effect for a term of one (1) year ("Initial Term"), automatically renewing for consecutive one (1) year terms unless otherwise terminated as provided herein.
- 8.3 Termination Without Cause. At any time, either party may terminate or renegotiate this Agreement without cause with such termination to be effective on or after the expiration date of the Initial Term, by giving at least one hundred and twenty (120) days prior written notice of termination to the other party.
- 8.4 Future Negotiations. Notwithstanding any provision to the contrary contained in this Agreement, if the parties enter into discussions or negotiations concerning a new Provider Agreement which is to take effect subsequent to the termination or expiration of this Agreement and the parties are unable to reach agreement on the terms of the new Provider Agreement prior to the effective date

of termination or expiration, the Provider shall accept as payment in full the Anthem Rate in effect under this Agreement on the day immediately prior to the termination or expiration until such time as a new Provider Agreement is effective, or until ninety (90) days after the date upon which either the Provider or Anthem gives written notice to the other terminating negotiations (such time period to be referred to as the "Interim Period").

During the Interim Period, the non-price terms, including but not limited to any hold harmless provisions of this Agreement shall be applicable, and any limitations contained in the Agreement by which Provider charge increases are capped when calculating payment under a percentage of charge methodology shall also be extended into the Interim Period, as follows: all of the charge capping percentages, measurement periods, notification requirements and methodologies in effect on the day immediately prior to termination or expiration of the Agreement shall be extended into, and through the end of, the Interim Period.

8.5 Breach of Agreement. Except for circumstances giving rise to the Termination With Cause section, if either party fails to comply with or perform when due any material term or condition of this Agreement, the other party shall notify the breaching party of its breach in writing stating the specific nature of the material breach, and the breaching party shall have thirty (30) days to cure the breach. If the breach is not cured to the reasonable satisfaction of the non-breaching party within said thirty (30) day period, the non-breaching party may terminate this Agreement by providing written notice of such termination to the other party. The effective date of such termination shall be no sooner than sixty (60) days after such notice of termination.

8.6 Termination With Cause.

8.6.1 This Agreement may be terminated automatically and immediately by Anthem if:

8.6.1.1 Provider commits any act or conduct for which its license(s), permit(s), or governmental or board authorization(s) or approval(s) necessary for business operations or to provide Health Services is suspended, revoked, lost or voluntarily surrendered in whole or in part; or

8.6.1.2 Provider commits any act or conduct which results in a governmental, regulatory or accrediting entity placing Provider on probation;

8.6.1.3 Provider commits a fraud or makes any material misstatement or omission on any document related to this Agreement which it submits to Anthem or to a third party; or

8.6.1.4 Provider files for bankruptcy, makes an assignment for the benefit of its creditors without Anthem's written consent, or if a receiver is appointed over Provider's business or assets; or

8.6.1.5 Provider's insurance coverage as required by this Agreement lapses for any reason; or

8.6.1.6 Provider fails to maintain Anthem's credentialing or certification standards; or

8.6.1.7 Anthem reasonably believes based on Provider's conduct or inaction, or allegations of such conduct or inaction, that the well-being or safety of patients may be jeopardized; or

8.6.1.8 Provider has been abusive to a Covered Individual; or

8.6.2 This Agreement may be terminated automatically and immediately by Provider if:

8.6.2.1 Anthem commits any act or conduct for which its license(s), permit(s), or any governmental or board authorization(s) or approval(s) necessary for business operations are lost or voluntarily surrendered in whole or in part; or

8.6.2.2 Anthem commits a fraud or makes any material misstatements or omissions on any documents related to this Agreement which it submits to Provider or to a third party; or

8.6.2.3 Anthem files for bankruptcy, or if a receiver is appointed; or

8.6.2.4 Anthem's insurance coverage as required by this Agreement lapses for any reason.

8.7 Transactions Prior to Termination. Termination shall have no effect on the rights and obligations of the parties arising out of any transaction occurring prior to the date of such termination.

8.8 Continuance of Care-Termination. If this Agreement is terminated, Provider shall continue to provide and be compensated for Covered Services under the terms of this Agreement to Covered Individuals who are Provider inpatients on the date of the termination until those Covered Individuals are discharged or can be safely transferred to another Network Participating Provider. If this Agreement is terminated for reasons other than the grounds set forth in the "Termination With Cause" provision, Provider, at Anthem's sole discretion, shall continue to provide and be compensated for Covered Services under the terms of this Agreement to Covered Individuals who at the time of termination are receiving services from Provider for one of the following conditions (as defined in Health and Safety Code Section 1373.96): (1) an acute condition; (2) a serious chronic condition; (3) a pregnancy; (4) a terminal illness; (5) care of a newborn child between birth and age thirty-six (36) months; or (6) performance of a surgery or other procedure that has been authorized by Plan (or the relevant delegated medical group/IPA) as part of a documented course of treatment and has been recommended and documented by Provider to occur within one hundred eighty (180) days of the termination date of this Agreement. For cases involving an acute condition, a terminal illness or a pregnancy, such services will continue through the duration of the acute condition, the terminal illness or the pregnancy, respectively. For cases involving a serious chronic condition, such services will continue until the course of treatment has been completed and arrangements have been made for a safe transfer to another participating Provider as determined by Plan in consultation with Provider, consistent with good professional practice, such period not to exceed twelve (12) months from the termination of this Agreement. For cases involving care of a newborn child, as specified above, such services will continue for a period not to exceed twelve (12) months from the termination of this Agreement.

After the effective date of termination, this Agreement shall remain in effect for the resolution of all matters unresolved as of that date.

In the event this Agreement is terminated, Provider agrees to assist Anthem in the transfer of Member medical care including making available to the Department and Anthem copies of medical records, patient files, and any other pertinent information held by Provider necessary for efficient case management of Members, as determined by the Director of the Department of Health Care Services. If applicable, Provider agrees to require its subcontractors to comply with this Section 8.8. The parties acknowledge that the cost of reproduction required by this provision will not be billed to members, but will be borne by the Provider.

8.9 Department of Health Care Services Notification. Provider agrees to timely notify the Department of Health Care Services of the termination of this Agreement.

8.10 Survival. In the event of termination of the Agreement, the following provisions shall survive:

8.10.1 Payment in Full and Hold Harmless (Section 2.10)

- 8.10.2 Appeals/Adjustment Requests (Section 2.12)
- 8.10.3 Confidentiality/Records (Article III)
- 8.10.4 Indemnification and Limitation of Liability (Article VI)
- 8.10.5 Dispute Resolution and Arbitration (Article VII)
- 8.10.6 Continuance of Care-Termination (Section 8.8)

ARTICLE IX GENERAL PROVISIONS

- 9.1 Amendment. Notwithstanding any other provision herein to the contrary, Anthem agrees to give Provider at least ninety (90) calendar days prior notice of any change by Anthem to a material term of this Agreement (except for any change necessary to comply with prospective changes required by the Department of Health Care Services, state or federal law or regulations or any accreditation requirements of a private sector accreditation organization and a shorter timeframe is required for compliance.) If Provider desires to negotiate the change (except for any change necessary to comply with state or federal law or regulations or any accreditation requirements of a private sector accreditation organization), Provider shall notify Anthem no later than thirty (30) days after receipt of Anthem's notice. If the parties are unable to agree to such change or if Provider elects not to engage in any negotiations (and the change is not necessary to comply with state or federal law or regulations nor any accreditation requirements of a private sector accreditation organization), Provider may terminate this Agreement, notwithstanding the provisions of Article VIII of this Agreement, by providing Anthem, no later than forty-five (45) business days after receipt of Anthem's notice of the material change, with written notice of such intent to terminate this Agreement. Any such termination would not be effective until ninety (90) calendar days after Anthem's receipt of Provider's notice of intent to terminate.

Anthem agrees to inform Provider of prospective requirements added by the Department of Health Care Services to the contract between Anthem and the Department of Health Care Services before the requirement would be effective and Provider agrees to comply with the new requirements within 30 days of the effective date, unless otherwise instructed by the Department of Health Care Services and to the extent possible.

- 9.2 Assignment. Neither Provider nor Anthem shall assign this Agreement or their respective rights, duties or obligations under this Agreement without the express written consent of the non-assigning party. Provider and Anthem agree that consent to an assignment shall not be unreasonably withheld. Any attempted assignment in violation of this provision shall be void as to the non-assigning party. Notwithstanding the foregoing, Provider agrees that any assignment or delegation of Provider's rights, duties or obligations under this Agreement or any Provider subcontract agreement shall be null and void unless prior written approval is obtained from the Department of Health Care Services.

Provider acknowledges and agrees that this section shall not apply to any of Anthem's duties or obligation that Anthem has capitated and delegated to a Delegated Entity.

- 9.3 Scope/Change in Status. Anthem and Provider agree that this Agreement applies to Health Services rendered at the locations as set forth on the Provider Locations Attachment of this Agreement. Anthem may limit this Agreement to Provider's locations, operations or business or corporate form, status or structure in existence on the Effective Date of this Agreement and prior to the occurrence of any of the following events:

- 9.3.1 Provider otherwise changes its locations, business or operations, or business or corporate form or status; or
- 9.3.2 Provider is acquired or controlled by any other entity through any manner, including but not limited to purchase, merger, consolidation, alliance, joint venture, partnership, association, expansion; or
- 9.3.3 Provider acquires or controls any other medical Provider, service or beds through any manner, including but not limited to asset only purchase, merger, consolidation, alliance, joint venture, partnership, association, or expansion; or
- 9.3.4 Provider (a) sells, transfers or conveys its business or any substantial portion of its business assets to another entity through any manner including but not limited to a stock, real estate or asset transaction or other type of transfer; or (b) enters into a management contract with another entity.
- 9.3.5 If Anthem consents in writing not to limit the Agreement to the original corporate entity, then Provider warrants and covenants that this Agreement will be assumed by the new entity unless the new entity already has an agreement with Anthem, in which case Anthem will determine which Agreement will prevail. Provider shall provide Anthem one hundred twenty (120) days prior written notice of any change in this section 9.3.
- 9.4 Definitions. Unless otherwise specifically noted, the definitions set forth in this Agreement will have the same meaning when used in any attachment, the Provider Operations Manual and Policies.
- 9.5 Entire Agreement. This Agreement (including items incorporated herein by reference) constitutes the entire understanding between the parties and supersedes all prior oral or written agreements between them with respect to the matters provided for herein.
- 9.6 Force Majeure. Neither party shall be deemed to be in violation of this Agreement if such party is prevented from performing any of its obligations hereunder for any reason beyond its reasonable control, including without limitation, acts of God, acts of any public enemy, floods, statutory or other laws, regulations, rules, or orders of the federal, state, or local government or any agency thereof.
- 9.7 Compliance with Medi-Cal Managed Care Program, Federal and State Laws. Anthem and Provider agree to comply with all requirements of the law relating to their obligations under this Agreement, all applicable requirements of the Medi-Cal Managed Care Program, and maintain in effect all permits, licenses and governmental and board authorizations and approvals as necessary for business operations, and as to Provider, its agents and employees, they shall be and remain licensed and certified (including Medicare certification in unqualified, unrestricted status) in accordance with all state and federal laws and regulations (including those applicable to utilization review and Claims payment) relating to the provision of Provider services to Covered Individuals. Provider shall supply evidence of such licensure, compliance and certifications to Anthem upon request. From time to time legislative bodies, boards, departments or agencies may enact, issue or amend laws, rules, or regulations pertinent to this Agreement. Both parties agree to immediately abide by all such laws, rules, or regulations to the extent applicable, and to cooperate with the other to carry out any responsibilities placed upon the other by such laws, rules, or regulations, subject to the other's right to terminate as set forth under this Agreement. In the event of a conflict between this section and any other provision in this Agreement, this section shall control.
 - 9.7.1 In addition to the foregoing, Provider warrants and represents that at the time of entering into this Agreement, neither it nor any of its employees, contractors, subcontractors or agents are ineligible persons identified on the General Services Administrations' List of Parties Excluded from Federal Programs (available through the internet at <http://www.epls.gov/> or its successor) and the HHS/OIG List of Excluded Individuals/Entities (available through the internet at <http://www.oig.hhs>.

gov/fraud/exclusions.asp or its successor), or as otherwise designated by the Federal government. If Provider or any employees, subcontractors or agents thereof becomes an ineligible person after entering into this Agreement or otherwise fails to disclose its ineligible person status, Provider shall have an obligation to (1) immediately notify Anthem of such ineligible person status and (2) within ten (10) days of such notice, remove such individual from responsibility for, or involvement with, the Provider's business operations related to this Agreement.

- 9.8 Governing Law. This Agreement shall be governed by and construed in accordance with, (1) the laws of the State of California unless such state laws are preempted by federal law, and (2), the laws and applicable regulations governing the Medi-Cal Managed Care contract between the Department of Health Care Services and Anthem.
- 9.9 Intent of the Parties. It is the intent of the parties that this fee-for-service Agreement is to be effective only in regards to their rights and obligations with respect to each other; it is expressly not the intent of the parties to create any independent rights in any third party or to make any third party a third party beneficiary of this Agreement, except to the extent Anthem utilizes a designee, which in such event shall give rights only within the scope of such designation, and to the extent specified in the Payment in Full and Hold Harmless section of this Agreement.
- 9.10 Non-Exclusive Participation. None of the provisions of this Agreement shall prevent Provider from participating in or contracting with any provider, preferred provider organization, health maintenance organization, or health insuring corporation, or any other health delivery or insurance program. Provider acknowledges that Anthem does not warrant or guarantee that Provider will be utilized by any particular number of Covered Individuals.
- 9.11 Notices. All notices required or permitted to be given under this Agreement shall be in writing and shall be delivered to the party to whom notice is to be given either (i) by personal delivery (notice shall be deemed given on the date of delivery), (ii) by United Parcel Post (UPS) or other next day delivery service (notice shall be deemed given on the date of actual receipt), (iii) by first-class mail, postage prepaid certified or registered return receipt requested (notice shall be deemed given on the date of actual delivery) and (iv) by cablegram or telegram with confirmation of transmission (notice shall be deemed given on the date on the confirmation) (v) facsimile transmission with confirmation (notice shall be deemed given on the date on the confirmation) and (vi) electronic mail (notice shall be deemed given on the date of transmittal).

To ANTHEM Provider Engagement & Contracting Processing
Anthem State Sponsored Programs
21515 Burbank Blvd, 2nd Floor
Woodland Hills, California 91367
MS:CA9302-L02B

With copies to: Legal Department- State Sponsored Business
21515 Burbank Blvd, 3rd Floor
Woodland Hills, CA 91367
Attn: SSB Counsel
Fax#: (855) 852-8811

To PROVIDER at: Community Action Partnership of Kern
1300 18th Street, Suite 200
Bakersfield, CA 93301

PROVIDER email: rmoreno@capk.org

All notices required or permitted to be given under this Agreement to the Department shall be in writing, deposited in the United States Postal Service as first class registered mail, postage prepaid to:

Regular Mail:
DEPARTMENT OF HEALTH CARE SERVICES
Medi-Cal Managed Care Division
MS# 4409
P.O. Box 997413
Sacramento, CA 95899-7413
Attn: Contracting Officer for Anthem Blue Cross

Federal Express:
DEPARTMENT OF HEALTH CARE SERVICES
Medi-Cal Managed Care Division
MS# 4409
1501 Capitol Avenue, 4th Floor
Sacramento, CA 94814

[Note: for GMC counties use MS# 4409]

- 9.12 Severability. In case any one or more of the provisions of this Agreement shall be invalid, illegal, or unenforceable in any respect, the remaining provisions shall be construed liberally in order to effectuate the purposes hereof, and the validity, legality and enforceability of the remaining provisions shall not in any way be affected or impaired thereby. If one or more provisions of the Agreement are invalid, illegal or unenforceable and an amendment to the Agreement is necessary to maintain its integrity, the parties shall make commercially reasonable efforts to negotiate an amendment to this Agreement and any attachments or addenda to this Agreement which could reasonably be construed not to contravene such statute, regulation, or interpretation. In addition, if such invalid, unenforceable or materially affected provision(s) may be severed from this Agreement and/or attachments or addenda to this Agreement without materially affecting the parties' intent when this Agreement was executed, then such provision(s) shall be severed rather than terminating the Agreement or any attachments or addenda to this Agreement.
- 9.13 Waiver. Neither the waiver by either of the parties of a breach of any of the provisions of this Agreement, nor the failure of either of the parties, on one or more occasion, to enforce any of the provisions of this Agreement, shall thereafter be construed as a waiver of any subsequent breach of any of the provisions of this Agreement.
- 9.14 Interpretation. No provision of this Agreement shall be interpreted for or against any party because that party or his/her/its legal representative drafted the provision(s).

(REMAINDER OF THIS PAGE INTENTIONALLY LEFT BLANK)

Each party warrants that it has full power and authority to enter into this Agreement and the person signing this Agreement on behalf of either party warrants that he/she has been duly authorized and empowered to enter into this Agreement.

THIS AGREEMENT CONTAINS A BINDING ARBITRATION PROVISION WHICH MAY BE ENFORCED BY THE PARTIES

THE EFFECTIVE DATE OF THIS AGREEMENT IS:  _____

ANTHEM

Community Action Partnership of Kern

Signature

Michael Piellucci

Name

Regional Vice-President

Title

Date

Signature, Authorized Representative

Jeremy T. Tobias

Name

Chief Executive Officer

Title

Date

95-2402760

Tax ID

EXHIBIT A

PROVIDER REIMBURSEMENT

Medi-Cal

Reimbursement for authorized Health Services shall be at one hundred percent (100%) of the attached ANTHEM Medi-CAL Proprietary Fee Schedule (Fee Schedule) per county.

Provider shall accept the above reimbursement for services or the Provider's billed amount, whichever is less as payment in full for those Covered Services provided to Members. Anthem may update or adjust the Fee Schedule from time to time upon ninety (90) days prior written notice to Provider.

EXHIBIT B

COVERED SERVICES

PROVIDER shall indicate which CS will be rendered and which ECM population of focus will be served. Provider shall render services and be compensated in the counties (service area) listed in Exhibit C. Anthem may add counties in Exhibit C, to Provider's service area upon thirty (30) days written notice to Provider.

Insert check mark indicating which CS services provider will render under this agreement:

- ☒ Housing Transition Navigation Services
- ☒ Housing Deposits
- ☒ Housing Tenancy and Sustaining Services
- ☐ Short-Term Post-Hospitalization Housing
- ☐ Recuperative Care (Medical Respite)
- ☐ Respite Services
- ☒ Day Habilitation Programs
- ☐ Nursing Facility Transition/Diversion to Assisted Living Facilities, such as Residential Care Facilities for Elderly (RCFE) and Adult Residential Facilities (ARF)
- ☐ Community Transition Services/Nursing Facility Transition to a Home
- ☐ Personal Care and Homemaker Services
- ☐ Environmental Accessibility Adaptations (Home Modifications)
- ☐ Medically Supportive Food/Meals/Medically Tailored Meals
- ☐ Sobering Centers
- ☐ Asthma Remediation

Insert check mark indicating which of the ECM populations of focus provider will render services to under this agreement:

- ☐ Children and Youth Involved in Child Welfare
- ☐ Individuals Experiencing Homelessness (Adults and/or Families or Children/Youth)
- ☐ Individuals with Serious Mental Health and/or SUD Needs (Adults and/or Children/Youth)
- ☐ Individuals Transitioning from Incarceration (Adults and/or Children/Youth)
- ☐ Adults Living in the Community and At Risk for LTC Institutionalization
- ☐ Adult Nursing Facility Residents Transitioning to the Community
- ☐ Individuals At Risk for Avoidable Hospital or ED Utilization (formerly "High Utilizers" – Adults and/or Children/Youth)
- ☐ Children and Youth Enrolled in California Children's Services (CCS) with additional needs beyond the CCS condition
- ☐ Individuals with Intellectual or Developmental Disabilities (I/DD) (Adults and/or Children/Youth)
- ☐ Pregnant and Postpartum Individuals At Risk for Adverse Perinatal Outcomes (Adults and/or Children/Youth)
- ☐ Birth Equity (Adults and/or Children/Youth)

EXHIBIT C

PROVIDER COUNTY SERVICE AREA

Provider can service Members within the following counties as check marked below:

Bay Area	Gold Country	Central Valley	Eastern Sierra	Los Angeles	Kern
☐ Sacramento ☐ San Francisco ☐ Santa Clara	☐ Amador ☐ Calaveras ☐ El Dorado ☐ Tuolumne	☐ Fresno ☐ Kings ☐ Madera ☐ Tulare	☐ Alpine ☐ Inyo ☐ Mono	☐ Los Angeles	☒ Kern

EXHIBIT D

COPIES OF LICENSES AND CERTIFICATES

PROVIDER to attach copies of the following documents:

1. Disclosure of Ownership and Control Interest Statement (located within Exhibit F)
2. W-9
3. Proof of Insurance as applicable
 - Professional Liability Insurance Face Sheet
 - General Liability Face Sheet
 - Commercial Auto Policy Declaration
4. Background Check Attestation
5. Roster
6. Business Associate Agreement as applicable
7. Health Delivery Organization (HDO) Application as applicable

EXHIBIT E

SCOPE OF WORK

I. DEFINITIONS

Key terms are defined as follows:

1. **Authorized Representative (AR):** An individual or organization that the Member designates to act on her behalf with respect to the implementation of ECM services.
2. **CalAIM:** a multi-year initiative by CA-DHCS to improve the quality of life and health outcomes high-risk populations by implementing broad delivery system reforms. Enhanced Care Management (ECM) is a key CalAIM initiative.
3. **California Department of Health Care Services (DHCS):** A Department within the California Health and Human Services Agency that administers Medi-Cal, a program that provides healthcare services to low-income people.
4. **Community Supports (CS):** Flexible wrap-around services that Anthem will integrate into its population health strategy. These services are not included in the State Plan, but are medically appropriate, cost-effective substitutes for state plan services included within the contract. Examples of Community Supports include but are not limited to housing transition and sustaining services, recuperative care, respite, home and community-based wrap around services for members to transition or reside safely in their home or community, and sobering centers.
5. **ECM Participant (“Participant”):** means an Anthem Medi-Cal Member who has been assigned by Anthem to receive ECM services from Provider.
6. **ECM Provider:** A Provider of ECM. ECM Providers are community-based entities with experience and expertise providing intensive, in-person care management services to individuals in one or more of the Populations of Focus for ECM.
7. **CS Provider:** A contracted Provider of DHCS-approved CS. CS Providers are entities with experience and/or training providing one or more of the CS approved by DHCS.
8. **CS Provider Guide:** Anthem’s detailed expectations CS providers including required policies and procedures, as well as best practice recommendations. The CS Provider Guide is an essential companion to this Scope of Work.
9. **ECM Provider Guide:** Anthem’s detailed expectations ECM providers including required policies and procedures, as well as best practice recommendations. The ECM Provider Guide is an essential companion to this Scope of Work.
10. **Electronic Visit Verification (EVV):** a federally mandated telephone and computer-based application program that electronically verifies in-home service visits. As a result, this program will aid in reducing fraud, waste, and abuse. The EVV program must verify each type of service performed, the individual receiving the service, the date of the service, the location of service delivery, the individual providing the service, and the time the service begins and ends.
11. **Enhanced Care Management (ECM):** a whole-person, interdisciplinary approach to care that addresses the clinical and non-clinical needs of high- need and/or high-cost Members through systematic coordination of services and comprehensive care management that is community-based, interdisciplinary, high-touch, and person-centered. ECM is a Medi-Cal benefit.
12. **Lead Care Manager:** A Member’s designated care manager for ECM, who works for the ECM Provider organization (except in circumstances under which the Lead Care Manager could be on staff with Anthem, as described in the DHCS-MCP ECM and CS Contract, Section 4: ECM Provider Capacity). The Lead Care Manager operates as part of the Member’s multi-disciplinary

care team and is responsible for coordinating all aspects of ECM and any Community Supports (CS). To the extent a Member has other care managers, the Lead Care Manager will be responsible for coordinating with those individuals and/or entities to ensure a seamless experience for the Member and non-duplication of services.

13. **Managed Care Plan (MCP):** An organization contracted by DHCS to administer a standard set of healthcare benefits for a population of Medi-Cal participants. Anthem Blue Cross is a Medi-Cal MCP.
14. **Population of Focus (PoF):** One of the DHCS-defined populations that are eligible for ECM, including: Children and Youth Enrolled in California Children's Services (CCS) with Additional Needs Beyond the CCS Qualifying Condition, Children and Youth Involved in Child Welfare, Intellectual or Developmental Disabilities (I/DD), Pregnant and Postpartum Individuals At Risk for Adverse Perinatal Outcomes, Birth Equity, Individuals Transitioning from Incarceration, Individuals with Serious Mental Health and/or SUD Needs (SUD), Individuals Experiencing Homelessness, Individuals At Risk for Avoidable Hospital or ED Utilization, Adult Nursing Facility Residents Transitioning to the Community, and Adults Living in the Community and At Risk for LTC Institutionalization. These populations are subject to change. For the most recent and complete PoF descriptions see DHCS [ECM Policy Guide](#).
15. **Service Planning Area (SPA):** A Los Angeles County Department of Public Health designated geographic regions. Los Angeles County is divided into 8 SPAs.
16. **Subcontract:** a written agreement entered into by the Provider with any of the following: A Provider of health care services who agrees to furnish ECM services. Or any other organization or person(s) who agree(s) to perform any administrative function or service for the Provider specifically related to fulfilling the Provider's obligations to DHCS and Anthem under the terms of this Agreement. "Subcontractor" means an individual or entity who has a Subcontract with Provider that relates directly or indirectly to the performance of the Provider's obligations under this Agreement with Anthem.

Enhanced Care Management

I. Service Overview

1. Certified Population(s) focus: ECM provider is certified and has agreed to render services to the population (s) of focus as referenced in Exhibit B.

[Please identify any limitations or qualifications to accepting eligibility lists for any member who meets the population and ECM level of care criteria; e.g. only serve clients fleeing domestic violence]

2. Service Capacity
 1. See Capacity Report

II. ECM Provider Requirements Provider Experience and Qualifications

1. ECM Provider shall be experienced in serving the ECM Population(s) of Focus it will serve;
2. ECM Provider shall have experience and expertise with the services it will provide;
3. ECM Provider shall comply with all applicable state and federal laws and regulations and all ECM benefit requirements in the DHCS-MCP ECM and CS Contract and associated guidance;
4. ECM Provider shall have the capacity to provide culturally appropriate and timely in-person care management activities including accompanying Members to critical appointments when necessary;
5. ECM Provider shall be able to communicate in culturally and linguistically appropriate and accessible ways;

6. ECM Provider shall have formal agreements and processes in place to engage and cooperate with area hospitals, primary care practices, behavioral health Providers, Specialists, and other entities, including CS Providers, to coordinate care as appropriate to each Member;
7. ECM Provider shall use a care management documentation system or process that supports the documentation and integration of physical, behavioral, social service, and administrative data and information from other entities to support the management and maintenance of a Member care plan that can be shared with other Providers and organizations involved in each Member's care. Care management documentation systems may include Certified Electronic Health Record Technology, or other documentation tools that can: document Member goals and goal attainment status; develop and assign care team tasks; define and support Member care coordination and care management needs; gather information from other sources to identify Member needs and support care team coordination and communication and support notifications regarding Member health status and transitions in care (e.g., discharges from a hospital, long-term care facility, housing status).
8. Contracted ECM Providers who are also contracted CS Providers should provide separate and distinct ECM and CS services to authorized members

III. Medicaid Enrollment/Vetting for ECM Providers

1. If a State-level enrollment pathway exists, ECM Provider shall enroll as a Medi-Cal provider, pursuant to relevant DHCS APLs including Provider Credentialing/Recredentialing and Screening/Enrollment APL 19-004.
 - a. If APL 19-004 does not apply to an ECM Provider, the ECM Provider must comply with Anthem's process for vetting the ECM Provider, which may extend to individuals employed by or delivering services on behalf of the ECM Provider, to ensure it can meet the capabilities and standards required to be an ECM Provider.
2. Refer to the Anthem ECM Provider Guide, Contracting, for more details.

IV. Identifying Members for ECM

1. ECM Provider is encouraged to identify Members who would benefit from ECM and send a request to Anthem, to determine if the Member is eligible for ECM, consistent with Anthem's process for such request.
2. Refer to the Anthem ECM Provider Guide, Methods to identify eligible members, for more details.

V. Member Assignment to an ECM Provider

1. MCP shall communicate new Member assignments to ECM Provider as soon as possible, but in any event no later than ten business days after ECM authorization.
2. With the exception noted below, ECM Provider shall immediately accept all members assigned by Anthem for ECM, provided that the member is attributed to a population of focus which the Provider is certified to serve. Provider shall not be allowed to serve a subset of preferred members to the exclusion of other eligible members in the population of focus (e.g., empaneled members, Provider referrals). The purpose of this policy is ensure sufficient capacity for all eligible members in a County. Provider may request to revisit this policy in the future.
 - a. Exception: ECM Provider shall be permitted to decline a Member assignment if ECM Provider is at its pre-determined capacity.
 1. ECM Provider shall immediately alert Anthem if it does not have the capacity to accept a Member assignment.
3. Upon initiation of ECM, ECM Provider shall ensure each Member assigned has a Lead Care Manager who interacts directly with the Member and/or their family member(s), guardian,

caregiver, and/or authorized support person(s), as appropriate, and coordinates all covered physical, behavioral, developmental, oral health, long-term services and supports (LTSS), Specialty Mental Health Services, Drug Medi-Cal/Drug Medi-Cal Organized Delivery System services, any Community Supports (CS), and other services that address social determinants of health (SDOH) needs, regardless of setting.

4. ECM Provider shall advise the Member on the process for changing ECM Providers, which is permitted at any time.
 - a. ECM Provider shall advise the Member on the process for switching ECM Providers, if requested.
 - b. ECM Provider shall notify Anthem if the Member wishes to change ECM Providers.
 - c. MCP must implement any requested ECM Provider change within thirty (30) calendar days.
5. ECM Provider shall advise the Member on the process for changing Lead Care Manager, which is permitted at any time.
 - a. ECM Provider shall advise the Member on the process for switching ECM Providers, if requested.
 - b. MCP must implement any requested ECM Provider change within thirty (30) calendar days.
6. Refer to the Anthem ECM Provider Guide, ECM Core Services, for more details.

VI. ECM Provider Staffing

1. At all times, ECM Provider shall have adequate staff to ensure its ability to carry out responsibilities for each assigned Member consistent with this Provider Standard Terms and Conditions, the DHCS-MCP ECM CS Contract and any other related DHCS guidance.
2. The ECM provider is expected to follow any DHCS provided guidance on staffing.
3. Refer to the Anthem ECM Provider Guide, Staffing, for additional staffing recommendations.

VII. ECM Provider Outreach and Member Engagement

1. ECM Provider shall be responsible for conducting outreach to each assigned Member and engaging each assigned Member into ECM, in accordance with Anthem's Policies and Procedures.
2. ECM Provider shall ensure outreach to assigned Members prioritizes those with the highest level of risk and need for ECM.
3. ECM Provider shall conduct outreach primarily through in-person interaction where Members and/or their family member(s), guardian, caregiver, and/or authorized support person(s) live, seek care, or prefer to access services in their community. ECM Provider may supplement in-person visits with secure teleconferencing and telehealth, where appropriate and with the Member's consent.
 - a. ECM Provider shall use the following modalities, as appropriate and as authorized by the Member, if in-person modalities are unsuccessful or to reflect a Member's stated contact preferences:
 - i. Mail
 - ii. Email
 - iii. Texts
 - iv. Telephone calls
 - v. Telehealth
4. ECM Provider shall comply with non-discrimination requirements set forth in State and Federal law and the Contract with Anthem.
5. Refer to the Anthem ECM Provider Guide, Outreach and engagement, for more details.

VIII. Initiating Delivery of ECM

1. ECM Provider shall obtain, document, and manage Member authorization for the sharing of Personally Identifiable Information between Anthem and ECM, CS, and other Providers involved in the provision of Member care to the extent required by federal law.
2. Member authorization for ECM-related data sharing is not required for the ECM Provider to initiate delivery of ECM unless such authorization is required by federal law.
3. When federal law requires authorization for data sharing, ECM Provider shall communicate that it has obtained Member authorization for such data sharing back to Anthem.
4. ECM Provider shall notify Anthem to discontinue ECM under the following circumstances:
 - a. The Member has met their care plan goals for ECM;
 - b. The Member is ready to transition to a lower level of care;
 - c. The Member no longer wishes to receive ECM or is unresponsive or unwilling to engage; and/or
 - d. ECM Provider has not had any contact with the Member despite multiple attempts.
5. When ECM is discontinued, or will be discontinued for the Member, Anthem is responsible for sending a Notice of Action (NOA) notifying the Member of the discontinuation of the ECM benefit and ensuring the Member is informed of their right to appeal and the appeals process as instructed in the NOA. ECM Provider shall communicate to the Member other benefits or programs that may be available to the Member, as applicable (e.g., Complex Care Management, Basic Care Management, etc.).
6. Refer to the Anthem ECM Provider Guide, Initiating delivery of ECM, for more details.

IX. ECM Requirements and Core Service Components of ECM

1. ECM Provider shall ensure ECM is a whole-person, interdisciplinary approach to care that addresses the clinical and non-clinical needs of high-need and/or high-cost Medi-Cal Members enrolled in managed care. ECM Provider shall ensure the approach is person-centered, goal oriented, and culturally appropriate.
2. ECM Provider shall:
 - a. Ensure each Member receiving ECM has a Lead Care Manager;
 - b. Coordinate across all sources of care management in the event that a Member is receiving care management from multiple sources;
 - c. Alert Anthem to ensure non-duplication of services in the event that a Member is receiving care management or duplication of services from multiple sources; and
 - d. Follow Anthem instruction and participate in efforts to ensure ECM and other care management services are not duplicative.
3. ECM Provider shall collaborate with area hospitals, Primary Care Providers (when not serving as the ECM Provider), behavioral health Providers, Specialists, dental Providers, Providers of services for LTSS and other associated entities, such as CS Providers, as appropriate, to coordinate Member care.
4. ECM Provider shall provide all core service components of ECM to each assigned Member, in compliance with Anthem's Policies and Procedures, as follows:
 - a. Outreach and Engagement of Anthem Members into ECM.
 - b. Comprehensive Assessment and Care Management Plan, which shall include, but is not limited to:
 - i. Engaging with each Member authorized to receive ECM primarily through in-person contact; When in-person communication is unavailable or does not meet the needs of the Member, the ECM Provider shall use alternative methods (including innovative use of telehealth) to provide culturally appropriate and accessible communication in accordance with Member choice.

- ii. Identify necessary clinical and non-clinical resources that may be needed to appropriately assess Member health status and gaps in care and may be needed to inform the development of an individualized Care Management Plan.
 - iii. Developing a comprehensive, individualized, person-centered care plan by working with the Member and/or their family member(s), guardian, Authorized Representative (AR), caregiver, and/or authorized support person(s) as appropriate to assess strengths, risks, needs, goals and preferences and make recommendations for service needs;
 - iv. Incorporating into the Member's care plan identified needs and strategies to address those needs, including, but not limited to, physical and developmental health, mental health, dementia, SUD, LTSS, oral health, palliative care, necessary community-based and social services, and housing;
 - v. Ensuring the care plan is reassessed at a frequency appropriate for the Member's individual progress or changes in needs and/or as identified in the Care Management Plan; and
 - vi. Ensuring the Care Management Plan is reviewed, maintained and updated under appropriate clinical oversight
- c. Enhanced Coordination of Care, which shall include, but is not limited to:
 - i. Organizing patient care activities, as laid out in the Care Management Plan, sharing information with those involved as part of the Member's multi-disciplinary care team, and implementing activities identified in the Member's Care Management Plan;
 - ii. Maintaining regular contact with all Providers, that are identified as being a part of the Member's multi-disciplinary care team, who's input is necessary for successful implementation of Member goals and needs;
 - iii. Ensuring care is continuous and integrated among all service Providers and referring to and following up with primary care, physical and developmental health, mental health, SUD treatment, LTSS, oral health, palliative care, and necessary community-based and social services, including housing, as needed;
 - iv. Providing support to engage the Member in their treatment, including coordination for medication review and/or reconciliation, scheduling appointments, providing appointment reminders, coordinating transportation, accompaniment to critical appointments, and identifying and helping to address other barriers to Member engagement in treatment;
 - v. Communicating the Member's needs and preferences timely to the Member's multi-disciplinary care team in a manner that ensures safe, appropriate, and effective person-centered care; and
 - vi. Ensuring regular contact with the Member and their family member(s), Authorized Representative, guardian, caregiver, and/or authorized support person(s), when appropriate, consistent with the care plan.
- d. Health Promotion, which shall adhere to federal care coordination and continuity of care requirements (42 CFR 438.208(b)) and shall include, but is not limited to:
 - i. Working with Members to identify and build on successes and potential family and/or support networks;
 - ii. Providing services to encourage and support Members to make lifestyle choices based on healthy behavior, with the goal of supporting Members' ability to successfully monitor and manage their health; and
 - iii. Supporting Members in strengthening skills that enable them to identify and access resources to assist them in managing their conditions and preventing other chronic conditions.
- e. Comprehensive Transitional Care, which shall include, but is not limited to:

- i. Developing strategies to reduce avoidable Member admissions and readmissions across all Members receiving ECM;
 - ii. For Members who are experiencing, or who are likely to experience a care transition:
 - 1. Developing and regularly updating a transition of care plan for the Member;
 - 2. Evaluating a Member's medical care needs and coordinating any support services to facilitate safe and appropriate transitions from and among treatment facilities, including admissions and discharges;
 - 3. Tracking each Member's admission and/or discharge to or from an emergency department, hospital inpatient facility, skilled nursing facility, residential or treatment facility, incarceration facility, or other treatment center and communicating with the appropriate care team members;
 - 4. Coordinating medication review/reconciliation; and
 - 5. Providing adherence support and referral to appropriate services.
- f. Member and Family Supports, which shall include, but are not limited to:
 - i. Documenting a Member's designated family member(s), AR, guardian, caregiver, and/or authorized support person(s) and ensuring all appropriate authorizations are in place to ensure effective communication between the ECM Providers, the Member and/or their family member(s), guardian, caregiver, and/or authorized support person(s) and Anthem, as applicable;
 - ii. Activities to ensure the Member and/or their family member(s), AR, guardian, caregiver, and/or authorized support person(s) are knowledgeable about the Member's condition(s) with the overall goal of improving the Member's care planning and follow-up, adherence to treatment, and medication management, in accordance with Federal, State and local privacy and confidentiality laws;
 - iii. Ensuring the Member's ECM Provider serves as the primary point of contact for the Member and/or family member(s), AR, guardian, caregiver, and/or authorized support person(s);
 - iv. Identifying supports needed for the Member and/or their family member(s), AR, guardian, caregiver, and/or authorized support person(s) to manage the Member's condition and assist them in accessing needed support services;
 - v. Providing for appropriate education of the Member and/or their family member(s), AR, guardian, caregiver, and/or authorized support person(s) about care instructions for the Member; and
 - vi. Ensuring that the Member has a copy of their Care Plan and information about how to request updates.
- g. Coordination of and Referral to Community and Social Support Services, which shall include, but are not limited to:
 - i. Determining appropriate services to meet the needs of Members, including services that address SDOH needs, including housing, and services offered by Anthem as CS; and
 - ii. Coordinating and referring Members to available community resources and following up with Members to ensure services were rendered (i.e., "closed loop referrals").

X. Subcontracting

- 1. ECM Provider may subcontract with other entities or individuals in order to fulfill the obligations of ECM. Provider shall maintain policies and procedures, approved by Anthem, to ensure that Subcontractors fully comply with all terms and conditions of this Agreement, applicable regulations and DHCS regardless of sub-contracting arrangements, Provider retains overall responsibility for all duties outlined in this agreement.
- 2. If the ECM Provider subcontracts with other entities to administer ECM functions, the ECM Provider shall ensure agreements with each entity bind the entities to the terms and conditions set forth here

and that its Subcontractors comply with all requirements in these Standardized Terms and Conditions and the DHCS-MCP ECM CS Contract.

3. If the ECM Provider subcontracts, the Provider shall be responsible for all required reporting and coordination.
4. ECM Provider will disclose its subcontracting relationship to Anthem, and demonstrate subcontractor readiness
5. Anthem reserves the right to allow or disallow a Provider's subcontractor

XI. Delegation

1. When determined as necessary and appropriate through the Anthem Provider evaluation process, Anthem may delegate certain responsibilities to other providers, community-based organizations, or internal teams until it is determined that the Provider is ready to take on said responsibility.

XII. Training

1. ECM Providers shall participate in all mandatory, Provider-focused ECM training and technical assistance provided by Anthem, including in-person sessions, webinars, and/or calls, as necessary.
2. Refer to the Anthem ECM Provider Guide, Training and technical assistance, for more details.

XIII. Data Sharing to Support ECM

1. Anthem will provide to ECM Provider the following data at the time of assignment and periodically thereafter, and following DHCS and Anthem guidance for data sharing where applicable:
 - a. Member assignment files, defined as a list of Medi-Cal Members authorized for ECM and assigned to the ECM Provider;
 - b. Encounter and/or claims data;
 - c. Physical, behavioral, administrative and SDOH data (e.g., Homeless Management Information System (HMIS data)) for all assigned Members; and
 - d. Reports of performance on quality measures and/or metrics, as requested.
2. Refer to the Anthem ECM Provider Guide, Data exchange, for more details.

XIV. Quality and Oversight

1. ECM Provider acknowledges that Anthem will conduct oversight of its participation in ECM to ensure the quality of ECM and ongoing compliance with program requirements, which may include site visits, audits and/or corrective actions.
2. ECM Provider shall respond to all Anthem requests for information and documentation to permit ongoing monitoring of ECM.
3. Program (e.g., ECM Director) and organization-level (e.g. CFO) leadership shall, at a minimum, attend bi-annual Performance Review meetings.
4. Provider shall comply with applicable monitoring provisions of the contract between Anthem and DHCS and any monitoring request by DHCS. Further, Provider agrees that Anthem shall revoke the delegation of activities or obligations, or specific other remedies in instances where DHCS or Anthem determine that Provider has not performed satisfactorily.
5. Refer to the Anthem ECM Provider Guide, Quality, monitoring and oversight, for more details.

Community Supports

I. Service Overview

1. Community Supports are voluntary, flexible wrap-around services or settings provided by the Anthem and integrated into its population health management programs. The services are provided as a substitute for utilization of other services or settings such as a hospital or skilled nursing facility admission, discharge delays, or emergency department use. CS will be integrated with care management for Members at medium to high levels of risk and fill gaps in state plan benefits to address medical or other needs that may arise from social determinants of health. See Exhibit B for in scope Community Supports.

II. CS Provider Requirements Provider Experience and Qualifications

1. Experience and training in the elected CS.
 - a. The CS Provider shall have experience and/or training in the Provision of the CS being offered.
 - b. The CS Provider shall have the capacity to provide the CS in a culturally and linguistically competent manner, as demonstrated by a successful history of providing such services, training or other factors identified by Anthem.
2. If the CS Provider subcontracts with other entities to administer its functions of CS, the CS Provider shall ensure agreements with each entity bind each entity to applicable terms and conditions set forth here.
3. The CS provider will perform all services as outlined in the Anthem CS Program Guide and in the DHCS CS Policy Guide.
4. Contracted ECM Providers who are also contracted CS Providers should provide separate and distinct ECM and CS services to authorized members

III. Medicaid Enrollment/Vetting for CS Providers

1. CS Providers for whom a State-level enrollment pathway exists, shall enroll in Medi-Cal, pursuant to relevant DHCS APLs including Provider Credentialing/Rec credentialing and Screening/Enrollment APL 19-004.
 - a. If APL 19-004 does not apply to an CS Provider, the CS Provider will comply with Anthem's process for vetting the CS Provider, which may extend to individuals employed by or delivering services on behalf of the CS Provider, to ensure it can meet the capabilities and standards required to be an CS Provider.

IV. Initiating Delivery of Community Supports

1. CS Provider shall deliver contracted CS in accordance with DHCS service definitions and requirements.
2. CS Provider shall maintain staffing that allows for timely, high-quality service delivery of the CS that it is contracted to provide.
3. CS Provider shall:
 - a. Accept and act upon member referrals from Anthem for authorized CS, unless the CS Provider is at its pre-determined capacity;
 - i. Provider shall be permitted to decline a Member assignment if CS Provider is at its pre-determined capacity.
 - ii. Provider shall immediately alert Anthem if it does not have the capacity to accept a Member assignment.
 - b. Conduct outreach to the referred Member for authorized CS as soon as possible. Including by making best efforts to conduct initial outreach within 24 hours of assignment, if applicable;
 - c. Be responsive to incoming calls or other outreach from Members, including by maintaining a phone line that is staffed or able to record voicemail 24 hours a day, 7 days a week;
 - d. Coordinate with other Providers in the Member's care team, including ECM Providers, other CS Providers and Anthem;
 - e. Comply with cultural competency and linguistic requirements required by federal, State, and local laws, and in contract(s) with Anthem; and

- f. Comply with non-discrimination requirements set forth in State and Federal law and the Contract with Anthem.
 - g. CS Provider will be reimbursed only for services that are authorized by Anthem. In the event of a Member requesting services not yet authorized by Anthem, CS Provider shall send prior authorization request(s) to Anthem, unless a different agreement is in place (e.g., if Anthem has given the CS Provider authority to authorize CS directly).
- 4. When federal law requires authorization for data sharing, CS Provider shall obtain and/or document such authorization from each assigned Member, including sharing of protected health information (PHI), and shall confirm it has obtained such authorization to Anthem.
 - a. Member authorization for CS-related data sharing is not required for the CS Provider to initiate delivery of CS unless such authorization is required by federal law.
- 5. If an CS is discontinued for any reason, CS Provider shall support transition planning for the Member into other programs or services that meet their needs.
- 6. CS Provider is encouraged to identify additional CS the Member may benefit from and send any additional request(s) for CS to Anthem for authorization.

V. Payment for CS

- 1. CS Provider shall record, generate, and send a claim or invoice to Anthem for CS rendered.
 - a. If CS Provider submits claims, CS Provider shall submit claims to Anthem using specifications based on national standards and codes set to be defined by DHCS.
 - b. In the event CS Provider is unable to submit claims to Anthem for CS-related services using specifications based on national standards or DHCS defined standard specifications code sets, CS Provider shall submit invoices with minimum necessary data elements defined by DHCS, which includes information about the Member, the CS services rendered, and CS Providers' information to support appropriate reimbursement by Anthem, that will allow Anthem to convert CS invoice information into DHCS-defined standard specifications and code sets for submission to DHCS.
- 2. CS Provider shall not receive payment from Anthem for the provision of any CS not authorized by Anthem.
- 3. CS Provider must have a system in place to accept payment from Anthem for CS rendered.
 - a. Anthem will adjudicate Clean Claims submitted by Provider within thirty (30) working days of the date Anthem receives the claim. For purposes of determining compliance with the stated time frames, the date of receipt is the date that Anthem receives the claim, as indicated by its date stamp on the claim. The date of payment is the date of the check or other form of payment.

VI. Data Sharing to Support CS

- 1. As part of the referral process, Anthem will ensure CS Provider has access to:
 - a. Demographic and administrative information confirming the referred Member's eligibility for the requested service;
 - b. Appropriate administrative, clinical, and social service information the CS Provider might need in order to effectively provide the requested service; and
 - c. Billing information necessary to support the CS Provider's ability to submit invoices to Anthem.
- 2. Refer to the Anthem CS Provider Guide for more details.

VII. Quality and Oversight

- 1. CS Provider acknowledges Anthem will conduct oversight of its delivery of CS to ensure the quality of services rendered and ongoing compliance with all legal and contractual obligations both Anthem and the CS Provider have, including but not limited to, required reporting, audits, and corrective actions, among other oversight activities.

VIII. Electronic Visit Verification (EVV)

- 1. EVV must be implemented for all Medi-Cal Personal Care Services (PCS) and Home Health Care Services (HHCS) for in-home visits by a Provider. This includes, but is not limited to, PCS and

HHCS delivered as part of Community Supports – Personal Care and Homemaker Services, Respite Services, Day Habilitation Programs – and all other HHCS programs covered under the contract between DHCS and Anthem. Implementation of EVV is only required for PCS and HHCS delivered in a member's home, including visits that begin in the community and end in the home (or vice versa).

2. Exclusions:

a. The following services are not subject to EVV requirements:

1. HHCS or PCS that do not require an in-home visit are not subject to EVV requirements;
2. HHCS or PCS provided in congregate residential settings where 24-hour service is available are not subject to the EVV requirements;
3. HHCS or PCS rendered by an individual living in the member's residence does not constitute an "in-home visit" and is not subject to EVV requirements,
4. Any services rendered through the Program of All-Inclusive Care for the Elderly;
5. HHCS or PCS that are provided to inpatients or residents of a hospital, nursing facility including skilled nursing facility or residence of nursing facility, intermediate care facility for individuals with intellectual disabilities, or an institution for mental diseases;
6. Durable Medical Equipment is not subject to EVV requirements.

3. State EVV Vendor:

- a. The State of California contracted with Sandata Technologies, LLC (Sandata) to provide a state-sponsored EVV system. Sandata is providing California with an EVV system that includes the ability to capture data elements during the visit, data portals that allow providers to view and report on visit activity, and an EVV Aggregator to provide California with EVV program oversight and analytics. The EVV Aggregator will also receive data from providers that choose to use their existing EVV system, support California's Open EVV model, and provide a meaningful data and analytics dashboard. Additionally, training videos for the Aggregator and the Business Intelligence tool will be available online, which demonstrate functionality and capabilities.
- b. Anthem is not required to use the state-contracted EVV system. However, use of the Sandata EVV system is free to Anthem, and their subcontractors and network providers, to use for capturing and transmitting required EVV data components to the EVV Aggregator. If Anthem chooses to contract with a different EVV vendor, the resulting administrative service agreement must be filed with the Department of Managed Health Care.

4. All Medi-Cal PCS and HHCS providers must capture and transmit the following six mandatory data components:

- a. The type of service performed;
- b. The individual receiving the service;
- c. The date of the service;
- d. The location of service delivery;
- e. The individual providing the service; and
- f. The time the service begins and ends.

5. All network providers are required to comply with the EVV requirements when rendering PCS and HHCS, subject to federal EVV requirements. Anthem shall monitor provider to ensure compliance with these requirements in accordance with the established guidelines below:

- a. Monitor Provider for compliance with the EVV requirements and CalEVV Information Notice(s), and alert DHCS to any compliance issues.
- b. Supply Provider with technical assistance and training on EVV compliance.
- c. Require Provider to comply with an approved corrective action plan.
- d. Deny payment if the provider is not complying with EVV requirements and arrange for the participants to receive services from a provider who does comply.

6. If Provider is identified as non-compliant with these requirements, Anthem will not authorize the Network Provider to perform services and/or withhold the payment. If non-compliance is committed by the employee of Provider's subcontractor, the specific non-compliant subcontractor employee will not be able to provide Medi-Cal PCS and HHCS services.

7. EVV System – Provider Self-Registration and Training

- a. To the extent that Provider provides Community Supports – Personal Care and Homemaker Services, Respite Services, and Day Habilitation Programs, Anthem requires that their Provider and its subcontractors complete the self-registration process immediately to gain access to the state-sponsored EVV system and EVV Aggregator and be trained on how to operate the solution, and capture the six data elements with each in-home visit.
 1. Once registered, Provider and Provider's subcontractors will gain access to extensive training and technical assistance, including self-guided learning modules and EVV system demonstrations, provided by Sandata.
 - b. Information on the self-registration portal and the link can be found on the DHCS website at: <https://www.dhcs.ca.gov/provgovpart/Pages/EVV.aspx>
8. Alternate EVV System:
 - a. Anthem and its network have the option to implement EVV requirements using an alternate EVV system.
 - b. Any alternate EVV system must comply with all business requirements and technical specifications, including the ability to capture and transmit the required data elements to the EVV Aggregator.
 - c. Anthem, its subcontractors, and network providers who choose to use an alternative EVV system are required to register in the EVV self-registration portal and must participate in state-sponsored training provided by Sandata.
9. All claims submitted by Provider for PCS and HHCS services must be submitted with allowable Current Procedural Terminology or Healthcare Common Procedure Coding System codes as outlined in the Medi-Cal Provider Manual. MCPs and/or provider must also indicate proper Place of Service Code or Revenue Code on claims and/or encounters to indicate the rendering of PCS or HHCS in a member's home.
10. DHCS will monitor Anthem's' implementation through existing data reporting mechanisms, including reviewing encounter data and will include EVV implementation and requirements in the scope of the annual medical audit.

EXHIBIT F

Disclosure of Ownership and Control Interest Statement

The federal regulations set forth in 42 CFR 455.104, 455.105 and 455.106 require providers who are entering into or renewing a provider agreement to disclose to the U.S. Department of Health and Human Services, the state Medicaid agency, and to managed care organizations that contract with the state Medicaid agency: 1) the identity of all owners with a control interest of [5%] or greater, 2) certain business transactions as described in 42 CFR 455.105 and 3) the identity of any excluded individual or entity with an ownership or control interest in the provider, the provider group, or disclosing entity or who is an agent or managing employee of the provider group or entity. **Please attach a separate sheet if necessary.**

Answer all questions as of the current date. If additional space is needed, note on the form that the answer is being continued and attach a sheet referencing the relevant item number. Please return the original to us and retain a copy for your files. If a question is not applicable, respond N/A for that question. You should completely answer all applicable questions — No questions should be left blank.

You must provide dates of birth and Social Security numbers (SSNs) for validation purposes as outlined in 42 CFR 455.104 (b)(1)(ii).

Identifying information			
Provider entity name: Community Action Partnership of Kern	Provider DBA name (if different from provider entity name):	Entity NPI: 1265165856	
Entity TIN: 95-2402760	Medicaid ID: In Process	Provider phone #: 661-379-8221	
Provider address — List all practice locations. Must include at least one street address. Attach a separate sheet if needed.	City	State	ZIP
1631 30th Street	Bakersfield	CA	93301

Owner or control information

An **owner** is a person or business entity that owns [5%] or more of the assets, stock, or profits of the provider entity. This [5%] may be **direct** ownership or **indirect** ownership. (for example, an individual might own [50%] of a company that owns the actual **provider entity**. This means that the indirect ownership is [50%.]) In addition to ownership of stock, an owner also has a legal obligation like a mortgage or loan that is secured by the assets of the provider entity.

A **person with control** is someone who directs the provider entity — this includes directors, trustees and officers of corporations, and partners in a partnership. If the provider entity is a nonprofit entity, respond N/A in the column for percent of ownership

A **managing employee** is someone who makes the day-to-day decisions for the provider entity. These individuals include office or billing managers for smaller providers; for larger provider entities, a managing employee may be the head of a major operating group such as the director of Accounting, director of same-day services or another executive/management position typically listed below the corporate officers on an organizational chart.

An **agent** is an individual who has the legal ability to bind the provider entity (for example, the provider entity may use an agent to obtain contracts on its behalf). Please provide the following information for owners, persons with control interests, managing employees and agents of the provider entity. Attach a separate sheet if needed.

List the name, title, address, date of birth (DOB), and Social Security Number (SSN) for each individual having an ownership or control interest in this provider entity of [5%] or greater.

List the name, tax identification number (TIN), business address of each organization, corporation, or entity having an ownership or control interest of [5%] or greater. Please attach a separate sheet if necessary. (42 CFR 455.104)

Master list		
Last name:	First name:	Middle initial:
Address (for individuals, home address; for business entities that might have ownership interest, use business street address and P.O. Box address if any):		City:
State:	ZIP:	DOB:
Individual (SSN)/ Entity (TIN):	Percentage of ownership: NA	Title:
Last name:	First name:	Middle initial:
Address (for individuals, home address; for business entities that might have ownership interest, use business street address and P.O. Box address if any):		City:
State:	ZIP:	DOB:
Individual (SSN)/ Entity (TIN):	Percentage of ownership: NA	Title:
Last name:	First name:	Middle initial:
Address (for individuals, home address; for business entities that might have ownership interest, use business street address and P.O. Box address if any):		City:
State:	ZIP:	DOB:
Individual (SSN)/ Entity (TIN):	Percentage of ownership: NA	Title:

Specific questions:		
1. Is any person on the master list related to another person on the master list (spouse, parent, child or sibling)? Yes ☐ No ☐ If no, go to the next question. If yes, please provide the following information:		
If yes, please provide the following information about the related persons.		Relationship
Full name of first related person		
Full name of second related person		
2. Does any person or entity in the master list have an ownership or control interest in any other provider entity? Yes ☐ No ☐ If no, go to the next question. If yes, please provide the following information about the other provider entity in which the person on the master list has an interest.		
Name of other provider entity:	Address:	City:
State:	ZIP:	TIN:
3. Has any person or entity on the master list ever been excluded from participation in federal healthcare programs (Medicaid, CHIP or TRICARE) in the past? Excluded means that a provider or entity has been told by the Department of Health and Human Services — Office of the Inspector General (HHS OIG) that they may no longer be a provider for any federally funded healthcare program. Yes ☐ No ☐ If no, go to the next question. If yes, please provide the following information.		
Full name of individual or entity:	Beginning date of exclusion or termination:	End date of exclusion or termination:
Reason for exclusion or termination:		
4. Since the inception of Medicaid, CHIP or TRICARE, were any of the individuals or entities on the master list convicted of a criminal offense related to that person's involvement in a related program? Yes ☐ No ☐ If no, go to the next question. If yes, please provide the following requested information.		
Name on court records:	SSN:	DOB:
Matter of the offense:	Date of the conviction:	Exclusion period of the offense if excluded by the HHS OIG:
5. Were any of the individuals or entities on the master list ever debarred from participation in federal government contracts? Debarred means an individual is not allowed to participate in contracts paid for by the federal government whether or not those contracts are in the healthcare area. Yes ☐ No ☐ If no, go to the next question. If yes is checked, provide the following information.		
Date of debarment:	Length of debarment:	
Reason for debarment:		
6. Was any person or entity on the master list ever terminated from a state's Medicaid or CHIP program for reasons having to do with program integrity (fraud or abuse)? Terminated means the provider lost the right to bill a state's Medicaid or CHIP programs for a cause related to fraud or abuse. Yes ☐ No ☐ If no, go to the next question. If yes, please provide the following information.		
Full name of provider:	State of practice when terminated:	
Reason for termination:	Date of termination:	

7. Did any person or entity on the master list ever have civil monetary penalties (CMPs) assessed against them? A CMP is a type of fine assessed against a provider by a governmental agency that manages a federal healthcare program. Yes ☐ No ☒ If no, go to the next question. If yes, please provide the following information.			
Full name of the individual or entity:		State of practice when the CMP assessed:	
Reason for CMP:	Amount of CMP:	Date of CMP:	
8. Did anyone on the master list obtain ownership interest? Yes ☐ No ☒			
a. As a result of a transfer of ownership from someone who was about to be excluded or terminated from participation in a federal healthcare program, or was in fact excluded or terminated from participation in a federal healthcare program?			
b. Due to circumstances of the original owner being a member (currently or formerly) of the current owner's immediate family or household at the time of the transfer of ownership?			
9. Immediate family is defined as a person's husband or wife; natural or adoptive parent; child or sibling; stepparent, stepchild, stepbrother, or stepsister; father-, mother-, daughter-, son-, brother- or sister-in- law; grandparent or grandchild; or spouse of a grandparent or grandchild. Member of household is, with respect to a person, any individual with whom they are sharing a common abode as part of a single-family unit. This includes domestic employees and others who live together as a family unit. A roomer or boarder is not considered a member of the household. Yes ☐ No ☒ If no, go to the next question. If yes, please provide the following information.			
Full name of original owner:		SSN or TIN of original owner:	
Place of transfer:		Date of transfer:	
10. List any subcontractor in which this provider entity has a direct or indirect ownership interest of at least [5%]. A subcontractor is a person or company that this provider entity contracted with to do some of the provider entity's management functions (for example, a billing agent or medical services provider such as a medical lab).			
Full name of subcontractor: NA		Address: NA	
City: NA	State: NA	ZIP: NA	TIN NA
Full name of subcontractor: NA		Address: NA	
City: NA	State: NA	ZIP: NA	TIN NA
a. For each subcontractor(s) listed above, please provide the following information for the individuals with an ownership or control interest in the subcontractor(s). See the previous sections above for a definition of these terms. Attach a separate sheet if necessary.			
Full name: NA	Address (for individuals, home address; for business entities that might have ownership interest, use business street address and P.O. Box address if any): NA		

City: NA	State: NA	ZIP: NA	DOB: NA
Individual (SSN)/ Entity (TIN): NA	Percentage of ownership: NA	Title: NA	
b. Is anybody on the list above related to any person on the master list ? Yes ☐ No ☒ If no, go to the next question. If yes, please provide the following information about the related persons.			
Full name of first related person:		Relationship:	
Full name of second related person:		Relationship:	
Business transactions			
1. Has the disclosing entity had any financial transaction/significant business transactions with any subcontractor totaling more than [\$25,000]? Yes ☐ No ☐ If no, go to the next question If yes, list the ownership of any subcontractor with whom this provider had one or more business transactions totaling more than [\$25,000] during the previous [12-month period], any significant business transactions between this provider and any wholly owned supplier , or between the provider and any subcontractor during the past [five-year period.]			
Full name:		Address:	
City:	State:	ZIP:	
2. Does the provider entity wholly own a supplier ? Supplier means an individual, agency or organization from which the provider entity purchases goods and services used in carrying out its responsibilities under Medicaid (for example, a commercial laundry, a manufacturer of hospital beds or a pharmacy). Yes ☐ No ☐ If no, go to the next question If yes, supply the following information about the supplier.			
Name:		Address:	
City:	State:	ZIP:	
NPI:		TIN:	
Signature			
The state or federal Medicaid agency may refuse to enter into, renew or terminate an agreement with a provider if it is determined that a provider did not fully, accurately and truthfully make the disclosures required by this statement. Additionally, false statements or representations of the required disclosures may be prosecuted under applicable federal or state laws. The signature below must be the written signature of an individual who can legally bind this provider entity. In compliance with 42 CFR 455.104(c), a provider shall provide a <i>Disclosure of Ownership (DOO)</i> upon application for network participation and/or prior to execution of a provider agreement at the time of recredentialing/reenrollment. A provider must provide the <i>DOO</i> within 35 days after any change in ownership of the disclosing entity. In compliance with 42 CFR 455.105(b), a provider must submit full and complete ownership information within 35 days of the date on a request by the secretary or the Medicaid agency outlined above in <i>Section III. Business Transactions</i>.			
Name of person (printed): Jeremy T. Tobias		Signature of person:	
Title: Chief Executive Officer		Date:	
Name of person completing form: Rebecca Moreno		Phone number of person completing form: 661-379-8221	

Request for Taxpayer Identification Number and Certification

Give Form to the
requester. Do not
send to the IRS.

► Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. ☐ Individual/sole proprietor or single-member LLC ☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. ☐ Other (see instructions) ► _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
	5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
	6 City, state, and ZIP code	
	7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number											
				-				-			
or											
Employer identification number											
				-							

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ►	Date ►

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

BUSINESS ASSOCIATE AGREEMENT

If, during the term of any Agreement between Supplier and Anthem, Inc. and/or any of its affiliates ("Anthem"), Supplier requires the use or disclosure of Protected Health Information, including creating, receiving, maintaining, or transmitting Protected Health Information, then Supplier shall be deemed a Business Associate of Anthem and the following provisions shall apply:

This agreement ("Agreement") shall be effective on the date of Supplier's signature and is between the Supplier ("Business Associate") identified in this Agreement and Anthem on behalf of itself and its affiliates who are Covered Entities or Business Associates and who have a business relationship with Business Associate, if any (hereinafter collectively "Company"). The purpose of this Agreement is to comply with the requirements of the Health Insurance Portability and Accountability Act of 1996, the HITECH Act, and their implementing regulations (45 C.F.R. Parts 160-164, including Subpart E of 45 CFR Part 164) ("HIPAA"), any applicable state privacy laws, any applicable state security laws, any applicable implementing regulations issued by the Insurance Commissioner or other regulatory authority over data protected herein.

Privacy of Protected Health Information

1. **Permitted and Required Uses and Disclosures.** Business Associate is permitted or required to Use or disclose Protected Health Information ("PHI") it requests, creates, or receives for or from Company (or another business associate of Company) only as follows:
 - a) **Functions and Activities on Company's Behalf.** Business Associate is permitted to request, Use, or disclose PHI it creates or receives for or from Company (or another business associate of Company), consistent with HIPAA, only as described in this Agreement, or other agreements during their term that may exist between Company and Business Associate.
 - b) **Business Associate's Operations.** Business Associate may Use PHI it creates or receives for or from Company as necessary for Business Associate's proper management and administration or to carry out Business Associate's legal responsibilities. Business Associate may disclose such PHI as necessary for Business Associate's proper management and administration or to carry out Business Associate's legal responsibilities only if:
 - (i) The Disclosure is Required by Law; or
 - (ii) Business Associate obtains reasonable assurance evidenced by written contract, from any person or organization to which Business Associate will disclose such PHI that the person or organization will:
 - a. Hold such PHI in confidence and Use or further disclose it only for the purpose for which Business Associate disclosed it to the person or organization or Required by Law; and
 - b. Notify Business Associate (who will in turn promptly notify Company) of any instance of which the person or organization becomes aware in which the confidentiality of such PHI was breached.
 - c) **Data Aggregation Services.** Business Associate may provide Data Aggregation services relating to the Health Care Operations of the Company the extent required to provide services to Company or as otherwise expressly permitted by Company.

d) Minimum Necessary and Limited Data Set. In any instance when Business Associate requests, Uses, or discloses PHI under this Agreement or in accordance with other agreements that exist between Company and Business Associate, Business Associate may request, Use or disclose only the minimum amount of PHI necessary to accomplish the intended purpose. Business Association will Use a Limited Data Set, if applicable. Business Associate will not be obligated to comply with this minimum necessary limitation with respect to requests, Uses, or discloses as outlined in 45 C.F.R. § 164.502(b)(2).

e) Use by Workforce. Business Associate shall advise members of its workforce of their obligations to protect and safeguard PHI. Business Associate shall take appropriate disciplinary action against any member of its workforce who Uses or discloses PHI in contravention of this Agreement.

f) Disclosure to U.S. Department of Health and Human Services. Business Associate shall make its internal practices, books, and records relating to the Use and Disclosure of PHI received from Company (or created or received by Business Associate on behalf of Company) available to the Secretary of the United States Department of Health and Human Services, for purposes of determining Company's compliance with 45 C.F.R. Parts 160-164. Unless the Secretary directs otherwise, Business Associate shall promptly notify Company of Business Associate's receipt of such request, so that Company can assist in compliance with that request.

g) Substance Use Disorder Records. To the extent that PHI exchanged between the parties includes information on an individual's Substance Use Disorder, the parties agree to comply with the applicable requirements of 42 C.F.R. Part 2 ("Confidentiality of Substance Use Disorder Patient Records") including its provisions on disclosure and re-disclosure of said information.

2. Prohibitions on Unauthorized Requests, Use or Disclosure. Business Associate will neither Use nor disclose Company's PHI it creates or receives from Company or from another Business Associate of Company, except as permitted or required by this Agreement or as Required by Law or as otherwise permitted in writing by Company. This Agreement does not authorize Business Associate to request, Use, disclose, maintain or transmit PHI in a manner that will violate 45 C.F.R. Parts 160-164.
3. Sub-Contractors and Agents. Business Associate will require any of its Subcontractors and/or agents that create, receive, maintain, or transmit such PHI to provide reasonable assurance, evidenced by written contract, that Subcontractor or agent will comply with the same privacy and security commitments that are substantively equivalent to those in this Agreement with respect to such PHI, including the obligations described in Section 4 herein.
4. Information Safeguards. Business Associate must use appropriate safeguards to comply with Subpart C of 45 CFR Part 164 and must implement, maintain and use a written information security program that contains the necessary administrative, technical and physical safeguards that are appropriate in light of the Business Associate's size and complexity in order to achieve the safeguarding objectives as detailed in Social Security Act § 1173(d) (42 U.S.C. § 1320d-2(d)), 45 C.F.R. Part 164.530(c), the HITECH Act and any other implementing regulations issued by the U.S. Department of Health and Human Services, as such may be amended from time to time and as required by the Required Information Security Controls exhibit attached to this agreement. Further, Business Associate shall comply with any applicable state data privacy or security law. Business Associate shall notify Company should Business Associate determine it is unable to comply with any such law or regulation.

5. Audits and Surveys. Company shall have the right to audit and monitor all applicable activities and records of Business Associate to determine Business Associate's compliance with the requirements relating to the maintenance, Use, Disclosure, and creation of PHI [and De-Identified Data (DID), if applicable]. At Company's request in lieu of a formal audit, the Business Associate shall provide Company with information concerning its information safeguards and privacy practices as they pertain to PHI.

During the term of this Agreement, Business Associate may be asked to complete a privacy and security survey and/or attestation document designed to assist Covered Entity in understanding and documenting Business Associate's security procedures and compliance with the requirements contained herein. Business Associate's failure to complete either of these documents within the reasonable timeframe specified by Covered Entity shall constitute a material breach of this Agreement.

Upon reasonable advance request, Business Associate shall provide Company access to Business Associate's facilities used for the maintenance or processing of PHI, and to its books, records, practices, policies and procedures concerning the Use and Disclosure of PHI, in order to determine Business Associate's compliance with this Agreement. Any such access to Business Associate facilities may be limited to the extent required to protect other entities' PHI or confidential information.

Individual Rights

6. Access. Business Associate will promptly upon Company's request make available to Company or, at Company's direction, to the Individual (or the Individual's Personal Representative) for inspection and obtaining copies any PHI about the Individual which Business Associate created or received for or from Company and that is in Business Associate's custody or control, so that Company may meet its access obligations pursuant to and required by applicable law, including but not limited to 45 C.F.R. 164.524, and where applicable, the HITECH Act. Business Associate shall make such information available in electronic format where directed by the Company.
7. Amendment. Business Associate will, upon receipt of notice from Company, promptly amend or permit Company access to amend any portion of the PHI which Business Associate created or received for or from Company, pursuant to and required by applicable law, including but not limited to 45 C.F.R. Part 164.526.

Business Associate will not respond directly to an Individual's request for an amendment of their PHI held in the Business Associate's Designated Record Set. Business Associate will refer the Individual to Company so that Company can coordinate and prepare a timely response to the Individual.

8. Disclosure Accounting. So that Company may meet its Disclosure accounting obligations pursuant to and required by applicable law, including but not limited to 45 C.F.R. Part 164.528 Business Associate will promptly, but no later than within seven (7) days of the Disclosure, report to Company for each Disclosure Business Associate makes of Company PHI not expressly excepted from the right to an accounting as described in 45 CFR 164.528(a)(1)(i)-(ix). For each Disclosure for which a report is required by this section, Business Associate will provide the following information as described in 45 CFR 164.528(b).

Except as provided below, Business Associate will not respond directly to an Individual's request for an accounting of Disclosures. Business Associate will refer the Individual to Company so that

Company can coordinate and prepare a timely accounting to the Individual. However, when Business Associate is contacted directly by an individual based on information provided to the individual by Company, Business Associate shall make the accounting of disclosures available directly to the individual, but only if required by the HITECH Act or any related regulations.

9. Confidential Communications and Restriction Agreements. Business Associate will promptly, upon receipt of notice from Company, send an Individual's communications to the identified alternate address. Business Associate will comply with any agreement Company makes that restricts Use or Disclosure of Company's PHI pursuant to 45 C.F.R. §164.522(a), provided that Company notifies Business Associate in writing of the restriction obligations that Business Associate must follow. Company will promptly notify Business Associate in writing of the termination or modification of any confidential communication requirement or restriction agreement.

Breach of Privacy and Security Obligations

10. Reporting. Business Associate will report to Company: (i) any Use or Disclosure of PHI not permitted by this Agreement or in writing by Company; (ii) any Security Incident; (iii) any Breach, as defined in the HITECH Act; or (iv) any other breach of a secure system, or the like, as such may be defined under applicable state law (collectively a "Breach"). Except as described in subparagraph "c)" below, Business Associate will, without unreasonable delay, but not later than within one (1) business day after Business Associate's discovery of a Breach, make the report by sending a report to Company by such reasonable means of reporting as may be communicated to Business Associate by Company. Business Associate shall cooperate with Company in investigating the Breach and in meeting Company's obligations under the HITECH Act, and any other applicable security breach notification laws or regulatory obligations.

a) Report Contents. To the extent such information is available Business Associate's report will at least:

- (i) Identify the nature of the non-permitted or prohibited access, Use or Disclosure, including the date of the Breach and the date of discovery of the Breach;
- (ii) Identify the PHI accessed, used or disclosed, and provide an exact copy or replication of the PHI, as appropriate, in a format reasonably requested by Company, and to the extent available;
- (iii) Identify the entity that and if applicable, the role of the individual, who caused the Breach and who received the PHI;
- (iv) Identify what corrective action Business Associate took or will take to prevent further Breaches;
- (v) Identify what Business Associate did or will do to mitigate any deleterious effect of the Breach; and
- (vi) Provide such other information, including a written report, as Company may reasonably request.

b) Unsuccessful Security Incidents. Except as noted in paragraph 10 (c) below, the parties acknowledge and agree that this section constitutes notice by Business Associate to Company of the ongoing existence and occurrence of attempted but Unsuccessful Security Incidents (as defined

below) for which no additional notice to Company shall be required. "Unsuccessful Security Incidents" shall include, but not be limited to, pings and other broadcast attacks on Business Associate's firewall, port scans, unsuccessful log-on attempts, denials of service and any combination of the above, so long as no such incident results in unauthorized access, Use or disclosure of PHI.

c) Medicare Vendor Reporting Requirements –To the extent that Business Associate is subject to any Center for Medicare and Medicaid ("CMS") incident reporting requirements (including applicable timeframes for such reporting) as detailed in the services agreement between Company and Business Associate (including any amendments, exhibits or addenda), Business Associate shall comply with all such reporting requirements, in addition to those imposed hereby.

11. Mitigation. Business Associate agrees to mitigate to the extent practicable, any harmful effect that is known to Business Associate of any security incident related to PHI or any Use or Disclosure of PHI by Business Associate in violation of the requirements of this BA Agreement. To the extent Company incurs any expense Company reasonably determines to be necessary to mitigate any Breach or any other non-permitted Use or Disclosure of Individually Identifiable Information, Business Associate shall reimburse Company for such expense.
12. Breach of Agreement. Without limiting the rights of the parties elsewhere set forth in the Agreement or available under applicable law, if Business Associate breaches its obligations under this Agreement, Company may, at its option:
 - a) Exercise any of its rights of access and inspection under paragraph 4 of this Agreement;
 - b) Require Business Associate to submit to a plan of monitoring and reporting, as Company may determine appropriate to maintain compliance with this Agreement and Company shall retain the right to report to the Secretary of HHS any failure by Business Associate to comply with such monitoring and reporting; or
 - c) Immediately and unilaterally, terminate this Agreement and/or any other agreements between the parties, without penalty to Company, and with or without an opportunity to cure the breach. Company's remedies under this Section and set forth elsewhere in this Agreement or in any other agreement between the parties shall be cumulative, and the exercise of any remedy shall not preclude the exercise of any other. If for any reason Company determines that Business Associate has breached the terms of this Agreement and such breach is not curable or if curable, has not been cured, but Company determines that termination of this Agreement and/or any other agreements between the parties is not feasible, Company may report such breach to the U.S. Department of Health and Human Services.

Compliance with Standard Transactions

Sections 13 through 17 of this Agreement are only applicable to those Business Associates that conduct, in whole or in part Standard Transactions, for or on behalf of Company.

13. Business Associate will comply, and will require any Subcontractor or agent involved with the conduct of such Standard Transactions to comply, with each applicable requirement of 45 C.F.R. Part 162 for which HHS has established Standards. Business Associate will comply by a mutually agreed date, but no later than the date for compliance with all applicable final regulations, and will require any Subcontractor or agent involved with the conduct of such Standard Transactions, to

comply, with each applicable requirement of the Transaction Rule 45 C.F. R. Part 162. Business Associate agrees to demonstrate compliance with the Transactions by allowing Company to test the Transactions and content requirements upon a mutually agreeable date. Business Associate will not enter into, or permit its Subcontractors or agents to enter into, any trading partner agreement in connection with the conduct of Standard Transactions for or on behalf of Company that:

- a) Changes the definition, data condition or use of a data element or segment in a Standard Transaction.
 - b) Adds any data elements or segments to the maximum defined data set;
 - c) Uses any code or data element that is marked "not used" in the Standard Transaction's Implementation Specification or is not in the Standard Transaction's Implementation Specification; or
 - d) Changes the meaning or intent of the Standard Transaction's Implementation Specification.
14. Concurrence for Test Modification to Standard Transactions. Business Associate agrees and understands that there exists the possibility that Company or others may request from HHS an exception from the Uses of a Standard in the HHS Transaction Standards. If this request is granted by HHS, Business Associate agrees that it will participate in such test modification.
15. Incorporation of Modifications to Standard Transactions Business Associate agrees and understands that from time-to-time, HHS may modify and set compliance dates for the Transaction Standards. Business Associate agrees to incorporate by reference into this Agreement any such modifications or changes.
16. Code Set Retention (Only for Plans). Both parties understand and agree to keep open code sets being processed or used in the Agreement for at least the current billing period or any appeal period, whichever is longer.
17. Guidelines and Requirements. Business Associate further agrees to comply with any guidelines or requirements adopted by Company consistent with the requirements of HIPAA and any regulations promulgated thereunder, governing the exchange of information between Business Associate and the Company.

Obligations upon Termination

18. Return or Destruction. Upon termination, cancellation, expiration or other conclusion of the Agreement, Business Associate will if feasible return to Company or destroy all PHI, in whatever form or medium (including in any electronic medium under Business Associate's custody or control), that Business Associate created or received for or from Company, including all copies of and any data or compilations derived from and allowing identification of any Individual who is a subject of the PHI. Business Associate will complete such return or destruction as promptly as possible, but not later than 30 days after the effective date of the termination, cancellation, expiration or other conclusion of Agreement. Business Associate shall destroy all PHI in accordance with any guidance set forth by the Secretary of HHS and/or any other government agency or other entity to whom HHS delegates such authority Business Associate will identify any PHI that Business Associate created or received for or from Company that cannot feasibly be returned to Company or destroyed, and will limit its further Use or Disclosure of that PHI to those purposes that make return or destruction of that PHI infeasible and will otherwise continue to protect the

security any PHI that is maintained pursuant to the security provisions of this Agreement for so long as the PHI is maintained. Upon request, Business Associate will certify in writing to Company that such return or destruction has been completed, will deliver to Company the identification of any PHI for which return or destruction is infeasible and, for that PHI, will certify that it will only Use or disclose such PHI for those purposes that make return or destruction infeasible.

19. Continuing Privacy and Security Obligation. Business Associate's obligation to protect the privacy and security of the PHI it created or received for or from Company will be continuous and survive termination, cancellation, expiration or other conclusion of this Agreement, so long as the data is maintained.

General Provisions

20. Definitions. Except as otherwise provided, the capitalized terms in this Agreement have the meanings set out in 45 C.F.R. Parts 160-164, as may be amended from time to time. The term Protected Health Information ("PHI") includes any information without regard to its form or medium, gathered by Business Associate in connection with Business Associate's relationship with Covered Entity that identifies an individual or that otherwise would be defined as Protected Health Information under HIPAA. The term "business associate" in lower case shall have the meaning set out in 45 CFR 160.103.
21. Amendment. From time to time local, state or federal legislative bodies, boards, departments or agencies may enact or issue laws, rules, or regulations pertinent this Agreement. In such event, Business Associate agrees to immediately abide by all said pertinent laws, rules, or regulations and to cooperate with Company to carry out any responsibilities placed upon Company or Business Associate by said laws, rules, or regulations.
22. Conflicts. The terms and conditions of this Agreement will override and control any conflicting term or condition of any other agreement between the parties with respect to the subject matter herein. All non-conflicting terms and conditions of the said other agreement(s) remain in full force and effect.
23. Owner of PHI. As between the parties, Company is the exclusive owner of PHI generated or used under the terms of the Agreement.
24. Subpoenas. Business Associate will promptly inform Company of any subpoena Business Associate receives with regard to PHI belonging to Company and cooperate with any Company request or effort to limit Disclosure pursuant to such subpoena.
25. Disclosure of De-identified Data. The process of converting PHI to De-identified Data (DID) is set forth in 45 C.F.R Part 164.514. In the event that Company provides Business Associate with DID, Business Associate shall not be given access to, nor shall Business Associate attempt to develop on its own, any keys or codes that can be used to re-identify the data. Business Associate shall only Use DID as directed by Company.
26. Creation of De-identified Data. In the event Business Associate wishes to convert PHI to DID, it must first subject its proposed plan for accomplishing the conversion to Company for Company's approval, which shall not be unreasonably withheld provided such conversion meets the requirements of 45 C.F.R. Part 164.514. Business Associate may only Use DID as directed or otherwise agreed to by Company.

27. Assignment/Subcontract. Company shall have the right to review and approve any proposed assignment or subcontracting of Business Associate's duties and responsibilities arising under the Agreement, as it relates to the Use or creation of PHI (or DID if applicable).
28. Intent. The parties agree that there are no intended third party beneficiaries under this Agreement.
29. Indemnity. Business Associate will indemnify and hold harmless Company and any Company affiliate, officer, director, employee or agent from and against any claim, cause of action, liability, damage, cost or expense, including attorneys' fees and court or proceeding costs, arising out of or in connection with any non-permitted or prohibited Use or Disclosure of PHI or other breach of this Agreement by Business Associate or any Subcontractor, agent, person or entity under Business Associate's control.

IN WITNESS WHEREOF, Company and Business Associate execute this Agreement in multiple originals to be effective on the date of Business Associate's Signature below:

Community Action Partnership of Kern

Name of Business Associate

By: _____
Signature

Jeremy T. Tobias

Printed Name

Chief Executive Officer

Title

Date

Anthem

Name of Company

By: _____
Signature

Printed Name

Title

Date

Required Information Security Controls Exhibit

As part of Anthem's commitment to the protection of Confidential Information, Anthem has established its information security requirements for its suppliers as outlined in this Required Information Security Controls Exhibit ("Exhibit"). The Exhibit shall be effective as of the date the party identified in the attached Agreement (herein "Supplier") first receives, maintains, transmits, accesses or otherwise comes into contact with Anthem Confidential Information. These requirements are intended to describe the minimum standard for physical, technical, and administrative controls affecting Confidential Information in relation to the services Anthem has retained Supplier to provide (herein "Services"). To the extent that any information security control in this Exhibit conflicts with the Agreement or any other writing between the parties, the most restrictive control applies.

Anthem may suspend access to Anthem systems at any time if Anthem in its sole discretion, believes Supplier is not complying with any of its security commitments or if Anthem otherwise determines such suspension is necessary to protect the confidentiality, integrity or availability of Anthem Confidential information.

Definitions

Anthem Confidential Information (or Confidential Information), as may be defined in underlying agreements, is further clarified for purposes of this Exhibit to mean any data that is subject to applicable state and federal data security and privacy laws, regulations and guidance, including personally identifiable information and protected health information and any data that contains Anthem trade secrets, proprietary, competitive or sensitive information or systems information that could negatively impact Anthem if made public.

Clean Room. A work environment where devices that may capture information by visual (e. g. camera or smart phone), audio (e.g. recorder, cell phone or smart phone), data transfer (e.g. memory stick, laptop, smart phone, tablet, etc.) or any other method and physically or electronically transport the information out of the work environment by unapproved methods are prohibited from entering the work environment. Devices that may capture data, but are not capable of transporting the information out of the work environment other than by IT approved electronic methods, such as resident data processing devices, are permitted if approved by Anthem Information Technology. This standard is implemented through physical security controls on the work environment and guard force procedures.

Event. Any observable occurrence in a system and/or network that may indicate that an incident is occurring or has occurred.

Incident. An occurrence that actually or potentially jeopardizes the confidentiality, integrity, or availability of an information system or the information the system processes, stores, or transmits or that constitutes a violation or imminent threat of violation of security policies, security procedures, or acceptable use policies.

1. Compliance

- 1.1. Supplier will comply with all applicable state and federal data security laws, regulations and guidance, and shall abide by all required security controls as stated herein, based upon the nature of the Services provided, the data involved, and/or the location where such Services are rendered. Supplier is responsible for understanding which state and federal laws apply to the Services and the data in scope for the agreement.
- 1.2. Supplier is responsible for its subcontractors. For subcontractors who collect, transmit, share, store, control, process, manage or access Anthem Confidential Information, Supplier is responsible for assessing and monitoring subcontractor control environments for compliance with Anthem's standards as documented in this Exhibit. Supplier shall ensure that any of its subcontractors having access to Anthem Confidential Information or the systems that contain it shall also be contractually bound to meet or exceed these information security provisions. If Supplier becomes aware of its subcontractor non-compliance with the controls of this Exhibit, Supplier must require its subcontractor to remediate within five (5) business days. If non-compliance could reasonably be expected to lead to an Incident if not corrected or if the non-compliance is not corrected in 5 days, then Supplier will notify Anthem at VSRM@elevancehealth.com.

2. Information Security Program

- 2.1. Supplier must maintain a written information security program including documented policies, standards, and operational practices that meet or exceed the requirements and controls set forth in this Exhibit to the extent applicable to the Services and identify an individual within the organization responsible for its enforcement. Supplier's written information security program shall address, at a minimum, all security requirements as listed in this Exhibit, as amended from time to time, and comply with all state and federal data security and privacy laws applicable to Anthem. This documentation will be reviewed by Supplier's security official, or its designee, at least annually and shall be updated periodically with changes to organization, technology, or Services. When implementing security controls Supplier shall take a risk-based approach. Any control exceptions which represent risk will be formally documented, monitored, and periodically reviewed.
 - 2.1.1. Supplier's written information security program shall be made available to and reviewed by Anthem or Anthem's representative prior to Supplier having access to any Anthem Confidential Information. At Anthem's request and at no cost to Anthem, Supplier shall make commercially reasonable modifications to its written information security program or to its data security controls to conform to the requirements set forth in this Exhibit, and Anthem reserves the right, in its sole discretion, to terminate Supplier's access to Confidential Information until such time as Supplier has made such modifications to its written information security program or data security controls. Supplier shall notify Anthem of any changes to systems, facilities or written information security program controls affecting Anthem Confidential Information. This notification should set forth in detail how such changes - will impact Confidential Information.
- 2.2. Supplier shall apply appropriate sanctions against workforce members who fail to comply with security policies and procedures.

- 2.3. Supplier shall maintain an Incident Response Program that includes processes and procedures in place so that information security Events will be reported through appropriate communications channels as quickly as possible. Such processes and procedures for Event reports must be tested, reviewed and updated, by Supplier periodically. All employees, contractors and third-party users shall be made aware of their responsibility to report any information security Events prior to being granted access to any Anthem Confidential Information. If at any time during the Agreement, Supplier becomes aware of an information security Incident, Supplier will promptly, and in no event later than 24 hours, notify the Anthem Cybersecurity Incident Response Team at csirt@ElevanceHealth.com.
- 2.4. Supplier shall periodically conduct an accurate and thorough assessment of the potential risks and vulnerabilities to the confidentiality, integrity, and availability of sensitive data (including Anthem Confidential Information). The assessment must be reviewed by Supplier's security official and used to inform the Supplier's information security program.

3. Right to Assess, Audit and Certify

- 3.1. Upon request, Supplier shall complete a security controls assessment reasonably related to confirming compliance with this Exhibit conducted by Anthem or its designated subcontractor ("Security Assessment"). Anthem may require additional Security Assessments in connection with Statements of Work for new or additional Services. To the extent that the Security Assessment identifies any risks or deficiencies for which remediation is required, such remediation requirements or compensating controls (and the timeframes within which they must be successfully implemented) will be set forth in a corrective action plan. Supplier's failure to complete any remediation requirements set forth in a corrective action plan within the required timeframe shall be deemed to be a material breach of the Agreement.
- 3.2. Certification in the HITRUST Common Security Framework (CSF) is required.
 - 3.2.1. If the Supplier has a HITRUST (HITRUST) Common Security Framework (CSF) Certification applicable to the Services and/or applications in scope for the engagement as of the effective date and maintains it throughout the engagement, then that HITRUST certification will be accepted in lieu of the remote questionnaire of the VSRM Assessment only. Documentary evidence for HITRUST CSF certification must be provided to Anthem upon request that includes, at a minimum, sections of the HITRUST CSF report that demonstrate Supplier's scoring across all domains and any Corrective Action Plans required as a condition of certification. Anthem may ask questions specifically related to the protection of Anthem Confidential Information if needed after review of documentation supporting the HITRUST CSF Certification. Provided, however, that Supplier's HITRUST Certification does not waive Anthem's rights to assess under Section 3.1 of this Exhibit or other audit rights, including rights to onsite facility inspection, agreed upon in the Business Associate Agreement or elsewhere in the Agreement.
- 3.3. For Suppliers without a HITRUST CSF certification at the time of engagement.
 - 3.3.1. Supplier shall (i) complete and provide to Anthem a HITRUST CSF Self-Assessment Report no later than 90 days after the effective date and
 - 3.3.2. Obtain and provide to Anthem a HITRUST CSF Validated Report no later than 18 months after the effective date; and
 - 3.3.3. Obtain and provide to Anthem a HITRUST CSF certification and associated documentation, including but not limited to complete validated reports and corrective action plans, no later than 24 months after the effective date.

- 3.4. If Supplier has begun the process of obtaining a HITRUST CSF Certification before the effective date, then Supplier represents and warrant to Anthem that all corrective action plans that are necessary to obtain a HITRUST CSF Validated report and/or HITRUST CSF Certification and that have been identified to Supplier prior to the effective date shall be communicated to Anthem and documented as an attachment to this exhibit. Supplier shall promptly (and in any event within 30 days of identification) report in accordance with its notification obligations in the Agreement and to Anthem Information Security at VSRM@Elevancehealth.com any findings through HITRUST engagement that materially impact Anthem Confidential Information and associated corrective action plans identified during a self-assessment or any third party assessment including any assessment related to Supplier's independent certification/attestation. Supplier will provide Anthem with any further information associated with such findings as reasonably requested by Anthem. If at any time during the engagement, the HITRUST CSF Certification is withdrawn for any reason, Supplier will contact Anthem in accordance with its notification obligations in the Agreement and VSRM@ElevanceHealth.com within 24 hours of learning of the issue to provide Anthem with information and remediation plans regarding the withdrawal.
- 3.5. From time to time, Supplier may be requested to respond to, inform and provide updates regarding specific high risk security gaps or exposures that exist for new or emerging security vulnerabilities that are made publicly known for systems, applications, hardware devices, etc. In all instances Supplier will provide a response to any inquiry within 5 business days and will provide specific details as to the questions asked to ensure that Anthem can appropriately evaluate the risk or exposure to Anthem Confidential Information.

4. Encryption

- 4.1. Anthem Confidential Information must be encrypted while in transit and at rest. The manner of encryption must conform to existing industry-standard as defined under Federal Information Processing Standards.
- 4.2. At a minimum, Anthem Confidential Information will be encrypted on the following:
- 4.2.1 Public shared networks
 - 4.2.2 Non-wired networks
 - 4.2.3 Cloud services
 - 4.2.4 Desktop and portable computing devices
 - 4.2.5 Mobile devices
 - 4.2.6 Portable media
 - 4.2.7 Back-ups
 - 4.2.8 Application or network servers
 - 4.2.9 "Plug & play" storage devices.
- 4.3. Cryptographic key management procedures must be documented and include references to key lifecycle management (including provisioning, distribution, and revocation) and key expiration dates.
- 4.4. Access to encryption keys must be restricted to named administrators. Encryption keys must be protected in storage. Example methods of acceptable key storage include encrypting keys or storing keys within a hardware security module (HSM). Data-encrypting keys should not be stored on the same systems that perform encryption/decryption operations.
- 4.5. Anthem will manage encryption keys for Anthem Protected Health Information (PHI) or Personally Identifiable Information (PII) on Supplier systems or application in public cloud environments.

5. Network and Systems Security

- 5.1. Supplier shall utilize and maintain a commercially available, industry standard malware detection program which includes an automatic update function to ensure detection of new malware threats.
- 5.2. An intrusion detection or prevention system which detects and/or prevents unauthorized activity traversing the network will be maintained.
- 5.3. Supplier shall have technical controls to detect, alert, and prevent the unauthorized movement of data from Supplier's control (commonly referred to as Data Loss Prevention).
- 5.4. Networks or applications that contain Anthem Confidential Information must be separated from public networks by a firewall to prevent unauthorized access from the public network.
- 5.5. At managed interfaces, network traffic is denied by default and allowed by exception (i.e., deny all, permit by exception).
- 5.6. Supplier shall establish security and hardening standards for network devices, including Firewalls, Switches, Routers, Servers, and Wireless Access Points (baseline configuration, patching, passwords, access control).
- 5.7. Web content filtering must be in place to restrict external webmail, instant messaging, file sharing and other data leak vectors for any Supplier Personnel with direct or indirect access to Anthem Confidential Information.
- 5.8. Quarterly vulnerability scans must be performed, and intrusion detection and identity management systems must be installed and monitored on all systems and components that handle, process, or store Anthem Confidential Information. Upon request, report summaries, including confirmation of remediation for vulnerabilities identified as high- or medium-risk, must be provided to Anthem.
- 5.9. At a minimum, Supplier shall engage a qualified third party to perform annual penetration testing of Supplier's networks containing Anthem Confidential Information. The scope of the penetration testing must, at a minimum, include all internal/external systems, devices and applications that are used to process, store, or transmit Confidential Data, physical security controls for all applicable facilities, and social engineering tests. Supplier must provide Anthem with summary results and a remediation plan at Anthem's request.
- 5.10. Supplier shall ensure that no unencrypted Anthem Confidential Information is stored on any system that is internet facing.

6. Email Security

- 6.1. Supplier email systems used in the exchange of information must:
 - 6.1.1. Use commonly accepted security features, including anti-virus, file inspection, and filtering of known bad IP addresses;
 - 6.1.2. Be configured securely to protect against common email exploits, including spoofing, anonymous relay functionality, directory harvesting and denial of service attacks;
 - 6.1.3. Use an encryption method for web client connectivity to email systems, and
 - 6.1.4. Use an encryption method for Confidential Information in transit and at rest.

7. Mobile Device Security Controls

- 7.1. Supplier must have a documented mobile device policy that includes a documented definition for mobile devices and the acceptable usage and security requirements for all mobile devices.
- 7.2. Where Supplier permits Bring Your Own Device (BYOD), Supplier must have a BYOD policy that requires encryption of such devices and defines the device and eligibility requirements for BYOD usage in when Anthem Confidential Information will be viewed or stored on devices that are not Supplier-issued mobile devices.

- 7.3. Supplier must post and communicate the mobile device policy and requirements through Supplier's security awareness and training program.
- 7.4. Supplier must have a centralized mobile device management solution (MDM) deployed to all mobile devices that are permitted to store, transmit, or process Anthem Confidential Information.
- 7.5. Supplier's Information Technology department must provide remote wipe or corporate data wipe for all mobile devices.
- 7.6. Supplier's mobile device policy must require the use of encryption for either the entire device or for Anthem Confidential Information and must be enforceable through Supplier's MDM solution or other technical controls.
- 7.7. Supplier must enforce password policies for enterprise-issued mobile devices and/or BYOD mobile devices using Supplier's MDM solution or other technical controls.
- 7.8. Supplier's Information Technology department must provide remote wipe or corporate data wipe for all mobile devices in where Anthem Confidential Information will be viewed or stored on mobile devices.

8. System and Application Controls

- 8.1. All Anthem Confidential Information must be securely stored at all times to prevent loss and unauthorized access or disclosure.
- 8.2. Laptop and workstation systems that access Anthem Confidential Information remotely must utilize endpoint protection which includes a personal firewall and anti-malware protection.
- 8.3. Operating systems and application software used must be currently supported by the manufacturer.
- 8.4. Current versions of operating system and application software must be maintained, and patches applied in a timely manner for all systems and applications that receive, maintain, process, or otherwise access Anthem Confidential Information.
- 8.5. Anthem Confidential Information must not be used in any non-production environment such as testing or quality assurance unless de-identification of the data has been performed. In the event that de-identification is not practical or feasible, compensating controls must be in place protecting the data to the same level of protection as afforded to the production environment. Anthem Confidential Information must not be placed into a non-production cloud computing environment.
- 8.6. Anthem Confidential Information must be segmented from non-Anthem Information so that appropriate controls are in place to identify the data as Anthem's in all instances, including backup and removable media, and to appropriately restrict access only to users authorized to view the data. Logical separation must allow data to be deleted when it is no longer required.
- 8.7. Logical controls, virtual machine zoning, virtualization security and segregation must be in place to help prevent attacks and exposure in multi-tenancy environments. This may also be accomplished with tenant isolation, data isolation patterns, database per tenant, or application instances.
- 8.8. Supplier shall maintain an asset management system which records the movement of hardware and electronic media and any persons responsible therefore.

9. Software Development Lifecycle

- 9.1. Supplier must use industry standards such as BSIMM, NIST, OWASP, etc. to build in security for its Systems Development Lifecycle (SDLC).
- 9.2. Supplier must use an automated source code analysis tool to detect and remediate security defects in code prior to production deployment.
- 9.3. Manual penetration testing for applications which are internet-facing or provided to Anthem members through Anthem portals or mobile applications on behalf of Anthem must be performed

- by qualified testers which may be third party or internal workforce with appropriate credentials.
- 9.4. Supplier must have policies and procedures in place to triage and remedy reported bugs and security vulnerabilities for the products/Services it provides to Anthem.
 - 9.5. Supplier must have controls in place to prevent unauthorized access to its or Anthem's application, program, or object source code and ensure that access is restricted to authorized Personnel only.
 - 9.6. Supplier will not use national identifiers or Social Security Numbers as User IDs for logon to applications.
 - 9.7. Supplier will participate in Anthem Information Security's Vendor Application Security Program by providing evidence of scanning and penetration testing including scope, methodology and confirmation of remediation. Supplier agrees to remediate vulnerabilities identified during this process in a manner and timeline acceptable to Anthem and consistent with healthcare industry standards. If evidence of scanning and penetration testing is not provided or Anthem determines does not meet healthcare industry standards, then Anthem reserves the right, at Supplier's expense, to have vendor engage a third-party penetration test or perform the penetration testing or scanning necessary to gain evidence that Supplier's vulnerability management processes and procedures meet the requirements of this Exhibit.

10. Data Destruction

- 10.1. All Anthem Confidential Information, whether such information is in paper, electronic or other form, requires secure disposal or destruction when no longer required. When requested by Anthem or upon the termination or expiration of the Agreement, Supplier must return to Anthem a valid copy of its Confidential Information. After receiving confirmation from Anthem that it has received the valid copy, Supplier must delete Anthem Confidential Information on its systems using security techniques consistent with accepted standards such as NIST 800-88 Guidelines for Media Sanitization. If media containing Anthem Confidential Information is to be reused then that device shall be sanitized according to NIST SP 800-88 Guidelines for Media Sanitization before it may be used by Supplier for any purpose.

Physical Controls for the Protection of Anthem Confidential Information

- 10.2. All Anthem Confidential Information received or created in paper form must be protected from viewing by unauthorized persons.
- 10.3. A clean desk policy will be enforced to ensure proper safeguarding of all hard copy Anthem Confidential Information.
- 10.4. Visitor logs documenting all individuals who are not employed by Supplier or Supplier's subcontractors who gain access to the facility where Anthem Confidential Information is processed will be maintained.
- 10.5. Servers, enterprise data storage devices, backup tapes and media, and other computing devices that contain Anthem Confidential Information used to support network communications must be located in a secure and restricted access location within the facility.
- 10.6. Monitoring, cameras (e.g., CCTVs) must monitor ingress and egress to sensitive areas within the facility. The monitoring equipment (e.g. CCTV) feed must be monitored either internally or externally by a qualified team. Alerting procedures must be defined and notification performed to qualified Supplier personnel. Processes for retention and review of security logs (e.g. access and visitor logs, CCTV) must be in place. Cameras must be positioned in a way that Anthem Confidential Information is not readable on screens and/or on CCTV recordings or screen captures.
- 10.7. When investigation of an incident or breach is required, all relevant audit trails and CCTV

recordings shall be made available to Anthem upon request and in a timely manner.

11. Access Control

- 11.1. Prior to gaining access to Anthem Confidential Information, workforce members will have appropriate background checks completed in compliance with state and federal law.
- 11.2. Security awareness training will be completed prior to access being granted to Anthem Confidential Information, and then completed on an annual basis going forward so long as access to Anthem Confidential Information continues. This training should include, at a minimum, guidance on defending against malware, protecting passwords, monitoring and reporting system notifications, social engineering, and handling sensitive data.
- 11.3. Physical and logical access will be granted to the minimum Anthem Confidential Information necessary to meet the requirements of the user's scope of responsibilities.
- 11.4. Access reviews will be performed at least quarterly for privileged user accounts and twice annually for non-privileged user accounts.
- 11.5. Only those individuals providing Services to Anthem, or those who are responsible for administering or managing systems that contain Anthem Confidential Information, shall be authorized to access systems containing Anthem Confidential Information.
- 11.6. All users that are no longer required or authorized to access Anthem Confidential Information or systems that contain Anthem Confidential Information must have access promptly disabled.
- 11.7. Access to Anthem Confidential Information and systems that contain Anthem Confidential Information must be access controlled through the use of individual user IDs and passwords that meet healthcare industry standard complexity rules and password lifetimes.
- 11.8. If it is suspected a password has been compromised, the password must be immediately changed or reset.
- 11.9. Processes must be in place to create the audit trails or logs capable of determining who has accessed Anthem Confidential Information and/or systems that contain Anthem Confidential Information. Logging and/or audit trails must include all identity credentialing, authentication, and access control Events (including all success and failure Events). Logs and/or audit trails are subject to periodic audit. These logs and/or audit trails must then be archived for at least twelve months. These archived logs and/or audit trails must be searchable and or discoverable.
- 11.10. Remote access to systems or networks that contain Anthem Confidential Information, including but not limited to email, must use multi-factor authentication and a connection with Approved Encryption as defined in Section 4 of this Exhibit.
- 11.11. Upon request, Supplier shall provide reports within 48 hours for:
 - 11.11.1. List of all individuals with access to Anthem Confidential Information and/or systems that contain Anthem Confidential Information and the level of access granted; and
 - 11.11.2. List of activity associated with any user ID who has access to Anthem Confidential Information.
- 11.12. Account management capabilities, such as account lockouts for unsuccessful logon attempts, defined inactivity times, remote access allowances, specific success and failure Events, and management of elevated privilege accounts must be enforced.
- 11.13. Supplier will use web access management mechanism such as the CA Single Sign On product, the SecureAuth product, or OpenID Connect protocol for internet visible and cloud-based web applications.

12. Data Location and access from outside the United States

- 12.1. Anthem Confidential Information, or backups thereof, is not permitted to be hosted or stored, offshore. Locations outside the United States may be utilized for the processing of data. However, all data must reside on servers located in the United States for the duration of the processing.
- 12.2. Supplier will follow best practices for securing workstations located outside the United States, including but not limited to:
 - 12.2.1. Technical controls in place to prevent the storage or copying of Anthem Confidential Information on workstations; and
 - 12.2.2. Scanning to detect Anthem Confidential Information on workstations; and
 - 12.2.3. Filtering and blocking email and instant messaging containing Anthem Confidential Information; and
 - 12.2.4. Disabling ports for removable media and printing unless explicitly authorized in an exception.
- 12.3. Supplier must use a Clean Room whenever regulated data such as Protected Health Information, Personally Identifiable Information, or cardholder data as defined by Payment Card Industry-Data Security Standard (PCI-DSS) is accessed from outside the United States.
- 12.4. Wireless access is prohibited from being used to access Anthem Confidential Information from offshore locations.
- 12.5. All work from locations outside the United States must be performed in Anthem-approved facilities.

13. Contingency Planning

- 13.1. Supplier will have a documented Business Continuity and Disaster Recovery plans in place that include information security controls. Such plans will be tested at least annually.

14. Payment Card Industry Data Security Standard

- 14.1. If, in performing Services to or on behalf of Anthem, Supplier acts as a Merchant or payment card processor as defined by the Payment Card Industry Data Security Standard (PCIDSS), then Supplier agrees to comply with the applicable PCI DSS requirements.

15. Litigation Holds

- 15.1. Supplier must provide a detailed mechanism for how litigation holds will be implemented. This will include how metadata will be created, accessed, and stored in a cloud environment.

16. No Sale of Anthem Confidential Information Permitted

- 16.1. The sale of Anthem Confidential Information, or derivatives thereof, especially Anthem member data (such as PHI, PII, or PCI data) is prohibited. For clarification, this prohibition applies regardless of whether or not the data has been de-identified.



Enhanced Care Management (ECM) and Community Supports (CS) Background Check Attestation

I, Jeremy T. Tobias attest that all officers, employees, volunteers, representatives, and agents of Community Action Partnership of Kern who are providing ECM and/or CS services have undergone a criminal activity background check.

I understand I am required to offer upon request proof of such background checks for any applicant upon an audit.

By signing below, I confirm background checks will be conducted as required.

Signature

Jeremy T. Tobias

Print name

Chief Executive Officer

Title

95-2402760

Tax ID

Date

How to enroll in the state's Medi-Cal program

- Step 1:** Go to the Department of Health Care Services' (DHCS) Provider Application and Validation for Enrollment (PAVE) Portal by visiting <https://pave.dhcs.ca.gov/sso/login.do>.
- Step 2:** If you do not have a PAVE user profile, select **Sign Up**.
- Step 3:** Complete the registration process (if applicable) and online application.
- Step 4:** Once your application has been successfully submitted, include a screen shot of the PAVE *Application Dashboard* with your Anthem Blue Cross (Anthem) application.

Important: When applying as a group provider, in addition to the DHCS group provider application, a complete rendering provider application must be submitted for each individual provider that belongs to the group.

Frequently asked questions

Q: Whom do I contact if I need help filling out the application or if I'm not sure what application to use?

A: In addition to the Message Center within the PAVE Portal, the following resources are available:

- PED Message Center **916-323-1945** or the *Online Inquiry Form* under the **Contact Us** section at https://files.medi-cal.ca.gov/pubsdoco/prov_enroll.aspx
- PAVE Technical Support **866-252-1949**

Q: If I enroll with Medi-Cal Managed Care (Medi-Cal) for Fee-for-Service (FFS) through DHCS, do I have to see Medi-Cal FFS members?

A: No, enrollment in Medi-Cal for FFS does not obligate you to accept Medi-Cal for FFS members.

Q: What if none of the DHCS application packets apply to me?

A: If you feel you do not need to apply, cannot apply, or if your application has been denied by DHCS, please email us (as indicated in **Step 4** above) to address your concern. Attach a copy of your denial letter if applicable.

Q: If I am already an Anthem-contracted provider serving Medi-Cal members, do I need to do anything?

A: Yes, this enrollment requirement applies to both existing and new Medi-Cal network providers.

<https://providers.anthem.com/ca>

Anthem Blue Cross is the trade name of Blue Cross of California. Anthem Blue Cross and Blue Cross of California Partnership Plan, Inc. are independent licensees of the Blue Cross Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc. Blue Cross of California is contracted with L.A. Care Health Plan to provide Medi-Cal Managed Care services in Los Angeles County.

ACAPEC-3240-21 October 2021

Enhanced Care Management and Community Supports taxonomy requirement

California requires all Community Supports (CS) and Enhanced Care Management (ECM) providers to add taxonomies to their location national provider identifier (NPI) (for example, Type 2 or Group NPI) that indicates which services (CS/ECM – see below) the provider will offer at that location. This is a State of California requirement; as such, failure to add the taxonomy will result in inability for Anthem Blue Cross (Anthem) to execute an agreement. We apologize for the inconvenience and appreciate your efforts to ensure this request is complete.

Please follow the instruction below to add the California state-suggested taxonomy to each location's NPI that will offer the service.

Step 1

Determine which services your organization will provide from the list below.

Service	Taxonomy
ECM	171M00000X – Case manager/Care coordinator
Housing transition services	251X00000X – Supports brokerage
Housing deposits	251X00000X – Supports brokerage
Housing tenancy and sustaining services	251X00000X – Supports brokerage
Short-term post-hospital housing	385H00000X – Respite care
Recuperative care (medical respite)	385H00000X – Respite care
Respite services	385H00000X – Respite care
Day habilitation programs	251C00000X – Day training
Adult nursing facility (NF) transition to assisted living facilities	171M00000X – Case manager/Care coordinator
Community/NF transition services to home	171M00000X – Case manager/Care coordinator
Personal care and homemaker services	3747P1801X – Personal care attendant
Environmental accessibility adaptations	171W00000X – Contractor
Medically supportive food/meals	332U00000X – Home delivered meals
Sobering centers	261QR0405X – Rehabilitation, substance use disorder
Asthma remediation	171W00000X – Contractor

Step 2

Determine which business locations will offer the services.

Step 3

Visit the National Plan and Provider Enumeration System (NPPES) site at <https://nppes.cms.hhs.gov> to update your location NPI by adding the appropriate taxonomy code above depending on which services you plan to offer at that location.

<https://providers.anthem.com/ca>

Anthem Blue Cross is the trade name of Blue Cross of California. Anthem Blue Cross and Blue Cross of California Partnership Plan, Inc. are independent licensees of the Blue Cross Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc. Blue Cross of California is contracted with L.A. Care Health Plan to provide Medi-Cal Managed Care services in Los Angeles County.
ACAPEC-3449-22 March 2022

Example: Provider will offer asthma remediation, medically supportive food/meals, and day habilitation at 2020 Fake Street. That location NPI should be updated to include the following taxonomies (in addition to any other taxonomies already registered):

- 171W00000X
- 332U00000X
- 251C00000X

Step 4

Once the taxonomies have been added to the appropriate location NPI, please notify Anthem (if your roster was already submitted) via email at CalAIMCertification@anthem.com.

If you have not yet submitted your roster, please do so via email at ecm_cs_contracting@anthem.com.

If additional direction is required, please visit the CMS NPPES FAQ at <https://nppes.cms.hhs.gov/webhelp/nppeshelp/NPPES%20FAQS.html>.



Email is the quickest and most direct way to receive important information from Anthem Blue Cross.

To start receiving email from us (including some sent in lieu of fax or mail), submit your information using the QR code to the right or via our online form (<https://bit.ly/3ILgko8>).





Health Care Delivery Organization and Ancillary Application

Please submit all applicable documents from the list below with your completed and signed application. Failure to submit a complete application and all applicable documents will result in the application being returned and will prohibit Anthem Incorporated from completing the credentialing and/or contracting process.

Note: Submission of a completed application does not guarantee approval as a participating provider as additional information and/or documentation may be required by Anthem Incorporated.

Required attachments:

- Copy of all federal, state and/or local licenses required to operate as a health care facility (by location)
- Copy of Accreditation Certificate/letters OR
- Copy of most recent CMS or state survey (with deficiencies) including cover letter from CMS or state agency stating facility is in substantial compliance or Corrective Action Plan if deficiencies were cited
- Copy of Medicaid and Medicare Certification(s) or Certificate numbers on the application
- W-9
- Current copy of professional liability insurance and general liability insurance (must indicate coverage limits, policy number, effective date and expiration date)
- Proof of established Quality Improvement Program
- Current copy of Pharmacy License in state where contracting (for ambulatory and home infusion therapy providers)
- Clinical Laboratory Improvement Act Certificate(s) for each location (for dialysis and laboratory providers)

As requested by our Network Provider Solutions additional paperwork or addendums to this application may need to be completed.

Instructions: Complete the following pages and return to Anthem Incorporated with the required attachments.

Provider type		
☐ Ambulatory surgery center	☐ Home health agency	☐ Outpatient rehab center/hospital
☐ Birthing center	☐ Home infusion therapy	☐ Portable X-Ray supplier
☐ Clinical laboratories	☐ Hospice facility	☐ Rural health clinic (RHC)
☐ Dialysis center/ESRD	☐ Hospital	☐ Skilled nursing facility
☐ Federally qualified health center (FQHC)	☐ Inpatient rehab hospital	
Behavioral health		
☐ Ambulatory detox	☐ Partial hospitalization — psychiatric	
☐ Community mental health center	☐ Partial hospitalization — substance abuse	
☐ Crisis stabilization unit	☐ Psychiatric inpatient rehabilitation	
☐ Hospital — inpatient detox	☐ Psychiatric residential treatment facility	
☐ Hospital — psychiatric	☐ Residential treatment center — substance abuse	
☐ Intensive outpatient — psychiatric	☐ Substance abuse — inpatient rehabilitation	
☐ Intensive outpatient — substance abuse	☐ Substance abuse clinic — outpatient services	
☐ Mental health clinic — outpatient services		
☐ Methadone maintenance clinic		
Provider identification		
Legal business name: Community Action Partnership of Kern		
Doing business as (if applicable):		
Primary contact person: Rebecca Moreno		
Title: Director of Housing & Supportive Services		
Email: rmoreno@capk.org		
Primary contact address: 1631 30th St		
City: Bakersfield	State: CA	ZIP code: 93301
Phone: 661-379-8221	Fax: NA	
Credentialing information		
Credentialing contact name:		
Title:		
Email:		
Credentialing address:		
City:	State:	ZIP code:
Phone:	Fax:	
Primary office/service address		
Does the facility have multiple locations? ☐ Yes ☒ No (If yes, attach a separate sheet for other locations.)		
Address line 1: 1631 30th Street		
Address line 2:		
City: Bakersfield	State: CA	ZIP code: 93301
County: Kern		
Phone: 661-336-5236	Fax:	
Primary contact: Rebecca Moreno		
Primary contact email: rmoreno@capk.org		
Phone: 661-379-8221	Website: capk.org	
Administrator (full name):		

Medicaid #:		Medicare #:	
TIN/EIN: 95-2402760		NPI #: 1265165856	
Taxonomy code(s):			
Does provider bill from this address? ☒ Yes ☐ No			
Does this office meet ADA accessibility requirements? ☒ Yes ☐ No			
Check all that apply:			
Handicap accessible:		☒ Building ☒ Parking ☒ Restroom	
Services for disabled:		☒ TTY ☐ American Sign Language ☐ Mental/physical impairment	
Accessible by public transportation:		☒ Bus ☐ Subway ☐ Regional train	
Billing information			
Contact name (billing contact):			
Title:			
Address line 1:			
Address line 2:			
City:		State:	ZIP code:
Phone:		Fax:	
Email:			
Website:			
Preferred method of communication: ☐ Email ☐ Fax ☐ Mail			
Licensure/operating certificate			
State:	Date of license:	License number:	Expiration date:
State:	Date of license:	License number:	Expiration date:
CLIA certificate #:			
Accreditation/certification (Attach a copy of current accreditation certificate or survey)			
A.			
☐ AAAASF ☐ AAAHC ☐ AAPSF ☐ ACHC ☐ ACR ☐ BOC INTL	☐ CABC ☐ CAHC ☐ CCAC ☐ CHAP ☐ CIHQ ☐ COA	☐ COLA ☐ CTEAM ☐ DNV/NIAHO ☐ HFAP ☐ HQAA ☐ IMQ	☐ TJC ☐ AIUM ☐ FDA CERT ☐ _____ ☐ Not accredited (if not accredited, please complete Section B below)
Date of initial accreditation:		Date of next survey:	
Date of last survey:			

B.							
Has provider had an onsite survey by CMS or state? ☐ Yes ☐ No*							
Date of last recertification/annual state survey program review report:							
* If no, successful completion of an onsite visit is required to complete credentialing. You will be contacted to schedule the visit.							
Non-accredited providers must provide a copy of their most recent government agency survey (may not be older than 36 months) along with the Corrective Action Plan (if deficiencies were cited) or attach the letter from the government agency stating facility is in substantial compliance with most recent survey standards. Failure to provide documentation or complete the onsite survey may delay your ability to become a participating provider.							
General and professional liability insurance							
General liability coverage (Attach copy of current insurance face sheet/declaration page)							
Carrier name:							
Policy #:							
Effective date:					Expiration date:		
Coverage per incident: \$					Coverage aggregate: \$		
Professional liability insurance							
Carrier name:							
Policy #:							
Effective date:					Expiration date:		
Coverage per incident: \$					Coverage aggregate: \$		
Provider directory							
The following information will be used for your provider directory listing.							
Office hours							
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Open:	8:00am	8:00am	8:00am	8:00am	8:00am		
Close:	5:00pm	5:00pm	5:00pm	5:00pm	5:00pm		
About the facility							
1. Does the facility have experiences and skills in treating persons with:							
A. Physical disabilities?			☐ Yes ☐ No ☐ N/A				
B. Chronic illness?			☐ Yes ☐ No ☐ N/A				
C. HIV/AIDS?			☐ Yes ☐ No ☐ N/A				
D. Serious mental illness?			☐ Yes ☐ No ☐ N/A				
2. Do you have experience and skills in treating individuals who are:							
1. Homeless?			☒ Yes ☐ No ☐ N/A				
2. Deaf or hard of hearing?			☐ Yes ☐ No ☐ N/A				
3. Blind or visually impaired?			☐ Yes ☐ No ☐ N/A				
What languages (other than English) are spoken by you/facility staff fluently enough to treat patients who only speak that language?							
Spanish							

Disclosure questions	
• If you answer yes to any of the following questions, attach a detailed explanation. • If any question does not apply, please answer no. • Failure to answer or provide an explanation may result in a delay in processing the application. • Do not use whiteout to correct/change answers; if you need to correct/change an answer, cross out the incorrect answer, initial it and then mark the correct answer.	
1. Does the business have evidence of:	
A. Professional liability claims history for each subcontractor?	☐ Yes ☒ No
B. Disciplinary action taken against any business or professional license held in this or any other state or surrender of a license in this or any state?	☐ Yes ☒ No
C. Any history of loss or limitation of privileges or disciplinary activity?	☐ Yes ☒ No
2. Has the business' general or professional liability insurance ever been denied, cancelled, non-renewed or refused upon application for any reason other than by the facility's request?	☐ Yes ☒ No
3. Has the business, under any current or former name or business entity, ever:	
A. Had licensure to do business in any applicable jurisdiction ever been denied, revoked, reduced, suspended or not renewed?	☐ Yes ☒ No
B. Been suspended or excluded from receiving payment under Medicare or Medicaid?	☐ Yes ☒ No
C. Had accreditation status reduced, terminated, suspended or revoked?	☐ Yes ☒ No
D. Been under investigation by any government agency?	☐ Yes ☒ No
4. Is the business' professional liability insurance provided through a self-insurance trust or program?**	☐ Yes ☐ No
** If yes, an officer of the company (e.g. president, vice president, chief financial officer or chief operating officer) must sign the following attestation. On behalf of the applicant, I represent and warrant the following with respect to the self-insurance program maintained by the applicant or which provides professional liability insurance for the applicant: 1. The self-insurance program is adequately funded to provide the minimum required limits of liability as required by plan. 2. The self-insurance program has an actuarially validated reserve adequate for incurred claims, for incurred but not reported claims and future claims based on past experience. 3. The self-insurance program has a designated third-party administrator or other appropriately licensed claims professional or attorney serving the program. 4. The self-insurance program has a designated medical malpractice defense firm or more than one designated medical malpractice defense firm. 5. The self-insurance program maintains excess insurance/reinsurance above the self-funded level if the self-insured level alone is insufficient to meet required limits of the plan. 6. The self-insurance program maintains evidence of a surety bond or letter of credit as collateral to the self-insured limit or a captive, self-management of a large retention through a trust. 7. The self-insurance program maintains a total value of the program that at a minimum meets the required limit of liability as set forth by plan. 8. I have confirmed the foregoing with my auditor or the actuary for the self-insurance fund.	
Attestation signature:	Date:
Printed name:	Title:
Note: Anthem Incorporated reserves the right to request documentation from the applicant to confirm the information disclosed in this attestation.	

Attestation	
I, the undersigned authorized agent, hereby attest that the information submitted in, or in support of this application is true, accurate and complete to the best of my knowledge and belief and is furnished in good faith. I understand that significant omissions or misrepresentations may result in denial of the application and/or participating agreement. A photocopy of this document shall be as effective as the original.	
Preparer's name: Rebecca Moreno	Title: Director of Housing & Supportive Services
Signature:	Date:



MEMORANDUM

To: Budget & Finance Committee

From: Rebecca Moreno, Director of Housing & Supportive Services

Date: March 19, 2025

Subject: *Agenda Item 4g*: New Contract: Kern Health Systems: Cal-AIM Enhanced Care Management Program (ECM)- **Action Item**

INTRODUCTION

Community Action Partnership of Kern (CAPK) is committed to reducing poverty and empowering communities by providing comprehensive support services. As part of CAPK's Housing and Supportive Services Division, integrating **Enhanced Care Management (ECM)** services under the **Cal-AIM** initiative would enhance the organization's ability to address complex health and social needs among vulnerable populations, including the homeless, reentry individuals, and those with chronic health conditions. This memo outlines the benefits, alignment with CAPK's mission, and implementation considerations for ECM services.

Strategic Alignment with CAPK's Mission and Housing & Supportive Services Goals

1. Strengthening Wraparound Support for Vulnerable Populations

Many of CAPK's clients struggle with housing instability, behavioral health challenges, and chronic illnesses. ECM would provide:

- **Comprehensive care coordination** linking clients to medical, behavioral health, and social services.
- **Personalized case management** to address barriers to stable housing and well-being.
- **Long-term support** to help clients transition from crisis services to independent living.

2. Improving Housing Retention Through Health Stabilization

Maintaining stable housing is closely linked to health outcomes. ECM would help by:

- **Reducing hospitalizations** and emergency room visits through proactive care.
- **Ensuring access to medical and mental health services** for high-need individuals.
- **Providing ongoing support** for medication management, substance use treatment, and chronic disease management.

3. Expanding Funding and Sustainability Opportunities

- ECM services are reimbursed through Medi-Cal Managed Care Plans (MCPs), creating a sustainable funding stream.
- By implementing ECM, CAPK can access CalAIM incentives to strengthen service delivery.
- ECM would enhance CAPK's ability to secure additional grants and partnerships for supportive housing and reentry services.

4. Enhancing Cross-Agency Collaboration

- CAPK is already partnered with healthcare providers, behavioral health agencies, and social service organizations.
- ECM would formalize these partnerships, ensuring coordinated care transitions for high-risk populations.
- CAPK could become a preferred provider for managed care plans, increasing referrals and service capacity.

5. Reducing Recidivism Among Reentry Populations

- Many individuals exiting incarceration face barriers to stable housing, healthcare, and employment.
- ECM would provide structured case management to ensure smooth transitions from correctional facilities to community-based services.
- By addressing social determinants of health, ECM would contribute to lower recidivism rates and improved reintegration outcomes.

Implementation Plan

Phase 1: Assessment & Strategic Planning (0-3 Months) Completed

- Conduct a needs assessment to identify target populations and service gaps.
- Establish formal partnerships with Medi-Cal Managed Care Plans (MCPs) to ensure reimbursement eligibility.
- Develop internal workflows for ECM service delivery.

Phase 2: Infrastructure Development (3-6 Months) In process

- Hire and train ECM care coordinators with expertise in housing, behavioral health, and case management.
- Implement data tracking systems to monitor client outcomes and reporting requirements.
- Secure necessary funding and contracts for service expansion.

Phase 3: Service Launch & Expansion (6-12 Months)

- Roll out ECM services to high-priority clients within CAPK's housing and supportive services programs.
- Begin billing for ECM services through MCPs to ensure sustainability.
- Evaluate program impact and refine service delivery based on client feedback and data insights.

Expected Outcomes

- **Improved housing retention rates** among ECM participants.
- **Decreased emergency room visits and hospitalizations** for high-risk individuals.
- **Stronger community partnerships** and increased referrals for CAPK services.
- **New funding opportunities** through CalAIM and Medi-Cal reimbursements.

CONCERNS and Risk Mitigation Strategies

Board Concerns and Legal Consultation

During the Board meeting on January 27, 2025, concerns were raised regarding data security and HIPAA compliance. To provide reassurances, CAPK consulted with its legal team, and the following measures have been recommended and are being implemented:

1. Data Security Enhancements

- CAPK is required to indemnify Kern Health Systems (KHS) against claims resulting from any negligent or wrongful act (Section 8.01(a)).
- To mitigate risks, and in agreement with recommendations from legal counsel, CAPK will strengthen security measures by securing a proven electronic health record system that satisfies HIPPA compliance.

2. HIPAA Compliance and Protected Health Information (PHI)

- CAPK must comply with HIPAA and the California Confidentiality of Medical Information Act (Section 6.24).

3. Implementation of an Electronic Health Record (EHR) System

- CAPK is securing an EHR system to ensure compliance with HIPAA and enhance data security.
- The EHR will improve care coordination, data analysis, and administrative efficiency.
- CAPK leadership is evaluating vendors to select a system that meets encryption, access control, monitoring, and compliance standards.

4. Security Measures to Protect Client Data

- **Encryption:** Protects data at rest and in transit.
- **Access Controls:** Limits system access to authorized users.
- **Monitoring & Auditing:** Tracks user activity to detect breaches.
- **Physical Safeguards:** Secures devices and storage media.
- **Data Backup & Recovery:** Ensures protection against cyberattacks and system failures.

5. Best Practices for HIPAA Compliance

- Strong password policies and multi-factor authentication.
- Selection of a reputable EHR vendor with robust security features.
- Regular security assessments and penetration testing.
- Ongoing staff training on security protocols and best practices.
- Active monitoring and prompt incident response.

Conclusion on Risk Mitigation

By implementing these measures, CAPK will ensure compliance with data security and HIPAA regulations, minimizing risks and safeguarding client information. KHS will provide technical assistance to CAPK staff to ensure all qualifications and regulatory requirements are met. KHS has furnished a list of EHR vendors that are being successfully utilized by other COB's in the community. CAPK is currently in the process of interviewing these vendors.

Budget Projection

A detailed budget projection was completed in partnership with Finance. Understanding that there are currently close to 20,000 underserved ECM eligible clients, CAPK's initial program implementation will encompass serving 400 clients per month. The following positions would be allocated to this service line:

- 0.05 FTE Director
- 0.60 FTE Program Administrator
- 10.0 FTE Case Managers
- 1.0 FTE Administrative Assistant
- 2.0 FTE Lead Licensed Care Personnel (Dietician and Respiratory Therapist)

The reimbursement rate per client per month is \$350. Based on conservative budgeting, CAPK expects to generate revenue in excess of program expenses by 15.4%.

Conclusion

The integration of Enhanced Care Management (ECM) services aligns with CAPK's mission to provide holistic, person-centered support to those most in need. By leveraging the Cal-AIM framework, CAPK can expand its impact, improve health and housing outcomes, and create a sustainable model for long-term community empowerment. This initiative represents a strategic opportunity to enhance CAPK's role as a leader in comprehensive care coordination for vulnerable populations.

This agreement aligns with CAPK's enduring mission to address critical needs in the community and Strategic Goal #3, Objective 3.1 to increase housing stability for people experiencing or at risk of homelessness.

RECOMMENDATION

Staff recommend that the Budget & Finance Committee authorize the Chief Executive Officer to execute the contract for services with Kern Health Systems: Cal-AIM ECM and allow for the execution of additional documents as needed and further recommend approval by the full Board at the March 26, 2025 meeting, and authorize the Chief Executive Officer to execute the contract and any amendments throughout the duration of the contract term.

Attachments:

Contract

KERN HEALTH SYSTEMS
ENHANCED CARE MANAGEMENT PROVIDER SERVICES AGREEMENT
COMMUNITY ACTION PARTNERSHIP OF KERN

TABLE OF CONTENTS

ARTICLE I	DEFINITIONS	2
1.01	Administrative Manual	2
1.02	Applicable Requirements.....	2
1.03	Authorized or Authorization	2
1.04	Benefits Plan	2
1.05	Care Management Plan	2
1.06	Community Supports Services.....	2
1.07	Community Supports Provider	3
1.08	Coordination of Benefits.....	3
1.09	Covered Services	3
1.10	Enhanced Care Management (“ECM”)	3
1.11	ECM Services	3
1.12	ECM Lead Care Manager	3
1.13	ECM Populations of Focus or Populations of Focus	3
1.14	ECM Provider	4
1.15	Encounter Data.....	4
1.16	Evidence of Coverage	4
1.17	Fraud, Waste, and Abuse	4
1.18	Health Disparity	4
1.19	Health Equity	4
1.20	Health Inequity.....	4
1.21	Medical Director	4
1.22	Medically Necessary or Medical Necessity	5
1.23	Member	5
1.24	Model of Care or MOC.....	5
1.25	Participating Hospital.....	5
1.26	Participating Physician.....	5
1.27	Participating Provider	5
1.28	Program Data	5
1.29	Provider Data	5
1.30	Regulatory Agency(ies)	5
1.31	Services	6
1.32	Social Drivers of Health (“SDOH”)	6
1.33	Specialist Physician or Specialist.....	6
1.34	State.....	6
1.35	Subcontract	6
1.36	Subcontractor	6
1.37	Template Data.....	6
1.38	Working Day(s)	6
ARTICLE II	SERVICES TO BE PERFORMED BY PROVIDER.....	7
2.01	ECM Provider Services.....	7
2.02	Performance	7

2.03	Staffing.....	7
2.04	Location of Services	7
2.05	Identifying Members for ECM	7
2.06	ECM Provider Outreach and Member Engagement	8
2.07	Initiating Delivery of ECM.....	8
2.08	ECM Requirements and Core Services Components of ECM	9
2.09	Eligibility Verification.....	13
2.10	Training.....	13
2.11	Prior Authorization	13
2.12	EPSDT Benefits.....	13
2.13	Accessibility of Services.....	13
2.14	Licensure, Certification, and Accreditation	14
ARTICLE III OBLIGATION OF KHS.....		14
3.01	ECM Program	14
3.02	Authorization of ECM	15
3.03	Assignment to an ECM Provider	15
3.04	Data Systems Requirements and Data Sharing to Support ECM	16
ARTICLE IV COMPENSATION		17
4.01	Compensation	17
4.02	Payment in Full	18
4.03	Patient Responsibility	18
4.04	No Surcharges	19
4.05	ECM Provider Disputes	19
ARTICLE V COORDINATION OF BENEFITS; SUBROGATION AND LIABILITY LIMITATIONS		19
5.01	COB Obligations	19
5.02	Subrogation.....	19
ARTICLE VI OBLIGATIONS OF PROVIDER.....		19
6.01	Participation Requirements.....	19
6.02	Member Assignment to ECM Provider	21
6.03	Nonexclusivity.....	22
6.04	Personnel, Equipment and Supplies.....	22
6.05	Workers' Compensation and Unemployment Insurance	22
6.06	Professional Liability Insurance	22
6.07	General Liability Insurance	22
6.08	Proof of Insurance	23
6.09	Performance	23
6.10	Compliance with Law and Ethical Standards	23

6.11	Compliance with Policies and Procedures	23
6.12	Provider Roster	23
6.13	Maintenance and Access to Records	23
6.14	Nondiscrimination	24
6.15	Quality and Oversight.....	24
6.16	Discontinuation of ECM.....	25
6.17	Patient's Rights	25
6.18	Cooperation	25
6.19	Encounter and Statistical Data and Reports	26
6.20	Notice Requirements	26
6.21	Subcontracting	27
6.22	Reports	28
6.23	Recovery from Other Sources.....	28
6.24	HIPAA, HITECH Act and CMIA Compliance	29
6.25	Timely Access.....	29
6.26	Transfer of Care	29
ARTICLE VII TERM AND TERMINATION OF AGREEMENT		30
7.01	Term	30
7.02	Immediate Termination by KHS	30
7.03	Termination Because of Other Material Breach	31
7.04	Immediate Termination by ECM Provider	31
7.05	Termination Due to Material Modifications or Amendments	31
7.06	Termination with Notice	31
7.07	Termination for Unsatisfactory Performance	31
7.08	Responsibility for Members at Termination.....	31
7.09	ECM Provider Rights Upon Termination.....	31
ARTICLE VIII INDEMNIFICATION		32
8.01	Indemnification.....	32
8.02	Hold Harmless	32
8.03	Survival of Hold Harmless	32
ARTICLE IX UTILIZATION MANAGEMENT AND GRIEVANCE PROCEDURE.....		32
9.01	Utilization Management Procedure	32
9.02	Grievance Procedure.....	32
9.03	Quality Management Procedure	33
ARTICLE X GENERAL PROVISIONS		33
10.01	Entire Agreement of the Parties	33
10.02	Amendment.....	33

10.03	Severability	34
10.04	Arbitration	34
10.05	Governing Law	34
10.06	Assignment	34
10.07	No Third-Party Beneficiaries	35
10.08	Independent Contractor	35
10.09	Confidentiality	35
10.10	Waiver	35
10.11	Headings	35
EXHIBIT A	CONTRACTOR SPECIFICS	37
EXHIBIT B	SERVICES SUMMARY	39
EXHIBIT C	COMPENSATION SCHEDULE	40
EXHIBIT E	MEDI-CAL PLAN PROGRAM REQUIREMENTS	45
EXHIBIT F	MEDI-CAL PLAN PROGRAM SUBCONTRACTOR REQUIREMENTS	

KERN HEALTH SYSTEMS

ENHANCED CARE MANAGEMENT PROVIDER SERVICES AGREEMENT

COMMUNITY ACTION PARTNERSHIP OF KERN

This Enhanced Care Management (“ECM”) Provider Services Agreement (the “Agreement”) is made and entered into by and between Kern Health Systems, a county health authority, located in Bakersfield, California (hereinafter “KHS”), and Community Action Partnership of Kern, the provider described in Exhibit A (hereinafter “ECM Provider”). KHS and ECM Provider are collectively referred to as the “Parties” and individually as a “Party.”

RECITALS

WHEREAS, KHS is a county health authority established pursuant to California Welfare and Institutions Code Section 14087.38 and is licensed by the State of California to do business as Kern Family Health Care, a health care service plan under the Knox-Keene Health Care Service Plan Act of 1975, commencing with Section 1340 of the California Health and Safety Code (the “Knox-Keene Act”); and

WHEREAS, KHS has as its primary objective arranging for the delivery of health services to eligible Members in accordance with the terms of contracts issued by KHS to Members or their representatives; and

WHEREAS, KHS contracts with the California Department of Health Care Services (“DHCS”) to provide services to Medi-Cal enrollees; and

WHEREAS, in 2024, KHS’s contract with DHCS (the “Medi-Cal Contract”) was amended to incorporate provisions addressing ECM (“ECM Provisions”) and other provider requirements; and

WHEREAS, ECM Provider is a community-based entity with experience and expertise providing intensive, in-person care management services to individuals in one (1) or more of the Populations of Focus, as defined below, for ECM; and

WHEREAS, KHS and ECM Provider desire to enter into a contract whereby ECM Provider agrees to provide or arrange for the provision of ECM Services within ECM Provider’s area of practice to Members of KHS.

NOW, THEREFORE, in consideration of the mutual covenants and promises contained herein, it is hereby agreed as follows:

1. This Agreement is effective April 1, 2025

AGREEMENT

ARTICLE I DEFINITIONS

1.01 Administrative Manual. The KHS Provider Administrative Policy and Procedure Manual that contains KHS policies, procedures, and other information as may be distributed to ECM Provider by KHS from time to time. If provisions of the Administrative Manual or any amendments or supplements thereto are inconsistent with the terms of this Agreement, this Agreement shall prevail.

1.02 Applicable Requirements. To the extent applicable to this Agreement and the duties, right, and privileges hereunder, all federal, State, county, and local statutes, rules, regulations, and ordinances, including, but not limited to, the Knox-Keene Act and its implementing regulations, Welfare and Institutions Code and its implementing regulations, the Social Security Act and its implementing regulations, the Health Insurance Portability and Accountability Act (“HIPAA”) and its implementing regulations, the Health Information Technology for Economic and Clinical Health (“HITECH”) Act, the Deficit Reduction Act of 2005 and its implementing regulations, the Federal Patient Protection and Affordable Care Act (Public Law 111-148) as amended by the Federal Health Care and Education Reconciliation Act of 2010 (Public Law 111-152) (collectively, “Affordable Care Act”), the California Consumer Privacy Act of 2018 and its implementing regulations, the California Confidentiality of Medical Information Act; Health and Safety Code Section 1340 *et seq.* (unless excluded under the Medi-Cal Contract); 28 CCR Section 1300.43 *et seq.*; W&I Code Sections 14000 and 14200 *et seq.*; and 22 CCR Sections 53800 *et seq.*, 22 CCR Sections 53900 *et seq.*, DHCS Medi-Cal Provider Manual; the Medi-Cal Agreement, including the ECM Provisions; all Regulatory Agency guidance, sub-regulatory guidance, executive orders, instructions, All Plan Letters (“APL(s)”), the ECM Policy Guide, bulletins, and policies; and all standards, rules, and regulations of accreditation organizations.

1.03 Authorized or Authorization. Written, telephonic, and/or electronic approval by KHS for the rendering of certain Services, which shall be determined pursuant to the authorization procedures described in the KHS Administrative Manual.

1.04 Benefits Plan. The group of specified Services that KHS is obligated by contract to provide to Members covered under such contract.

1.05 Care Management Plan. The comprehensive, individualized, person-centered care plan created by ECM Provider that is developed with input from the Member, and/or their family member(s), parent, legal guardian, authorized representative, caregiver, and/or other authorized support person(s) as appropriate to assess Member’s needs, strengths, risks, goals, and preferences, and includes strategies and recommendations to address those needs, including, but not limited to, physical and developmental health, mental health, dementia, substance use disorder (“SUD”), long-term services and support (“LTSS”), oral health, palliative care, necessary community-based and social services, and housing.

1.06 Community Supports Services. Substitute services or settings that KHS offers to Members in place of services or settings covered under the California Medicaid State Plan and are medically

appropriate, cost- effective alternatives to services or settings under the State Plan. Community Supports Services are optional for both KHS and the Member and must be approved by DHCS.

1.07 Community Supports Provider. A KHS-contracted provider of DHCS-approved Community Supports Services. Community Supports Providers are community-based entities with experience and/or training providing one (1) or more of the Community Supports Services approved by DHCS.

1.08 Coordination of Benefits. The determination of which two or more health benefits plans will apply, either as primary or secondary coverage, for the provision of hospital, surgical or medical services to a Member. Coordination is intended to prevent ECM Provider from receiving an aggregate of more than 100% of covered charges from all available coverage. Coordination of Benefits is referenced herein as “COB.”

1.09 Covered Services. The Medically Necessary services to which a Member is entitled through KHS membership and which are set forth in the Evidence of Coverage applicable to the Member’s Benefits Plan.

1.10 Enhanced Care Management (“ECM”). The whole-person, interdisciplinary approach to care that addresses the clinical and non-clinical needs of high-cost and/or high-need Members who meet ECM Populations of Focus eligibility criteria, through systematic coordination of services and comprehensive care management that is community-based, interdisciplinary, high-touch, and person-centered. ECM is a Medi-Cal benefit.

1.11 ECM Services. The services which include, but are not limited to: (i) Outreach and Engagement of Members into ECM; (ii) Comprehensive Assessment and Care Management Plan; (iii) Enhanced Coordination of Care; (iv) Health Promotion; (v) Comprehensive Transitional Care; (vi) Member and Family Supports; and (vii) Coordination of and Referral to Community and Social Support Services, as described in Paragraphs 2.06 and 2.08.

1.12 ECM Lead Care Manager. The Member’s designated care manager for ECM, who works for the ECM Provider organization or as staff of KHS and is responsible for coordinating all aspects of ECM and any Community Supports Services as a part of the Member’s multi-disciplinary care team, which may include other care managers.

1.13 ECM Populations of Focus or Populations of Focus. Members belonging to the following populations: (1) Adult Members over the age of 21 who are: (a) experiencing homelessness; (b) high utilizers; (c) experiencing Serious Mental Illness (“SMI”) or Substance Use Disorder (SUD); (d) transitioning from incarceration; (e) individuals at risk for institutionalization who are eligible for Long-Term Care (LTC) services; or (f) nursing facility residents transitioning to the community; (2) Children/Youth Members (up to age 21) who are: (a) experiencing homelessness; (b) high utilizers; (c) experiencing Serious Emotional Disturbance (SED) or identified to be at Clinical High Risk (CHR) for psychosis or experiencing a first episode of psychosis; (d) enrolled in California Children’s Services (CCS)/CCS Whole Child Model (WCM) with additional needs beyond the CCS qualifying condition; (e) involved in, or with a history of involvement in, child welfare (including individuals involved in foster care and ages 26 and under); or (f) transitioning from incarceration, or as otherwise defined by DHCS.

1.14 ECM Provider. A provider of ECM. ECM Providers are community-based entities with experience and expertise providing intensive, in-person care management services to individuals in one (1) or more of the ECM Populations of Focus. ECM Providers may include, but are not limited to, the following entities: (i) counties; (ii) county behavioral health providers; (iii) Primary Care Providers (PCP), Specialist, or physician groups; (iv) Federally Qualified Health Centers; (v) Community Health Centers; (vi) Community-based organizations; (vii) hospitals or hospital-based physician groups or clinics (including public hospitals and district and/or municipal public hospitals); (viii) Rural Health Clinics and/or Indian Health Services Programs; (ix) local health departments; (x) behavioral health entities; (xi) community mental health centers; (xii) substance use disorder treatment Providers; (xiii) organizations serving individuals experiencing homelessness; (xiv) organizations serving justice-involved individuals; (xv) California Children’s Services (“CCS”) Providers; and (xvi) other qualified Providers or entities not listed above, as approved by DHCS.

1.15 Encounter Data. The information that describes health care interactions between Members and Providers relating to the receipt of any item(s) or service(s) by a Member

1.16 Evidence of Coverage. The document issued by KHS that describes the benefits, limitations, and exclusions of the plan in which the Member is enrolled.

1.17 Fraud, Waste, and Abuse. The intentional deception or misrepresentation made by persons with the knowledge that such deception could result in some unauthorized benefit to themselves or some other person or entity. It also means provider practices that are inconsistent with sound fiscal, business or medical practices and which result in an unnecessary cost to the Medi-Cal program, or in reimbursement payment for services that are not Medically Necessary or that fail to meet professionally recognized standards for health care. It also includes the overutilization or inappropriate utilization of services and misuse of resources and Member practices that result in unnecessary cost to the Medi-Cal program. Fraud, Waste, and Abuse includes any act that constitutes fraud under applicable federal or State law as defined in Title 42 CFR § 455.2 or W&I Code section 14043.1(i).

1.18 Health Disparity. Differences in health, including mental health, and outcomes closely linked with social, economic, and environmental disadvantage, which are often driven by the social conditions in which individuals live, learn, work, and play. Characteristics such as race, ethnicity, age, disability, sexual orientation or gender identity, socio-economic status, geographic location, and other factors historically linked to exclusion or discrimination are known to influence the health of individuals, families, and communities.

1.19 Health Equity. The reduction or elimination of Health Disparities, Health Inequities, or other disparities in health that adversely affect vulnerable populations.

1.20 Health Inequity. A systematic difference in the health status of different population groups arising from the social conditions in which Members are born, grow, live, work, and/or age, resulting in significant social and economic costs both to individuals and societies.

1.21 Medical Director. The physician licensed to practice medicine in the State of California, designated by KHS to coordinate and monitor the quality assurance, utilization management and provider credentialing responsibilities of KHS.

1.22 Medically Necessary or Medical Necessity. Reasonable and necessary services to protect life, to prevent significant illness or significant disability, or alleviate severe pain through the diagnosis or treatment of disease, illness, or injury, as required under W&I Code section 14059.5(a) and 22 CCR section 51303(a). Medically Necessary services must include services necessary to achieve age-appropriate growth and development, and attain, maintain, or regain functional capacity.

For Members less than 21 years of age, a service is Medically Necessary if it meets the EPSDT standard of Medical Necessity set forth in 42 USC section 1396d(r)(5), as required by W&I Code sections 14059.5(b) and 14132(v). Without limitation, Medically Necessary services for Members less than 21 years of age include all services necessary to achieve or maintain age-appropriate growth and development, attain, regain or maintain functional capacity, or improve, support, or maintain the Member's current health condition. KHS must determine Medical Necessity on a case-by-case basis, taking into account the individual needs of the child.

1.23 Member. Any person entitled to receive Services through their membership in KHS.

1.24 Model of Care or MOC. KHS's framework for providing ECM, including its Policies and Procedures for partnering with ECM and Community Supports Providers, as approved by DHCS. KHS's MOC is incorporated by reference herein.

1.25 Participating Hospital. A duly licensed hospital that has entered into an agreement with KHS to provide health care services to Members.

1.26 Participating Physician. A physician who is duly licensed to practice medicine or osteopathy in accordance with California law and who has entered into an agreement with KHS to provide health care services to Members. This category includes organized groups (e.g. professional corporations, Community Health Centers, Federally Qualified Health Centers).

1.27 Participating Provider. A Participating Physician, Participating Hospital, or other licensed health facility or licensed health professional that has entered into an agreement to provide health care services to Members.

1.28 Program Data. Data that includes but is not limited to: grievance data, appeals data, medical exemption request denial reports and other continuity of care data, out-of-network request data, and PCP assignment data as of the last calendar day of the reporting month.

1.29 Provider Data. Information concerning Provider, including, but not limited to, information about the contractual relationship between Provider, Subcontractors, and Downstream Subcontractors; information regarding the facilities where Services are rendered; and information about the area(s) of specialization of Participating Providers, Subcontractors, and Downstream Subcontractors, as applicable.

1.30 Regulatory Agency(ies). The federal, State, county, and local government agencies and entities with regulatory or other authority over KHS, ECM Provider, Participating Provider, and/or this Agreement. Regulatory Agency includes, but is not limited to, the California Department of

Managed Health Care (“**DMHC**”), California Department of Insurance (“**CDI**”), DHCS, State Auditor, United States Department of Health and Human Services (“**DHHS**”) and its agents (the “**Secretary**”), DHHS Inspector General, CMS, Department of Justice (“**DOJ**”), and Comptroller General of the United States.

1.31 Services. ECM Services and those Covered Services described in Exhibit B and Exhibit C.

1.32 Social Drivers of Health, (“SDOH”). The environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health functioning, and quality-of-life outcomes and risk.

1.33 Specialist Physician or Specialist. A Participating Physician who is professionally qualified to practice a designated specialty and whose agreement with KHS includes responsibility for providing health care services in that specialty.

1.34 State. The State of California.

1.35 Subcontract. An agreement between ECM Provider and a Subcontractor(s) for provision of Services to Members under this Agreement.

1.36 Subcontractor. A Participating Provider or any other entity that provides Services to Members pursuant to a direct or indirect contract, agreement, or other arrangement with ECM Provider.

1.37 Template Data. Provider data that includes, but is not limited to, data of Member populations, health care benefit categories, or program initiatives that Provider submits to KHS and KHS reports to DHCS.

1.38 Working Day(s). Monday through Friday, except for state holidays as identified at the Department of Human Resources State Holidays page.

ARTICLE II

SERVICES TO BE PERFORMED BY PROVIDER

2.01 ECM Provider Services. ECM Provider shall provide those contracted Services, as set forth in Exhibit B and Exhibit C, which are within ECM Provider's service specialty, to Members in accordance with the terms and conditions of this Agreement and in accordance with DHCS service definitions and requirements. The Parties acknowledge and agree that this Agreement specifies the Services to be ordered, referred, or rendered under this Agreement.

2.02 Performance. ECM Provider shall be responsible for determining the methods, details, and means of providing Services pursuant to this Agreement. ECM Provider, and Subcontractors, if any, shall render Services to Members in an economic and efficient manner, consistent with professionally recognized standards of health care or practice, as applicable. ECM Provider shall render Services to Members in the same manner and in accordance with the same standards, and within the same time availability, as offered to non-Members consistent with existing medical, ethical, or legal requirements for providing continuity of care to any patient. ECM Provider shall provide Services on a timely basis in compliance with KHS access standards and notify KHS in accordance with Paragraph 6.21 if ECM Provider is no longer able to do so or if there is a material change in the Services ECM Provider is able to competently provide.

2.03 Staffing. ECM Provider shall maintain staffing that allows for timely, high-quality service delivery of the ECM Services that it is contracted to provide. ECM Provider may, at ECM Provider's sole cost and expense, employ such allied health professional and nonprofessional assistants or employees as Subcontractors, as ECM Provider deems necessary to provide Services. Any such allied health professional who exercises independent judgment in providing Services to Members shall be subject to all KHS policies and procedures including, but not limited to, credentialing, as applicable. All of ECM Provider's staff, employees, Subcontractors, and agents shall hold and maintain in good standing, at all times during the term of this Agreement, all valid State licenses, registrations, and certifications (when applicable) required by Applicable Requirements for the scope of services they perform and shall be covered by ECM Provider's professional liability insurance policy or shall be covered by professional and general liability insurance policy acceptable to KHS. ECM Provider shall not employ or contract with individuals excluded from participation in any federal or state health care program under Section 1128 or 1128A of the Social Security Act, or who have opted out of the Medi-Cal program. ECM Provider shall notify KHS immediately in the event that ECM Provider, its staff, employee, or Subcontractor is excluded from participation in or opts out of any federal or state health care program or fails to maintain requisite insurance.

2.04 Location of Services. This Agreement is for the provision of Services at the location(s) listed in Exhibit A. KHS shall have no obligation to compensate ECM Provider for Services provided to Members at any other location unless it is approved by KHS in writing, prior to Services being rendered to KHS Members. KHS shall pay ECM Provider for the provision of Services appropriately delivered through telehealth modalities on the same basis and to the same extent that KHS is responsible for payment for the same Service if delivered in-person.

2.05 Identifying Members for ECM. ECM Provider is responsible for identifying Members who would benefit from ECM Services and sending requests to KHS, to determine if the Member is

eligible for ECM, consistent with KHS's process for such requests. In so identifying, ECM Provider must consider Members' health care utilization; needs across physical, behavioral, developmental, and oral health; health risks and needs due to Social Drivers of Health; and LTSS needs.

2.06 ECM Provider Outreach and Member Engagement.

- (a) ECM Provider shall be responsible for conducting outreach to each assigned Member and engaging each assigned Member into ECM, in accordance with KHS's Policies and Procedures.
- (b) ECM Provider shall prioritize outreach to those Members with the highest level of risk and need for ECM.
- (c) ECM Provider shall conduct outreach primarily through in-person interaction where Members and/or their family member(s), guardian, caregiver, and/or authorized support person(s) live, seek care, or prefer to access services in their community. ECM Provider may supplement in-person visits with secure teleconferencing and telehealth, where appropriate and with consent of the Member.
 - i. ECM Provider shall use the following modalities, as appropriate and as authorized by the Member, if in-person modalities are unsuccessful or to reflect a Member's stated contact preferences:
 - a. Mail
 - b. Email
 - c. Texts
 - d. Telephone calls
 - e. Telehealth
- (d) ECM Provider shall comply with nondiscrimination requirements set forth in Applicable Requirements and Paragraph 6.15 herein.

2.07 Initiating Delivery of ECM.

- (a) ECM Provider shall obtain, document, and manage Member authorization for the sharing of Protected Health Information between KHS and ECM Provider, Community Supports Providers, and other Providers involved in the provision of Member care to the extent required by Applicable Requirements.
- (b) Member authorization for ECM-related data sharing is not required for ECM Provider to initiate delivery of ECM unless such authorization is required by Applicable Requirements.

- (c) When Applicable Requirements require Member authorization for data sharing, ECM Provider shall communicate that ECM Provider has obtained Member authorization for such data sharing back to KHS and provide KHS with copies of such authorizations.

2.08 ECM Requirements and Core Service Components of ECM.

- (a) ECM Provider shall ensure ECM is a whole-person, interdisciplinary approach to care that addresses the clinical and non-clinical needs of high-cost and/or high-need Medi-Cal Members enrolled in managed care. ECM Provider shall ensure the approach is person-centered, goal oriented, and culturally appropriate.
 - i. If ECM Provider subcontracts with other entities to administer ECM functions, ECM Provider shall ensure agreements with such Subcontractors or Downstream Subcontractors for the provision of ECM bind the Subcontractors or Downstream Subcontractors to the terms and conditions that are enumerated in this Agreement, and that its Subcontractors comply with all requirements in this Agreement and the Medi-Cal Contract, including without limitation the provisions set forth in Exhibit F to this Agreement and the ECM Provisions. Such Subcontractor or Downstream Subcontractor Agreements are subject to the approval of KHS and Regulatory Agencies, if required by Applicable Requirements.
- (b) ECM Provider shall:
 - i. Ensure each Member receiving ECM has a Lead Care Manager;
 - ii. Coordinate across all sources of care management in the event that a Member is receiving care management from multiple sources;
 - iii. Alert KHS to ensure non-duplication of services in the event that a Member is receiving care management or duplication of services from multiple sources; and
 - iv. Follow KHS instruction and participate in efforts to ensure ECM and other care management services are not duplicative.
- (c) ECM Provider shall collaborate with area hospitals, PCPs (when not serving as the ECM Provider), behavioral health providers, Specialists, dental providers, providers of services for LTSS, and other associated entities, such as Community Supports Providers, as appropriate, to coordinate Member care.
- (d) ECM Provider shall provide all core service components of ECM to each Member assigned to ECM Provider, in compliance with KHS's Policies and Procedures, as follows:
 - i. Outreach and Engagement of KHS Members into ECM.
 - ii. Comprehensive Assessment and Care Management Plan, which shall include, but is not limited to:

- a. Engaging with each Member Authorized to receive ECM primarily through in-person contact;
 - 1. When in-person communication is unavailable or does not meet the needs of the Member, ECM Provider shall use alternative methods (including innovative use of telehealth) to provide culturally appropriate and accessible communication in accordance with Member choice.
 - b. Identify necessary clinical and non-clinical resources that may be needed to appropriately assess Member health status and gaps in care, and may be needed to inform the development of an individualized Care Management Plan;
 - c. Developing a comprehensive, individualized, person-centered Care Management Plan by working with the Member and their family member(s), legal guardians, Authorized Representatives (“AR”), caregivers, and/or other authorized support person(s) as appropriate to assess strengths, risks, needs, goals and preferences and make recommendations for service needs;
 - d. Incorporating into the Member’s Care Management Plan identified needs and strategies to address those needs, including, but not limited to, physical and developmental health, mental health, dementia, SUD, LTSS, oral health, palliative care, necessary community-based and social services, and housing;
 - e. Ensuring the Member is reassessed at a frequency appropriate for the Member’s individual progress or changes in needs and as identified in the Care Management Plan; and
 - f. Ensuring the Care Management Plan is reviewed, maintained, and updated under appropriate clinical oversight.
- iii. Enhanced Coordination of Care, which shall include, but is not limited to:
- a. Organizing patient care activities, as laid out in the Care Management Plan; sharing information with those involved as a part of the Member’s multi-disciplinary care team, and implementing activities identified in the Member’s Care Management Plan;
 - b. Maintaining regular contact with all Providers that are identified as being a part of the Member’s multi-disciplinary care team, whose input is necessary for successful implementation of the Member’s goals and needs;

- c. Ensuring care is continuous and integrated among all service Providers and referring to and following up with primary care, physical and developmental health, mental health, SUD treatment, LTSS, oral health, palliative care, necessary community-based and social services, including housing, as needed;
 - d. Providing support for Member engagement in treatment including coordination for medication review and reconciliation, scheduling appointments, providing appointment reminders, coordinating transportation, accompaniment to critical appointments, and identifying and helping to address other barriers to Member engagement in treatment;
 - e. Communicating the Member's needs and preferences timely to the Member's multi-disciplinary care team in a manner that ensures safe, appropriate, and effective person-centered care; and
 - f. Ensuring regular contact with the Member and their family member(s), AR, legal guardians, caregivers, and other authorized support person(s), when appropriate, consistent with the Care Management Plan.
- iv. Health Promotion, which shall adhere to federal care coordination and continuity of care requirements (42 CFR 438.208(b)) and shall include, but is not limited to:
- a. Working with Members to identify and build on successes and potential family and/or support networks;
 - b. Providing services to encourage and support Members to make lifestyle choices based on healthy behavior, with the goal of supporting the Member's ability to successfully monitor and manage their health; and
 - c. Supporting the Member in strengthening skills that enable them to identify and access resources to assist them in managing their conditions and preventing other chronic conditions.
- v. Comprehensive Transitional Care, which shall include, but is not limited to:
- a. Developing strategies to reduce avoidable Member admissions and readmissions across all Members receiving ECM;
 - b. For Members who are experiencing or are likely to experience a care transition:
 - 1. Developing and regularly updating a transition plan for the Member;
 - 2. Evaluating a Member's medical care needs and coordinating any support services to facilitate safe and appropriate transitions to, from

and among treatment facilities, including admissions and discharges;

3. Tracking each Member's admission and discharge to or from an emergency department, hospital inpatient facility, skilled nursing facility, residential or treatment facility, incarceration facility, or other treatment center, and communicating with the appropriate care team members;
4. Coordinating medication review/reconciliation; and
5. Providing adherence support and referral to appropriate services.

vi. Member and Family Supports, which shall include, but are not limited to:

- a. Documenting the Member's authorized family members, AR, legal guardians, caregivers, and other authorized support persons, as applicable;
- b. Ensuring all required authorizations are in place to ensure effective communication between the ECM Provider, providers, KHS, and the Member and their family members, AR, legal guardians, caregivers, and other authorized support persons, as applicable;
- c. Activities to ensure the Member and their family members, AR, legal guardians, caregivers, and other authorized support persons, as applicable, are knowledgeable about the Member's conditions with the overall goal of improving the Member's care planning and follow-up, adherence to treatment, and medication management, in accordance with all federal, state and local privacy and confidentiality laws and the Applicable Requirements;
- d. Ensuring the Member's Lead Care Manager serves as the primary point of contact for the Member and their family members, AR, legal guardians, caregivers, and other authorized support persons, as applicable;
- e. Identifying supports needed for the Member and their family members, AR, legal guardians, caregivers, and other authorized support persons, as applicable, to manage the Member's condition and assist them in accessing needed support services;
- f. Providing for appropriate education of the Member and their family members, AR, legal guardians, caregivers, and other authorized support persons, as applicable, about care instructions for the Member; and
- g. Ensuring that the Member and their family members, legal guardians, AR, caregivers, and other authorized support persons, as applicable, have a copy of the Member's Care Management Plan and information about how to request updates.

- vii. Coordination of and Referral to Community and Social Support Services, which shall include, but is not limited to:
 - a. Determining appropriate services to meet the needs of the Member, including services that address SDOH needs, including housing, and services which may be offered by KHS as Community Supports Services; and
 - b. Coordinating and referring the Member to available community resources and following up with Members to ensure services were rendered (i.e., “closed loop referrals”).
- (e) ECM Provider shall ensure that each Member automatically Authorized for ECM as a prior enrollee in the Health Home Program, is assessed within six (6) months of Authorization for ECM, or other timeframes provided by DHCS in guidance for specific transitioning subpopulations, to determine the most appropriate level of services for the Member, to confirm whether ECM or a lower level of care coordination best meets the Member’s needs.
- (f) ECM Provider shall ensure that each Member automatically Authorized for ECM as a prior enrollee in a Whole Person Care (“WPC”) pilot and identified by the WPC Lead Entity as belonging to an ECM Population of Focus, is assessed within six (6) months of Authorization for ECM, or other timeframes provided by DHCS in guidance for specific transitioning subpopulations, to determine the most appropriate level of services for the Member, to confirm whether ECM or a lower level of care coordination best meets the Member’s needs.

2.09 Eligibility Verification. ECM Provider shall provide Services to a Member only after verifying the Member’s eligibility in accordance with KHS’ Eligibility Verification policies and procedures. If ECM Provider does not verify a Member’s eligibility, KHS may refuse to pay ECM Provider for any Services provided.

2.10 Training. ECM Provider shall participate in all mandatory, ECM Provider-focused ECM training and technical assistance provided by KHS, including in-person sessions, webinars, and/or calls, as necessary, in addition to Network Provider training per requirements described in Exhibit A, Attachment III, Provision 3.2.5, (*Network Provider Training*), of the Medi-Cal Contract and other requirements set forth therein.

2.11 Prior Authorization. ECM Provider agrees to obtain Authorization from KHS for Services as set forth in the Administrative Manual and this Agreement.

2.12 EPSDT Benefits. ECM Provider and ECM Provider’s Subcontractors agree to comply with all Applicable Requirements relating to the EPSDT Benefit, if applicable.

2.13 Accessibility of Services. ECM Provider shall provide Services promptly and in a manner that ensures availability, accessibility, and continuity of care, and is consistent with generally accepted standards of care, including reasonable hours of operation. ECM Provider shall provide Services in a

prompt and efficient manner without delays in wait times, prior Authorization, scheduling or rescheduling of appointments, or accessibility to interpreter services as required by Applicable Requirements. ECM Provider shall provide Services to Members in the non-metro geographic areas of Kern County and shall cooperate with KHS to consistently meet these accessibility needs.

2.14 Licensure, Certification, and Accreditation. ECM Provider currently warrants and represents that ECM Provider's employees, equipment and facilities are licensed, certified, registered and credentialed as required by law and, if applicable, that ECM Provider meets the standards of a provider of health care services under the Medicare and Medi-Cal programs. ECM Provider acknowledges that deficiencies in facilities, equipment, supplies, and/or medical records may result in the implementation of a corrective action plan or termination of this Agreement.

ARTICLE III OBLIGATIONS OF KHS

3.01 ECM Program.

- (a) KHS shall inform Members about ECM and how to access it.
- (b) KHS shall ensure that authorization or a decision not to authorize ECM services is made as soon as possible in response to requests for ECM directly from Members and on behalf of Members by ECM Providers, other providers and community entities, and the Member's family, legal guardian, caregiver, AR, or other authorized support person, as applicable, in accordance with Exhibit A, Attachment II, Provision 2.3.2 (*Timeframes for Medical Authorization*) of the Medi-Cal Contract and APL 17-006. If KHS does not authorize ECM Services, KHS shall ensure the Member and requesting party, as applicable, are informed of the Member's right to appeal and the appeals process by way of the Notice of Action ("NOA"), process as described in Exhibit A, Attachment III, Provision 5.1.5. (*Notices of Action for Denial, Deferral or Modification of Prior Authorization Requests*), and Exhibit A, Attachment III, Section 4.6 (*Member Grievance and Appeal System*) of the Medi-Cal Contract and APL 17-006. KHS shall follow its standard grievances and appeals process.
- (c) KHS shall be responsible for Authorizing ECM for each eligible Member, whether they are identified by KHS or if the Member or a family member, AR, guardian, caregiver, authorized support person or external entity requests that the Member receives ECM.
- (d) KHS shall be responsible for assigning all Members Authorized to receive ECM to an appropriate ECM Provider.
- (e) KHS shall permit Members to change ECM Providers at any time. KHS shall, to the extent practicable, implement any Member's request to change their ECM Provider within thirty (30) calendar days.
- (f) KHS shall develop and disseminate Member-facing written materials about ECM for use by ECM Provider and Participating Providers. This material shall:

- i. Explain ECM and how to request it.
 - ii. Explain that ECM participation is voluntary and can be discontinued at any time.
 - iii. Explain that the Member must authorize ECM-related data sharing.
 - iv. Describe the process by which the Member may choose a different Lead Care Manager or ECM Provider.
 - v. Meet the standards for culturally and linguistically appropriate communication outlined in Exhibit A, Attachment III, Provision 5.2.11.C, (*Cultural and Linguistic Programs and Committees*) and in Exhibit A, Attachment III, Provision 5.1.3, (*Member Information*), of the Medi-Cal Contract.
- (g) KHS shall ensure accurate and up-to-date Member-level records are maintained for the Members Authorized for ECM.
- (h) KHS shall notify ECM Provider when ECM has been discontinued.
- (i) KHS shall notify the Member of the discontinuation of ECM and ensure the Member is informed of their right to appeal and the appeals process by way of the NOA process as described in Exhibit A, Attachment III, Provision 5.1.5 (*Notices of Action for Denial, Deferral, or Modification of Prior Authorization Requests*), and Exhibit A, Attachment III, Section 4.6 (*Member Grievance and Appeal System*) of the Medi-Cal Contract and APL 17-006.

3.02 Authorization of ECM. KHS shall ensure ECM Authorization or a decision not to Authorize occurs as soon as possible and in accordance with Applicable Requirements and the Administrative Manual.

3.03 Assignment to an ECM Provider. KHS shall ensure communication of the assignment of a Member to ECM Provider as soon as possible, but in any event no later than ten (10) Working Days after ECM Authorization. KHS shall follow Member's preferences for a specific ECM Provider, if known, to the extent practicable.

- (a) If the Member's assigned Primary Care Physician ("PCP") is a contracted ECM Provider, KHS shall assign the Member to the PCP as the ECM Provider unless the Member has expressed a different preference or KHS identifies a more appropriate ECM Provider given the Member's individual needs and health conditions.
- (b) If the Member receives services from a Mental Health Plan for Serious Emotional Disturbance ("SED"), Substance Use Disorder ("SUD"), and/or Serious Mental Illness ("SMI"), and the Member's behavioral health provider is a contracted ECM Provider, KHS shall assign the Member to that behavioral health provider as the ECM Provider unless the Member has expressed a different preference or KHS identifies a more appropriate ECM Provider given the Member's individual needs and health conditions.

- (c) If a child Members is enrolled in CCS and the Member's CCS Case Manager is affiliated with KHS a contracted ECM Provider, KHS shall assign that Member to the CCS Case Manager as the ECM Provider, unless the Member or parent, legal guardian, or authorized representative has expressed a different preference or KHS identifies a more appropriate ECM Provider given the Member's individual needs and health conditions.
- (d) KHS shall notify the Member's PCP if different from the ECM Provider, of the assignment to the ECM Provider within ten (10) Working Days of the date of the assignment.
- (e) KHS shall document the Member's ECM Lead Care Manager in its system of record.
- (f) KHS shall permit Members to change ECM Providers at any time and implement any requested ECM Provider change within thirty (30) days, to the extent practicable.

3.04 Data Systems Requirements and Data Sharing to Support ECM.

- (a) KHS shall comply with all State and federal reporting requirements.
- (b) KHS shall have an IT infrastructure and data analytic capabilities to support ECM, including the capabilities to:
 - i. Consume and use claims and Encounter Data, as well as other data types listed in Exhibit A, Attachment III, Section 4.4.6 (*Member Identification for ECM*) of the Medi-Cal Contract used to identify Populations of Focus;
 - ii. Assign Members to ECM Providers;
 - iii. Keep records of all Members receiving ECM and authorizations necessary for sharing Protected Health Information and personally identifiable information among ECM Providers and family member(s) and/or support person(s), whether obtained by ECM Provider or by KHS;
 - iv. Securely share data with ECM Providers and other providers in support of ECM;
 - v. Receive, process, and send claims, Encounter Data and invoices from ECM Providers to DHCS;
 - vi. Receive and process supplemental reports from ECM Providers;
 - vii. Send ECM supplemental reports to DHCS; and
 - viii. Open, track, and manage referrals to Community Supports Providers
- (c) KHS shall provide to ECM Provider the following data at the time of assignment and

periodically thereafter, and following DHCS guidance for data sharing where applicable:

- i. Member assignment files, defined as a list of Members Authorized for ECM and assigned to the ECM Provider;
 - ii. Encounter and/or claims data;
 - iii. Physical, behavioral, administrative, and SDOH data (e.g., Homeless Management Information System (HMIS data)) for all assigned Members; and
 - iv. Reports of performance on quality measures and/or metrics, as requested.
- (d) KHS shall use defined federal and State standards, specifications, code sets, and terminologies when sharing physical, behavioral, social, and administrative data with ECM Provider and with DHCS.

ARTICLE IV COMPENSATION

4.01 Compensation. KHS shall pay ECM Provider according to Exhibit C for the Services provided by ECM Provider to Members. ECM Provider is paid when ECM is initiated for any given Member. The Parties acknowledge and agree that this Agreement fully discloses the method and amount of compensation or other consideration to be received by ECM Provider.

- (a) For Services compensated on a capitation basis (“Capitation Services”), KHS shall pay to ECM Provider, on or before the 15th day of the month, a capitation amount as set forth in Exhibit C for Members.
- (b) For Services compensated on other than a capitation basis (“Noncapitated Services”), KHS shall pay ECM Provider the amounts set forth in Exhibit C within 45 Working Days following receipt by KHS of a properly completed claim form(s).
- (c) If ECM Provider is an individual or group practice or practices in shared health facilities, KHS shall pay 90% of all clean claims within thirty (30) days of date of receipt and 99% of all clean claims within ninety (90) days. The date of receipt shall be the date KHS receives the claim, as indicated by its date stamp on the claim. The date of payment shall be the date on the check or other form of payment.
- (d) ECM Provider shall submit claims for the provision of Services to KHS using the national standard specifications and code sets to be defined by DHCS.
- (e) In the event ECM Provider is unable to submit claims to KHS for Services using the national standard specifications and DHCS-defined code sets, ECM Provider shall submit an invoice to KHS with the minimum set of data elements (to be defined by DHCS) necessary for KHS to convert the invoice to an encounter for submission to DHCS.

- (f) Within 180 days following ECM Provider's provision of any Service to a Member, ECM Provider shall submit to KHS a complete written health insurance claim form (CMS 1500 (or its equivalent)) and for all Services, including Capitated Services, that ECM Provider provided to the Member. Any claim for Noncapitated Services that is not received by KHS within 120 days of the date services were rendered shall not be considered in the risk pool calculations. Any claim that is not received by KHS within 180 days of the date Services were rendered shall be denied, consistent with Section 1300.71(b)(4) of Title 28 of the California Code of Regulations.
- (g) KHS shall notify ECM Provider in writing not later than 45 Working Days after receipt of a claim by KHS if KHS intends to contest or deny the claim. The notice shall identify the portion of the claim that is contested and the specific reasons KHS is contesting the claim. If the claim is contested because KHS has not received the information necessary to determine KHS's liability for the claim, ECM Provider shall have 45 Working Days from the date of the notice to provide the information requested. Thereafter, KHS shall complete its consideration of the claim within 45 Working Days after KHS receives the information requested by KHS.

4.02 Payment in Full. The compensation provided pursuant to Exhibit C shall constitute ECM Provider's sole compensation for Services rendered to Members. In the event KHS fails to pay for Services as stated in this Agreement, ECM Provider shall not bill a Member for Services and no Member shall be liable to ECM Provider, for any sums owed by KHS. ECM Provider shall not charge or attempt to charge KHS or its Members for Services, except for applicable co-payments and deductible. ECM Provider shall not attempt to recover for nonpayment caused by ECM Provider's failure to comply with KHS' policies and procedures. If ECM Provider attempts to do so, KHS may terminate this Agreement and take other appropriate action against ECM Provider.

- (a) In the event that an overpayment is made to ECM Provider, KHS shall send a refund request letter to ECM Provider within 365 days of the date of payment of the overpaid claim. Within thirty (30) Working Days of receipt of the letter, ECM Provider shall submit to KHS either a complete refund of the overpayments or a dispute. If ECM Provider fails to refund the overpayment or submit a dispute within the timeframe above, KHS shall offset the overpayment against any payment owing to ECM Provider for pending claims, and applicable risk pools pursuant to Section 1300.71.38 of Title 28 of the California Code and Regulations.
- (b) ECM Provider must report to KHS, or KHS's Subcontractor or Downstream Subcontractor, when it has received an Overpayment; return the Overpayment to KHS, or KHS's Subcontractor or Downstream Subcontractor, within sixty (60) calendar days of the date the Overpayment was identified; and notify KHS, or KHS's Subcontractor or Downstream Subcontractor, in writing of the reason for the Overpayment in accordance with Exhibit A, Attachment III, Provision 1.3.6 (*Treatment of Overpayment Recoveries*) and 42 CFR section 438.608(d)(2).

4.03 Patient Responsibility. ECM Provider may charge a Member for non-covered services provided to the Member so long as ECM Provider first notifies the Member that the services to be provided are not covered Services, that the Member will be responsible for paying for the services and informs the Member of the amount of the charges. ECM Provider shall obtain the Member's

signature on an acknowledgment that the notification required by this Paragraph was given prior to providing said services.

4.04 No Surcharges. Physician shall not collect any surcharges for Services and shall immediately provide written notice to KHS if any such surcharge has been collected, for appropriate action by KHS.

4.05 ECM Provider Disputes. KHS shall establish and maintain a timely, fair, and cost-effective dispute resolution mechanism to process and resolve disputes and work to resolve disputes in a timely manner. The policies and procedures that govern disputes shall be written and available for review by ECM Provider. ECM Provider has the right to all protections afforded them under the Health Care Provider's Bill of Rights, including, but not limited to ECM Provider's right to access KHS's dispute resolution mechanism and submit a grievance pursuant to Health and Safety Code Section 1367(h)(1).

ARTICLE V COORDINATION OF BENEFITS SUBROGATION AND LIABILITY LIMITATIONS

5.01 Coordination of Benefits Obligations. ECM Provider shall cooperate with KHS with respect to COB and the recovery of claims from third parties. To the extent allowed by law, each Party shall provide the other, or its designated representative, information about other health care coverage that may be applicable to Member Services. This shall include but shall not be limited to group indemnity or other health plans, plans mandated by federal, state or local law and plans against which KHS may be subrogated. If a Member is entitled to benefits for Services from other health care plan(s) or third-party payor(s) and if such other plan(s) or payor(s) are obligated to pay its benefits as primary payor, KHS' secondary payment for eligible Services shall be limited to the maximum that KHS would compensate ECM Provider under Article IV so that up to, but not more than, 100% of total eligible charges are paid with the total primary and secondary payment. If ECM Provider has collected a payment or coinsurance from KHS or Members, where duplicate coverage exists and if ECM Provider is subsequently reimbursed for Services by another health care plan or another health care provider, ECM Provider shall refund KHS, as appropriate, the portion of the payment or coinsurance which represents an overpayment to ECM Provider. Physician is required to bill all primary payor sources (including CCS for Services covered by CCS) and is required to balance bill KHS for covered co-pays or other covered expenses not covered by primary payor. Refusal to do so will be grounds for termination of ECM Provider's contract with KHS.

5.02 Subrogation. Any rights of subrogation which may exist with respect to the provision of any Services to a Member shall inure to the benefit of and belong to DHCS exclusively. KHS shall not attempt recovery in circumstances involving casualty insurance, tort liability or worker's compensation. KHS shall report to DHCS within ten (10) days after discovery of circumstances that may result in casualty insurance payment, tort liability payments or worker's compensation awards.

ARTICLE VI OBLIGATIONS OF PROVIDER

6.01 Participation Requirements.

- (a) ECM Provider shall be experienced in serving the ECM Populations of Focus ECM Provider will serve.
- (b) ECM Provider shall have experience and expertise with the Services ECM Provider will provide.
- (c) ECM Provider shall comply with all Applicable Requirements, and all ECM program requirements in the ECM Provisions and associated guidance.
- (d) ECM Provider shall have the capacity to provide culturally appropriate and timely in-person care management activities in accordance with Exhibit A, Attachment III, Provision 5.2.11.C (*Cultural and Linguistic Programs and Committees*) of the Medi-Cal Contract.
- (e) ECM Provider shall ensure that ensure that cultural competency, sensitivity, Health Equity, and diversity training is provided for employees and staff at key points of contact with Members in accordance with the Medi-Cal Contract, Exhibit A, Attachment III, Provision 5.2.11.C (*Cultural and Linguistic Programs and Committees*).
- (f) ECM Provider must provide interpreter services for Members and comply with KHS language assistance program policies and procedures developed pursuant to Health and Safety Code Section 1367.04 and Section 1300.67.04 of Title 28 of the California Code of Regulations.
- (g) ECM Provider shall have formal agreements and processes in place to engage and cooperate with area hospitals, primary care practices, behavioral health providers, Specialists, and other entities, such as Community Supports Providers, to coordinate care as appropriate to each Member.
- (h) ECM Provider shall use a care management documentation system or process that supports the documentation and integration of physical, behavioral, social service and administrative data and information from other entities to support the management and maintenance of a Care Management Plan that can be shared with other Participating Providers and organizations involved in each Member's care. Care management documentation systems may include Certified Electronic Health Record Technology, or other documentation tools that can: document Member goals and goal attainment status; develop and assign care team tasks; define and support Member care coordination and care management needs; gather information from other sources to identify Member needs and support care team coordination and communication and support notifications regarding Member health status and transitions in care (e.g., discharges from a hospital, long-term care facility, housing status).
- (i) If a State-level enrollment pathway exists, ECM Provider shall be enrolled in Medi-Cal, pursuant to relevant DHCS APLs including Provider Credentialing/Recredentialing and Screening/Enrollment APL 19-004 and any subsequent APLs. If APL 19-004 and other subsequent APLs do not apply to ECM Provider, ECM Provider must comply with the KHS's

process for vetting ECM Provider, which may extend to individuals employed by or delivering services on behalf of ECM Provider, to ensure that all ECM Providers can meet the capabilities and standards required to be an ECM Provider.

- (j) ECM Provider must notify KHS, and KHS's Subcontractor or Downstream Subcontractor, within ten (10) Working Days of any suspected Fraud, Waste, or Abuse and a provision that allows KHS to share such information with DHCS in accordance with the Medi-Cal Contract, Exhibit A, Attachment III, Provisions 1.3.2.D (*KHS's Reporting Obligations*) and 1.3.2.D.6 (*Confidentiality*).
- (k) ECM Provider shall comply with KHS's ECM Model of Care, incorporated by reference herein.
- (l) ECM Provider shall comply with requirements on data exchange pursuant to Exhibit A, Attachment III, Provision 4.4.12 (*Data System Requirements and Data Sharing to Support ECM*) of the Medi-Cal Contract.

6.02 Member Assignment to ECM Provider.

- (a) KHS shall communicate new Member assignments to ECM Provider as soon as possible, but in any event no later than ten (10) Working Days after ECM Authorization.
- (b) ECM Provider shall immediately accept all Members assigned by KHS for ECM, with the exception that ECM Provider shall be permitted to decline a Member assignment if ECM Provider is at its pre-determined capacity, as agreed upon between the Parties. ECM Provider shall immediately notify KHS if it does not have the capacity to accept a Member assignment.
- (c) Upon initiation of ECM, ECM Provider shall ensure each Member assigned has a Lead Care Manager who interacts directly with the Member and/or their family member(s), guardian, caregiver, and/or authorized support person(s), as appropriate. The Lead Care Manager is responsible for engaging with a multi-disciplinary care team to identify any gaps in the Member's care and, at a minimum, ensure effective coordination of all physical, behavioral, developmental, oral health care, long-term services and supports, Specialty Mental Health Services, Drug Medi-Cal/Drug Medi-Cal Organized Delivery System services, any Community Supports Services, and other services that address social drivers of health ("SDOH") needs, regardless of setting.
- (d) ECM Provider acknowledges that Members may decline or end ECM upon initial outreach and engagement, or at any other time.
- (e) ECM Provider shall advise the Member on the process for changing ECM Providers, which is permitted at any time.
 - i. ECM Provider shall advise the Member on the process for switching ECM Providers, if requested.

- ii. ECM Provider shall notify KHS if the Member wishes to change ECM Providers.
- iii. KHS must implement any requested ECM Provider change within thirty (30) days.
- (f) ECM Provider acknowledges that KHS shall have the right to immediately withdraw Members from assignment to ECM Provider or any of its Subcontractors in the event the health or safety of Members is jeopardized by the actions of ECM Provider or such Subcontractor or by reason of ECM Provider's or such Subcontractor's failure to provide Services in accordance with KHS's utilization management program.

6.03 Nonexclusivity. KHS and ECM Provider agree that:

- (a) ECM Provider may provide Services to patients who are not Members.
- (b) In providing Services to patients who are not Members, ECM Provider shall neither represent nor imply that the Services are being provided by or on behalf of KHS.
- (c) KHS may contract with other providers for the provision of the same kind of Services as ECM Provider and nothing in this Agreement shall require KHS or any of its Participating Providers to refer Members to ECM Provider.

6.04 Personnel, Equipment and Supplies. ECM Provider shall supply all personnel, equipment, and supplies necessary to perform this Agreement and provide Services to Members. ECM Provider shall supervise all personnel used to provide Services and shall maintain facilities and equipment in good order and repair, and in compliance with Applicable Requirements, including, but not limited to, the provisions of Title 22, CCR Sections 53230 and 53856.

6.05 Workers' Compensation and Unemployment Insurance. ECM Provider shall provide, at ECM Provider's sole cost and expense, workers' compensation insurance and unemployment insurance for all of ECM Provider's employees as required by law throughout the term of this Agreement. With the written approval of KHS, ECM Provider may participate in a self-insurance program that provides equivalent coverage.

6.06 Professional Liability Insurance. ECM Provider shall provide, at ECM Provider's sole cost and expense, throughout the term of this Agreement, a policy of professional liability insurance with a licensed insurance company admitted to do business in California in minimum amounts of One Million Dollars per incident and Three Million Dollars in the aggregate. With the written approval of KHS, ECM Provider may participate in a program of self-insurance that provides equivalent coverage. ECM Provider shall maintain comparable coverage after termination of this Agreement as necessary to ensure that all services rendered by ECM Provider or his agents during the term hereof are covered until all applicable statutes of limitation have expired. The insurance required by this Paragraph must be continuous and uninterrupted throughout the term of the Agreement. The purchase of gap or tail coverage to cover a lapse shall not satisfy this requirement.

6.07 General Liability Insurance. ECM Provider shall maintain comprehensive general insurance with liability limits of not less than One Million Dollars. With the written approval of KHS, ECM Provider may participate in a program of self-insurance that provides equivalent coverage.

6.08 Proof of Insurance. Unless specified otherwise in Paragraph 6.21, ECM Provider shall furnish KHS with written evidence that the insurance required under Paragraphs 6.05, 6.06, and 6.07 is in full force and effect during the term hereof and shall provide KHS with no less than 30 days written notice of any change in coverage.

6.09 Performance. ECM Provider shall devote the time, attention, and energy necessary for the competent and effective performance of ECM Provider's duties hereunder according to generally accepted standards of care.

6.10 Compliance with Law and Ethical Standards. ECM Provider shall at all times comply with all Applicable Requirements and ethical standards issued by Regulatory Agencies or boards that govern ECM Provider's conduct and/or licensure, accreditation, or certification, as applicable.

6.11 Compliance with Policies and Procedures. In providing and claiming payment for Services pursuant to this Agreement, ECM Provider shall comply with the KHS Administrative Manual, the policies and procedures of the Medi-Cal Contract, including, but not limited to, the ECM Provisions, DHCS policies and guidance, including all applicable DHCS APLs, KHS' Model of Care for ECM services, and all of KHS policies and procedures.

6.12 Provider Roster. KHS may publish ECM Provider's name, address, telephone number, type of practice and office hours in KHS' roster of Participating Providers. The roster is available to the public.

6.13 Maintenance and Access to Records.

- (a) ECM Provider shall maintain all books, medical records, financial records, Encounter Data, papers, contracts, and other documents related to this Agreement in accordance with good business practices and generally accepted accounting principles for a minimum of ten (10) years from the final date of the Agreement period or from the date of completion of any audit, whichever is later. The books and records of ECM Provider relative to all its activities under this Agreement shall not be removed from the State of California without the prior consent of KHS, DMHC, and other relevant Regulatory Agency, as required by law.
- (b) ECM Provider shall make all of its premises, facilities, equipment, books, records, contracts, and computer or other electronic systems maintained by ECM Provider and Subcontractors relating to Services ordered, referred, or rendered under the terms of this Agreement, available to KHS or Regulatory Agencies for the purpose of inspection, evaluation, audit, examination and photocopying, including but not limited to, Access Requirements and State's Right to Monitor, as set forth in the Medi-Cal Contract, Exhibit E, Section 1.22 (*Inspection and Audit of Records and Facilities*), as follows:
 - a. In accordance with inspections and audits, as directed by DHCS, CMS, U.S. DHHS

Inspector General, the Comptroller General, Department of Justice (DOJ), DMHC, or their Designees; and

- b. At all reasonable times at ECM Provider's place of business or other such mutually agreeable location in California.
 - c. ECM Provider shall make and KHS shall pay five cents (\$.05) per copy, or such other charges in accordance with KHS' then current policies and procedures for any copies made of said books, records, and other papers as requested or required by a Regulatory Agency. All documents shall be provided within ten (10) days of the request.
- (c) ECM Provider will maintain and make available to DHCS, upon request, copies of all contracts it enters into related to ordering, referring, or rendering Services under this Agreement, and will ensure that all such contracts are in writing.
- (d) ECM Provider will timely gather, preserve and provide to DHCS, CMS, Attorney General's Division of Medi-Cal Fraud and Elder Abuse ("DMFEA"), and any authorized State or federal regulatory agencies, any records in ECM Provider's possession, in accordance with the Medi-Cal Contract, Exhibit E, Section 1.27 (*Litigation Support*).

6.14 Nondiscrimination. Without limiting any other provision hereunder, ECM Provider shall comply with all Applicable Requirements and KHS's policy in regard to nondiscrimination in employment practices and in delivery of Services. ECM Provider shall not discriminate in the provision of Services to Members because of race, color, national origin, creed, ancestry, religion, language, age, sex, gender, gender identity, gender expression, marital status, pregnancy, medical condition (including cancer), mental or physical disability, genetic information, veteran status, sexual orientation, ethnic group identification, health status or the need for health benefits, identification with any other persons or groups defined in Penal Code section 422.56, or other protected status. All nondiscrimination rules or regulations required by law, including, but not limited to, Title VI of the Civil Rights Act of 1964 (42 USC Section 2000d, 45 C.F.R. Parts 80 and 84); Title 28 CFR Part 36; Title III of the Americans with Disabilities Act of 1990; Title IX of the Education Amendments of 1972; Title 45 CFR Part 91 of the Age Discrimination Act of 1975; the Rehabilitation Act of 1973, as amended; and Section 1557 of the Patient Protection and Affordable Care Act, Government Code section 11135; W&I Code sections 14029.91 and 14029.92, to be included in this Agreement are incorporated herein by this reference. ECM Provider understands and agrees that administrative methods and/or procedures which have the effect of subjecting individuals to discrimination or otherwise defeating the objectives of the applicable and aforementioned laws shall be prohibited. ECM Provider shall provide Services to Members in a culturally and linguistically appropriate manner, according to the same standards and within the same time availability as patients who are not Members. ECM Provider shall include the nondiscrimination and compliance provisions of this Agreement in all Subcontractor and Downstream Subcontractor Agreements, if any, to perform work under the Agreement.

6.15 Quality and Oversight.

- (a) ECM Provider acknowledges KHS will conduct oversight of its delivery of ECM to ensure the quality of ECM rendered and ongoing compliance with all legal and contractual obligations both KHS and ECM Provider have, including, but not limited to, all DHCS policies and guidance, (including all applicable DHCS APLs), KHS' Model of Care, required

- reporting, audits, and corrective actions, among other oversight activities.
- (b) ECM Provider shall respond to all KHS requests for information and documentation to permit ongoing monitoring of ECM.
 - (c) ECM Provider shall be responsible for the same reporting requirements as those KHS must report to DHCS, including Encounter Data, outreach efforts, and other supplemental reporting, as applicable.
 - (d) Failure of ECM Provider to follow KHS's Policies and Procedures, reporting requirements, subcontractual requirements, or Applicable Requirements, may result, at KHS's option, in a corrective action plan or any sanctions incorporated in the KHS Administrative Manual.

6.16 Discontinuation of ECM.

- (a) When ECM is discontinued, or will be discontinued for the Member, KHS is responsible for sending a Notice of Action ("NOA") notifying the Member of the discontinuation of the ECM benefit and ensuring the Member is informed of their right to appeal and the appeals process as instructed in the NOA. ECM Provider shall communicate to the Member other benefits or programs that may be available to the Member, as applicable (e.g., Complex Care Management, Basic Care Management, etc.).
- (b) ECM Provider shall notify KHS to discontinue ECM for Member when any of the following circumstances are met:
 - i. The Member has met all Care Management Plan goals for ECM;
 - ii. The Member is ready to transition to a lower level of care;
 - iii. The Member no longer wishes to receive ECM or is unresponsive or unwilling to engage; and/or
 - iv. ECM Provider has not been able to connect with the Member after multiple attempts.

6.17 Patient's Rights. ECM Provider shall observe, protect and promote the rights of Members as patients. ECM Provider may also freely communicate with Member regarding treatment options available, including medication treatment options, regardless of benefit coverage limitations. ECM Provider shall ensure that Members with disabilities are able to communicate effectively in making decisions regarding treatment options

6.18 Cooperation.

- (a) KHS is obligated to monitor the quality of care received by Members and ECM Provider shall cooperate with KHS in the review of the quality of care administered to Members.
- (b) The Parties acknowledge that cooperation is essential to the smooth and efficient operation and administration of KHS. Resources cannot be efficiently and effectively deployed if

individual providers are disruptive or uncooperative. ECM Provider shall adhere to such standards as may be reasonably established by the KHS Board of Directors regarding provider cooperation and disruptive behavior and dispute resolution. Failure to cooperate or to comply with these requirements may be a basis to terminate this Agreement.

6.19 Encounter and Statistical Data and Reports. ECM Provider shall provide KHS, either directly or through a Subcontractor or Downstream Subcontractor, as applicable, complete, accurate, reasonable and timely Encounter Data, Provider Data, Program Data, Template Data, and any other reports or data as needed by KHS in order for KHS to meet its data reporting requirements to DHCS. ECM Provider agrees to comply with the requirements set forth in Exhibit A, Attachment III, Provision 2.1.2 (*Encounter Data Reporting*), Provision 2.1.4 (*Network Provider Data Reporting*), Provision 2.1.5 (*Program Data Reporting*), and Provision 2.1.6 (*Template Data Reporting*) of the Medi-Cal Contract. Such data and reports shall be provided in the form and at the times specified in the Administrative Manual to permit KHS to analyze access and quality of service and utilization patterns of Members as well as to comply with regulatory and contractual requirements. Failure to comply may be cause for withholding or adjusting payment amounts paid to ECM Provider. Repeated noncompliance may be cause for termination of this Agreement pursuant to Paragraph 7.03.

6.20 Notice Requirements. ECM Provider shall notify KHS as follows:

(a) In writing at least 60 calendar days before any of the following:

- i. Any change in ECM Provider's business address, business phone number, office hours, tax identification number, State of California license number or Drug Enforcement Agency registration number;
- ii. Any change in ownership of ECM Provider's practice.

(b) Orally, immediately followed by written notice within one business day of any of the following:

- i. Any action taken (and the reasons therefor) to restrict, suspend or revoke any of ECM Provider's licenses, certifications, accreditations, medical staff memberships or clinical privileges, ECM Provider's Controlled Substance Permit, or ECM Provider's qualification to serve as either a Medicare or Medi-Cal provider (summary actions shall be deemed to have occurred upon the date of initial imposition, regardless of whether or not any procedural rights are pending);
- ii. A felony conviction of ECM Provider or any employee of ECM Provider who provides Services pursuant to this Agreement;
- iii. Any public disciplinary action concerning ECM Provider before the Medical Board of California or similar agency in any state;
- iv. Disability or incapacitation that will materially affect ECM Provider's professional practice;

- v. Cancellation or material modification of ECM Provider's professional liability insurance;
 - vi. Any occurrence that will render ECM Provider unable to provide Services on a timely basis;
 - vii. Any changes or modifications to ECM Provider's continuity of care arrangements for care of ECM Provider's Member patients at Participating Hospitals where ECM Provider does not have medical staff membership; or
 - viii. Any other event that will materially affect ECM Provider's ability to carry out ECM Provider's duties and obligations under this Agreement.
- (c) Failure to notify KHS as required herein shall be cause for immediate termination pursuant to Paragraph 7.02.
- (d) Any notices required or permitted to be given by one Party to the other pursuant to this Agreement may be given either by personal delivery or by registered or certified United States mail, postage prepaid, return receipt requested. Notice shall be deemed given upon receipt. For the purpose of determining receipt, the return receipt shall be conclusive. Notices shall be addressed to the Parties at their addresses as shown in this Agreement unless changed by prior written notice.
- (e) ECM Provider shall notify KHS within five Working Days if either:
- i. ECM Provider is closing their panel to accepting new patients, or
 - ii. ECM Provider is re-opening their panel to accepting new patients.
- (f) ECM Provider shall notify KHS within 10 Working Days of any settlement or judgment in a civil action involving ECM Provider or any of ECM Provider's Subcontractors that includes a professional liability claim.
- (g) KHS reserves the right to delay payment, per Section 1367.27 of California Health and Safety Code, should the ECM Provider fail to respond to KHS' attempts to verify the ECM Provider's information as required. KHS may delay claims payments for up to one calendar month, beginning on the first day of the following month. KHS may terminate this Agreement for a pattern of repeated failure of the ECM Provider to alert KHS to a change in the information required to be in the provider directory, in accordance with Paragraph 7.03 of the Agreement.

6.21 Subcontracting.

- (a) ECM Provider and any Subcontractor or Downstream Subcontractor shall enter into a written agreement for such Services. Each Subcontractor or Downstream Subcontractor Agreement

shall be subject to review and approval by KHS and ECM Provider shall make copies of all such agreements available to KHS, DHCS, and DMHC. All Subcontractor and Downstream Subcontractor Agreements shall be signed and require Subcontractor or Downstream Subcontractor, as applicable, to:

- i. Comply with all Applicable Requirements.
 - ii. Be consistent with the terms of this Agreement and comply with all of the terms included in Exhibit F to this Agreement.
 - iii. If applicable, comply with KHS credentialing requirements.
 - iv. Comply with the same obligations imposed upon ECM Provider in Paragraph 7.08 concerning continuity of care upon termination.
 - v. Notify DHCS, DMHC and KHS if the Subcontract with Provider is amended or terminated.
 - vi. Agree that assignment or delegation of the Subcontractor or Downstream Subcontractor Agreement, as applicable, will be void without the prior written approval of DHCS, DMHC and KHS.
 - vii. Agree that KHS, DHCS, and DMHC must approve any Subcontractor Agreement, Downstream Subcontractor Agreement or amendment thereto before it takes effect.
 - viii. Agree that any payment which is not paid in accordance with Article 4 of this Agreement (or equivalent provision in any Subcontractor or Downstream Subcontractor Agreement) shall automatically include interest at the same rate as KHS is required to pay ECM Provider pursuant to the Knox-Keene Act and agree that any interest payment which is not paid in accordance with the foregoing clause shall include such additional penalty, if any, as KHS is required to pay to ECM Provider pursuant to this Agreement and the Knox-Keene Act.
 - ix. Resolve any disputes in a fast, fair, and cost-effective mechanism.
- (b) Termination of Subcontractor or Downstream Subcontractor Agreements. ECM Provider shall provide, whenever possible, KHS notice of the termination of a Subcontractor or Downstream Subcontractor Agreement at least seventy-five (75) days prior to the proposed termination date. In the circumstances where there is no advance notice, ECM Provider shall notify KHS as soon as practicable after any termination of such agreement.

6.22 Reports. ECM Provider shall submit all reports required by either KHS or DHCS within 10 days. ECM Provider shall reimburse KHS for the staff time spent preparing any reports requested by a provider of KHS at the rate of \$150.00 per hour.

6.23 Recovery from Other Sources. ECM Provider and its Subcontractors shall not attempt recovery from other sources. ECM Provider, its Subcontractors and Downstream Subcontractors, as applicable, shall not attempt recovery in circumstances involving casualty insurance, tort liability, and

worker's compensation. KHS shall report to DHCS within 10 days after discovery, circumstances, which may result in casualty insurance payments tort liability payment, or workers' compensation awards.

6.24 HIPAA, HITECH Act and CMIA Compliance. ECM Provider shall comply with the Health Insurance Portability and Accountability Act (HIPAA) and the Health Information Technology For Economic and Clinical Health Act, as incorporated in the American Recovery and Reinvestment ACT OF 2009 (HITECH Act), and the California Confidentiality of Medical Information Act (CMIA) as applicable to ECM Provider.

6.25 Timely Access. ECM Provider shall comply with KHS Timely Access policies and procedures developed pursuant to Section 1367.03 of the Health and Safety Code and Section 1300.67.2.2 of Title 28 of the California Code of Regulations.

6.26 Transfer of Care. As applicable, ECM Provider will assist KHS, or if applicable a Subcontractor or Downstream Subcontractor, in the transfer of Member's care in accordance with Medi-Cal Contract, Exhibit E, Section 1.17 (*Phaseout Requirements*) in the event of termination of the Medi-Cal Contract, or in the event of termination of this Agreement for any reason.

ARTICLE VII TERM AND TERMINATION OF AGREEMENT

7.01 Term. This Agreement shall become effective on the date set forth in Exhibit “A” (the “Effective Date”) and shall continue in effect for a period of one (1) year (the “Initial Term”); provided, however, ECM Provider shall not provide Services hereunder until ECM Provider has been notified in writing by KHS that ECM Provider has satisfactorily completed the KHS provider credentialing process, if applicable. Unless otherwise terminated as specified herein, this Agreement shall renew automatically for consecutive one (1) year terms on each anniversary of the Effective Date (the “Renewal Date”). The Parties acknowledge and agree that this Agreement specifies the term of this Agreement, including the beginning and ending dates, as well as methods of extension, renegotiation, phaseout and termination.

7.02 Immediate Termination by KHS. This Agreement may be terminated immediately for cause by KHS. Cause for termination shall be:

- (a) Any act for which ECM Provider’s license, certification, Controlled Substance Permit, medical staff membership or clinical privileges at a Participating Hospital is revoked, suspended or restricted in a manner that might materially affect ECM Provider’s ability to provide Services.
- (b) A violation of any law or regulation that materially impairs ECM Provider’s ability to perform this Agreement.
- (c) Conviction of a felony or any crime related to the practice of ECM Provider’s profession.
- (d) Failure to maintain ECM Provider’s insurance as required by this Agreement or the Knox-Keene Act.
- (e) In the event ECM Provider is suspended or excluded from participation in any federal or state health care program under Section 1128 or 1128A of the Social Security Act, including but not limited to, Medicare, Medi-Cal, or the Medicaid program in any state, or ECM Provider’s Medicare or Medi-Cal hospital agreement is terminated for any reason.
- (f) ECM Provider engages in conduct which, for any cause or reason determined by KHS or Regulatory Agency to be unethical, detrimental to patient safety or to the delivery of quality patient care (subject to ECM Provider dispute resolution rights as specified in this Agreement unless the health and welfare of Members is jeopardized), contrary to the KHS Administrative Manual or contrary to the professional or clinical standards of KHS, availability and accessibility standards or performance standards established by KHS or ECM Provider consistently improperly bills for Services provided or does not report Encounter Data in a timely and accurate manner, or denies Services to Members inappropriately, as determined by KHS or any Regulatory Agency without regard to whether or not such matter has been finally adjudicated, or ECM Provider is unavailable to provide Services to Members for a continuous period of greater than three (3) months during any one (1) year period during the term of this Agreement.

- (g) ECM Provider has breached a contractual agreement with DHCS to provide care to Medi-Cal beneficiaries that explicitly specifies inclusion on the Suspended and Ineligible ECM Provider List as a consequence of the breach.
- (h) ECM Provider is convicted of or charged with Fraud and Abuse: a) of the Medi-Cal, Medicare, or any other government or commercial program, b) relating to a Member, c) relating to the qualifications, functions, or duties of a Participating Provider, and/or d) of or by a Regulatory Agency.

7.03 Termination Because of Other Material Breach. This Agreement may be terminated by either Party for the other Party's material breach of this Agreement. The terminating Party shall give the other Party written notice of that Party's alleged breach and the breaching Party shall be given 30 days to correct the alleged breach. If the alleged breach is not corrected within 30 days, this Agreement shall terminate at 12:00 midnight of the thirtieth day.

7.04 Immediate Termination by ECM Provider. This Agreement may be terminated by ECM Provider immediately if the DMHC issues an order revoking or suspending KHS' license under the Knox-Keene Act.

7.05 Termination Due to Material Modifications or Amendments. This Agreement may be terminated by ECM Provider submitting 30 days' written notice within 15 days of ECM Provider's receipt of notice of the proposed amendment per Paragraphs 6.12 and 10.02 of this Agreement. If the proposed amendment is required by law to be implemented on a shorter timeframe than would allow for 30 day's advance notice, ECM Provider must provide as much advance notice of ECM Provider's intent to terminate as is feasible prior to the implementation of the required change.

7.06 Termination with Notice. This Agreement may be terminated by either Party, without cause, by giving 60 days' written notice to the other Party. Termination shall be effective at 12.01 a.m. on the 61st day.

7.07 Termination for Unsatisfactory Performance. This Agreement may be terminated, or subject to other remedies, if DHCS or KHS determine that ECM Provider has not performed satisfactorily.

7.08 Responsibility for Members at Termination. ECM Provider shall continue to provide Services to a Member who is receiving Services from ECM Provider for one of the conditions described in Section 1373.96 of the Knox-Keene Act on the date this Agreement is terminated in Section 1373.96 of the Knox-Keene Act. ECM Provider shall comply with KHS policies and procedures, including but not limited to those regarding continuity of care. Payment for post-termination Services shall be as specified in Exhibit C.

7.09 ECM Provider Rights Upon Termination. ECM Provider's rights upon termination shall be as set forth in KHS policies and procedures.

ARTICLE VIII INDEMNIFICATION

8.01 Indemnification. The following provisions shall apply:

- (a) ECM Provider shall indemnify and hold KHS and its directors, officers, employees, and agents harmless from and against all claims, demands, costs, expenses, liabilities, administrative penalties and sanctions, and losses (including reasonable attorney's fees) which may result from any negligent or wrongful acts caused or alleged to be caused by ECM Provider, its employees, agents or contractors in connection with the performance of this Agreement.
- (b) KHS shall indemnify and hold ECM Provider and its directors, officers, employees, and agents harmless from and against all claims, demands, costs, expenses, liabilities and losses (including reasonable attorney's fees) which may result from any negligent or wrongful acts caused or alleged to be caused by KHS, its employees, agents or contractors in connection with the performance of this Agreement.
- (c) This Paragraph 8.01 is intended to apply only to claims and liabilities that are not covered by or that exceed the policy limits of applicable insurance coverage. Paragraph 8.01 does not apply if the effect of such provision would be to negate insurance coverage that would otherwise be available but for these contractual indemnity provisions. Nothing contained in Paragraph 8.01 is intended or should be construed to create any liability to or right of recovery or subrogation on the part of any insurance carrier or any other third party against either of the Parties.

8.02 Hold Harmless. ECM Provider shall hold harmless the State and Members in the event that KHS or, if applicable, a Subcontractor or Downstream Subcontractor, cannot or will not pay for Services ordered, referred, or rendered by the ECM Provider pursuant to this Agreement.

8.03 Survival of Hold Harmless. The terms of this Article VIII shall survive the termination of this Agreement.

ARTICLE IX UTILIZATION MANAGEMENT AND GRIEVANCE PROCEDURE

9.01 Utilization Management Procedure. KHS shall establish a utilization management program to review the Medical Necessity of all Services furnished to Members by ECM Provider. The policies and procedures that govern the program shall be written and available for review by ECM Provider and shall include, but not be limited to, review of ECM Provider's compliance with all hospital admissions, referrals, second opinions and other matters deemed appropriate by KHS, both currently and in the past. Decisions by the KHS Quality Improvement/Utilization Management ("QI/UM") Committee may be used by KHS to initiate remedial or disciplinary action as authorized by KHS policies and procedures.

9.02 Grievance Procedure. KHS shall establish a grievance procedure for the review of any Member complaint regarding Services furnished by ECM Provider. ECM Provider shall comply with

and shall be bound by such grievance procedure. ECM Provider shall provide promptly, upon request, KHS's grievance forms to Members. ECM Provider and its Subcontractors shall cooperate fully with KHS in the investigation and resolution of complaints by Members regarding ECM Provider or Services rendered by ECM Provider, in compliance with all Applicable Requirements. When a Member complaint is brought to ECM Provider's attention, ECM Provider shall investigate such complaint and use its best efforts to resolve such complaint in a fair and equitable manner. ECM Provider shall immediately inform KHS of any such complaints that are brought to ECM Provider's attention. Upon KHS's request, ECM Provider shall promptly provide KHS with any and all Member records reasonably related to Member's grievance. ECM Provider shall promptly notify KHS of any action taken or proposed with respect to the resolution of such grievances in accordance with the requirements of the applicable Regulatory Agencies.

9.03 Quality Management Procedure. KHS shall establish a quality management program to review the quality of performance and continued qualifications of ECM Provider. The policies and procedures that govern the program shall be written and available for review by ECM Provider. Decisions by the QI/UM Committee may be used by KHS to initiate remedial or disciplinary action as authorized by KHS policies and procedures.

ARTICLE X GENERAL PROVISIONS

10.01 Entire Agreement of the Parties. This Agreement supersedes any and all agreements, either written or oral, between the Parties with respect to the subject matter contained herein and contains the entire agreement between the Parties. No other promises or inducements have been made.

10.02 Amendment. This Agreement is subject to amendment, as follows:

- (a) Amendments due to change in Applicable Requirements. KHS shall inform ECM Provider of prospective requirements added by State or federal law or DHCS related to the Medi-Cal Contract that impact obligations undertaken through this Agreement before the requirement would be effective, ECM Provider agrees to comply with the new requirements within thirty (30) calendar days of the effective date, unless otherwise instructed by DHCS.
- (b) Other Amendments. For all amendments not due to a change in Applicable Requirements as set forth above in Paragraph 10.02(a), ECM Provider shall be provided a 45 Working Days' notice of any change or amendment that affects a material term of this Agreement before it takes effect, and ECM Provider shall have the right to negotiate or agree to the change. ECM Provider may submit a written objection to KHS within 45 Working Days of receipt of the notice of the change or amendment. During the notice and negotiation period, ECM Provider shall continue to provide Services pursuant to this Agreement and shall not be subject to the proposed changes to which ECM Provider has objected. If the matter is not resolved, ECM Provider may terminate this Agreement by giving written notice of intention to do so prior to the implementation of the proposed change as set forth in Paragraph 7.05 of this Agreement. If the Parties mutually agree, the 45 Working Days' notice requirement may be waived. If ECM Provider does not exercise ECM Provider's right to negotiate the material change or the ECM Provider's right to terminate the Agreement, the material change shall be effective 45 Working Days from the date of KHS's notice of intent to amend the Agreement with a material change.

- (c) The Parties may amend this Agreement by mutual consent subject to approval of DHCS and DMHC.
- (d) Amendments shall become effective only as set forth in Section 53250(a) of Title 22 of the California Code of Regulations.
- (e) Except as expressly amended herein, all terms and conditions of the Agreement shall remain in full force and effect.

10.03 Severability. If any provision of this Agreement is held by a court of competent jurisdiction to be invalid, void or unenforceable, the remaining provisions will nevertheless continue in full force and effect.

10.04 Arbitration. After exhaustion of all applicable KHS procedures, any controversy or claim arising out of or relating to this Agreement or the breach thereof shall at the request of either Party, be resolved by binding arbitration before a single arbitrator knowledgeable in the health care industry in accordance with the commercial rules of the American Arbitration Association or JAMS. Such arbitration shall occur within the County of Kern, State of California, unless the parties mutually agree to another location. The Parties shall equally split the costs of arbitration. The arbitrator shall apply California substantive law and federal substantive law where State law is preempted and in any such arbitration. The arbitrator shall have the power to grant all legal and equitable remedies and award compensatory damages provided by California law, except that punitive damages shall not be awarded. The arbitrator shall prepare in writing and provide to the Parties an award including factual findings and the legal reasons on which the decision is based. The arbitrator shall not have the power to commit errors of law or legal reasoning, and the award may be vacated or corrected pursuant to California Code of Civil Procedure Sections 1286.2 or 1286.6 for such error. Notwithstanding the above, in the event either KHS wishes to obtain injunctive relief or a temporary restraining order, such Party may initiate an action for such relief in a court of law and the decision of the court of law with respect to the injunctive relief or temporary restraining order shall be subject to appeal only through the courts of law. The courts of law shall not have the authority to review or grant any request or demand for damages or declaratory relief. Notwithstanding the dispute resolution process stated herein, all disputes are subject to the provisions of the California Government Claims Act (Government Code § 905 et seq.). Arbitration must be initiated within one (1) year of the earlier of the date the dispute arose, was discovered, or should have been discovered with reasonable diligence; otherwise, it shall be deemed waived and forever barred.

10.05 Governing Law. This Agreement shall be governed by and construed in accordance with all Applicable Requirements governing the contract, including but not limited to, KKA, Health and Safety Code section 1430 *et seq.* (unless excluded under the Medi-Cal Contract); 28 CCR section 1300.43 *et seq.*; Welfare and Institutions Code section 1400 and 14200 *et seq.*; and 22 CCR section 53800 *et seq.*, 22 CCR sections 53900 *et seq.*; shall be interpreted according to the laws of the State of California and shall be subject to all applicable State and federal laws.

10.06 Assignment. Neither Provider nor KHS may assign any rights or delegate any duties hereunder without the prior written consent of the other Party and approval by Regulatory Agencies,

as required.

10.07 No Third-Party Beneficiaries. The obligations created by this Agreement shall be enforceable only by the parties hereto and no provision of this Agreement is intended to, nor shall it be construed to, create any rights for the benefit of or be enforceable by any third party.

10.08 Independent Contractor. ECM Provider is and shall remain an independent contractor and shall not be considered an employee of KHS.

10.09 Confidentiality. The terms of this Agreement are confidential and shall not be disclosed by either party except as necessary to the performance of this Agreement or as required by law.

10.10 Waiver. No waiver of any provision of this Agreement or of the breach of any provision of this Agreement shall be effective unless it is written and signed by the party against whom it runs. No waiver shall be deemed a waiver of any other matter.

10.11 Headings. The subject headings of the Articles and Paragraphs of this Agreement are included for purposes of convenience only and shall not affect the construction or interpretation of any of its provisions.

By their signatures below, the signatories represent and warrant that they are authorized to enter into this contract on behalf of KHS and the ECM Provider.

KERN HEALTH SYSTEMS

**COMMUNITY ACTION PARTNERSHIP OF
KERN**

BY: _____

BY: _____

PRINT NAME: Emily Duran, MSA

PRINT NAME: _____

TITLE: Chief Executive Officer

TITLE: _____

DATE: _____

DATE: _____

CONTRACT EFFECTIVE DATE: _____

To be completed by KHS

EXHIBIT A

**KERN HEALTH SYSTEMS
ENHANCED CARE MANAGEMENT PROVIDER SERVICES AGREEMENT
CONTRACTOR SPECIFICS**

This Agreement will be effective beginning April 1, 2025

Name of ECM Provider: _____

NPI: _____

Tax ID: _____

Address: _____

Additional Approved Service Locations:

- ☐ None
☐ As listed below:

Scope of Services: (subject to KHS' credentialing requirements and any limitations imposed pursuant thereto)

- ☐ Audiology Services
☐ Home Health Services
☐ Laboratory/Pathology Services
☐ Pharmacy Services
☐ Podiatry Services
☐ Physical Therapy Services
☐ Home Infusion Services
☐ Other

(The below information is required by California Welfare and Institutions Code Section
14452(a))

Please list:

Contracting "ECM Provider" Officers: _____

(Insert name of contracting ECM Provider Officers)

If Contracting “ECM Provider” is not a corporation, its Owners:

(Insert name of contracting ECM Provider Officers)

If Contracting “ECM Provider” is a corporation, its Shareholders owning more than 5% of its shares:

(Insert name of contracting ECM Provider Shareholders)

Contracting “ECM Provider’s” major creditors holding more than 5% of Contracting “ECM Provider’s” debt:

(Insert name of contracting ECM Provider major creditors)

Effective Date: _____ *(To be completed by KHS)*

EXHIBIT B

KERN HEALTH SYSTEMS ENHANCED CARE MANAGEMENT PROVIDER SERVICES AGREEMENT SERVICES SUMMARY

Medi-Cal Benefit Plan

This plan is offered to individuals residing in Kern County, California, who are eligible for the California Department of Health Services managed care program under Medi-Cal.

ECM Provider shall provide to Kern Family Health Care Members its full customary range of Services in a timely manner and in accordance with the Member's applicable Evidence of Coverage.

Except in the case of an emergency, or services delineated in KHS' Policy 3.22, ECM Provider shall provide Services to Kern Family Health Care Members only upon receiving prior Authorization to treat the Member in accordance with KHS' Referral Procedures. Failure of ECM Provider to receive said prior written Authorization may result, KHS' option, in non-payment by KHS for those Services provided to the Member.

EXHIBIT C

KERN HEALTH SYSTEMS ENHANCED CARE MANAGEMENT PROVIDER SERVICES AGREEMENT COMPENSATION SCHEDULE

1. Project Background and Description

Kern Health Systems (KHS) and ECM Provider agree that KHS shall establish a compensation schedule. The compensation schedule described below constitutes full payment for appropriate Services rendered by ECM Provider to KHS Members. ECM Provider agrees to submit claims to KHS for billable Services provided to KHS Members within the timeframes stipulated in the Agreement, and in accordance with the same fee schedule ECM Provider uses to bill other third party payers using appropriate CPT-4 Procedure Codes and/or Medi-Cal Codes. ECM Provider agrees not to bill KHS Members for any Services rendered.

2. KHS ECM Guidelines

ECM Provider will provide ECM services in compliance with DHCS requirements, KHS Policies, and KHS guidelines identified in the KHS ECM Program Guide.

3. Compensation

ECM Provider shall receive a fixed fee of three hundred and fifty dollars (\$350.00) for the following G-Code Encounter with a maximum of one (1) encounter per month for services provided to Members enrolled in Enhanced Care Management (ECM). The G-Code Encounter payment will be paid for only those Members that have a minimum of one (1) G-Code encounter/claim each month. KHS reserves the right to recoup the G-Code Encounter payments made to provider if State deems the member does not qualify for ECM services.

ECM Enrollment and Engagement Service	HCPCS Code	Modifier	Units of Service (UOS)
G9008	ECM In-Person: Provided by Clinical Staff. Coordinated care fee, physician coordinated care oversight services.	U1	Used by Managed Care with HCPCS code G9008 to indicate Enhanced Care Management services
G9008	ECM Phone/Telehealth: Provided by Clinical Staff. Coordinated care fee, physician coordinated care oversight services.	U1, GQ	Used by Managed Care with HCPCS code G9008 to indicate Enhanced Care Management services.
G9012	ECM In-Person: Provided by Non-	U2	Used by Managed Care with HCPCS

	Clinical Staff. Other specified case management service not elsewhere classified.		code G9012 to indicate Enhanced Care Management services
G9012	ECM Phone/Telehealth: Provided by Non-Clinical Staff. Other specified case management service not elsewhere classified.	U2, GQ	Used by Managed Care with HCPCS code G9012 to indicate Enhanced Care Management services.

ECM Provider shall receive a fixed fee of thirty-five dollars (\$35.00) or fifty dollars (\$50.00) if services are conducted as a home visit with Place of Service, 12, for the following G-Code Encounter with a maximum of two (2) encounters per month, for the member's 12-month authorization period, not to exceed twenty-four (24) encounters during the authorization period, for services provided to Members eligible for Enhanced Care Management (ECM). The G-Code Encounter payment will be paid for only those Members that have a minimum of (1) G-Code encounter/claim each month. KHS reserves the right to recoup the G-Code Encounter payments made to provider if State deems the member does not qualify for ECM services.

ECM Outreach Service	HCPCS Code	Modifier	Units of Service (UOS)
G9008	ECM Outreach In Person: Provided by Clinical Staff. Other specified case management service not elsewhere classified.	U8	Used by Managed Care with HCPCS code G9008 to indicate a single in –person Enhanced Care Management outreach attempt for an individual member, for the purpose of initiation into Enhanced Care Management.
G9008	ECM Outreach Telephonic/Electronic: Provided by Clinical Staff. Other specified case management service not elsewhere classified.	U8, GQ	Used by Managed Care with HCPCS code G9008 to indicate a single telephonic/electronic Enhanced Care Management outreach attempt for an individual member, for the purpose of initiation into Enhanced Care Management. Telephonic/electronic methods can include text messaging or secure email individualized to the Member. However, mass communications (e.g., mass mailings, distribution emails, and text messages) do not count as outreach and should not be included.

G9012	ECM Outreach In Person: Provided by Non-Clinical Staff. Other specified case management service not elsewhere classified.	U8	Used by Managed Care with HCPCS code G9012 to indicate a single in –person Enhanced Care Management outreach attempt for an individual member, for the purpose of initiation into Enhanced Care Management.
G9012	ECM Outreach Telephonic/Electronic: Provided by Non-Clinical Staff. Other specified case management service not elsewhere classified.	U8, GQ	Used by Managed Care with HCPCS code G9012 to indicate a single telephonic/electronic Enhanced Care Management outreach attempt for an individual member, for the purpose of initiation into Enhanced Care Management. Telephonic/electronic methods can include text messaging or secure email individualized to the Member. However, mass communications (e.g., mass mailings, distribution emails, and text messages) do not count as outreach and should not be included.

ECM Provider shall receive a fixed fee of fifty dollars (\$50.00) if a multidisciplinary team conference occurs between the members ECM lead care manager and one or more other providers involved in managing the member’s care. Please note the ECM clinical staff must be present. G code listed below shall be reimbursed once per month.

ECM Outreach Service	HCPCS Code	Units of Service (UOS)
G9007	Multidisciplinary Team Conference: Provided/Initiated by ECM Provider’s Clinical Staff	Used to indicate when a multidisciplinary team conference occurs between the Member’s ECM lead care manager and one more other Providers involved with managing a Member’s care. No modifier is required for the use of this code because it is assumed that these interactions will either be initiated by or involve participation of clinical staff.

EXHIBIT E

KERN HEALTH SYSTEMS ENHANCED CARE MANAGEMENT PROVIDER SERVICES AGREEMENT

MEDI-CAL PLAN PROGRAM REQUIREMENTS

This attachment sets forth the applicable requirements that are required by DHCS APL 19-001 (“APL 19-001”) and the Medi-Cal Contract to be included in this Agreement and any other provisions necessary to reflect compliance with law. Any citations in this attachment are to the applicable sections of the Medi-Cal Contract, APL 19-001, or applicable law. This attachment will automatically be modified to conform to subsequent changes in law or government program requirements. In the event of a conflict between this attachment and any other provision of the Agreement, this attachment will control with respect to Medi-Cal. Any capitalized term utilized in this attachment will have the same meaning ascribed to it in the Agreement unless otherwise set forth in this attachment. If a capitalized term used in this attachment is not defined in the Agreement or this attachment, it will have the same meaning ascribed to it in the Medi-Cal Contract.

1. If DHCS, DMFEA, DOJ, CMS, or the DHHS Inspector General determines there is a reasonable possibility of fraud or similar risk, DHCS, DMFEA, DOJ, CMS, or the DHHS Inspector General may inspect, evaluate, and audit ECM Provider at any time. Upon resolution of a full investigation of fraud, DHCS reserves the right to suspend or terminate ECM Provider from participation in the Medi-Cal program; seek recovery of payments made to ECM Provider; impose other sanctions provided under the State Plan or governing APLs, and direct KHS to terminate the Agreement due to fraud. (Medi-Cal Contract, Exhibit A, Attachment III, Section 1.3.4.D; DHCS APL 23-006; 42 CFR 438.230(c)(3)(iv).)
2. ECM Provider represents and warrants that ECM Provider and its affiliates are not debarred, suspended, or otherwise excluded from participating in procurement activities under the Federal Acquisition Regulation or from participating in nonprocurement activities under regulations issued under Executive Order No. 12549 or guidelines implementing Executive Order No. 12549. Further, ECM Provider represents and warrants that ECM Provider is not excluded from participation in any health care program under section 1128 or 1128A of the Social Security Act. (42 CFR 438.610.)
3. This Agreement and all information received from ECM Provider in accordance with the requirements under the Medi-Cal Contract shall become public record on file with DHCS, except as specifically exempted in statute. The names of the officers and owners of ECM Provider, stockholders owning five (5) percent or more of the stock issued by ECM Provider and major creditors holding five (5) percent or more of the debt of ECM Provider will be attached to the Agreement at the time the Agreement is presented to DHCS. (Medi-Cal Contract, Exhibit A, Attachment III, Section 3.1.12.)
4. ECM Provider will provide KHS with written disclosure of information on its ownership and control as set forth in 42 CFR 455.104, in a format as directed by KHS prior to commencing

services under this Agreement. ECM Provider's ownership and control disclosure information will be made available to DHCS, and upon request, the information is subject to audit by DHCS. (Medi-Cal Contract, Exhibit A, Attachment III, Section 1.3.5; DHCS APL 23-006; 42 CFR 438.602(c); 438.608(c)(2).)

5. ECM Provider agrees to all remedies specified by the Agreement and the Medi-Cal Contract, including, but not limited to, revocation of delegated functions, imposition of corrective actions, and financial sanctions, in instances where DHCS or KHS determine that the ECM Provider has not performed satisfactorily. ECM Provider acknowledges that KHS must, upon discovery of ECM Provider's noncompliance with the terms of the Agreement or any Medi-Cal requirements, report any significant instances (i.e., in terms of gravity, scope and/or frequency) of noncompliance, imposition of corrective actions, or financial sanctions pertaining to the obligations under the Medi-Cal Contract to DHCS within three (3) Working Days of the discovery or imposition. (42 CFR 438.230(c)(iii); DHCS APL 23-006.)
6. To the extent applicable, Provider must comply with 22 CCR Sections 53866, 53220, and 53222 with regard to the submission and recovery of claims for services provided under the Medi-Cal Contract. (Medi-Cal Contract, Exhibit A, Attachment III, Provision 3.3.6.)
7. Provider must maintain grievance logs that include all required information set forth in 42 CFR Section 438.416 and 22 CCR Section 53858(e). Provider must submit those grievance logs to KHS so KHS can meet its reporting obligations to DHCS. (Medi-Cal Contract, Exhibit A, Attachment III, Section 4.6.8.A.)
8. Provider shall ensure that its cultural and Health Equity linguistic services programs align with KHS's Population Needs Assessment. (Medi-Cal Contract, Exhibit A, Attachment III, Section 5.2.11.A.6)).
9. Provider shall report provider preventable condition ("PPC")-related encounters in a form and frequency as specified by KHS and/or DHCS. (Medi-Cal Contract, Exhibit A, Attachment III, Section 3.3.17; 42 CFR Section 438.3(g).)
10. Provider shall notify KHS and DHCS within ten (10) calendar days of discovery that any third party may be liable for reimbursement to KHS and/or DHCS for Services provided to a Member, such as for treatment of work related injuries or injuries resulting from tortious conduct of third-parties. Provider is precluded from receiving duplicate payments for Services provided to Members. If this occurs, Provider may not retain the duplicate payment. Once the duplicate payment is identified, Provider must reimburse KHS. If Provider fails to refund the duplicate payment, KHS may offset payments made to Provider to recoup the funds. (APL 21-007; W&I Code Section 14124.70 – 14124.791). Notice shall be provided to DHCS in accordance with Exhibit E, Provision 1.26, Subsection C of the Medi-Cal Contract.

11. Provider will immediately report to KHS the discovery of a security incident, breach or unauthorized access of Member protected health information (as defined in 45 CFR Section 160.103) or personal information (as defined in California Civil Code Section 1798.29). (Medi-Cal Contract, Exhibit G.)
12. Provider must be enrolled (and maintain enrollment) in the Medi-Cal Program through DHCS in accordance with its provider type. Provider shall provide verification of enrollment as well as a copy of the executed Medi-Cal ECM Provider Agreement (DHCS Form 6208) between Provider and DHCS, if applicable. In the event KHS assisted Provider with the enrollment process, Provider consents to allow DHCS and KHS to share information relating to the Provider application and eligibility, including but not limited to issues related to program integrity. Provider's enrollment documentation must be made available to DHCS, CMS or other authorized Governmental Agencies upon request. (APL 22-013; 42 CFR 438.602(b).)
13. Provider agrees to receive training from KHS and receive notice from KHS of any changes to KHS' Grievance and Appeals policies and procedures. (Medi-Cal Contract, Exhibit A, Attachment III, Provision 4.6, Subsection I.)

THE REST OF THIS PAGE INTENTIONALLY LEFT BLANK

EXHIBIT F

KERN HEALTH SYSTEMS ENHANCED CARE MANAGEMENT PROVIDER SERVICES AGREEMENT MEDI-CAL PLAN PROGRAM SUBCONTRACTOR REQUIREMENTS

This Exhibit sets forth the applicable requirements that are required by the contract between the California Department of Health Care Services (“DHCS”) and Kern Health System (“KHS”) (the “Medi-Cal Contract”) to be included in this Agreement and any other provisions necessary to reflect compliance with law. Any citations in this Exhibit are to the applicable sections of the Medi-Cal Contract, or applicable law. This Exhibit will automatically be modified to conform to subsequent changes in law or government program requirements. In the event of a conflict between this Exhibit and any other provision of the Agreement, this Exhibit will control with respect to Medi-Cal. Any capitalized term utilized in this Exhibit will have the same meaning ascribed to it in the Agreement unless otherwise set forth in this Exhibit. If a capitalized term used in this Exhibit is not defined in the Agreement or this Exhibit, it will have the same meaning ascribed to it in the Medi-Cal Contract. Solely for purposes of this Exhibit F, the term “Provider” shall refer to ECM Provider.

1. The Parties acknowledge and agree that this Agreement specifies KHS’s obligations and functions undertaken by Provider. (Medi-Cal Contract, Exhibit A, Attachment III, Section 3.1.6.B.1; 22 CCR 53250(c)(1).)
2. The Parties acknowledge and agree that the term of the Agreement, including the beginning and end dates as well as methods of extension, renegotiation, phaseout, and termination, are included in this Agreement. (Medi-Cal Contract, Exhibit A, Attachment III, Section 3.1.6.B.2; 22 CCR 53250(c)(4).)
3. The Parties acknowledge and agree that this Agreement contains full disclosure of the method and amount of compensation or other consideration to be received by Provider from KHS. (Medi-Cal Contract, Exhibit A, Attachment III, Section 3.1.6.B.3; 22 CCR 53250(e)(2).)
4. This Agreement and any amendments thereof will become effective only upon approval by DHCS in writing, or by operation of law where DHCS has acknowledged receipt of the Agreement and has failed to approve or disapprove the proposed Agreement or amendment thereof with sixty (60) calendar days of receipt. (Medi-Cal Contract, Exhibit A, Attachment III, Sections 3.1.6.B.4 and 3.1.2.B; 22 CCR 53250(c)(3).)
5. Provider agrees that assignment or delegation of the Agreement and any related Downstream Subcontract will be void unless prior written approval is obtained from DHCS. (Medi-Cal Contract, Exhibit A, Attachment III, Section 3.1.6.B.5–6; 22 CCR 53250(e)(5).)
6. This Agreement will be governed by and construed in accordance with all laws and applicable regulations governing the Medi-Cal Contract, including, but not limited to, 42 CFR section

438.230, the Knox-Keene Health Care Services Plan Act of 1975 as codified in Health and Safety Code Section 1340 *et seq.* (unless expressly excluded under the Medi-Cal Contract); 28 CCR Section 1300.43 *et seq.*; W&I Code Sections 14000 *et seq.*; 22 CCR Sections 53800 *et seq.*; and 22 CCR Sections 53900 *et seq.* (Medi-Cal Contract, Exhibit A, Attachment III, Section 3.1.6.B.7; 22 CCR 53250(c)(2).)

7. Provider agrees to comply with all applicable requirements of the DHCS Medi-Cal Managed Care Program pertaining to the obligations and functions undertaken by Provider, including, but not limited to, all applicable Medicaid and Medi-Cal laws, regulations, subregulatory guidance, All Plan Letters, and the provisions of the Medi-Cal Contract. (Medi-Cal Contract, Exhibit A, Attachment III, Section 3.1.6.B.8; DHCS APL 23-006.)
8. In the event and to the extent Provider is at risk for non-contracting emergency services, Provider shall comply with the requirements of Exhibit A, Attachment III, Section 3.3.16 (*Emergency Services and Post-Stabilization Care Services*) of the Medi-Cal Contract, when paying providers for emergency services. (Medi-Cal Contract, Exhibit A, Attachment III, Section 3.1.6.B.9.)
9. Provider agrees to submit to KHS, either directly or through a KHS subcontractor, as applicable, complete, accurate, reasonable, and timely Encounter Data and Provider Data, and any other reports or data as required by KHS, in order for KHS to meet its reporting requirements to DHCS. (Medi-Cal Contract, Exhibit A, Attachment III, Section 3.1.6.B.10; DHCS APL 23-006; 22 CCR 53250(c)(5).)
10. Provider will comply with all monitoring provisions in the Medi-Cal Contract and any monitoring requests by DHCS. (Medi-Cal Contract, Exhibit A, Attachment III, Section 3.1.6.B.11; 22 CCR Sections 53250(e)(1).)
11. Provider agrees to maintain and make available to DHCS, upon request, copies of all downstream subcontracts Provider enters into related to the performance of the obligations and functions it undertakes pursuant to the Agreement. Provider shall ensure that all downstream subcontracts are in writing and contain provisions that require the downstream subcontractor to comply with all requirements under the Agreement, including this Exhibit, and the Medi-Cal Contract applicable to the specific obligations and functions Provider delegates to the downstream subcontractor to the same extent Provider is required to comply with said requirements. (Medi-Cal Contract, Exhibit A, Attachment III, Sections 3.1.6.B.12; 22 CCR 53250(e)(3); 42 CFR 438.3(u).)
12. Provider agrees to make all of its premises, facilities, equipment, books, records, contracts, computer, and other electronic systems pertaining to the obligations and functions undertaken pursuant to the terms of the Agreement, available for the purpose of an audit, inspection, evaluation, examination or copying, pursuant to the Access Requirements and State's Right to Monitor, as set forth in Medi-Cal Contract, Exhibit E, Section 1.22 (*Inspection and Audit of*

Records and Facilities), and as follows: (a) As directed by KHS, DHCS, CMS, DHHS Inspector General, the Comptroller General, DOJ, DMHC, or their designees; (b) At all reasonable times at Provider's place of business or at such other mutually agreeable location in California; and (c) For a term of at least ten (10) years from final date of the Medi-Cal Contract period or from the date of completion of any audit, whichever is later. (Medi-Cal Contract, Exhibit A, Attachment III, Section 3.1.6.B.13; 42 CFR 438.3(h).)

13. Provider shall maintain all of its books and records, including Encounter Data, in accordance with good business practices and generally accepted accounting principles for a term of at least ten (10) years from the final date of the Medi-Cal Contract period or from the date of completion of any audit, whichever is later. (Medi-Cal Contract, Exhibit A, Attachment III, Section 3.1.6.B.14.)
14. Provider agrees to timely gather, preserve, and provide to DHCS, CMS, DMFEA, and any authorized State or federal regulatory agencies, any records in Provider's possession, in accordance with the Medi-Cal Contract, Exhibit E, Section 1.27 (*Litigation Support*). (Medi-Cal Contract, Exhibit A, Attachment III, Section 3.1.6.B.15.)
15. If applicable, Provider agrees to assist KHS in the transfer of Members' care pursuant to as needed, and in accordance with Exhibit E, Section 1.17 (*Phaseout Requirements*) of the Medi-Cal Contract and any other applicable provisions of the Medi-Cal Contract in the event of this Agreement or the Medi-Cal Contract termination for any reason. (Medi-Cal Contract, Exhibit A, Attachment III, Section 3.1.6.B.16.)
16. Provider agrees to notify DHCS in the event this Agreement or any related Downstream Subcontract is amended or terminated. Notice is considered given when properly addressed and deposited in the United States Postal Service as first-class registered mail, postage attached. (Medi-Cal Contract, Exhibit A, Attachment III, Section 3.1.6.B.17; 22 CCR 53250(e)(4).)

California Department of Health Care Services
Managed Care Operations Division
Attn: DHCS Contract Manager
MS 4407 P.O. Box 997413
Sacramento, CA 95899-7413

17. Provider agrees to hold harmless both the State and Members in the event KHS or another KHS Subcontractor, if applicable, cannot or will not pay for obligations and functions undertaken pursuant to this Agreement. (Medi-Cal Contract, Exhibit A, Attachment III, Section 3.1.6.B.18; 22 CCR 53250(e)(6).)
18. If applicable, Provider agrees to participate and cooperate in KHS's Quality Improvement System. (Medi-Cal Contract, Exhibit A, Attachment III, Section 3.1.6.B.19.)
19. To the extent this Agreement includes the delegation of Quality Improvement activities to Provider, the Parties will enter into a delegation agreement that includes those provisions

stipulated in Medi-Cal Contract, Exhibit A, Attachment III, Section 2.2.5 (*Subcontractor and Downstream Subcontractor QI Activities*). (Medi-Cal Contract, Exhibit A, Attachment III, Section 3.1.6.B.20.)

20. To the extent Provider is responsible for the coordination of care for Members, KHS agrees to share with Provider any utilization data that DHCS has provided to KHS, and the Provider agrees to receive the utilization data and use it solely for the purpose of Member care coordination. (Medi-Cal Contract Exhibit A, Attachment III, Section 3.1.6.B.21; 42 CFR 438.208.)
21. KHS agrees to inform Provider of prospective requirements added by State or federal law or DHCS related to the Medi-Cal Contract that impact obligations and functions undertaken through the Agreement before the requirement is effective, and Provider agrees to comply with the new requirements within thirty (30) calendar days of the effective date, unless otherwise instructed by DHCS. (Medi-Cal Contract, Exhibit A, Attachment III, Section 3.1.6.B.22.)
22. Provider must inform its Downstream Subcontractors taking on delegated KHS functions of prospective requirements added by State or federal law or DHCS related to the Medi-Cal Contract that impact obligations and functions undertaken through the Downstream Subcontract before the requirement would be effective, and the Downstream Subcontractors must comply with the new requirements within thirty (30) calendar days of the effective date, unless otherwise instructed by DHCS. (Medi-Cal Contract, Exhibit A, Attachment III, Section 3.1.6.B.23.)
23. Provider must ensure that cultural competency, sensitivity, Health Equity, and diversity training is provided for Provider's staff at key points of contact with Members. (Medi-Cal Contract, Exhibit A, Attachment III, Section 3.1.6.B.24.)
24. To the extent that Provider communicates with Members, Provider agrees to provide interpreter services for Members at all Provider sites and comply with language assistance standards developed pursuant to Health and Safety Code section 1367.04. (Medi-Cal Contract, Exhibit A, Attachment III, Section 3.1.6.B.25.)
25. Provider will notify KHS within ten (10) Working Days of any suspected Fraud, Waste, or Abuse. Provider agrees that KHS may share such information with DHCS in accordance with Medi-Cal Contract, Exhibit A, Attachment III, Section 1.3.2.D (*Subcontractor's Reporting Obligations*) and Section 1.3.2.D.6 (*Confidentiality*). (Medi-Cal Contract, Exhibit A, Attachment III, Section 3.1.6.B.26.)
26. Provider shall (i) report to KHS, or to a KHS subcontractor as applicable, when Provider has received an Overpayment, (ii) return the Overpayment to KHS within sixty (60) calendar days after the date on which the Overpayment was identified, and (iii) notify KHS in writing of the reason for the Overpayment. (Medi-Cal Contract, Exhibit A, Attachment III, Section 3.1.6.B.27.)

27. Provider must perform the obligations and functions undertaken pursuant to this Agreement, including, but not limited to, reporting responsibilities, in compliance with KHS's obligations under the Medi-Cal Contract in accordance with 42 CFR section 438.230(c)(1)(ii). (Medi-Cal Contract, Exhibit A, Attachment III, Section 3.1.6.B.28.)
28. Provider agrees and acknowledges that DHCS is a direct beneficiary of the Agreement with respect to all obligations and functions undertaken pursuant to this Agreement and that DHCS may directly enforce any and all provisions of the Agreement. (Medi-Cal Contract, Exhibit A, Attachment III, Section 3.1.6.B.29.)
29. If DHCS, DMFEA, DOJ, CMS, or the DHHS Inspector General determines there is a reasonable possibility of fraud or similar risk, DHCS, DMFEA, DOJ, CMS, or the DHHS Inspector General may inspect, evaluate, and audit Provider at any time. Upon resolution of a full investigation of fraud, DHCS reserves the right to suspend or terminate Provider from participation in the Medi-Cal program; seek recovery of payments made to Provider; impose other sanctions provided under the State Plan or governing APLs, and direct KHS to terminate the Agreement due to fraud. (Medi-Cal Contract, Exhibit A, Attachment III, Section 1.3.4.D; DHCS APL 23-006; 42 CFR 438.230(c)(3)(iv) .)
30. Provider represents and warrants that Provider and its affiliates are not debarred, suspended, or otherwise excluded from participating in procurement activities under the Federal Acquisition Regulation or from participating in nonprocurement activities under regulations issued under Executive Order No. 12549 or guidelines implementing Executive Order No. 12549. Further, Provider represents and warrants that Provider is not excluded from participation in any health care program under section 1128 or 1128A of the Social Security Act. (42 CFR 438.610.)
31. Provider, and Provider's employees, officers, and directors, shall comply with the conflict of interest requirements set forth in Exhibit H of the Medi-Cal Contract. (Medi-Cal Contract, Exhibit H, Section A.)
32. This Agreement and all information received from Provider in accordance with the requirements under the Medi-Cal Contract shall become public record on file with DHCS, except as specifically exempted in statute. The names of the officers and owners of Provider, stockholders owning five (5) percent or more of the stock issued by Provider and major creditors holding five (5) percent or more of the debt of Provider will be attached to the Agreement at the time the Agreement is presented to DHCS. (Medi-Cal Contract, Exhibit A, Attachment III, Section 3.1.12.)
33. Provider will provide KHS with written disclosure of information on its ownership and control as set forth in 42 CFR 455.104, in a format as directed by KHS prior to commencing services under this Agreement. Provider's ownership and control disclosure information will be made available to DHCS, and upon request, the information is subject to audit by DHCS. (Medi-Cal

Contract, Exhibit A, Attachment III, Section 1.3.5; DHCS APL 23-006; 42 CFR 438.602(c); 438.608(c)(2).)

34. Provider agrees to all remedies specified by the Agreement and the Medi-Cal Contract, including, but not limited to, revocation of delegated functions, imposition of corrective actions, and financial sanctions, in instances where DHCS or KHS determine that the Provider has not performed satisfactorily. Provider acknowledges that KHS must, upon discovery of Provider's noncompliance with the terms of the Agreement or any Medi-Cal requirements, report any significant instances (i.e., in terms of gravity, scope and/or frequency) of noncompliance, imposition of corrective actions, or financial sanctions pertaining to the obligations under the Medi-Cal Contract to DHCS within three (3) Working Days of the discovery or imposition. (42 CFR 438.230(c)(iii); DHCS APL 23-006.).
35. To the extent applicable, Provider agrees to comply with the network adequacy and network ratio requirements per the Medi-Cal Contract. In the event Provider fails to meet network adequacy standards as set for in APL 21-006, KHS shall impose a corrective action plan and issue sanctions. (Medi-Cal Contract, Exhibit A, Attachment III, 5.2.13.D.)

Service Line	Reimbursement Rate (per month)	Client Number	Encounters (Low)
ECM Encounters	\$350.00	400	\$1,680,000.00

Annual State Revenue

\$1,680,000.00

	10 Case Manager
Revenue	\$1,680,000.00
Total Revenue	\$1,680,000.00
Expenses	
Salaries	\$790,052.00
Benefits	\$276,518.00
Operating Costs	\$224,900.00
Indirect	\$129,147.00
Total Expenses	\$1,420,617.00
Excess (Deficit) Revenue	\$259,383.00

15.4% profit margin

Community Action Partnership of Kern (CAPK):ECM Draft Budget Proposal 07/01/2025-06/30/2
CalAIM

<u>SALARIES</u>			
5105	Personnel	FTE	RATE
	Program Director	0.05	\$ 64.65
	Lead Licensed Care Person	2.00	\$ 47.00
	Case Managers	10.00	\$ 23.00
	Program Administrator	0.60	\$ 51.00
	Administrative Assistant	1.00	\$ 22.00
	<i>Estimated increase (COLA, Merit) @ 3%</i>		
	<i>Total Personnel</i>	13.65	
	<i>Fringe Benefits @ 35%</i>		
	Total Personnel		
<u>TRAVEL</u>			
6105	Travel		
	Total Travel		
<u>SUPPLIES</u>			
6305	Supplies		
6310	Computer & Peripheral Supplies		
6315	IT Communication Supplies		
6320	Computer Software		
	Total Supplies		
<u>OTHER OPERATING COSTS</u>			
6205	Space Cost		
6235	Utilities		
6605	Communication Services		
6610	Postage		
6615	Printing		
6625	Hiring Costs		
6645	Tuition and Registration Fees - Staff		
6675	Outreach		
6685	Meeting Expenses		
6690	Membership Dues		
6790	Misc Expense		
	Total Other Operating Expenses		
7145	Raw Food Costs		

9999	10% Indirect Cost		
	TOTAL BUDGET		

TOTAL	Justification/Comments
6,724	
195,520	
478,400	
63,648	
45,760	
-	
790,052	
276,518	
1,066,570	
-	
20,000	
-	
-	
20,000	
10,000	Paper, note pads, folders, etc...(office supplies)
20,400	\$1500x2 FTE's
-	
25,000	EHR
55,400	
75,000	TBD
30,000	TBD
5,000	Mitel
-	
-	
2,500	New staff recruitment (turnover)
10,000	
25,000	
1,000	
-	
1,000	
149,500	
-	

129,147	10% Diminus rate includes contract management, human resources, general administrative support, finance, facilities, and IT support.
1,420,617	

-



MEMORANDUM

To: Budget & Finance Committee

From:  Jerry Meade, Assistant Director ~ Program

Date: March 19, 2025

Subject: *Agenda Item 4h*: Open Door Network Child Care Partnership Contract –
Action Item

The Head Start and State Child Development Division in partnership with CAPK's Procurement department has selected a new Early Head Start Child Care Partner. The competitive process was followed in selecting the Open Door Network to serve 16 center-based Early Head Start children. The contract term will begin April 1, 2025 and end February 28, 2027. The aggregate amount for the term of the contract is \$246,928.

The Open Door Network operates two child development facilities serving the most vulnerable children in Bakersfield. Their mission is to support homeless families in crisis, helping them to stabilize, obtain permanent housing and become self-sufficient. The mission aligns with CAPK and our Head Start program offering quality childcare to the most in need. Our partnership will allow our two programs to unite and offer the highest quality early childhood education opportunities to their enrolled children and families experiencing homelessness.

As part of the CAPK 2021-2025 Strategic Plan, specifically: Goal 2.1.1 Identifying and leveraging funding opportunities to expand services for both early childcare and youth services. 2.1.1b Increase capacity to provide slots by taking advantage of emerging funding opportunities at the County, Regional, State and Federal levels.

Recommendation:

Staff recommends the Budget & Finance Committee approve the Open Door Network Child Care Partnership contract, and further recommend approval by the full Board at the March 26, 2025 meeting to include the authorization for the Chief Executive Officer to sign the application for funding and execute the contract and all amendments during the term of the contract.

Attachments:

Contract for Services ~ Open Door NTWK-CAPK



SUB-CONTRACT AGREEMENT

This Contract for Services Agreement (“Agreement”) is made and entered into as of this 1st day of April 2025 by and between: The Open Door Network (“Contractor”) and Community Action Partnership of Kern (“CAPK”). In consideration of mutual promises and agreements of the parties as herein set forth, Contractor agrees as follows:

1. **DESCRIPTION OF SERVICES.** Contractor shall provide center-based services for up to **16** Early Head Start children with a minimum of 1380 hours of care per program per year as more fully detailed in **Attachment A** (Scope of Work).
2. **LOCATION FOR SERVICES.** The Open-Door Network, 1921 19th Street, Bakersfield, CA 93301
3. **PAYMENT FOR SERVICES.** Payment for services shall hereafter be Six hundred seventy-one dollars and zero cents (\$671.00) per child per calendar month, up to a maximum of sixteen (16) in Early Head Start children. The total maximum monthly charges are ten thousand and seven-hundred thirty-six dollars and zero cents (\$10,736) as shown below.

• Budget Period 1	04/01/2025 – 02/28/2026	11 months x \$10,736	\$118,096
• Budget Period 2	03/01/2026 – 02/28/2027	12 months x \$10,736	\$128,832

All subsequent payments under this Agreement shall be subject to a Cost-of-Living Adjustment (COLA). The COLA rate applied to these payments shall be determined by the annual adjustment rate issued by the national Head Start agency. Any adjustment will be automatically incorporated into the payment amount as of the effective date specified by the Head Start agency, without the need for further amendment to this Agreement.

Total payments to Contractor under this portion of the Agreement shall not exceed two hundred fifty-two thousand two hundred ninety-six dollars and zero cents. (\$246,928.00). Prior approval for trainings, conferences, classes are to be obtained from CAPK prior to registration. Prior approval for start-up costs are to be obtained from CAPK before the work starts. Any additional services not approved by CAPK in advance will be at Contractor’s own expense. A copy of CAPK’s signed approval is to be submitted with Contractor’s invoice. Contractor will submit an original monthly invoice detailing all work and services performed, on or by the 10th day of the following month. Terms are Net 30 from the date the invoice is received in CAPK’s Accounting Department. Additionally, Contractor invoices shall be in accordance with **Attachment B** contained in and attached hereto for reference.

4. **FISCAL PROVISIONS.** The Contractor shall contribute Non-Federal Share, which is a match of federal funds required by the Head Start Act, equal to 25% of Federal funds expended. Such contributions may be in cash, donated supplies and services, reduced rates for supplies and expenses, fair rental value, and/or volunteer services received. Non-Federal Share may also include other non-Federal funds and related expenses that benefit the EHS-Child Care Partnership (as defined by the Administration for Children and Families), as determined solely by CAPK. All Non-Federal Share contributions pursuant to this Agreement must be approved as such by CAPK in accordance with Office of Budget and Management (OMB) Uniform Guidance 2 CFR Part 200. Contributions must be realized and recorded in the same budget period as the Federal funds are received.
5. **TERM.** This period of performance for this Agreement shall be from April 1, 2025 through February 28, 2027. This Agreement may be terminated by either party with or without cause for any reason upon thirty (30) days written notice.
6. **OPTION TO RENEW.** This agreement may be renewed upon approval from CAPK and the Administration for Children and Families.
7. **RELATIONSHIP OF PARTIES.** While engaged in carrying out and complying with terms and conditions of this Agreement, Contractor is an independent Contractor and is not an officer or employee of CAPK.
8. **EVALUATION.** Contractor may be evaluated throughout the contract term. If Contractor fails to provide satisfactory

service, CAPK may terminate this contract with 30 days written notice.

9. **LOSS OF SUBSIDY.** Eligible children identified as EHS participants may not be dis-enrolled as a result of a loss of subsidy. In the case of where an EHS slot is not subsidized, CAPK will pay a non-subsidized rate of no more than the contractor's other subsidy daily rate for any unsubsidized EHS-Child Care Partnership child. CAPK will continue to make payments for the unsubsidized child until the child ages out of the program, the parent declines services or secures childcare elsewhere. CAPK will work with the Contractor to ensure continuity of services due to a loss of subsidy either in the Center Based option or offering EHS Home Based services through CAPK's EHS Home Based program. The non-subsidized rate can either be short term until subsidy resumes or long term to support continued EHS services to the child and family. In the case of loss of subsidy, Contractor will submit request for payment in writing. Payments made for loss of subsidy pursuant to this paragraph will be in addition to any payments made to Contractor pursuant to paragraph one (3) above.
10. **RESPONSIBILITIES.** Contractor shall perform the services provided for under this Agreement and shall keep CAPK informed of progress and developments and will respond within a reasonable time to CAPK's inquiries and communications. CAPK shall provide on a timely basis all information and documents necessary for Vendor's effective representation of CAPK's interests.
11. **CONFIDENTIALITY.** Contractor shall not at any time or in any manner, either directly or indirectly, use for its benefit, or divulge, disclose or communicate in any manner any information that is proprietary to CAPK. Contractor will protect such information and treat it as strictly confidential. This provision shall continue to be effective even after the termination of this Agreement for a period of three (3) years.
12. **RECORD KEEPING.** Payrolls, attendance and basic accounting records pertaining to the above described services shall be kept on a generally recognized accounting basis and shall be available to CAPK at mutually convenient times. Contractor shall keep accounting records for a period of three years after completion and acceptance of the agreement by the Owner.
13. **INSURANCE.** Contractor shall maintain General Liability Insurance and is responsible for maintaining any public liability, property damage, Workers' Compensation Coverage and fire insurance, as specified in **Attachment C** titled "CAPK Additional Terms and Conditions."
14. **INDEMNIFICATION.** The Contractor shall hold harmless CAPK from every claim or demand which may be made by reason of any injury to person or property sustained by the Contractor or by any person, firm or corporation, employed directly or indirectly by him/her upon or in connection with his or her performance under this Agreement, however caused, and any liability that may arise from the furnishing or use of any copyrighted or un-copyrighted composition, secret process or patented or un-patented invention. Contractor agrees to indemnify CAPK from all claims, losses, expenses, fees, including attorney fees, costs, and judgments that may be asserted against Contractor while executing this Agreement.
15. **NOTICES.** Any notice or notices required or permitted to be given pursuant to this agreement may be personally served on the other party by the party giving such notice, or may be served via certified mail, return receipt requested, to the address set forth in this Agreement.

Contractor:
The Open Door Network
1921 19th Street
Bakersfield, CA 93301

CAPK:
Community Action Partnership of Kern
1300 18th Street, Suite 200
Bakersfield, CA 93301

16. **APPLICABLE LAW.** The Laws of the State of California shall govern this Agreement.

IN WITNESS WHEREOF, the parties hereto have executed this Agreement as of the date herein above first written.

CONTRACTOR: OPEN DOOR NETWORK

Signature: _____

Date: _____

Printed Name: Marvin Luna

Title: Director of Grants

CAPK: COMMUNITY ACTION PARTNERSHIP OF KERN

Signature: _____

Date: _____

Printed Name: Jeremy T. Tobias

Title: Chief Executive Officer

ATTACHMENT A — SCOPE OF WORK

Contractor will:

Enrollment – 45 CFR 1302:

Ensure that full enrollment is met throughout the Head Start Program year, July 1 – June 30.

Achieve full enrollment on day one of program services by following the steps below:

- Provide a minimum of 1380 hours of care per program year.
- Attendance will be closely monitored to ensure that any child who does not show up on the first day or within 10 days is dropped and replaced with a new student.
- Make reasonable efforts so that Early Head Start (EHS) vacancies are filled within 30 calendar days.
- Enroll children after CAPK Head Start has verified eligibility and signed a statement certifying eligibility as per 45 CFR 1302.12. Certification can occur as follows:
 - ✓ Enroll 10% of slots with children with Individual Family Service Plan (IFSP). Fill slots no later than January 1 each year.
 - ✓ If average daily attendance falls below 85 percent, Contractor will analyze the causes and develop and submit to CAPK to review and approve a plan that outlines corrective measures no later than the 15th day of the following month.

CAPK will:

Enrollment – 45 CFR 1302:

- Provide on-going monitoring of enrollment and verify that all vacancies are filled within 30 days.
- Provide Training and Technical Assistance to Contractor's staff as it relates to Head Start eligibility and enrollment.
- Enrollment will be verified by the Enrollment and Attendance staff.
- Provide Training and Technical Assistance to Contractor to assist in developing inclusive classrooms and enroll children with disabilities in order to meet the 10% mandate.
- Refer Federal Head Start eligible children to Contractor to assist in meeting funded enrollment and 10% children with disabilities.
- Provide training and technical assistance to Contractor's staff in developing and revising Contractor's procedures to ensure compliance with Head Start regulations and mandates.
- Provide technical assistance and strategies to improve chronic absenteeism and ensure that children are receiving the required services under this agreement.
- Provide assistance and training determined to be needed from the analysis of Program Information Report (PIR), Infant/Toddler Environment Rating Scale (ITERS), Self-Assessment, Monitoring and other CAPK program monitoring data.
- Include Contractor staff in CAPK trainings as appropriate.
- Provide a monthly enrollment report to coincide with monthly invoice which includes all enrolled children.
- Provide monthly enrollment report inclusive of waitlisted children.

ATTACHMENT A — SCOPE OF WORK

Contractor will:

Education – 45 CFR – 1302:

- Hire teaching and support staff that meet Head Start and licensing regulations as outlined in the Head Start Act of 2007, and any updates issued thereto.
- Align curriculum to meet school readiness goals established by the Head Start program.
- Provide timely notification to parents for two home visits, and two parent conferences for every child during program year; or otherwise engage the parents in the learning and development.
- Ensure on-going Child Assessments/Desired Results Developmental Profile (DRDP) data is submitted according to CAPK timelines-three times per year. Complete Behavior Screening and submit to Family Advocate within 45 days of child's first day of school.
- Provide reports that document that staff has reviewed the results of developmental and behavior screening within required timelines after it was completed and discuss results with parents.
- Collaborate with CAPK to refer children identified with concerns from screening to CAPK's Content Area Specialist (CAS) Wellness for further assessment.
- Ensure children have a smooth transition experience following the guidelines of the Early Head Start Transition plan.
- Implement a high-quality research-based curriculum and other supporting strategies as defined by Head Start Performance Standards, Head Start Act.
- Review and implement Head Start current policies and procedures related to education, including the new Head Start Child Outcomes Framework in curriculum implementation and the Program for Infant and Toddler Care (PITC).
- Ensure all lesson plans, children's education goals and ongoing assessments are aligned with Head Start School Readiness and Early Learning Framework.
- Provide a program that will not include religious instruction or worship when serving CAPK children.

CAPK will:

Education – 45 CFR –1302:

- Provides start-up instructional materials and furnishings identified by CAPK.
- Provide Training and Technical Assistance in the following areas:
 - ✓ Federal Head Start regulations, Performance Standards, and mandates, Head Start School Readiness mandates, Head Start Child Development and Early Learning Framework; i.e., Home Visits, Family Partnership Agreements, etc.
 - ✓ Training in curriculum planning and implementation.
 - ✓ Mental Health – Appropriate Behavioral Intervention.
 - ✓ Content expectations for home visits and parent conferences.
- Review monthly results on the following:
 - ✓ Education compliance reports for home visits, conferences, etc.
 - ✓ PIR status reports
 - ✓ Parent Engagement
 - ✓ In-kind: Non-Federal Share
- Hire a Family Advocate to support full enrollment, recruiting, selection, eligibility and attendance requirements, ChildPlus data entry.
- Hire Child Care Partnership Supervisor to support and ensure full compliance of all comprehensive services and regulations as defined in the Head Start Performance Standards.
- Provide monthly report status of home visits, parent conferences, intentional teaching individualization, observations/ongoing child assessments, 45-day mandates and lesson plans.
- Provide yearly Pedestrian Safety training to parents and children.

ATTACHMENT A — SCOPE OF WORK

Contractor will:

Health- 45 CFR – 1302:

- Ensure that there is documentation indicating that all physical exams (well-baby check-ups) are completed at time of child enrollment per the Early and Periodic Screening Diagnosis and Treatment (EPSDT) requirements by age group.
- Review the results of all health exams, follow up on noted comments and submit to the Family Advocate to enter in ChildPlus. Refer for any needed treatment or missing requirements, documents and follow up on contact log.
- In collaboration with CAPK, assist parents to obtain or arrange further diagnostic testing, examination, and treatment by an appropriate licensed or certified professional for each child with an observable, known or suspected health, nutritional, behavior or developmental problem. Develop and implement a follow-up plan for any suspected condition or concern identified.
- Take current height and weight for each child, two (2) times a year; and submit information to the Family Advocate for entry in ChildPlus.
- Collaborate annually with CAPK to review and modify as necessary policies and procedures of Health, Mental Health and Wellness, and Nutrition Services that meet Head Start Performance Standards and Regulations.
- Submit a report to CAPK within 24 hours for any known or suspected instances of child abuse or neglect and/or any unusual incident.
- Responsible for administering any authorized medications and document on medication log all medication administered to children as required by state guidelines.
- Ensure an authorization for medication is completed by child's physician and signed by parent prior to accepting and administering medication.
- Ensure all children with teeth are assisted in brushing teeth with toothpaste containing fluoride at least once daily.

CAPK will:

Health- 45 CFR – 1302:

- Provide training and technical assistance on health-related requirements such as:
 - ✓ Individualized Health Plans
 - ✓ Nutrition Assessments
 - ✓ Medication Administration
 - ✓ Food Allergies
- Ensure all physical exams and health information are entered in ChildPlus within 30 days of the child's first day of attendance.
- Refer for annual well child exams at the appropriate intervals and dental exams at least 30 days prior to due date or expiration date and document referral on contact note or in ChildPlus.
- Ensure that all immunizations are complete and up-to-date at time of enrollment and entered in ChildPlus within 30 days of the child's first day of attendance. Refer and follow-up regularly until all immunizations outlines by age are completed according to CA Immunization Requirements. Document all referrals and follow-up on contact notes.
- Conduct and enter Nutrition Assessments in ChildPlus within 45 days of the child's first day of attendance. Follow up on nutrition concerns including referral for low Hgb/Hct, high lead levels and develop nutrition plans if needed as soon as possible but no later than 90 days from the first day of attendance.
- CAPK will review growth chart to determine height and weight are within normal range. For children who do not fall within normal range, Family Advocate will submit a referral to CAPK nutrition.
- Ensure that dental exams have been completed, including follow up treatment and are entered in ChildPlus, documented on contact notes within 90 days of the child's first day of attendance.
- Review the Contractor's policies and procedures for Health, Mental Health and Nutrition Services to ensure they meet the Head Start Performance Standards and Regulations.
- Document all medical follow-up treatment and services on contact notes. This is to include all medical treatments that improve the child's overall health.
- Ensure health plans are developed for children with chronic health conditions to include medications as needed.
- Enter and track treatment needed, and treatment received in ChildPlus.
- Ensure vision and hearing screenings, enter in ChildPlus within 45 days of child's first day of attendance and rescreen within 4-6 weeks as needed.
- Obtain results of clinical vision screening and clinical hearing screening from current well baby check by age at time of enrollment within 45 days of child's first day of attendance and enter in ChildPlus. Document all referrals, if any, and follow up on contact notes.
- Generate and review health reports (summary and detailed) from monthly monitoring reports and follow up on areas needing improvement or focus.

ATTACHMENT A — SCOPE OF WORK

Contractor will:

CAPK will:

Family Services – 45 CFR – 1302:

- Review policies and procedures for Family Services that meet Head Start Performance Standards and Regulations.
- Review monthly Family Services Reports (summary and detailed) provided by Family Advocate.

Family Services – 45 CFR – 1302:

- Provide training and technical assistance on Family Service requirements such as:
 - ✓ Family Assessments and Family Partnership Agreement (FPA) process.
 - ✓ ChildPlus data entry
 - ✓ Service delivery tracking
- Complete Family Assessments survey within 45 days of the child's first day of attendance. Document on the contact notes and ChildPlus.
- Provide referrals for services and resources that are responsive to family's needs, interests and goals on the same day the need is identified. Document on the contact notes and ChildPlus.
- Conduct timely follow-up on family needs, referrals and services received as soon as possible but not to exceed 60 calendar days depending on the urgency of the need. Document all follow-up pertaining to referrals and services received on the contact notes and ChildPlus on the same day follow-up is conducted.
- Initiate the goal setting process with all families and on the contact log and ChildPlus within 60 days of the child's first day of attendance.
- Develop a Family Partnership Agreement (FPA) within the first 60 days of the child's enrollment based on family's readiness and willingness to participate in the process. Complete the FPA form if goal is established and conduct follow-up every 60 days to review the status of the goal. Document on the contact notes and ChildPlus.

ATTACHMENT A — SCOPE OF WORK

Contractor will:

Program Design and Management – 45 CFR – 1301:

- Child Care License – Contractor shall maintain for the term of this Agreement a current Child Care License issued by the California Department of Social Services; shall provide CAPK with a copy of the license, and shall notify CAPK in writing of any changes in the status of the license, including Type A and Type B violations within 24 hours of the violation.
- Document annual performance evaluations for employees.
- Participate in Partner's meetings and trainings related to Head Start/Early Head Start.
- Document staff individual and group training needs.
- Complete follow-up within 30 days of each monitoring event to document closure to individual findings. Provide a corrective action plan for any areas of non-compliance that were found during the annual self-assessment within 30 days.
- Report any licensing finding, non-compliance with Child and Adult Care Food Program (CACFP), or any other loss of funding that materially weakens the financial stability of the Contractor or its ability to deliver the services required under this Agreement within 24 hours of the finding.
- Make reasonable efforts to have one parent representative to serve on the CAPK Head Start Policy Council (PC) monthly meetings. Representative must be elected in accordance with PC By-Laws at a local parent meeting. Parent must have a child currently enrolled in the Head Start Program.
- In-Kind: Provide documentation for Non-Federal Share to CAPK each month (amount is 25% of Federal funds expended).

CAPK will:

Program Design and Management – 45 CFR – 11301:

- Provide necessary trainings to appropriate staff to set up systems and procedures as needed.
- Provide feedback on reports and assist with any needed corrective action.
- Develop the system for ongoing monitoring and conduct monitoring of Contractor operations.
- Participate in training of staff to provide support and technical assistance and ensure implementation of procedures meet federal regulations.
- Provide data regarding service achievements, gaps and possible solutions to meet federal regulations.
- Update office equipment and software necessary to track program performance and document the yearly Program Information Report (PIR).
- Organize monthly service reviews with content area experts to analyze progress, identify gaps and help develop timely solutions.
- Provide monthly Policy Council Minutes via email for distribution to parents of Head Start classrooms.

ATTACHMENT A — SCOPE OF WORK

Contractor will:

CAPK will:

Training:

- Provide staff training related to other areas of the program as requested by CAPK.
- Ensure all staff working with children receive annual Child Abuse and Safe Sleep training, and bi-annual Pediatric and Adult First-aid and CPR training.
- Make available at least two days per year, or a minimum of 15 hours per program year, for staff to receive training.
- Request in writing for staff to attend Head Start specific approved conferences, classes, trainings and workshops.

Training:

- Provide staff training on State and Federal regulations and mandates, mutually coordinated with CAPK and other partners.
- Provide staff training related to other areas of the program as requested by contractor.
- staff to provide groups as well as on-site training as needed.
- Registration for outside training and conferences: CAPK will be responsible for registration and incidental expenses for Contractor's staff to attend Head Start specific approved conferences, classes, trainings, workshops and will invoice with receipts attached. Request to attend must be approved by CAPK in writing.
- Reimburse contractor staff per diem related to travel expenses.
- Support and offer opportunities for achieving a minimum of 15 hours professional development.

ATTACHMENT B — Payment Provisions

1. **Payment Limits** – CAPK total payments to Contractor under this Contract shall not exceed \$246,928 for children services, training and technical assistance and start up budget amounts are to be determined.
2. **Payment Basis** – Subject to the Payment Limit, payments to the Contractor for all services provided for CAPK under this Contract shall only be for costs that are actually incurred in the performance of the Contractor’s obligations under this Contract as evidenced by the timely provision of services to families and submittal of monitoring reports, invoices, and Program Information Report.
3. **Payment Amounts** – Subject to later adjustments in total payments as provided below and subject to the Payment Limit of this Contract.
\$671 per child per month, maximum of 16 Early Head Start children, for 22 months (April 1,2025 through February 28, 2027), in addition, a TBD yearly budget is allocated to cover trainings, conferences, classes and workshops for agency staff.

Attachment C

Community Action Partnership of Kern Additional Terms and Conditions

1. **TAXES.** The Contractor is solely responsible to pay all taxes and comply with all Federal, State, and local laws, ordinances, rules, regulations and lawful orders bearing on the performance of work.
2. **ASSIGNMENT OR SUBCONTRACTING.** The Contractor may not assign or transfer the Agreement, or any interest therein or claim thereunder, or subcontract any portion of the work thereunder, without the prior written approval of CAPK. If CAPK consents to such assignment or transfer, the terms and conditions of the Agreement shall be binding upon any assignee or transferee. Any transfer shall be considered an addendum to the Agreement and must be included as such.
3. **TERMINATION FOR CONVENIENCE OF CAPK.** CAPK may terminate the Agreement at any time by giving written notice to the Contractor of such termination and specifying the effective date thereof. In that event, all finished or unfinished documents and other materials as described herein, at the option of CAPK, shall become its property. If the Agreement is terminated by CAPK as provided herein, the Contractor shall be entitled to receive just and equitable compensation for any satisfactory work completed on such documents and other materials. The Contractor hereby expressly waives any and all claims for damages or compensation arising under the Agreement except as set forth in this section in the event of such termination.
4. **CHANGES.** CAPK may from time to time, require changes in the scope of the services of the Contractor to be performed hereunder. Such changes, including any increase or decrease in the amount of the Contractor's compensation which are mutually agreed upon by and between CAPK and the Vendor, shall be effective when incorporated in written amendments to the Agreement. Amendments shall be valid only after approval by Contractor and CAPK's Chief Executive Officer.
5. **CLAIMS.** All claims for money due or to become due to the Contractor from CAPK under the Agreement may not be assigned to a bank, trust company, or other financial institution without CAPK approval. Notice or requests of any such assignment or transfer shall be furnished promptly in writing to CAPK.
6. **NOTICE.** Any notice or notices required or permitted to be given pursuant to the Agreement may be personally served on the other party by the party giving such notice, or may be served by certified mail, return receipt requested.
7. **AFFIRMATIVE ACTION.** The Contractor agrees to abide by all State and Federal Affirmative Action policies and laws.
8. **DISPUTE RESOLUTION.** Any dispute arising regarding the interpretation or implementation of the Agreement, including any claims for breach of the Agreement, shall be resolved by submitting the claim for arbitration to the American Arbitration Association in accordance with its rules and procedures applicable to commercial disputes. The location of any arbitration hearing shall be Bakersfield, California, and any enforcement of the arbitrator's decision shall be brought in the Superior Court of the County of Kern, Bakersfield, California.
9. **EQUAL EMPLOYMENT OPPORTUNITY.** All hiring and other employment practices by the Contractor shall be non-discriminatory, based on merit and qualifications without regard to race, color, religion, national origin, ancestry, disability, medical condition, marital status, age or sex.

10. **SBE/MBE/WBE POLICY STATEMENT.** It is the policy of Community Action Partnership of Kern, consistent with Federal, State and local laws, to promote and encourage the development, participation, and continued expansion of Small Business Enterprises, Minority Business Enterprises and Women's Business Enterprises.
11. **AMERICAN MADE.** To the extent practicable, all equipment and products provided by Contractor will be American made.
12. **CONFIDENTIALITY.** The Contractor shall use his or her best efforts to keep confidential any information obtained during the performance of the Agreement.
13. **RESPONSIBILITY.** If Contractor is part of a corporation, the individual or individuals who sign the Agreement on behalf of the corporation are jointly responsible for performance of the Agreement.
14. **PROTEST BY CONTRACTOR.** If the Contractor wishes to file a protest against CAPK for any action, the Contractor must do so in writing with CAPK within 72 hours after the action to be protested has occurred. All protests will be taken under advisement. Any protests received after that will not be recognized.
15. **CONFLICT OF INTEREST.** In accordance with California Public Contract Code 10410, no officer or employee of CAPK shall engage in any employment, activity or enterprise from which the officer or employee receives compensation or has a financial interest in the Agreement, which may be in whole, or in part, sponsored or funded by a Local, State, or Federal agency. Also, no relative of an employee of CAPK may enter into or bid on an Agreement while said employee is still employed by CAPK. No relative of an employee of CAPK may bid on an Agreement until 12 months after the date said employee of CAPK has left employment of CAPK, either voluntarily or involuntarily. It is contrary to CAPK policy for any CAPK employee to personally solicit, demand or receive any gratuity of any kind from a Contractor in connection with any decision affecting a CAPK purchase or Agreement for Goods or Services. Thus, if such a case were to occur, the Contractor may file a protest with CAPK as specified in the section titled "Protest by Contractor."
16. **DEBARMENT AND SUSPENSION CERTIFICATION.** Contractor, under penalty of perjury, certified that, except as noted below, he/she or any person associated therewith in the capacity of owner, partner, director, officer, manager:
 - a. Is not currently under suspension, debarment, voluntary exclusion, or determination of ineligibility by any federal agency;
 - b. Has not been suspended, debarred, voluntarily excluded or determined ineligible by any federal agency within the past three (3) years;
 - c. Does not have a proposed debarment pending; and
 - d. Has not been indicted, convicted, or had a civil judgment rendered against it by a court of competent jurisdiction in any matter involving fraud or official misconduct within the past three (3) years.

If there are any exceptions to the Certifications above, insert the exceptions in the following space:

Exceptions will not necessarily result in denial of award but will be considered in determining Vendor responsibility. For any exception noted above, indicate below to whom it applies, initiating agency, and dates of action.

Note: Providing false information may result in criminal prosecution or administrative sanctions.

17. **WORKER'S COMPENSATION.** Labor Code Section 3700 provides:

"Every employer except the State and all political subdivisions or institutions thereof, shall secure the payment of compensation in one or more of the following ways:

"(a) By being insured against liability to pay compensation in one or to more than one of the insurers duly authorized to write compensation insurance in this State.

"(b) By securing from the Director of Industrial Relations a certificate of consent to self-insure, which may be given upon furnishing proof satisfactory to the Director of Industrial Relations of ability to self-insure and to pay any compensation that may become due to his employees."

Contractor is aware of the provisions of Section 3700 of the Labor Code which require every employer to be insured against liability for Worker's Compensation or to undertake self-insurance in accordance with the provisions of that Code, and Vendor will comply with those provisions before commencing the performance of the work of the Agreement.

(In accordance with Article 5 [commencing at Section 1860], Chapter 1, Part 7, Division 2 of the Labor Code, this certificate must be signed and filed with the awarding body prior to performing any work under the Agreement.)

18. INSURANCE REQUIREMENTS: Contractor shall procure, furnish and maintain for the duration of the Agreement the following types and limits of insurance herein:

- a. Automobile Liability Insurance, providing coverage on an occurrence basis for bodily injury, including death, of one or more persons, property damage and personal injury, with limits of not less than One Million Dollars (\$1,000,000) per occurrence; and the policy shall:
- b. Provide coverage for owned, non-owned and hired autos.
- c. Contain an additional insured endorsement in favor of Community Action Partnership of Kern, its board, officers, agents, employees and volunteers.
- d. Broad Form Commercial General Liability Insurance, ISO form CG00 01 11 85 or 88 providing coverage on an occurrence basis for bodily injury, including death, of one or more persons, property damage and personal injury, with limits of not less than One Million Dollars (\$1,000,000) per occurrence; and the policy shall:
- e. Provide Contractual Liability coverage for the terms of the Agreement.
- f. Contain an additional insured endorsement in favor in favor of Community Action Partnership of Kern, its board, officers, agents, employees and volunteers.
- g. Workers' compensation insurance with statutory limits and employer's liability insurance with limits of not less than One Million Dollars (\$1,000,000) per occurrence. All policies required of the Contractor shall be primary insurance as to Community Action Partnership of Kern, its board, officers, agents employees and volunteers and any insurance or self-insurance maintained by Community Action Partnership of Kern, its board, officers, agents employees and designated volunteers shall be in excess of the Contractor's insurance and shall not contribute with it. Additional insured endorsement shall use ISO form CG20 10 11 85 (in no event with an edition date later than 1990).

Insurance is to be placed with insurers with a Best's rating of no less than A: VII. Any deductibles, self-insured retentions or insurance in lesser amounts, or lack of certain types of insurance otherwise required by the Agreement, or insurance rated below Best's A: VII, must be declared prior to execution of the Agreement and approved by CAPK in writing.

All policies shall contain an endorsement providing Community Action Partnership of Kern with thirty (30) days written notice of cancellation or material change in policy language or terms. All policies shall provide that there shall be continuing liability thereon, notwithstanding any recovery on any policy.

The insurance required hereunder shall be maintained until all work required to be performed by the

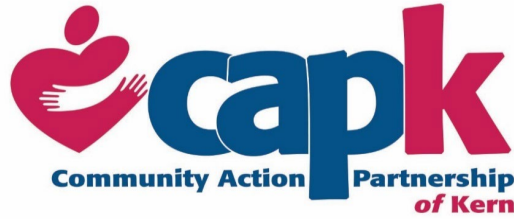
Agreement is satisfactorily completed.

Contractor shall furnish CAPK with a certificate of insurance and required endorsements evidencing the insurance required. CAPK may withdraw its offer of an Agreement or cancel the Agreement if certificates of insurance and endorsements required have not been provided prior to the execution of the Agreement.

Signature	Date

Print Name	Title

Company Name



BUDGET AND FINANCE COMMITTEE

MARCH 19, 2025

FINANCIAL REPORT

TABLE OF CONTENTS

<u>SECTION</u>	<u>Pages (s)</u>
A. Schedule of Programs for the period March 1, 2024 through February 28, 2025	A1 - A6
B. Functional Classification by Fund	B1 - B3
C. Line of Credit Summary	C1
D. - Cash Summary as of January 31, 2025	D1
- Bank Reconciliations	D2 - D8
E. Wells Fargo Visa Summary and Statements	E1 - E25
F. Central Kitchen Budget to Actual January 31, 2025	F1
G. State Department of Education Contract - Earned Revenue	G1 - G2
H. Finance Division Monthly Report	H1
I. Financial Statements as of February 29, 2024	I1
J. Financial Statements as of January 31, 2025	J1
K. Agency-wide Budget to Actual as of January 31, 2025	K1 - K7
L. Indirect Fund Budget To Actual as of January 31, 2025	L1
M. Check Register as of January 31, 2025	M1

**COMMUNITY ACTION PARTNERSHIP OF KERN
SCHEDULE OF PROGRAMS (FUNDS)
FOR THE PERIOD MARCH 1, 2024 THROUGH FEBRUARY 28, 2025**

PROGRAM (COMPONENT)	AMOUNT	CFDA #	GRANT NUMBER	PROGRAM YEAR	FUND#	FUNDING SOURCE
<u>UNRESTRICTED</u>						
GENERAL FUND			NOT APPLICABLE	03/01/24 - 02/28/25	501	NOT APPLICABLE
DISCRETIONARY FUND			NOT APPLICABLE	03/01/24 - 02/28/25	502	NOT APPLICABLE
FOOD BANK			NOT APPLICABLE	03/01/24 - 02/28/25	504	SHARED MAINTENANCE, MEMBERSHIP FEES, DONATIONS, ETC.
FOOD BANK EXPANSION			NOT APPLICABLE	03/01/24 - 02/28/25	505	DONATIONS
ENERGY			NOT APPLICABLE	03/01/24 - 02/28/25	524	NOT APPLICABLE
SHAFTER YOUTH CENTER			NOT APPLICABLE	03/01/24 - 02/28/25	527	DONATIONS, RENTAL INCOME
FRIENDSHIP HOUSE			NOT APPLICABLE	03/01/24 - 02/28/25	531	DONATIONS, RENTAL INCOME
EAST KERN FAMILY RESOURCE CENTER			NOT APPLICABLE	03/01/24 - 02/28/25	533	DONATIONS
OASIS FAMILY RESOURCE CENTER			NOT APPLICABLE	03/01/24 - 02/28/25	534	DONATIONS
211			NOT APPLICABLE	03/01/24 - 02/28/25	536	FEE FOR SERVICE
M STREET NAVIGATION CENTER			NOT APPLICABLE	03/01/24 - 02/28/25	541	DONATIONS
TAX ASSISTANCE			NOT APPLICABLE	03/01/24 - 02/28/25	545	DONATIONS
FUND RAISING			NOT APPLICABLE	03/01/24 - 02/28/25	595	DONATIONS
<u>RESTRICTED</u>						
EARLY HEAD START/HEAD START - NO COST EXTENSION	39,182,883	93.600	09CH011132-05	03/01/23 - 02/28/25	108/109/117	U S DEPT OF HEALTH & HUMAN SERVICES
EARLY HEAD START/HEAD START	17,869,274	93.600	09CH012489-01	03/01/24 - 02/28/25	108/109/117	
HUD - COORDINATED ENTRY SYSTEM	236,838	14.267	CA1799L9D042204	08/01/23 - 07/31/24	160	U S DEPT OF HOUSING AND URBAN DEVELOPMENT OFFICE OF COMMUNITY PLANNING AND DEVELOPMENT
VITA	258,775	21.009	24VITAA0111	10/01/23 - 09/30/24	149	U S DEPT OF THE TREASURY - INTERNAL REVENUE SERVICE
CSBG (COMMUNITY SERVICES BLOCK GRANT)	1,791,327	93.569	24F - 3015	01/01/24 - 12/31/24	103	U S DEPT OF HEALTH & HUMAN SERVICES - STATE OF DEPT OF COMMUNITY SERVICES AND DEVELOPMENT
LIHEAP (LOW-INCOME HOME ENERGY ASSISTANCE PROGRAM)	7,629,640	93.568	24B-2012	11/01/23 - 06/30/25	122-34	U S DEPT OF HEALTH & HUMAN SERVICES - STATE OF DEPT OF COMMUNITY SERVICES AND DEVELOPMENT
SLIHEAP (SUPPLEMENTAL LOW-INCOME HOME ENERGY ASSISTANCE PROGRAM)	284,366	93.568	23Q-5561	05/01/23 - 05/31/24	122-44	U S DEPT OF HEALTH & HUMAN SERVICES - STATE OF CALIFORNIA, DEPT OF COMMUNITY SERVICES AND DEVELOPMENT
ESLIHEAP (EMERGENCY SUPPLEMENTAL LOW-INCOME HOME ENERGY ASSISTANCE PROGRAM)	5,432,583	93.568	22J-5716	04/15/23 - 05/31/25	122-43	U S DEPT OF HEALTH & HUMAN SERVICES - STATE OF CALIFORNIA, DEPT OF COMMUNITY SERVICES AND DEVELOPMENT

**COMMUNITY ACTION PARTNERSHIP OF KERN
SCHEDULE OF PROGRAMS (FUNDS)
FOR THE PERIOD MARCH 1, 2024 THROUGH FEBRUARY 28, 2025**

PROGRAM (COMPONENT)	AMOUNT	CFDA #	GRANT NUMBER	PROGRAM YEAR	FUND#	FUNDING SOURCE
DOE (DEPARTMENT OF ENERGY) BIL (BIPARTISAN INFRASTRUCTURE LAW)	3,000,000	81.042	22P-7010	06/01/23 - 06/30/27	123-67	U S DEPT OF HEALTH & HUMAN SERVICES - STATE OF CALIFORNIA, DEPT OF COMMUNITY SERVICES AND DEVELOPMENT
LIHWAP (LOW INCOME HOUSEHOLD WATER ASSISTANCE PROGRAM)	537,098	93.499	21Z-9556	04/01/22 - 3/31/24	124	U S DEPT OF HEALTH & HUMAN SERVICES - STATE OF CALIFORNIA, DEPT OF COMMUNITY SERVICES AND DEVELOPMENT
GENERAL CENTER CHILD CARE	611,225	93.575	CCTR - 3063	07/01/23 - 06/30/24	253	U S DEPT OF HEALTH & HUMAN SERVICES - STATE OF CALIFORNIA, DEPT OF SOCIAL SERVICES
GENERAL CENTER CHILD CARE	275,855	93.596	CCTR - 3063	07/01/23 - 06/30/24	253	U S DEPT OF HEALTH & HUMAN SERVICES - STATE OF CALIFORNIA, DEPT OF SOCIAL SERVICES
MIGRANT ALTERNATIVE PAYMENT	5,466,652	93.575	CMAF - 3000	07/01/23 - 06/30/24	261	U S DEPT OF HEALTH & HUMAN SERVICES - STATE OF CALIFORNIA, DEPT OF SOCIAL SERVICES
NEOPB CAL FRESH HEALTHY LIVING	1,903,731	10.561	23-10317	10/01/23 - 09/30/24	145	U S DEPT OF AGRICULTURE - STATE OF CALIFORNIA DEPT OF PUBLIC HEALTH, NUTRITION EDUCATION AND OBESITY PREVENTION BRANCH
211 HOSPITAL PREPAREDNESS PROGRAM - EMERGENCY RESPONSE & SURGE C	10,000	93.074	659 - 2017	PENDING	186	U S DEPT OF HEALTH & HUMAN SERVICES - STATE OF CALIFORNIA, DEPT OF HEALTH SERVICES, COUNTY OF KERN, DEPT OF PUBLIC HEALTH
EFAP (EMERGENCY FOOD ASSISTANCE PROGRAM)	146,294	10.568/ 569	15 - MOU - 00118	10/01/23 - 09/30/24	105/111	U S DEPT OF AGRICULTURE - STATE OF CALIFORNIA, DEPT OF SOCIAL SERVICES
EFAP REACH AND RESILIENCY	96,159	10.568	15 - MOU - 00118	06/13/22 - 06/30/24	105-103	U S DEPT OF AGRICULTURE - STATE OF CALIFORNIA, DEPT OF SOCIAL SERVICES
EFAP REACH AND RESILIENCY Round 2	229,526	10.568	15 - MOU - 00118	07/01/23 - 06/30/25	105-105	U S DEPT OF AGRICULTURE - STATE OF CALIFORNIA, DEPT OF SOCIAL SERVICES
EFAP COMMUNITY CREDIT CORPORATION Phase 1, 2, and 3	99,138	10.187	15 - MOU - 00118	00/00/00 - 09/30/24	105-106	U S DEPT OF AGRICULTURE - STATE OF CALIFORNIA, DEPT OF SOCIAL SERVICES
SNFMP (SENIOR FARMERS MARKET NUTRITION PROGRAM)	17,000	10.576		7/1/2020 - TBD	113	U S DEPT OF AGRICULTURE - STATE OF CALIFORNIA, DEPT OF SOCIAL SERVICES
EF&S Phase 40	56,733	97.024		4/1/2022 - 5/31/2023	114	U S DEPT OF AGRICULTURE - STATE OF CALIFORNIA, DEPT OF SOCIAL SERVICES
LOCAL FOOD PURCHASE ASSISTANCE PROGRAM (LFPA)	815,097	10.182		PENDING	131	U S DEPT OF AGRICULTURE - STATE OF CALIFORNIA, DEPT OF SOCIAL SERVICES
COUNTY OF KERN FOOD DISTRIBUTION	1,000,000	14.218			138	U S DEPT OF HOUSING AND URBAN DEVELOPMENT, COUNTY OF KERN
SAFE CAMPING - COUNTY OF KERN	1,275,824	21.027		7/1/2023 - 6/30/2024	142-000	U S DEPT OF TREASURY CORONAVIRUS STATE AND LOCAL FISCAL RECOVERY FUNDS (CSLFRF) FROM AMERICAN RESCUE PLAN, COUNTY OF KERN

**COMMUNITY ACTION PARTNERSHIP OF KERN
SCHEDULE OF PROGRAMS (FUNDS)
FOR THE PERIOD MARCH 1, 2024 THROUGH FEBRUARY 28, 2025**

PROGRAM (COMPONENT)	AMOUNT	CFDA #	GRANT NUMBER	PROGRAM YEAR	FUND#	FUNDING SOURCE
CSFP (COMMODITY SUPPLEMENTAL FOOD PROGRAM)	453,040	10.565	MOU-20-6003	10/01/23 - 09/30/24	147	U S DEPT OF AGRICULTURE - STATE OF CALIFORNIA, DEPT OF SOCIAL SERVICES
CHILD AND ADULT CARE FOOD PROGRAM (CACFP) - KERN & SAN JOAQUIN	BASED ON MEALS SERVED	10.558	15 - 1248 - OJ	10/01/23 - 09/30/24	112/139	U S DEPT OF AGRICULTURE - STATE OF CALIFORNIA, DEPT OF EDUCATION
WIC (WOMEN, INFANTS & CHILDREN)	4,273,247	10.557	22 - 10236	10/01/23 - 09/30/24	115	U S DEPT OF AGRICULTURE - STATE OF CALIFORNIA, DEPT OF PUBLIC HEALTH
ASTHO VACCINE EQUITY PROJECT	575,000 145,000	93.185	00-FE-3400-01-00 00-FE-3400-03-00	05/01/22 - 07/31/23 09/01/23 - 07/30/24	151	US DEPARTMENT OF HEALTH AND HUMAN SERVICES / CENTERS OF DISEASE CONTROL AND PREVENTION, ASSOCIATION OF STATE AND TERRITORIAL HEALTH OFFICIALS (ASTHO)
SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) AKA CALFRESH PROGRAM	55,428	10.561	22 - CF - SUB - KERN	10/01/23 - 09/30/24	164	U S DEPT OF AGRICULTURE - STATE OF CALIFORNIA, DEPT OF SOCIAL SERVICES, INFO LINE OF SAN DIEGO dba 211 SAN DIEGO
HUD COMMUNITY PROJECT FUNDING - FOOD BANK EXPANSION	3,000,000	14.251	B-22-CP-CA-0119	11/01/22 - 08/31/30	168	DEPARTMENT OF URBAN HOUSING AND DEVELOPMENT
QUALITY RATING AND IMPROVEMENT SYSTEM (QRIS) - SAN JOAQUIN	20,000	84.412	N/A	07/01/23 - 06/30/24	117-005	U.S. DEPT OF EDUCATION - STATE OF CALIFORNIA, DEPT OF EDUCATION - FIRST 5 CALIFORNIA, COUNTY OF SAN JOAQUIN, FIRST 5 SAN JOAQUIN, RACE TO THE TOP
CALCAPA DIAPER DISTRIBUTION PILOT	125,000	93.647	90EDA0009-DDDRP	10/01/23 - 04/30/25	191	U.S. DEPT OF SOCIAL SERVICES, CAL CAPA
BCSD CA SCHOOL COMMUNITY PARTNERSHIP	500,000	N/A		08/03/2022 - 06/30/2027	205	STATE OF CALIFORNIA, DEPT OF EDUCATION, BAKERSFIELD CITY SCHOOL DISTRICT (BCSD)
KCCD CERF REGIONAL CONVENER	160,000	N/A		03/06/23 - 09/30/24	208	STATE OF CALIFORNIA - EMPLOYMENT DEVELOPMENT DEPARTMENT, KERN COMMUNITY COLLEGE DISTRICT
KCCD CALIFORNIA WORKFORCE DEVELOPMENT BOARD (CWDB) HIGH ROAD TRAINING PARTNERSHIP RESILIENT (HRTPR) WORKFORCE FUND	75,000	N/A		10/01/23 - 03/30/26	209	STATE OF CALIFORNIA - CALIFORNIA WORKFORCE DEVELOPMENT BOARD, KERN COMMUNITY COLLEGE DISTRICT
CFDA - HEALTHY REFRIGERATION PROGRAM GRANT (HRPG)	73,862	N/A	23-0821-000-SG	04/01/24 - 03/31/25	218	STATE OF CALIFORNIA, CALIFORNIA DEPARTMENT OF FOOD AND AGRICULTURE (CFDA)
CITY OF BAKERSFIELD - FHCC SPORTS FIELD	1,000,000	N/A	2023 - 073	07/01/2022 - 07/30/2026	231	STATE OF CALIFORNIA, DEPT OF PARKS AND RECREATION, CITY OF BAKERSFIELD
CITY OF BAKERSFIELD - CALVIP OUTREACH	225,000	N/A	2023-244	10/11/23 - 12/31/25	243	STATE OF CALIFORNIA, CORRECTIONS PLANNING AND GRANTS PROGRAMS, OFFICE OF GRANT AND LOCAL RESOURCES, CITY OF BAKERSFIELD
CITY OF BAKERSFIELD CALVIP	578,731	N/A	2022-199	9/21/22-12/31/25	247	STATE OF CALIFORNIA, CORRECTIONS PLANNING AND GRANTS PROGRAMS, OFFICE OF GRANT AND LOCAL RESOURCES, CITY OF BAKERSFIELD

**COMMUNITY ACTION PARTNERSHIP OF KERN
SCHEDULE OF PROGRAMS (FUNDS)
FOR THE PERIOD MARCH 1, 2024 THROUGH FEBRUARY 28, 2025**

PROGRAM (COMPONENT)	AMOUNT	CFDA #	GRANT NUMBER	PROGRAM YEAR	FUND#	FUNDING SOURCE
SAN JOAQUIN COE GENERAL CHILD CARE (CCTR)	2,458,117	N/A	N/A	07/01/23 - 06/30/24	248	STATE OF CALIFORNIA, DEPT OF SOCIAL SERVICES - SAN JOAQUIN COUNTY OFFICE OF EDUCATION, EARLY CHILDHOOD EDUCATION
CSPP QRIS BLOCK GRANT	17,990		N/A	07/01/23 - 06/30/24	258-005	STATE OF CALIFORNIA, DEPT OF EDUCATION - KERN COUNTY SUPERINTENDENT OF SCHOOLS, KERN EARLY STARS
SAN JOAQUIN COE GENERAL CHILD CARE (CSPP)	255,528		N/A	07/01/24 - 06/30/25	259	STATE OF CALIFORNIA, DEPT OF EDUCATION - SAN JOAQUIN COUNTY OFFICE OF EDUCATION, EARLY CHILDHOOD EDUCATION
CDSS CHILD CARE FACILITIES	249,637		FGRT-22-IGPMRR-0828-A1	08/16/22 - 06/30/24	260	STATE OF CALIFORNIA, DEPT OF SOCIAL SERVICES
MIGRANT ALTERNATIVE PAYMENT	23,809,862		CMAF - 3000	07/01/23 - 06/30/24	261	STATE OF CALIFORNIA, DEPT OF SOCIAL SERVICES
GENERAL CENTER CHILD CARE	3,043,423		CCTR - 3063	07/01/23 - 06/30/24	253	STATE OF CALIFORNIA, DEPT OF SOCIAL SERVICES
CALIFORNIA STATE PRESCHOOL PROGRAM	7,087,664 7,198,002		CSPP - 3124 CSPP - 4122	07/01/23 - 06/30/24 07/01/24 - 06/30/25	258	STATE OF CALIFORNIA, DEPT OF EDUCATION
MIGRANT CHILD CARE	291,239		CMIG - 3004	07/01/23 - 06/30/24	250	STATE OF CALIFORNIA, DEPT OF SOCIAL SERVICES
MIGRANT SPECIALIZED SERVICES	40,079		CMSS - 3004	07/01/23 - 06/30/24	252	STATE OF CALIFORNIA, DEPT OF SOCIAL SERVICES
CAL EITC FREE TAX PREPARATION ASSISTANCE GRANT	2,304,654		21T-1015	12/01/21 - 06/30/24	234	STATE OF CALIFORNIA, DEPT OF COMMUNITY SERVICES AND DEVELOPMENT
HOME VISIT INITIATIVE (COUNTY OF KERN)	4,874,043		022-2024	07/01/23 - 06/30/24	270	STATE OF CALIFORNIA, DEPT OF HUMAN SERVICES, COUNTY OF KERN
POSITIVE YOUTH DEVELOPMENT SERVICES (COUNTY OF KERN)	70,000		216-2023	07/01/23 - 06/30/24	271	STATE OF CALIFORNIA, DEPT OF HUMAN SERVICES, COUNTY OF KERN
POSITIVE YOUTH DEVELOPMENT SERVICES (COUNTY OF KERN) - MEDI-CAL	311,248		217-2023	07/01/23 - 06/30/24	274	STATE OF CALIFORNIA, DEPT OF HUMAN SERVICES, COUNTY OF KERN
COUNTY OF KERN LOW BARRIER HOMELESS SHELTER OPERATIONAL	2,715,812		017-2020	07/01/20-06/30/21	275-000	STATE OF CALIFORNIA, DEPT OF SOCIAL SERVICES, COUNTY OF KERN

**COMMUNITY ACTION PARTNERSHIP OF KERN
SCHEDULE OF PROGRAMS (FUNDS)
FOR THE PERIOD MARCH 1, 2024 THROUGH FEBRUARY 28, 2025**

PROGRAM (COMPONENT)	AMOUNT	CFDA #	GRANT NUMBER	PROGRAM YEAR	FUND#	FUNDING SOURCE
BAKERSFIELD KERN REGIONAL HOMELESS COLLABORATIVE HOMELESS HOUSING ASSISTANCE AND PREVENTION (HHAP)	78,000 200,000 300,000 200,000		N/A 2022-017 2023-302	10/01/20 - 09/30/23 08/01/22 - 01/31/24 05/01/23 - 06/30/26 12/01/23 - 12/31/25	276 276-72 276-73 276-005-74	STATE OF CALIFORNIA, DEPT OF SOCIAL SERVICES, BAKERSFIELD REGIONAL HOMELESS COLLABORATIVE
FOOD BANK CAPACITY PROGRAM - FOOD BANK EXPANSION	4,859,606		SGRT-22-0012	07/01/21 - 06/30/26	215-100	STATE OF CALIFORNIA, DEPT OF SOCIAL SERVICES
TAX CHECK - OFF (FOOD BANK)	13,749		15 MOU - 00118	07/01/22 - 06/30/23	216-000	STATE OF CALIFORNIA, DEPT OF SOCIAL SERVICES
STATE EMERGENCY FOOD ASSISTANCE (FOOD BANK) CAL FOOD	256,506		MOU-22-00118	07/01/23 - 04/30/24	216-087	STATE OF CALIFORNIA, DEPT OF SOCIAL SERVICES
STATE EMERGENCY FOOD ASSISTANCE (FOOD BANK) DROUGHT FOOD ASSISTANCE	339,726		MOU-22-00118	07/01/23 - 06/30/24	216-088	STATE OF CALIFORNIA, DEPT OF SOCIAL SERVICES
STATE EMERGENCY FOOD ASSOSTANCE CAL FOOD ONE-TIME FUNDS	3,669,360		N/A	07/01/22 - 04/30/25	216-102	STATE OF CALIFORNIA, DEPT OF SOCIAL SERVICES
STATE EMERGENCY FOOD ASSOSTANCE CAL FOOD ONE-TIME FUNDS ROUND 2	1,727,122		MOU-22-00118	07/01/23 - 04/30/25	216-104	STATE OF CALIFORNIA, DEPT OF SOCIAL SERVICES
BOARD OF STATE AND COMMUNITY CORRECTIONS WARM HAND-OFF	750,000		BSCC 1012-22	10/01/22 - 04/30/26	277	STATE OF CALIFORNIA, BOARD OF STATE AND COMMUNITY CORRECTIONS
FIRST 5 KERN - HELPLINE 211	93,282		2020.2.05	07/01/23 - 06/30/24	288	STATE OF CALIFORNIA, FIRST 5 CALIFORNIA, COUNTY OF KERN, FIRST 5 KERN
FIRST 5 KERN EAST KERN FAMILY RESOURCE CENTER	147,799		2020.2.06	07/01/23 - 06/30/24	281	STATE OF CALIFORNIA, FIRST 5 CALIFORNIA, COUNTY OF KERN, FIRST 5 KERN
FIRST 5 KERN - HELP ME GROW	256,718		2020.1.06	07/01/23 - 06/30/24	284	STATE OF CALIFORNIA, FIRST 5 CALIFORNIA, COUNTY OF KERN, FIRST 5 KERN
FIRST 5 KERN - RIDGECREST FAMILY RESOURCE CENTER	173,165		2020.2.18	07/01/23 - 06/30/24	286	STATE OF CALIFORNIA, FIRST 5 CALIFORNIA, COUNTY OF KERN, FIRST 5 KERN
BKRHC - ENCAMPMENT RESOLUTION FUNDING	139,968		2023-307	12/01/23 - 12/30/25	293	STATE OF CALIFORNIA, CALIFORNIA INTERAGENCY COUNCIL ON HOMELESSNESS, BAKERSFIELD KERN REGIONAL HOMELESS COLLABORTIVE
COUNTY OF KERN - PPSA COVID-19	116,000	93.323	N/A	08/01/23 - 06/30/24	305	DEPARTMERN OF HEALTH AND HUMAN SERVICES, COUNTY OF KERN, HEALTH DEPARTMENT
COUNTY OF KERN HELPLINE 211	45,000		TBD	07/01/23 - 06/30/24	389	COUNTY OF KERN
READY KERN	1,126		N/A	07/01/23 - 06/30/24	366	COUNTY OF KERN, FIRE DEPT - OFFICE OF EMERGENCY SERV
DAY ONE FAMILIES FUND	5,000,000		N/A	12/01/23 - 11/30/27	410	DAY ONE FAMILIES FUND

**COMMUNITY ACTION PARTNERSHIP OF KERN
SCHEDULE OF PROGRAMS (FUNDS)
FOR THE PERIOD MARCH 1, 2024 THROUGH FEBRUARY 28, 2025**

A6

PROGRAM (COMPONENT)	AMOUNT	CFDA #	GRANT NUMBER	PROGRAM YEAR	FUND#	FUNDING SOURCE
KAISER 211 KERN	200,000		N/A	10/01/24 - 09/30/25	420	KAISER PERMANENTE
PG&E ARREARS OUTREACH	1,790,077		C59576	09/13/24 - 03/31/26	482	PACIFIC GAS & ELECTRIC
211 LA County	15,000		N/A	07/01/23 - 06/30/24	536-230	CALIFORNIA 211 PROVIDERS NETWORK
211 KINGS COUNTY	22,868		N/A	07/01/22 - 06/30/23	536-231	KINGS UNITED WAY
211 TULARE COUNTY	63,017		N/A	07/01/22 - 06/30/23	536-232	UNITED WAY OF TULARE COUNTY
211 STANISLAUS COUNTY	93,600		N/A	07/01/22 - 06/30/23	536-234	UNITED WAY OF STANISLAUS COUNTY
211 FRESNO AND MADERA COUNTIES	96,737		N/A	01/01/23 - 12/31/23	536-235	UNITED WAY OF FRESNO AND MADERA COUNTIES
211 MERCED & MARIPOSA	25,910		N/A	07/1/22 - 06/30/23	536-235	UNITED WAY OF MERCED & MARIPOSA COUNTIES
KAISER PERMANENTE MEDICAID REDETERMINATIONS	90,000		N/A	08/01/23 - 07/31/24	419	KAISER PERMANENTE
KAISER PERMANENTE 211 KERN	200,000		N/A	10/01/24 - 09/30/25	420	KAISER PERMANENTE
FEEDING AMERICA SERVICE INSIGHTS	100,000		N/A	01/01/23 - TBD	423	FEEDING AMERICA SERVICE INSIGHTS
FOOD BANK FREE FARMERS MARKET - WASCO	150,000		N/A	12/01/23 - 11/30/24	467	THE WONDERFUL COMPANY FOUNDATION
FARMWORKERS INITIATIVE	25,000		N/A	01/01/18 - TBD	456	BANK OF THE WEST
PG&E - FOOD BANK	33,080		N/A	08/25/22 - TBD	494	PACIFIC GAS AND ELECTRIC
KERN FAMILY HEALTH SYSTEMS CAL AIM	PER VISIT			07/01/22 - TBD	550	KERN FAMILY HEALTH SYSTEMS
KERN FAMILY HEALTH SYSTEMS CAL AIM EAST KERN FAMILY RESOURCE CENTER	PER VISIT			06/01/24 - TBD	553	KERN FAMILY HEALTH SYSTEMS

COMMUNITY ACTION PARTNERSHIP OF KERN
FUNCTIONAL CLASSIFICATIONS BY FUND
FISCAL YEAR 2024/25

Abila Fund #	Fund Name	PROGRAM SERVICES				SUPPORT SERVICES	
		Education	Nutrition	Energy Conservation	Community Services	Discretionary/ Fund Raising	General & Admin
103	Community Services Block Grant (CSBG)	X	X		X		X
501	General Fund				X		X
800	GAAP Fund						X
910	Community Development Pool				X		
915	Operations Pool			X	X		X
920	Facilities Pool						X
925	Health & Nutrition Pool	X	X		X		
999	Indirect Fund						X
502	Discretionary Fund					X	
595	Fund Raising					X	
601	CAPK Foundation					X	
108	Early Head Start	X					
109	Head Start	X					
117	Early Head Start San Joaquin	X					
117-005	EHS San Joaquin QRIS	X					
248	San Joaquin COE General Child Care (CCTR)	X					
250	Migrant Child Care	X					
252	Migrant Specialized	X					
253	General Child Care	X					
253-005	CCTR - QRIS	X					
258	California State Preschool (CSPP)	X					
258-005	CSPP QRIS	X					
260	Child Care Facilities	X					
261	Migrant Alternative Payment	X					
262/265	Child Development Reserve	X					
270	Home Visit Initiative	X					
112	Child Care Food Program (CACFP)		X				
115	Women, Infants & Children		X				
145	NEOPB Cal Fresh		X				
139	CACFP - San Joaquin		X				
	<u>Food Bank</u>		X				
105	Emergency Food Assistance		X				
111	USDA Commodities		X				
114	Emergency Food & Shelter		X				
135	County of Kern CARES Food Delivery Program		X				
147	Commodity Supplemental Food Program		X				
215	Food Bank Capacity Project		X				
216-000	Food Bank Tax Check-Off		X				
216-087	State Emergency Food Assistance		X				
216-102	CalFoods One-Time Round 1		X				
216-104	CalFoods One-Time Round 2		X				
218	CFDA Health Refrigeration		X				
422	Feeding America Senior Hunger		X				
423	Feeding America Service Insights		X				
475	Wonderful Company Food Bank Expansion		X				
485	Southern California Gas Company (Solar)		X				
467	Wonderful Company Foundation		X				
504	Food Bank		X				
505	Food Bank - Expansion		X				

COMMUNITY ACTION PARTNERSHIP OF KERN
FUNCTIONAL CLASSIFICATIONS BY FUND
FISCAL YEAR 2024/25

Abila Fund #	Fund Name	PROGRAM SERVICES				SUPPORT SERVICES	
		Education	Nutrition	Energy Conservation	Community Services	Discretionary/ Fund Raising	General & Admin
	<u>Energy</u>						
122	Low Income Home Energy Assistance			X			
123	Dept of Energy Weatherization			X			
124	Low Income Home Water Assistance			X			
241	LIWP Solar PV Pilot			X			
245	LIWP Single Family			X			
482	PG&E Arrears Outreach			X			
484	DAP (Disgorgement Assistance Program)			X			
494	PG&E			X			
524	Energy			X			
	<u>VITA (Volunteer Income Tax Assistance)</u>						
149	Internal Revenue Service - VITA				X		
234	CalEITC				X		
	<u>East Kern Family Resource Center</u>						
280	Differential Response				X		
281	First 5 East Kern Family Resource				X		
286	First 5 Oasis Family Resource Center				X		
454	Dignity Health East Kern Health Link				X		
501-005	EKFRC: KHS Emergency Closet				X		
533	East Kern Family Resource Center				X		
534	Oasis Family Resource Center				X		
553	KHS CalAIM EKFRC				X		
	<u>Youth Services</u>						
231	City of Bakersfield Sports Field				X		
243	City of Bakersfield CalVIP Outreach				X		
247	City of Bakersfield CalVIP				X		
271	Positive Youth Development Svcs				X		
274	Positive Youth Development Svcs-Medi-Cal				X		
448	Wells Fargo Foundation				X		
527	Shafter Youth Center				X		
527-068	SYC - Robotics/STEM				X		
527-260	SYC - KHS Make Bakersfield				X		
531	Friendship House Community Center				X		
531-068	FHCC - Robotics/STEM				X		
531-070	FHCC - Aggression Replacement Training				X		
531-260	FHCC - KHS Museum on the Move				X		
	<u>Homeless Services</u>						
142	County of Kern LBNC - Safe Camping				X		
160	HUD Coordinated Entry System				X		
275	County of Kern LBNC				X		
276	BKRHC HHAP				X		
277	BSCC Warm Hand-Off				X		
278	City of Bakersfield HHAP				X		
292	United Way Stanislaus CES				X		
293	BKRHC Encampment Resolution				X		
550	CalAIM Homeless Prevention Services				X		

COMMUNITY ACTION PARTNERSHIP OF KERN
FUNCTIONAL CLASSIFICATIONS BY FUND
FISCAL YEAR 2024/25

Abila Fund #	Fund Name	PROGRAM SERVICES				SUPPORT SERVICES	
		Education	Nutrition	Energy Conservation	Community Services	Discretionary/ Fund Raising	General & Admin
	<u>2-1-1</u>						
164	Cal Fresh				X		
186	2-1-1 Hospital Preparedness Program				X		
284	First 5 Kern Help Me Grow				X		
288	First 5 Kern 2-1-1				X		
366	ReadyKern				X		
389	County of Kern 2-1-1				X		
428	2-1-1 United Way				X		
428-240	United Way - Coordinate Entry System				X		
429	Southern CA Gas CRM Development Program				X		
430	Goodwill Industries - CA COVID-19 Call Ctr				X		
431	United Way - COVID-19 Comm Resp & Relief				X		
536-231	2-1-1: Kings County				X		
536-232	2-1-1: Tulare County				X		
536-233	2-1-1: Merced County				X		
536-234	2-1-1: Stanislaus County				X		
536-260	2-1-1: KHS Homeless Collaborative				X		
	<u>Other</u>						
151	ASTHO Vaccine Equity				X		
205	BCSD Community School Partnership Program				X		
208	KCCD CERF Regional Convener				X		
209	KCCD CA CWDB HRTPR Workforce				X		
410	Day 1 Families Fund				X		

COMMUNITY ACTION PARTNERSHIP OF KERN
LINE OF CREDIT ADVANCES AND REPAYMENTS
FISCAL YEAR 2024/25

Date	Advance Amount	Repayment Amount	No. of Days Borrowed	Interest Expense	Interest Rate
03/31/24	n/a				
04/30/24	n/a				
05/31/24	n/a				
06/30/24	n/a				
07/31/24	n/a				
08/31/24	n/a				
09/30/24	n/a				
10/31/24	n/a				
11/30/24	n/a				
12/31/24	n/a				
01/31/25	n/a				

Note 1: Line of Credit agreement was entered into with Wells Fargo Bank as of January 15, 2023 for \$1.5 million during January , February, July, August 2023 and will decrease to \$350,000 during March - June 2023, Sept - Dec 2023. This agreement will terminate on January 15, 2024.
A varied amount decrease to better manage the cash flow need during peak months.

LINE OF CREDIT COMMITMENT FEE (Based on the daily unused amount of the line of credit calculated quarterly)

Period	No. of Days in Period	Commitment Fee	Interest Rate
12/31/23 - 3/31/24	90 days	\$ 1,875.00	9.18%
04/01/24 - 6/30/24	90 days	\$ 1,895.83	9.18%
07/01/24 - 9/30/24	90 days	\$ 1,916.67	9.18%
10/01/24 - 12/31/24	90 days	\$ 1,916.67	9.18%

Note 3: The interest expense and commitment fee are automatically deducted from CAPK's operating bank account at Wells Fargo Bank.

COMMUNITY ACTION PARTNERSHIP OF KERN OPERATING CASH SUMMARY AS OF JANUARY 31, 2025	
PROGRAM (FUND)	CASH BALANCE
CHILD AND ADULT CARE FOOD PROGRAM	26,176.11
HEAD START/EARLY HEAD START	5,414,222.10
SUBTOTAL	5,440,398.21
GENERAL CHILD CARE	52,870.74
MIGRANT A/P	9,620,061.83
Child Development Reserve Fund No. 1	429,956.46
Child Development Reserve Fund No. 2	(7,962.35)
MIGRANT CHILD CARE	165,974.50
MIGRANT SPECIALIZED SERVICES	(9,907.33)
SAN JOAQUIN COE GENERAL CHILD CARE	(121,744.20)
CACFP - San Joaquin	(29,055.82)
STATE PRESCHOOL	1,677,197.08
SUBTOTAL	11,777,390.91
COMMODITY SUPPLEMENTAL FOOD PROGRAM	252,163.11
EF&S	(38,006.40)
EFAP	27,448.15
HUD CPF Food Bank Expansion	0.00
FEEDING AMERICA SERVICE INSIGHTS	(6,431.76)
FOOD BANK	(79,153.62)
FOOD BANK EXPANSION	(50,569.57)
FOOD BANK CAPACITY PROGRAM	198,044.57
FOOD BANK - STATE	(641,388.89)
WONDERFUL FOOD BANK EXPANSION	1,699.83
WONDERFUL FOUNDATION	16,121.97
CDFA Healthy Refrigeration Grant Program (HRGP)	(54,213.64)
SUBTOTAL	(374,286.25)
ENERGY	(268,298.21)
LIHEAP	(1,772,219.26)
DOE	601.08
LIWHAP	(694.50)
PG&E	(15,720.99)
PG&E Arrears Case Management Program	672,025.93
TRANSFER NEGATIVE BALANCE	1,384,305.95
SUBTOTAL	0.00
CENTRAL VALLEY SMALL BUSINESS DEVELOPMENT	0.00
SUBTOTAL	0.00
CSBG	(58,935.78)
WIC	(533,123.45)
HOMELESS SAFE CAMPING - CSLRFR (ARPA)	61,758.37
NEOPB CAL FRESH HEALTHY LIVING	(289,792.73)
IRS - VITA	(52,001.62)
SJCOE Head Start	(2,267.14)
HUD-COORDINATED ENTRY SYSTEM	6,454.66
CAL FRESH	(25,106.16)
CSBG - DISCRETIONARY	(26,000.00)
UW Stanislaus 211 Rental Assistance	(1,171.86)
CalCAPA-Diaper Distribution Pilot	(7,546.66)
County of Kern CERH Public Health	(5,000.00)
BCSD CA COMMUNITY SCHOOL PARTNERSHIP (CCSPP)	(93,121.65)
KCCD CERF REGIONAL CONVENOR	(25,727.74)
KCCD CWDB High Road Training Partnership	12,491.87
City of Bakersfield - FHCC Sports Field	(19,688.00)
CALEITC	(39,824.82)
City of Bkfd-Cal VIP Outreach	(38,860.80)
CITY OF BAKERSFIELD CAL VIP	(32,276.42)
Child Care Facilities	114,084.68
HOME VISIT INITIATIVE (CO OF KERN)	(31,722.91)
POSITIVE YOUTH DEV SVC	3,668.76
POSITIVE YOUTH M	(1,319.65)
COUNTY OF KERN LOW BARRIER HOMELESS CENTER	(199,283.35)
BKRHC HOMELESS HOUSING ASSISTANCE & PREVENTION	(107,670.82)
ARG III - Warm Handoff	(7,486.07)
DIFFERENTIAL RESPONSE	(1.12)
FIRST 5 KERN EAST KERN FAMILY RESOURCE CENTER	(44,011.10)
FIRST 5 HELP ME GROW	(34,576.21)
FIRST 5 RIDGECREST FAMILY RESOURCE CENTER	(39,013.87)
FIRST 5 KERN 211	(30,616.36)
BKRHC-Encampment Resolution	2,802.35
County of Kern - PPSA COVID-19	(398.64)
County of Kern - 211	(45.66)
Day 1 Families Housing Support	(18,666.20)
Kaiser	(2,140.63)
Kaiser 211 Kern	164,533.03
Kaiser - Food Locker Pilot	60,000.00
UNITED WAY 211	981.55
Sustain Our Future - East Kern	100,000.00
SCE - 211 Access PSPS	(46,155.30)
WELLS FARGO FOUNDATION	46,933.12
GENERAL FUND	(2,088,899.85)
DISCRETIONARY FUND	2,666,593.15
SHAFTER YOUTH CENTER	55,630.70
FRIENDSHIP HOUSE	1,297.60
EAST KERN FAMILY RESOURCE CENTER	36,567.25
OASIS FAMILY RESOURCE CENTER	35,836.01
211	(21,420.75)
M ST NAVIGATION CENTER	18,208.86
TAX ASSISTANCE	19,864.68
CALAIM HOMELESS PREVENTION SERVICES	425,111.67
CalAIM East Kern Family Resource Center	132,895.09
CAPK FOUNDATION	(85,997.43)
INDIRECT FUND	819,566.04
COST POOLS	519,540.17
LESS: ENERGY NEGATIVE BALANCE	(1,384,305.73)
ADD: LINE OF CREDIT	0.00
SUBTOTAL	(89,356.87)
TOTAL OPERATING CASH	16,754,146.00

COMMUNITY ACTION PARTNERSHIP OF KERN (CAPK)

WELLS FARGO BANK ACCOUNTS

1. Operating Account: Used to make all CAPK disbursements and for deposits of all cash receipts unless there are requirements to deposit cash to a restricted bank account.
2. Head Start Accrued Vacation: This is an interest-bearing restricted bank account that holds cash reserved for the payment of accrued vacation for Head Start and Early Head Start employees.
3. CSD Advances Account: This is an interest-bearing restricted bank account for CSBG and Energy grants. Advances on the Community Services Block Grant (CSBG), Department of Energy – Weatherization Assistance Program (DOE WAP) and Low-Income Home Energy Assistance Program (LIHEAP) grants are required to be deposited to a restricted bank account until there is an immediate need for the cash. Once the immediate need is determined, the cash is transferred to the Operating Account to make disbursements.
4. Day 1 Families Fund: This is an interest-bearing restricted bank account that is designated for funds received for the Day 1 Families Housing Fund. As the grant is expended, funds are subsequently transferred to the Operating Account.
5. Child Development Reserve #1: This is an interest-bearing restricted bank account that is required by the California Department of Education for center-based contracts, such as General Childcare (CCTR), State Preschool (CSPP) and State Migrant (CMIG) for the purpose of holding revenue earned in excess of costs. When the revenue is used, the cash is transferred to the Operating Account to make disbursements.
6. Child Development Reserve #2: This is an interest-bearing restricted bank account that is required by the California Department of Education for alternative payment contracts, such as Migrant Childcare Alternative Payment (CMAP) for the purpose of holding revenue earned in excess of costs. When the revenue is used, the cash is transferred to the Operating Account to make disbursements.
7. Head Start Facilities Fund: This is an interest-bearing restricted bank account required by the Office of Head Start to retain funds from the proceeds of sale for the Central Kitchen and Business Park North properties. These funds will be held in this restricted account and used for the construction of the new Central Kitchen.

Note: All CAPK bank accounts are with Wells Fargo Bank.

COMMUNITY ACTION PARTNERSHIP OF KERN
1300 18TH STREET, SUITE 200
BAKERSFIELD, CA 93301

BANK RECONCILIATION FOR THE MONTH ENDED
January 31, 2025

CITIZENS BUSINESS BANK
701 N HAVEN AVE
ONTARIO, CA 91764

OPERATING ACCOUNT
ACCOUNT NO: XXXXX-X5933

BANK BALANCE AT	01/31/25		14,430,744.73
LESS: OUTSTANDING CHECKS		348,833.89	
ADJUSTED BANK BALANCE AT	01/31/25		14,081,910.84
GENERAL LEDGER BALANCE AT	12/31/24		-
ADD: DEPOSITS		1,185,169.53	
US TREAS DRAWDOWNS		-	
FUNDS FROM OTHER GRANTS		-	
TRANSFERS FROM WELLS FARGO		17,251,807.47	
ADP /HEALTH EQUITY REFUND		-	
REIMBURSEMENT OF ALTERED PAYEE		-	
LESS: CHECKS		1,668,134.51	
ADP PAYROLL 1/10/25			
ADP PAYROLL 1/24/25		2,301,423.77	
EFTS FOR HRA/HSA/ STD/403B		0.01	
REC LOAN PRINCIPAL/INT EXPENSES			
TRANSFERS TO RESTRICTED ACCOUNTS			
CREDIT CARD			
BANK FEES			
ACH VOUCHERS		385,507.87	
GENERAL LEDGER BALANCE AT	01/31/25		14,081,910.84

DIFFERENCE: -

PREPARED BY: NAOMI IBARRA TITLE: Accountant DATE: 03/11/2025

APPROVED BY: *Nancy Webster* TITLE: Chief Financial Officer DATE: 03/11/2025

COMMUNITY ACTION PARTNERSHIP OF KERN
1300 18TH STREET, SUITE 200
BAKERSFIELD, CA 93301

BANK RECONCILIATION FOR THE MONTH ENDED
January 31, 2025

WELLS FARGO BANK, N.A.
P. O. BOX 63020
SAN FRANCISCO, CA 94163

OPERATING ACCOUNT
ACCOUNT NO: XXXXX-X2976

BANK BALANCE AT	01/31/25		6,890,762.70
LESS: OUTSTANDING CHECKS		234,868.41	
ADJUSTED BANK BALANCE AT	01/31/25		6,655,894.29
GENERAL LEDGER BALANCE AT	12/31/24		18,003,247.96
ADD: DEPOSITS		862,356.04	
US TREAS DRAWDOWNS		10,800,313.16	
FUNDS FROM OTHER GRANTS		-	
TRANSFERS FROM RESTRICTED ACCOUNTS		-	
ADP /HEALTH EQUITY REFUND		-	
REIMBURSEMENT OF ALTERED PAYEE		28,171.71	
LESS: CHECKS		1,468,267.48	
ADP PAYROLL 1/10/25		2,252,246.94	
ADP PAYROLL 1/24/2024			
EFTS FOR HRA/HSA/ STD/403B		476,641.06	
REC LOAN PRINCIPAL/INT EXPENSES		-	
TRANSFERS TO CBB		17,251,807.47	
CREDIT CARD		50,777.57	
BANK FEES			
ACH VOUCHERS		1,538,454.06	
GENERAL LEDGER BALANCE AT	01/31/25		6,655,894.29

DIFFERENCE: (0.00)

PREPARED BY: NAOMI IBARRA TITLE: Accountant DATE: 03/11/2025
APPROVED BY: *Nancy Webster* TITLE: Chief Financial Officer DATE: 03/11/2025

COMMUNITY ACTION PARTNERSHIP OF KERN
HEADSTART ACCRUED VACATION*
 1300 18TH STREET, SUITE 200
 BAKERSFIELD, CA 93301

BANK RECONCILIATION FOR MONTH ENDING
January 31, 2025

CITIZENS BUSINESS BANK
 701 N HAVEN AVENUE
 ONTARIO, CA 91764

ACCOUNT NO.: XXXXX-X5941

BANK BALANCE ENDING:	01/31/25	1,107,757.29
DEPOSITS IN TRANSIT		0.00
OUTSTANDING CHECKS		0.00
OTHER		0.00
ADJUSTED BANK BALANCE:	01/31/25	1,107,757.29
BALANCE PER G/L	12/31/24	1,107,380.81
ADD:		
DEPOSITS		0.00
INTEREST		18.82
ROUNDING ERROR		0.00
BANK ACCOUNT TRANSFER FROM GENERAL FUND		377.66
LESS:		
CHECKS		0.00
CLIENT ANALYSIS SERVICE CHARGE		20.00
BANK ACCOUNT TRANSFER TO CITIZENS BUSINESS		0.00
BALANCE PER G/L	01/31/25	1,107,757.29
DIFFERENCE:		0.00

* This account changed name in March 2011 from "Discretionary Fund" to "Head Start Accrued Vacation".

PREPARED BY: Naomi Ibarra

TITLE: Accountant

DATE: 03/10/25

APPROVED BY: 

TITLE: Chief Financial Officer

DATE: 03/10/2025

COMMUNITY ACTION PARTNERSHIP OF KERN
CSD ADVANCES ACCOUNT**
1300 18TH STREET, SUITE 200
BAKERSFIELD, CA 93301

BANK RECONCILIATION FOR MONTH ENDING
January 31, 2025

CITIZENS BUSINESS BANK
701 N HAVEN AVENUE
ONTARIO, CA 91764

ACCOUNT NO.: XXXX-X5968

BANK BALANCE ENDING: 01/31/25 274.01

DEPOSITS IN TRANSIT 0.00

OUTSTANDING CHECKS 0.00

OTHER 0.00

ADJUSTED BANK BALANCE: 01/31/25 274.01

BALANCE PER G/L 12/31/24 274.01

ADD: DEPOSITS 0.00

INTEREST 0.00

BANK ACCOUNT TRANSFER FROM GENERAL FUND 0.00

LESS: CHECKS 0.00

CLIENT ANALYSIS SERVICE CHARGE 0.00

BANK ACCOUNT TRANSFER TO CITIZENS BUSINESS 0.00

BALANCE PER G/L 01/31/25 274.01

* December 2009 name changed from Food Bank to DOE ARRA. DIFFERENCE: 0.00

** January 2018 name changed from DOE ARRA to CSD Advances.

PREPARED BY: Naomi Ibarra TITLE: Accountant DATE: 03/10/25

APPROVED BY: Amy Webster TITLE: Chief Financial Officer DATE: 03/10/2025

COMMUNITY ACTION PARTNERSHIP OF KERN
DAY 1 FAMILIES ACCOUNT
1300 18TH STREET, SUITE 200
BAKERSFIELD, CA 93301

BANK RECONCILIATION FOR MONTH ENDING
January 31, 2025

CITIZENS BUSINESS BANK
701 N HAVEN AVENUE
ONTARIO, CA 91764

ACCOUNT NO.: XXXXX-X5976

BANK BALANCE ENDING:	01/31/25	2,524,340.54
DEPOSITS IN TRANSIT		0.00
OUTSTANDING CHECKS		0.00
OTHER		0.00
ADJUSTED BANK BALANCE:	01/31/25	2,524,340.54

BALANCE PER GENERAL LEDGER	12/31/24	2,524,297.66
ADD:		
DEPOSITS (Credit Card Donations & Shared Fee)		0.00
WIRE TRANSFER		0.00
PAYPAL DEPOSIT		0.00
INTEREST		42.88
LESS:		
APPLIED MERCHANT DEBITS		0.00
CLIENT ANALYSIS SERVICE CHARGE		0.00
BANKCARD FEES		0.00
CASH CONCENTRATION FEE		0.00
FUND TRANSFER TO CITIZENS BUSINESS		0.00
		0.00
BALANCE PER GENERAL LEDGER:	01/31/25	2,524,340.54

* October 2009 name changed from WIC Account to CSBG ARRA Account and is now interest-bearing.

Difference: 0.00

** August 2010 name changed from CSBG ARRA Account to HOPE Program Account.

*** January 2018 name changed from HOPE Program Account to On-line Donations Account.

**** January 2024 name changed from Online Donations to Day 1 Families

PREPARED BY: Naomi Ibarra

TITLE: Accountant

DATE: 03/11/25

APPROVED BY: 

TITLE: Chief Financial Officer

DATE: 03/11/2025

COMMUNITY ACTION PARTNERSHIP OF KERN
CHILD DEVELOPMENT RESERVE #1
 1300 18TH STREET, SUITE 200
 BAKERSFIELD, CA 93301

BANK RECONCILIATION FOR MONTH ENDING
January 31, 2025

CITIZENS BUSINESS BANK
 701 N HAVEN AVENUE
 ONTARIO, CA 91764

ACCOUNT NO.: XXXXX-X5984

BANK BALANCE ENDING: **01/31/25** **7,614.26**

DEPOSITS IN TRANSIT 0.00

OUTSTANDING CHECKS 0.00

OTHER 0.00

ADJUSTED BANK BALANCE: **01/31/25** **7,614.26**

BALANCE PER G/L **12/31/24** **7,631.52**

ADD: DEPOSITS 2.61

INTEREST 0.13

BANK ACCOUNT TRANSFER FROM GENERAL FUND 0.00

LESS: CHECKS 0.00

CLIENT ANALYSIS SERVICE CHARGE 20.00

BANK ACCOUNT TRANSFER TO CITIZENS BUSINESS 0.00

BALANCE PER G/L **01/31/25** **7,614.26**

DIFFERENCE: 0.00

PREPARED BY: NAOMI IBARRA TITLE: Accountant DATE: 03/05/25

APPROVED BY:  TITLE: Chief Financial Officer DATE: 03/05/2025

1300 18TH STREET, SUITE 200
BAKERSFIELD, CA 93301

ACCOUNT NO.: XXXXX-X5992

BANK BALANCE ENDING:	01/31/25	98,258.43

OUTSTANDING CHECKS	0.00

OTHER	0.00

ADJUSTED BANK BALANCE:	01/31/25	98,258.43

BALANCE PER G/L	12/31/24	98,243.24

ADD:	DEPOSITS	0.00

INTEREST	1.67

BANK ACCOUNT TRANSFER	33.52

LESS:	CHECKS	0.00

CLIENT ANALYSIS SERVICE CHARGE	20.00

BANK ACCOUNT TRANSFER TO CITIZENS BUSINESS	0.00

BALANCE PER G/L	01/31/25	98,258.43

DIFFERENCE: 0.00

PREPARED BY: NAOMI IBARRA TITLE: Accountant DATE: 03/10/25

APPROVED BY:  TITLE: Chief Financial Officer DATE: 03/11/2025

COMMUNITY ACTION PARTNERSHIP OF KERN
HEAD START FACILITY ACCOUNT
1300 18TH STREET, SUITE 200
BAKERSFIELD, CA 93301

BANK RECONCILIATION FOR MONTH ENDING
January 31, 2025

CITIZENS BUSINESS BANK
701 N HAVEN AVENUE
ONTARIO, CA 91764

ACCOUNT NO.: XXXXX-X7297

BANK BALANCE ENDING:	01/31/25	2,941,494.21
DEPOSITS IN TRANSIT		0.00
OUTSTANDING CHECKS		0.00
OTHER		0.00
ADJUSTED BANK BALANCE:	01/31/25	2,941,494.21

BALANCE PER G/L	12/31/24	2,940,398.78
ADD:		
DEPOSITS		0.00
INTEREST		49.96
BANK ACCOUNT TRANSFER FROM GENERAL FUND		1,065.47
LESS:		
CHECKS		0.00
CLIENT ANALYSIS SERVICE CHARGE		20.00
BANK ACCOUNT TRANSFER TO CITIZENS BUSINESS		0.00
BALANCE PER G/L	01/31/25	2,941,494.21

DIFFERENCE: 0.00

PREPARED BY:	<u>Naomi Ibarra</u>	TITLE:	<u>Accountant</u>	DATE:	<u>03/06/25</u>
APPROVED BY:	<u></u>	TITLE:	<u>Chief Financial Officer</u>	DATE:	<u>03/06/2025</u>

COMMUNITY ACTION PARTNERSHIP OF KERN
WELLS FARGO VISA SUMMARY
STATEMENTS DATED January 1, 2025 - January 31, 2025

Cardholder	Position	Amount Charged
CAPK	Accounts Payable	\$ -
Catherine Anspach	Foundation Director of Development	2,228.38
Gloria Barbero	Administrator - EHS San Joaquin	82.99
Yolanda Gonzales	Director of Head Start/State Child Development Programs	1,048.70
Freddy Hernandez	Director of Youth and Community Services	1,958.39
Louis Gill	Chief Program Officer	3,190.35
Lisa McGranahan	Director of Human Resources	1,821.77
Jerry Meade	Assistant Director of Head Start/State Child Development Programs	830.00
Pritika Ram	Chief Business Development Officer	3,725.22
Jeremy Tobias	Chief Executive Officer	936.61
Emilio Wagner	Chief Facilities and Technology Officer	2,602.41
Tracy Webster	Chief Financial Officer	8,306.46
Rebecca Moreno	Director of Housing Support Services	1,117.00
Susana Magana	Director of Nutrition Services	-
Total		\$ 27,848.28

Reporting Period : 1/1/2025 - 1/31/2025



Statement Summary

Name	Capk Ap			Company	Community Action Partnership O
Account #	XXXX-XXXX-XXXX-7017			Currency	US Dollar
Reporting Period	1/1/2025 - 1/31/2025				
Trans Date	Post Date	Merchant Name	Charge Codes	Approved	Receipt
					Amount

Transaction Count: 0
Total: 0.00

Employee Signature	Date	Authorized Approver Signature	Date



Reporting Period : 1/1/2025 - 1/31/2025

Statement Summary

Name	Catherine Anspach	Company	Community Action Partnership O
Account #	XXXX-XXXX-XXXX-1647	Currency	US Dollar
Reporting Period	1/1/2025 - 1/31/2025		
Trans Date	Post Date	Merchant Name	Charge Codes
1 1/6/2025	1/8/2025	Par*maya Cinemas - Bakers Bakersfield, CA	
Reimbursement for Donor Yolanda Cornejo (Maya Cinemas Campaign)			
2 1/7/2025	1/8/2025	Walmart.Com 8009256278 800-966-6546, AR	
Giveaway item for the HeadStart Fatherhood conference			
3 1/14/2025	1/15/2025	Eb *5th Annual Circle 801-413-7200, CA	
Ticket for Martha Leon to attend the United Way Circle of Friends Event			
4 1/14/2025	1/16/2025	Par*maya Cinemas - Bakers Bakersfield, CA	
Reimbursement for Donor Yajaira Bustos (Maya Cinemas Campaign)			
5 1/14/2025	1/16/2025	Par*maya Cinemas - Bakers Bakersfield, CA	
Reimbursement for Donor Samantha Cabrera (Maya Cinemas Campaign)			

Trans Date	Post Date	Merchant Name	Charge Codes	Approved	Receipt	Amount
6 1/14/2025	1/16/2025	Par*maya Cinemas - Bakers Bakersfield, CA				50.00
Reimbursement for Donor Erinn Ramirez (Maya Cinemas Campaign)						
7 1/14/2025	1/16/2025	Par*maya Cinemas - Bakers Bakersfield, CA				200.00
Reimbursement for Donor Catherine Webb (Maya Cinemas Campaign)						
8 1/14/2025	1/16/2025	Par*maya Cinemas - Bakers Bakersfield, CA				25.00
Reimbursement for Donor Amber Cope (Maya Cinemas Campaign)						
9 1/18/2025	1/20/2025	Olive Garden 0021068 Bakersfield, CA				37.63
Lunch Meeting with Martha Leon and a Donor						
10 1/21/2025	1/22/2025	Py *food-Ex 214-1111111, CA				434.27
Food for CAPK Foundation Board meeting						
11 1/21/2025	1/22/2025	Tina Maries Downtown Caf Bakersfield, CA				21.94
BMI Meeting for Catherine Anspach, Director of Development						

Trans Date	Post Date	Merchant Name	Charge Codes	Approved	Receipt	Amount
12 1/24/2025	1/27/2025	Party City 291 Bakersfield, CA				79.02
Supplies for Lunch and Learn event						
13 1/24/2025	1/27/2025	In *moo Creamery 661-8611130, CA				614.10
Food for Lunch and Learn Event						
14 1/28/2025	1/30/2025	New Generations Graphics 661-3289736, CA				324.75
Sweaters for Friendship House						
15 1/29/2025	1/31/2025	Par*maya Cinemas - Bakers Bakersfield, CA				25.00
Reimbursement for Donor Valerie Ruiz (Maya Cinemas Campaign)						
16 1/29/2025	1/31/2025	Par*maya Cinemas - Bakers Bakersfield, CA				75.00
Reimbursement for Donor Michelle Bowens (Maya Cinemas Campaign)						

Transaction Count: 16
Total: 2,228.38

Employee Signature	Date	Authorized Approver Signature	Date



Reporting Period : 1/1/2025 - 1/31/2025

Statement Summary

Name	Gloria Barbero			Company	Community Action Partnership O	
Account #	XXXX-XXXX-XXXX-7058			Currency	US Dollar	
Reporting Period	1/1/2025 - 1/31/2025					
Trans Date	Post Date	Merchant Name	Charge Codes	Approved	Receipt	Amount
1 1/3/2025	1/6/2025	Bjs Restaurants 463 Stockton, CA				82.99
Staff Development Event for the SJC Enrollment and Attendance Team on 1/3/2025. Team Building and Full Enrollment Initiative Planning.						

Transaction Count: 1

Total: 82.99

Employee Signature

Date

Authorized Approver Signature

Date



Reporting Period : 1/1/2025 - 1/31/2025

Statement Summary

Name	Yolanda Gonzales	Company	Community Action Partnership O
Account #	XXXX-XXXX-XXXX-7009	Currency	US Dollar
Reporting Period	1/1/2025 - 1/31/2025		
Trans Date	Post Date	Merchant Name	Charge Codes
1 1/7/2025	1/8/2025	Delta Air 800-2211212, CA	
Travel-Delta flight for the 2025 NHSA Winter Leadership Institute in Washington, DC on 1/27/25-1/30/25-Yolanda G 108000@100%=\$471.96			
2 1/8/2025	1/9/2025	Delta Air 800-2211212, CA	
Travel-Delta flight change for the 2025 NHSA Winter Leadership Institute in Washington, DC on 1/27/25-1/30/25-Yolanda G. 108000@100%=\$70.01			
3 1/11/2025	1/13/2025	Frugattis Italian Eatery Bakersfield, CA	
Frugattis- Lunch provided for the December Staff Development Recap Meeting on 1/10/2025 108000@100%=\$506.73			
Transaction Count: 3			
Total: 1,048.70			

Employee Signature	Date	Authorized Approver Signature	Date



Reporting Period : 1/1/2025 - 1/31/2025

Statement Summary

Name		Freddy Hernandez		Company		Community Action Partnership O	
Account #		XXXX-XXXX-XXXX-8850		Currency		US Dollar	
Reporting Period		1/1/2025 - 1/31/2025					
Trans Date	Post Date	Merchant Name	Charge Codes	Approved	Receipt	Amount	
1 1/3/2025	1/6/2025	Tst*fixins Soul Kitchen Los Angeles, CA				34.98	
Food before sports event for CalVIP Participants							
2 1/3/2025	1/6/2025	Calcapa* Calcapa Www.Calcapa.O, CA				199.00	
Registration for Freddy Hernandez to attend CALCAPA Advocacy Day 4/2/25							
3 1/4/2025	1/6/2025	Mountain Mikes Pizza 661-5888818, CA				263.19	
Vita training Lunch							
4 1/4/2025	1/6/2025	Mountain Mikes Pizza 661-5888818, CA				137.96	
Vita training Lunch							
5 1/4/2025	1/6/2025	Raising Canes 0389 Mob 972-769-3100, CA				147.61	
VITA meeting lunch 1/3/25							

Trans Date	Post Date	Merchant Name	Charge Codes	Approved	Receipt	Amount
6 1/4/2025	1/6/2025	Supplier Onl 888-987-7537, PA				52.20
Youth & Community Services Division - Pending receipt						
7 1/11/2025	1/13/2025	Walmart.Com 8009256278 800-966-6546, AR				227.52
Emergency Food Purchase for Oasis FRC						
8 1/11/2025	1/13/2025	Mountain Mikes Pizza 661-5888818, CA				526.03
Vita training lunch						
9 1/15/2025	1/16/2025	Johns Incredible Pizza 661-859-1111, CA				268.40
SYC Kids Field Trip 1/14/25						
10 1/24/2025	1/27/2025	Ce*continued.Com Continued.Com, TX				89.00
Oasis Family Resource Center staff training						
11 1/25/2025	1/27/2025	Bright Minds Training Brightmindstr, KY				12.50
Oasis Family Resource Center staff training						

Transaction Count: 11
Total: 1,958.39

Employee Signature	Date	Authorized Approver Signature	Date



Reporting Period : 1/1/2025 - 1/31/2025

Statement Summary

Name	Louis Gill	Company	Community Action Partnership O
Account #	XXXX-XXXX-XXXX-6829	Currency	US Dollar
Reporting Period	1/1/2025 - 1/31/2025		
Trans Date	Post Date	Merchant Name	Charge Codes
1 1/3/2025	1/6/2025	Calcapa* Calcapa Www.Calcapa.O, CA	
Registration for Susana Magana to attend the CalCAPA Advocacy Day Sacramento, CA April 2-4, 2025			
2 1/3/2025	1/6/2025	Calcapa* Calcapa Www.Calcapa.O, CA	
Registration for Deb Johnson to attend the CalCAPA Advocacy Day Sacramento, CA April 2-4, 2025			
3 1/3/2025	1/6/2025	Smart And Final 326 Bakersfield, CA	
VITA training refreshments			
4 1/6/2025	1/7/2025	Calcapa* Calcapa Www.Calcapa.O, CA	
Registration for Louis Gill to attend the CalCAPA Advocacy Day Sacramento, CA April 2-4, 2025			
5 1/9/2025	1/10/2025	Ntlrest Servsafe 312-7151010, IL	
CalFresh Healthy Living / Staff ServSafe training			

Trans Date	Post Date	Merchant Name	Charge Codes	Approved	Receipt	Amount
6	1/10/2025	1/10/2025	Canva Create Canva.Com, DE Registration Fee for Janell Gore			125.00
7	1/10/2025	1/13/2025	Kern Co Parks And Rec 661-868-7000, CA Application Fee for multiple events for the Kern River Valley Food Program			30.00
8	1/14/2025	1/15/2025	Lassens Natural Foods-Bk Bakersfield, CA Special Diet Food's / Milk's			149.49
9	1/14/2025	1/15/2025	Wal-Mart #1624 Bakersfield, CA Central Kitchen formula purchase			1,008.48
10	1/17/2025	1/20/2025	2025 California Breast Sacramento, CA Registration for Priya Khullar for the 2025 California Breast Feeding Coalition			365.00
11	1/17/2025	1/20/2025	2025 California Breast Sacramento, CA Registration for Terriva Porter for the 2025 California Breast Feeding Coalition			265.00

Trans Date	Post Date	Merchant Name	Charge Codes	Approved	Receipt	Amount
12	1/29/2025	1/30/2025	Lassens Natural Foods-Bk Bakersfield, CA			127.74
Special Diet-Food's / Milk's						
13	1/29/2025	1/30/2025	Textedly Httpstextedly, CA			267.00
Textedly - Monthly service for food bank communication						
Transaction Count: 13						
Total: 3,190.35						

Employee Signature	Date	Authorized Approver Signature	Date



Reporting Period : 1/1/2025 - 1/31/2025

Statement Summary

Name	Lisa McGranahan		Company	Community Action Partnership O	
Account #	XXXX-XXXX-XXXX-4474		Currency	US Dollar	
Reporting Period	1/1/2025 - 1/31/2025				
Trans Date	Post Date	Merchant Name	Charge Codes	Approved	Receipt
1 1/9/2025	1/10/2025	Urbane Cafe Bakersfiel Bakersfield, CA			267.04
Urban Café-Personnel Committee Meeting					
2 1/10/2025	1/13/2025	Biometrics4all Inc 714-568-9888, CA			16.50
Relay Fees for running New Hire Fingerprints Invoice Period 12/01/24-12/31/24 Invoice Date 1/10/25					
3 1/15/2025	1/16/2025	Safety Holdings 888-9472622, NM			1,538.23
Driving Monitoring Services					
				Transaction Count: 3	
				Total: 1,821.77	

Employee Signature	Date	Authorized Approver Signature	Date



Reporting Period : 1/1/2025 - 1/31/2025

Statement Summary

Name		Jerry Meade		Company		Community Action Partnership O	
Account #		XXXX-XXXX-XXXX-8086		Currency		US Dollar	
Reporting Period		1/1/2025 - 1/31/2025					
Trans Date	Post Date	Merchant Name	Charge Codes		Approved	Receipt	Amount
1 1/2/2025	1/3/2025	Hsi Emergency Care Soluti 800-4473177, OR					830.00
Course fee for First Aid CPR and AED Certification for Health Content Area Specialist R. Reyes and M. Lopez.							

Transaction Count: 1
Total: 830.00

Employee Signature	Date	Authorized Approver Signature	Date



Reporting Period : 1/1/2025 - 1/31/2025

Statement Summary

Name		Pritika Ram		Community Action Partnership O		
Account #	XXXX-XXXX-XXXX-7074		US Dollar		Company	
Reporting Period	1/1/2025 - 1/31/2025		Currency			
Trans Date	Post Date	Merchant Name	Charge Codes	Approved	Receipt	Amount
1 1/3/2025	1/6/2025	Walgreens #7909 Bakersfield, CA				151.30
Community Development Hallway building pictures						
2 1/3/2025	1/6/2025	Calcapa* Calcapa Wwww.Calcapa.O, CA				199.00
Registration Fee for Savannah Oates to attend CalCAPA Advocacy day in Sacramento, CA from April 2-3, 2025						
3 1/3/2025	1/6/2025	Calcapa* Calcapa Wwww.Calcapa.O, CA				199.00
Registration Fee for Pritika Ram to attend CalCAPA Advocacy day in Sacramento, CA from April 2-3, 2025						
4 1/5/2025	1/7/2025	City Of Santa Monica Santa Monica, CA				10.00
P. Ram personal charge. Will need to reimburse the agency.						
5 1/8/2025	1/8/2025	Panera Bread #601790 O 661-395-9300, CA				127.52
Community Needs Assessment Focus Group Meeting on 1/7/25 at Friendship House Center.						

Trans Date	Post Date	Merchant Name	Charge Codes	Approved	Receipt	Amount
6	1/10/2025	1/13/2025	Sq *angel Food Donuts Bakersfield, CA			271.84
Donuts for volunteers for Volunteer Big Kern event on 1/10/2025 at the CAPK food bank						
7	1/11/2025	1/13/2025	Facebk *x6s2hhyem2 650-5434800, CA			400.00
Social Media Boost for CNA (\$128.49, \$7.98), KCCD Grant Promo (\$113.13, \$109.64), Annual Appeal (\$42.76)						
8	1/14/2025	1/15/2025	Sequoia Sand Downtown Bakersfield, CA			110.00
PRE-Committee meeting Lunch on 1/15/2025						
9	1/14/2025	1/16/2025	Office Depot #952 Bakersfield, CA			331.12
Supplies for Strategic Planning sessions and CNA Focus groups						
10	1/16/2025	1/17/2025	In *alliance Of Informati 703-2182477, VA			600.00
Registration for Sabrina Jones Roberts (USA Conference for May 2025)						
11	1/16/2025	1/20/2025	Vons #1969 Bakersfield, CA			22.98
Strategic Planning Session breakfast on 1/16/2025						

Trans Date	Post Date	Merchant Name	Charge Codes	Approved	Receipt	Amount
12 1/17/2025	1/20/2025	Panda Express #1245 P Olo.Com, CA				75.78
Kern Alliance of Nonprofits planning lunch meeting on 1/17/2025						
13 1/17/2025	1/20/2025	Panera Bread #601790 O 661-395-9300, CA				104.95
Strategic Planning Session Breakfast on 1/16/2025						
14 1/20/2025	1/21/2025	La Times Subscription Latimes.Com, CA				52.00
LA Times News annual Subscription fee						
15 1/20/2025	1/21/2025	Facebook *gstt7k8fm2 650-5434800, CA				312.64
Social Media boost for KCCD grant promo (\$79.79, \$88.86, \$72.16) and CNA (\$71.83)						
16 1/20/2025	1/21/2025	Facebook *pbu3zhqem2 650-5434800, CA				44.96
Social Media Boost for CNA (\$17.15) and KCCD Grant Promo (\$17.11, \$10.70)						
17 1/23/2025	1/27/2025	Dominos 7493 661-758-3030, CA				212.13
CNA Focus group meal on 1/23/2025 in Wasco						

Trans Date	Post Date	Merchant Name	Charge Codes	Approved	Receipt	Amount
18 1/29/2025	1/29/2025	Facebk *gpu9alcem2 650-5434800, CA				500.00
Social Media boost for CNA (\$135.59, \$118.95, \$11.10, \$11.23) and KCCD Grant Promo (\$84.90, \$137.23)						

Transaction Count: 18
Total: 3,725.22

Employee Signature	Date	Authorized Approver Signature	Date



Reporting Period : 1/1/2025 - 1/31/2025

Statement Summary

Name	Jeremy Tobias	Company	Community Action Partnership O
Account #	XXXX-XXXX-XXXX-7066	Currency	US Dollar
Reporting Period	1/1/2025 - 1/31/2025		
Trans Date	Post Date	Merchant Name	Charge Codes
1	1/2/2025	1/6/2025	Shell Oil 12822045006 Bakersfield, CA
			Gasoline for CEO's Agency Vehicle
2	1/3/2025	1/6/2025	Calcapa* Calcapa Www.Calcapa.O, CA
			Registration Fee for Jeremy Tobias to attend CalCAPA's Advocacy Day in Sacramento, CA from April 2-3, 2025
3	1/14/2025	1/16/2025	Shell Oil 12822045006 Bakersfield, CA
			Gasoline for CEO's Agency Vehicle
4	1/23/2025	1/24/2025	Mister Car Wash #1006 866-2543229, CA
			Monthly Car Wash Fee for CEO's Agency Vehicle
5	1/28/2025	1/29/2025	Chevron 0380243 Bakersfield, CA
			Gasoline for CEO's Agency Vehicle

Trans Date	Post Date	Merchant Name	Charge Codes	Approved	Receipt	Amount
6 1/30/2025	1/31/2025	Py *food-Ex 214-1111111, CA				526.74

Lunch for Board Meeting on January 27, 2025. Agenda and attendee list is attached.

Transaction Count: 6
Total: 963.61

Employee Signature	Date	Authorized Approver Signature	Date



Reporting Period : 1/1/2025 - 1/31/2025

Statement Summary

Name		Emilio Wagner		Company		Community Action Partnership O	
Account #		XXXX-XXXX-XXXX-7041		Currency		US Dollar	
Reporting Period		1/1/2025 - 1/31/2025					
Trans Date	Post Date	Merchant Name	Charge Codes	Approved	Receipt	Amount	
1 1/9/2025	1/10/2025	Microsoft#073694237				1,573.40	
Monthly charge for Microsoft		Msbill.Info, WA					
2 1/19/2025	1/20/2025	Mindbody, Inc.				478.65	
Monthly charge for Mindbody		Www.Mindbodyo, CA					
3 1/20/2025	1/20/2025	Msft * E0200usk3v				8.35	
Monthly charge for Microsoft		800-6427676, WA					
4 1/20/2025	1/21/2025	Msft * E0400uvfa6				542.01	
Monthly charge for Microsoft		Bill.Ms.Net, WA					
				Transaction Count: 4		Total: 2,602.41	

Employee Signature	Date	Authorized Approver Signature	Date



Reporting Period : 1/1/2025 - 1/31/2025

Statement Summary

Name		Tracy Webster		Company	Community Action Partnership O
Account #	XXXX-XXXX-XXXX-8258		Currency	US Dollar	
Reporting Period	1/1/2025 - 1/31/2025		Charge Codes	Approved	Receipt
Trans Date	Post Date	Merchant Name		Amount	
1 1/3/2025	1/6/2025	Spectrum 855-707-7328, MO		411.41	
Internet Payment for November & December					
2 1/8/2025	1/10/2025	Wipfli Llp Madison, WI		70.00	
What's New with DHHS - Regulations & Guidance Webinar					
3 1/9/2025	1/10/2025	Supplier Onl 888-987-7537, PA		562.50	
Disputing this Charge. Original Pizza order for the Finance/IT team first week of new software.					
4 1/10/2025	1/13/2025	Uber *eats Help.Uber.Com, CA		467.36	
Pizza for Finance & IT					
5 1/10/2025	1/13/2025	Uber *eats Help.Uber.Com, CA		25.00	
Tip for Pizza Delivery for Finance/IT first week of New Programs					

Trans Date	Post Date	Merchant Name	Charge Codes	Approved	Receipt	Amount
6	1/14/2025	1/15/2025 Sequoia Sand Downtown Bakersfield, CA				165.00
Audit & Pension Committee Lunch						
7	1/14/2025	1/15/2025 Spectrum 855-707-7328, MO				210.25
WIC December Payment Wasco						
8	1/16/2025	1/20/2025 Py*advanced Mini Storage 916-481-2600, CA				575.00
Storage for EHS San Joaquin						
9	1/21/2025	1/22/2025 Fd*ca Dmv Vfc Clover.Com, CA				813.00
Motor Carrier Permit for CAPK						
10	1/21/2025	1/22/2025 Fd*ca Dmv Vfc*svc Clover.Com, CA				16.26
DMV Fee's						
11	1/23/2025	1/27/2025 Wipfli Llp Madison, WI				1,950.00
OMB Training for Procurement Team						

Employee Signature	Date	Authorized Approver Signature	Date



Reporting Period : 1/1/2025 - 1/31/2025

Statement Summary

Name		Rebecca Moreno		Company		Community Action Partnership O		Currency		US Dollar		Approved		Receipt		Amount	
Account #		XXXX-XXXX-XXXX-3618		Reporting Period		1/1/2025 - 1/31/2025		Trans Date		Post Date		Merchant Name		Charge Codes			
1		1/4/2025		1/6/2025		Calcapa* Calcapa Www.Calcapa.O, CA		Registration for Rebecca Moreno to attend the 2025 CalCAPA Advocacy Day April 2025								199.00	
2		1/10/2025		1/13/2025		Securcare Self Storage 661-3227834, CA		Monthly storage for Housing & Supportive Services								293.00	
3		1/17/2025		1/20/2025		Event Fee 2025 Housing 6505945955, CA		Registration for Rosario Miranda to attend 2025 Housing Event								625.00	

Transaction Count: 3
Total: 1,117.00

Employee Signature	Date	Authorized Approver Signature	Date



Reporting Period : 1/1/2025 - 1/31/2025

Statement Summary

Name	Susana Magana		Company	Community Action Partnership O	
Account #	XXXX-XXXX-XXXX-6693		Currency	US Dollar	
Reporting Period	1/1/2025 - 1/31/2025				
Trans Date	Post Date	Merchant Name	Charge Codes	Approved	Receipt
					Amount
					Transaction Count: 0
					Total: 0.00

Employee Signature	Date	Authorized Approver Signature	Date

COMMUNITY ACTION PARTNERSHIP OF KERN
CENTRAL KITCHEN - BUDGET TO ACTUAL
FOR THE PERIOD MARCH 1, 2024 TO FEBRUARY 28, 2025 (11 OF 12 MONTHS OR 91.7%)

Line Item	2024/25 Budget	3/1/24 - 2/28/25 Actual	% Expended	Available Budget
USDA Revenue (Note A)	1,423,043	1,132,591	79.6%	290,452
Head Start Subsidy	<u>1,117,585</u>	<u>1,487,313</u>	<u>133.1%</u>	<u>(369,728)</u>
Total Revenue	<u>2,540,628</u>	<u>2,619,904</u>	<u>103.1%</u>	<u>(79,276)</u>
Expenditures (Note B)				
Salaries	784,253	739,485	94.3%	44,768
Benefits	271,274	261,381	96.4%	9,893
Vehicle Gasoline, Repair/Maintenance	41,000	41,484	101.2%	(484)
Space Costs	121,700	229,404	188.5%	(107,704)
Supplies - Office & Food Service	156,000	175,918	112.8%	(19,918)
Equipment Repair/Maintenance & Lease	11,000	8,937	81.2%	2,063
Communication	13,000	7,259	55.8%	5,741
Risk Insurance	12,700	22,489	177.1%	(9,789)
Printing	1,000	1	0.1%	999
Hiring & Employee Costs	100	2	2.4%	98
First Aid	500	-	0.0%	500
Raw Food/Vended Meals	<u>897,135</u>	<u>890,816</u>	<u>99.3%</u>	<u>6,319</u>
Sub Total	2,309,662	2,377,175	102.9%	(67,513)
Adult Meals Prepared	128,794	142,888	110.9%	(14,094)
Indirect	<u>230,966</u>	<u>99,841</u>	<u>43.2%</u>	<u>131,125</u>
Total Expenditures	<u>2,669,422</u>	<u>2,619,904</u>	<u>98.1%</u>	<u>49,518</u>

	Prior Period	JANUARY 2025	Cumulative
Total Meals Prepared and Vended (Note C)	524,360	64,170	588,530
Total Meals Claimed	<u>337,456</u>	<u>42,644</u>	<u>380,100</u>
Difference	186,904	21,526	208,430

Percentage Claimed to Prepared/Vended		66.5%	64.6%

Note A: Source of USDA revenue is monthly report submitted to California Department of Education by Head Start/State Child Development Program Division. Revenue is reimbursement for meals claimed.

Note B: Expenditures are for meals prepared, including vended meals.

Note C: Total number of meals delivered to the centers and homebase excluding adult prepared and adult meals vended. The total represents the number of meals available to be served to center and homebase children.

COMMUNITY ACTION PARTNERSHIP OF KERN
STATE DEPARTMENT OF EDUCATION CONTRACT - MIGRANT ALTERNATIVE PAYMENT
FOR THE PERIOD 7/1/24 - 6/30/25 (7 OF 12 MONTHS = 58.3%)

Contract CMAP-3000	July 2024	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Total	%	% Earned to MRA
Provider Payments	\$ 1,989,206	\$ 2,130,101	\$ 2,006,660	\$ 2,149,020	\$ 1,972,025	\$ 1,981,094	\$ 2,105,211	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 14,333,317		
Add: Family Fees	55	55	55	55	55	178	239	-	-	-	-	-	\$ 690		
Net Provider Payments	\$ 1,989,260	\$ 2,130,155	\$ 2,006,715	\$ 2,149,075	\$ 1,972,080	\$ 1,981,272	\$ 2,105,450	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 14,334,007	80.47%	
Maximum Reimbursable Amount (MRA) for Provider Payments													29,398,811		48.76%
Administration & Support Services Revenue															
Provider Payments	\$ 1,989,260	\$ 2,130,155	\$ 2,006,715	\$ 2,149,075	\$ 1,972,080	\$ 1,981,272	\$ 2,105,450	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 14,334,007		
Reimbursement Rate	x 26.5823%	x 26.5823%	x 26.5823%	x 26.5823%	x 26.5823%	x 26.5823%	x 26.5823%	x 26.5823%	x 26.5823%	x 26.5823%	x 26.5823%	x 26.5823%	x 26.5823%		
Revenue Earned	\$ 528,791	\$ 566,244	\$ 533,431	\$ 571,273	\$ 524,224	\$ 526,668	\$ 559,677	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 3,810,309		
Program Administration/Support Services Costs	192,735	232,399	322,726	172,392	335,542	302,005	279,303	-	-	-	-	-	1,837,103	10.31%	
Indirect (10% x MTDC) Costs	216,593	234,682	231,370	229,163	227,605	225,811	277,188	-	-	-	-	-	1,642,412	9.22%	
Transfer Indirect to CSBG	-	-	-	-	-	-	-	-	-	-	-	-	-		
Total Operating Costs	\$ 409,328	\$ 467,081	\$ 554,097	\$ 401,555	\$ 563,146	\$ 527,816	\$ 556,491	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 3,479,514	19.53%	
Revenue Earned Over/(Under) Costs	\$ 119,463	\$ 99,163	\$ (20,666)	\$ 169,718	\$ (38,922)	\$ (1,148)	\$ 3,186	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 330,794		
TOTAL COSTS - NET OF FAMILY FEES	\$ 2,398,589	\$ 2,597,236	\$ 2,560,812	\$ 2,550,630	\$ 2,535,226	\$ 2,509,088	\$ 2,661,941	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 17,813,522	100.00%	

Note 1: Administration and Support Services revenue is earned based on the amount of provider payments incurred. Example:

Provider payments	14,334,007
Reimbursement Rate (21.0% / 79.0%)	x 26.5823%
Revenue Earned	<u>3,810,309</u>

Note 2: The maximum reimbursable amount per the 2024/25 State contract is as follows:

Provider Payments	29,398,811	79.00%
Administration	6,642,643	17.85%
Support Services	1,172,231	3.15%
Maximum Reimbursable Amount (MRA)	<u>37,213,685</u>	<u>100.00%</u>
	<u>9,584,682</u>	<u>388%</u>

Note 3: Increase to contract was received November 2024 in the amount of \$7,704,000.

COMMUNITY ACTION PARTNERSHIP OF KERN
STATE DEPARTMENT OF EDUCATION 2024/25 CONTRACTS - EARNED REVENUE
FOR THE PERIOD 7/1/24 - 6/30/25 (7 OF 12 MONTHS = 58.3%)

	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	TOTAL	% Earned to MRA
<u>GENERAL CHILD CARE (CCTR-4065)</u>														
Adjusted Days of Enrollment - Certified	6,039	6,894	7,697	9,910	8,288	9,132	10,204						58,165	
Reimbursement Rate per Child per Day	<u>X \$51.55</u>	<u>X \$51.55</u>	<u>X \$51.55</u>	<u>X \$51.55</u>	<u>X \$51.55</u>	<u>X \$51.55</u>	<u>X \$51.55</u>	<u>X \$51.55</u>	<u>X \$51.55</u>	<u>X \$51.55</u>	<u>X \$51.55</u>	<u>X \$51.55</u>	X \$51.55	
Revenue Earned	\$ 311,329	\$ 355,398	\$ 396,787	\$ 510,861	\$ 427,263	\$ 452,390	\$ 505,488	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 2,959,517	74.05%
Maximum Reimbursable Amount (MRA)													\$3,996,470	
<u>Flex Factor</u>														
Attendance Percentage (Attendance/Enrollment)	99.39%	99.51%	99.43%	99.36%	99.44%	99.26%	98.88%							99.36%
Five Percent Flexibility, Maximum = 100 Percent	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%							100.00%
<u>CALIFORNIA STATE PRESCHOOL (CSPP-4122)</u>														
Adjusted Days of Enrollment - Certified	5,236	7,527	9,796	13,895	12,162	12,513	15,314						76,444	
Reimbursement Rate per Child per Day	<u>X \$5.27</u>	<u>X \$5.27</u>	<u>X \$5.27</u>	<u>X \$5.27</u>	<u>X \$5.27</u>	<u>X \$5.27</u>	<u>X \$5.27</u>	<u>X \$5.27</u>	<u>X \$5.27</u>	<u>X \$5.27</u>	<u>X \$5.27</u>	<u>X \$5.27</u>	X \$5.27	
Revenue Earned	\$ 289,388	\$ 416,040	\$ 541,428	\$ 767,995	\$ 672,208	\$ 691,599	\$ 846,415	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 4,225,073	57.24%
Maximum Reimbursable Amount (MRA)													\$7,381,970	
<u>Flex Factor</u>														
Attendance Percentage (Attendance/Enrollment)	99.28%	99.28%	99.11%	98.47%	99.03%	98.65%	98.99%							99.02%
Five Percent Flexibility, Maximum = 100 Percent	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%							100.00%
<u>MIGRANT CHILD CARE (CMIG-4004)</u>														
Adjusted Days of Enrollment - Certified	23	24	22	25	20	21	23						158	
Reimbursement Rate per Child per Day	<u>X \$51.55</u>	<u>X \$51.55</u>	<u>X \$51.55</u>	<u>X \$51.55</u>	<u>X \$51.55</u>	<u>X \$51.55</u>	<u>X \$51.55</u>	<u>X \$51.55</u>	<u>X \$51.55</u>	<u>X \$51.55</u>	<u>X \$51.55</u>	<u>X \$51.55</u>	X \$51.55	
Revenue Earned	\$ 1,191	\$ 1,248	\$ 1,134	\$ 1,304	\$ 1,021	\$ 1,077	\$ 1,191	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 8,166	2.78%
Maximum Reimbursable Amount (MRA)													\$293,327	
<u>Flex Factor</u>														
Attendance Percentage (Attendance/Enrollment)	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%							100.00%
Five Percent Flexibility, Maximum = 100 Percent	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%							100.00%

Note 1: Source of adjusted days of enrollment for certified children is the monthly attendance report prepared by the Fiscal Dept. of the Head Start/State Child Development Division.

Note 2: Source of reimbursement rate per child per day and maximum reimbursable amount is per the 2024/25 State contracts.

COMMUNITY ACTION PARTNERSHIP OF KERN
STATE DEPARTMENT OF EDUCATION 2023/24 CONTRACTS - EARNED REVENUE
SAN JOAQUIN COUNTY OFFICE OF EDUCATION
FOR THE PERIOD 7/1/24 - 6/30/25 (7 OF 12 MONTHS = 58.3%)

	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	TOTAL	% Earned to MRA
<u>GENERAL CHILD CARE (CCTR-4305)</u>														
Adjusted Days of Enrollment - Certified	4,672	5,104	4,769	5,528	4,431	4,544	4,857						33,905	
Reimbursement Rate per Child per Day	<u>X \$48.84</u>	<u>X \$48.84</u>	<u>X \$48.84</u>	<u>X \$48.84</u>	<u>X \$48.84</u>	<u>X \$48.84</u>	<u>X \$48.84</u>	<u>X \$48.84</u>	<u>X \$48.84</u>	<u>X \$48.84</u>	<u>X \$48.84</u>	<u>X \$48.84</u>	<u>X \$48.84</u>	
Revenue Earned	\$ 228,190	\$ 249,276	\$ 232,927	\$ 269,968	\$ 216,386	\$ 221,948	\$ 237,202	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,655,898	59.38%
Maximum Reimbursable Amount (MRA)													\$2,788,764	
<u>Flex Factor</u>														
Attendance Percentage (Attendance/Enrollment)	99.75%	99.81%	99.92%	99.86%	99.71%	99.80%	99.26%							99.73%
Five Percent Flexibility, Maximum = 100 Percent	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%							100.00%
<u>CALIFORNIA STATE PRESCHOOL (CSPP-4500)</u>														
Adjusted Days of Enrollment - Certified	-	-	-										0	
Reimbursement Rate per Child per Day	<u>X \$49.14</u>	<u>X \$49.14</u>	<u>X \$49.14</u>	<u>X \$49.14</u>	<u>X \$49.14</u>	<u>X \$49.14</u>	<u>X \$49.14</u>	<u>X \$49.14</u>	<u>X \$49.14</u>	<u>X \$49.14</u>	<u>X \$49.14</u>	<u>X \$49.14</u>	<u>X \$49.14</u>	
Revenue Earned	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0.00%
Maximum Reimbursable Amount (MRA)													\$255,528	
<u>Flex Factor</u>														
Attendance Percentage (Attendance/Enrollment)														
Five Percent Flexibility, Maximum = 100 Percent														

Note 1: Source of adjusted days of enrollment for certified children is the monthly attendance report prepared by the Fiscal Dept. of the Head Start/State Child Development Division.

Note 2: Source of reimbursement rate per child per day and maximum reimbursable amount is per the 2024/25 Cooperative Agreement with the San Joaquin County Office of Education

Community Action of Partnership of Kern Agency Total

STATEMENT OF POSITION (UNAUDITED) AS OF FEBRUARY 29, 2024

ASSETS

Cash in Bank	20,507,591
Cash - Vacation Reserve	1,020,104
Petty Cash	-
Accounts Receivable	5,580,849
Travel Advance	12,624
Prepaid Expense	577,835
Inventory	3,994,657
Net Fixed Assets - Unrestricted	9,523,281
Net Fixed Assets - Restricted	<u>36,242,195</u>

Total Assets 77,459,136

LIABILITES AND NET ASSETS

Accounts Payable	5,843,118
Accrued Expenses	3,503,190
Accrued Vacation	2,027,206
Line of Credit	-
Note Payable	7,927,207
Advance Payable	2,923,249
Deferred Revenue	<u>9,118,155</u>

Total Liabilities 31,342,125

Total Net Assets 46,117,011

Total Liabilities and Net Assets 77,459,136

STATEMENT OF OPERATIONS (UNAUDITED) FOR THE PERIOD MARCH 1, 2023 TO FEBRUARY 29, 2024

REVENUE

Grant Revenue	124,102,463
Donations	39,122,523
Other Revenue	5,926,717
In-Kind	<u>67,937</u>

Total Revenue 169,219,640

EXPENDITURES

Salaries	41,453,363
Benefits	11,180,335
Travel	834,648
Space Costs	8,868,698
Supplies	3,428,964
Consultant/Contract Services	5,767,271
Other Costs	4,273,783
Program Costs	73,008,703
Capital Expenditures	0
Indirect	10,626,170
In-Kind	<u>67,937</u>

Total Expenditures 159,509,874

Net Change in Assets 9,709,766

Net Assets, beginning 36,407,245

Net Assets, ending 46,117,011

Community Action of Partnership of Kern Agency Total

STATEMENT OF POSITION (UNAUDITED) AS OF JANUARY 31, 2025

ASSETS

Cash in Bank	23,326,014
Cash - Vacation Reserve	367
Petty Cash	-
Accounts Receivable	(0)
Travel Advance	24,113
Prepaid Expense	750,699
Inventory	4,042,212
Net Fixed Assets - Unrestricted	9,106,614
Net Fixed Assets - Restricted	<u>37,078,019</u>

Total Assets 74,328,038

LIABILITES AND NET ASSETS

Accounts Payable	7,156,864
Accrued Expenses	1,448,005
Accrued Vacation	(269,839)
Line of Credit	-
Note Payable	7,635,107
Advance Payable	5,003,137
Deferred Revenue	<u>6,382,982</u>

Total Liabilities 27,356,257

Total Net Assets 46,971,781

Total Liabilities and Net Assets 74,328,038

STATEMENT OF OPERATIONS (UNAUDITED) FOR THE PERIOD MARCH 1, 2024 TO JANUARY 31, 2025

REVENUE

Grant Revenue	118,348,095
Donations	352,541
Other Revenue	10,621,619
In-Kind	<u>16,386,219</u>

Total Revenue 145,708,472

EXPENDITURES

Salaries	44,337,739
Benefits	14,379,855
Travel	759,367
Space Costs	11,956,469
Supplies	4,877,015
Consultant/Contract Services	5,452,891
Other Costs	4,149,725
Program Costs	32,458,773
Capital Expenditures	1,409
Indirect	10,094,241
In-Kind	<u>16,386,219</u>

Total Expenditures 144,853,702

Net Change in Assets 854,770

Net Assets, beginning 46,117,011

Net Assets, ending 46,971,781

COMMUNITY ACTION PARTNERSHIP OF KERN
BUDGET TO ACTUAL
FOR THE PERIOD 03-01-24 TO 01-31-25 (91.7%)

	AGENCY TOTAL			
	ANNUAL BUDGET	EXPENDITURES	BUDGET AVAILABLE	PERCENTAGE EXPENDED
EXPENDITURES				
SALARIES	48,831,350	41,137,690	7,693,660	84%
BENEFITS	14,838,291	13,567,151	1,271,140	91%
TRAVEL	995,827	643,000	352,827	65%
SPACE COST	16,067,994	12,090,414	3,977,580	75%
SUPPLIES	4,350,771	4,284,105	66,666	98%
EQUIPMENT	916,504	696,191	220,313	76%
CONSULTANT/CONTRACT SERVICES	4,510,657	4,241,361	269,296	94%
OTHER COSTS	4,147,059	3,314,320	832,739	80%
PROGRAM COSTS	34,807,115	32,302,388	2,504,727	93%
INDIRECT	11,561,575	10,376,333	1,185,242	90%
TOTAL	141,027,143	122,652,953	18,374,190	87%

COMMUNITY ACTION PARTNERSHIP OF KERN
BUDGET TO ACTUAL
FOR THE PERIOD 03-01-24 TO 01-31-25 (91.7%)

	EDUCATION			
	ANNUAL BUDGET	EXPENDITURES	BUDGET AVAILABLE	PERCENTAGE EXPENDED
EXPENDITURES				
SALARIES	36,382,500	30,516,608	5,865,892	84%
BENEFITS	11,089,467	10,155,972	933,495	92%
TRAVEL	685,926	376,126	309,800	55%
SPACE COST	11,250,655	7,301,108	3,949,547	65%
SUPPLIES	2,562,725	2,815,520	(252,795)	110%
EQUIPMENT	674,100	634,409	39,691	94%
CONSULTANT/CONTRACT SERVICES	1,378,236	1,068,666	309,570	78%
OTHER COSTS	2,692,281	1,587,821	1,104,460	59%
PROGRAM COSTS	29,789,791	27,908,474	1,881,317	94%
INDIRECT	8,703,734	7,774,028	929,706	89%
TOTAL	105,209,415	90,138,732	15,070,683	86%

COMMUNITY ACTION PARTNERSHIP OF KERN
BUDGET TO ACTUAL
FOR THE PERIOD 03-01-24 TO 01-31-25 (91.7%)

	NUTRITION			
	ANNUAL BUDGET	EXPENDITURES	BUDGET AVAILABLE	PERCENTAGE EXPENDED
EXPENDITURES				
SALARIES	5,000,223	3,789,220	1,211,003	76%
BENEFITS	1,540,820	1,247,537	293,283	81%
TRAVEL	118,007	123,284	(5,277)	104%
SPACE COST	1,773,460	1,916,921	(143,461)	108%
SUPPLIES	1,147,218	971,165	176,053	85%
EQUIPMENT	-	803	(803)	Not budgeted
CONSULTANT/CONTRACT SERVICES	648,910	798,480	(149,570)	123%
OTHER COSTS	451,389	465,740	(14,351)	103%
PROGRAM COSTS	4,057,241	3,566,079	491,162	88%
INDIRECT	1,252,564	1,027,041	225,523	82%
TOTAL	15,989,832	13,906,270	2,083,562	87%

COMMUNITY ACTION PARTNERSHIP OF KERN
BUDGET TO ACTUAL
FOR THE PERIOD 03-01-24 TO 01-31-25 (91.7%)

	ENERGY CONSERVATION			
	ANNUAL BUDGET	EXPENDITURES	BUDGET AVAILABLE	PERCENTAGE EXPENDED
EXPENDITURES				
SALARIES	2,341,392	2,155,701	185,691	92%
BENEFITS	702,424	680,274	22,150	97%
TRAVEL	75,000	35,209	39,791	47%
SPACE COST	238,000	215,709	22,291	91%
SUPPLIES	125,000	92,583	32,417	74%
EQUIPMENT	174,425	-	174,425	0%
CONSULTANT/CONTRACT SERVICES	1,815,857	1,766,269	49,588	97%
OTHER COSTS	505,338	545,459	(40,121)	108%
PROGRAM COSTS	227,662	382,384	(154,722)	168%
INDIRECT	603,071	575,476	27,595	95%
TOTAL	6,808,169	6,449,064	359,105	95%

COMMUNITY ACTION PARTNERSHIP OF KERN
BUDGET TO ACTUAL
FOR THE PERIOD 03-01-24 TO 01-31-25 (91.7%)

	COMMUNITY SERVICES			
	ANNUAL BUDGET	EXPENDITURES	BUDGET AVAILABLE	PERCENTAGE EXPENDED
EXPENDITURES				
SALARIES	3,941,869	3,682,932	258,937	93%
BENEFITS	1,185,464	1,167,138	18,326	98%
TRAVEL	66,604	64,054	2,550	96%
SPACE COST	1,529,699	1,706,122	(176,423)	112%
SUPPLIES	470,363	346,841	123,522	74%
EQUIPMENT	67,979	60,979	7,000	90%
CONSULTANT/CONTRACT SERVICES	650,904	552,506	98,398	85%
OTHER COSTS	344,696	392,475	(47,779)	114%
PROGRAM COSTS	729,421	438,846	290,575	60%
INDIRECT	792,641	767,044	25,597	97%
TOTAL	9,779,640	9,178,938	600,702	94%

COMMUNITY ACTION PARTNERSHIP OF KERN
BUDGET TO ACTUAL
FOR THE PERIOD 03-01-24 TO 01-31-25 (91.7%)

	CSBG			
	ANNUAL BUDGET	EXPENDITURES	BUDGET AVAILABLE	PERCENTAGE EXPENDED
EXPENDITURES				
SALARIES	965,801	795,341	170,460	82%
BENEFITS	255,251	259,378	(4,127)	102%
TRAVEL	40,290	40,403	(113)	100%
SPACE COST	276,199	193,793	82,406	70%
SUPPLIES	26,615	30,170	(3,555)	113%
EQUIPMENT	-	-	-	0%
CONSULTANT/CONTRACT SERVICES	10,750	24,116	(13,366)	224%
OTHER COSTS	44,380	55,178	(10,798)	124%
PROGRAM COSTS	3,000	1,974	1,026	66%
INDIRECT	169,041	135,611	33,430	80%
TOTAL	1,791,327	1,535,963	255,364	86%

COMMUNITY ACTION PARTNERSHIP OF KERN
BUDGET TO ACTUAL
FOR THE PERIOD 03-01-24 TO 01-31-25 (91.7%)

	DISCRETIONARY & FUND RAISING			
	ANNUAL BUDGET	EXPENDITURES	BUDGET AVAILABLE	PERCENTAGE EXPENDED
EXPENDITURES				
SALARIES	199,565	197,888	1,677	99%
BENEFITS	64,865	56,852	8,013	88%
TRAVEL	10,000	3,925	6,075	39%
SPACE COST	999,981	756,762	243,219	76%
SUPPLIES	18,850	27,827	(8,977)	148%
EQUIPMENT	-	-	-	0%
CONSULTANT/CONTRACT SERVICES	6,000	31,324	(25,324)	522%
OTHER COSTS	108,975	267,647	(158,672)	246%
PROGRAM COSTS	-	4,630	(4,630)	Not budgeted
INDIRECT	40,524	97,133	(56,609)	240%
TOTAL	1,448,760	1,443,987	4,773	100%

COMMUNITY ACTION PARTNERSHIP OF KERN
INDIRECT FUND - FY 2024/25
BUDGET TO ACTUAL - 03/01/24 TO 01/31/25 (11 OF 12 MONTHS = 91.7%)

	Budget	Actual	% Earned/ Expended	Available Balance
Revenue	\$ 11,561,575	\$ 10,376,333	89.7%	\$ 1,185,242
Expenditures				
Salaries	5,299,429	4,459,301	84.1%	840,128
Benefits @ 23.6% actual	<u>1,498,103</u>	<u>1,305,800</u>	<u>87.2%</u>	<u>192,303</u>
Total Personnel Costs	6,797,532	5,765,101	84.8%	1,032,431
Operating Costs				
Travel	158,250	112,553	71.1%	45,697
Space Costs	544,612	567,576	104.2%	(22,964)
Supplies	468,772	552,026	117.8%	(83,254)
Equipment	325,155	176,870	54.4%	148,285
Consultant/Contract	1,064,000	1,205,219	113.3%	(141,219)
Other Operating Costs	<u>920,480</u>	<u>825,678</u>	<u>89.7%</u>	<u>94,802</u>
Total Operating Costs	3,481,269	3,439,922	98.8%	41,347
Total Expenditures	<u>\$ 10,278,801</u>	<u>\$ 9,205,023</u>	<u>89.6%</u>	<u>\$ 1,073,778</u>
Excess (Deficit) Indirect Revenue	<u>\$ 1,282,774</u>	<u>\$ 1,171,310</u>		

RECAP BY SUPPORT DIVISION	Budget	Actual	% Expended	Available Balance
HR	\$ 1,598,810	\$ 1,145,835	71.7%	\$ 452,975
Operations	3,684,921	3,581,796	97.2%	103,125
Executive	764,429	904,042	118.3%	(139,613)
Finance	3,053,916	2,699,432	88.4%	354,484
Community Development	<u>1,176,725</u>	<u>873,833</u>	<u>74.3%</u>	<u>302,893</u>
	<u>\$ 10,278,801</u>	<u>\$ 9,205,040</u>	<u>89.6%</u>	<u>\$ 1,073,761</u>

Prepared Date: 03/12/25

Company name: Community Action Partnership of Kern (CAPK)
Report name: Check register
Created on: 3/12/2025

Bank	Date	Vendor	Document no.	Amount
CBB - Operating Acct - Citizens Business Bank				
	1/2/2025	EBONI MONIQUE WILLIAMS	228301	1,226.29
	1/2/2025	Delia Irene Araujo Dominguez	228302	5,975.32
	1/2/2025	Delia Irene Araujo Dominguez	228302	1,120.00
	1/7/2025	BRIAN BAKER - DBA: THE AVERY AND BRIAN EXPERIENCE	227636	-2,125.00
	1/7/2025	V03318--WILFREDO CRUZ	300100	14,849.84
	1/7/2025	V03319--VANESSA L ARREGUIN	300101	2,107.60
	1/7/2025	V03319--VANESSA L ARREGUIN	300102	2,717.85
	1/8/2025	ADELA GARCIA DE SOSA	34610	1,064.00
	1/8/2025	ADELA RUIZ	34611	912.00
	1/8/2025	ADRIANA AGUIRRE GAONA	34612	912.00
	1/8/2025	ADRIANA CEJA GONZALEZ	34613	456.00
	1/8/2025	ADRIANA SERNAS	34614	456.00
	1/8/2025	AIDEE SANDOVAL	34615	608.00
	1/8/2025	ALICIA DE LA GARZA	34616	304.00
	1/8/2025	ALMA DELIA WENCES	34617	456.00
	1/8/2025	ALMA R RANGEL	34618	456.00
	1/8/2025	ANA M. DAVILA	34619	456.00
	1/8/2025	ANA MARIA NAVARRO DE GUTIERREZ	34620	1,216.00
	1/8/2025	ANA MARIA RAMIREZ MEJIA	34621	608.00
	1/8/2025	ANA PATRICIA CAMARGO	34622	456.00
	1/8/2025	ANA ROSA M SANCHEZ	34623	456.00
	1/8/2025	ANDREA BUENROSTRO	34624	1,520.00
	1/8/2025	ANDREA FRANCISCA SANTOS MENDOZA	34625	1,216.00
	1/8/2025	ANGELICA M MARES	34626	456.00
	1/8/2025	ANNA V MENDEZ	34627	456.00
	1/8/2025	ANTONIA PANIAGUA ROSALES	34628	1,976.00
	1/8/2025	ARACELI EMMA GUERRERO DE MENDEZ	34629	760.00
	1/8/2025	ARACELY CRUZ DE MONTERROSA	34630	1,976.00
	1/8/2025	ARMIDA OLIVEROS	34631	304.00
	1/8/2025	AUDELIA RIOS	34632	1,520.00
	1/8/2025	AYDE JAIME	34633	2,432.00
	1/8/2025	BEATRIZ ADRIANA CARRILLO HERNANDEZ	34634	1,216.00
	1/8/2025	BEATRIZ JACQUEZ NUNEZ	34635	456.00
	1/8/2025	BEATRIZ TELLEZ DE TORRES	34636	1,064.00
	1/8/2025	BERENICE IBARRA	34637	304.00
	1/8/2025	BERTHA GOMEZ NUNEZ	34638	1,368.00
	1/8/2025	BLANCA EVELIA RUIZ DE SOLORIO	34639	1,824.00
	1/8/2025	CARMEN BELTRAN	34640	1,216.00
	1/8/2025	CAROLINA GIL	34641	1,064.00
	1/8/2025	CASA DE ADORACION TULARE	34642	1,672.00
	1/8/2025	CATALINA CASTRO AYALA	34643	1,368.00
	1/8/2025	CATALINA RIVERA DE ESPINOZA	34644	1,976.00
	1/8/2025	CECILIA ATAÍ PEREZ	34645	1,672.00
	1/8/2025	CECILIA ZAMORA	34646	912.00
	1/8/2025	CELFIDA SANTOS DE RUIZ	34647	912.00
	1/8/2025	CLAUDIA ANDREA MUNOZ	34648	1,064.00
	1/8/2025	CLAUDIA ZARAGOZA DE RODRIGUEZ	34649	2,128.00
	1/8/2025	CONSUELO PUGA	34650	456.00
	1/8/2025	DAISY ALMIDA GONZALEZ	34651	1,368.00
	1/8/2025	DEYSY ISELA ESQUIVEL	34652	1,216.00
	1/8/2025	DINA BEATRIZ GONZALEZ	34653	456.00
	1/8/2025	DOLORES PALACIOS DE GUZMAN	34654	1,216.00
	1/8/2025	DOLORES VERDUZCO GALINDO	34655	1,368.00
	1/8/2025	EDELMIRA L VIVEROS	34656	152.00
	1/8/2025	EDITH ALEJANDRA GALLEGOS	34657	304.00
	1/8/2025	EDITH ELIZABETH SANCHEZ	34658	608.00
	1/8/2025	EDUVIJS SUAREZ	34659	760.00
	1/8/2025	ELBA MARGARITA JIMENEZ	34660	456.00
	1/8/2025	ELIDA CRUZ	34661	1,216.00
	1/8/2025	ELIDIA O RANGEL	34662	456.00
	1/8/2025	ELISA GONZALES	34663	456.00
	1/8/2025	ELIZABETH MARTINEZ	34664	912.00
	1/8/2025	ELSA YANETH QUEVEDO ORTIZ	34665	1,824.00
	1/8/2025	ELVA BORUNDA FLORES	34666	760.00
	1/8/2025	ELVIRA GAMBOA	34667	608.00
	1/8/2025	ELVIRA OCHOA GOMEZ	34668	760.00
	1/8/2025	EMILY RAMIREZ - KIDS N US DAYCARE	34669	152.00
	1/8/2025	ERIKA L CENTENO	34670	304.00
	1/8/2025	ESMERALDA ALCANTARA	34671	304.00
	1/8/2025	ESTHER MELENDREZ	34672	304.00
	1/8/2025	GABRIELA GARCIA DE RODRIGUEZ	34673	760.00
	1/8/2025	GLORIA M PENA	34674	152.00
	1/8/2025	GLORIA PADILLA MONTES DE OCA	34675	304.00
	1/8/2025	GREGORIA GALLEGOS	34676	304.00
	1/8/2025	GUADALUPE AVILES LEYVA	34677	456.00
	1/8/2025	Guadalupe Carrizoza De Castillo	34678	1,064.00
	1/8/2025	GUADALUPE PEREZ DOMINGUEZ	34679	912.00
	1/8/2025	HAYDEE ESTEBAN	34680	304.00
	1/8/2025	HERMELINDA VILLEDA	34681	456.00
	1/8/2025	HILDA BARAJAS JUAREZ	34682	608.00
	1/8/2025	IMELDA MARIN DE JUAREZ	34683	1,672.00
	1/8/2025	IRENE R SIXTOS	34684	1,520.00
	1/8/2025	IRMA SANDOVAL ROBLES	34685	1,216.00
	1/8/2025	IRMA VERONICA OSEGUERA	34686	1,216.00
	1/8/2025	IRMA YOLANDA MAGALLON	34687	456.00
	1/8/2025	ISABEL GARCIA	34688	456.00
	1/8/2025	ISABEL TORRES	34689	304.00
	1/8/2025	JACLYN PRADO	34690	2,128.00
	1/8/2025	JACOBA C DE ANDRACA	34691	2,280.00
	1/8/2025	JANETH REYNOSA CASILLAS	34692	456.00
	1/8/2025	JOSE FRANCISCO ALVARADO MENDEZ	34693	760.00
	1/8/2025	JOSEFA LICEA DE QUINTANILLA	34694	304.00
	1/8/2025	JOSEFINA VILLANUEVA	34695	152.00
	1/8/2025	JUANA CORTEZ DE PEREZ	34696	912.00
	1/8/2025	JUANA MEDIAN DE ORTIZ	34697	1,824.00
	1/8/2025	JUANA MORILLON GUILLEN	34698	608.00
	1/8/2025	JUDITH ADRIANA PAREDES DE QUEZADA	34699	456.00
	1/8/2025	JULISSA MARIE ARAGON	34700	1,216.00
	1/8/2025	KENDAHL ROSE ROWE	34701	1,216.00
	1/8/2025	LAURA A GUTIERREZ	34702	1,520.00
	1/8/2025	LAURA A RODRIGUEZ	34703	1,520.00
	1/8/2025	LETICIA FLORES	34704	456.00

1/8/2025	LETICIA G HERNANDEZ	34705	1,064.00
1/8/2025	LETICIA MORALES	34706	1,064.00
1/8/2025	LIDIA ALONDRA BRAVO DE MENDOZA	34707	608.00
1/8/2025	LILIA HORTENCIA OSEGUERA	34708	304.00
1/8/2025	LILIA ISORDIA DE RANGEL	34709	760.00
1/8/2025	LILIA YAZMIN JUAREZ	34710	1,216.00
1/8/2025	LILIANA REYES GONZALEZ	34711	304.00
1/8/2025	LINDA'S CHILD CARE PROVIDER, INC	34712	1,672.00
1/8/2025	LISSETTE RIOJAS-REYNA	34713	760.00
1/8/2025	LOURDES PEREZ DE GARCIA	34714	608.00
1/8/2025	LUCINA RAMIREZ	34715	152.00
1/8/2025	LUZ A LOPEZ ZARATE	34716	608.00
1/8/2025	Luz Maria Ramirez	34717	152.00
1/8/2025	LUZ MARIA VILLAGOMEZ	34718	456.00
1/8/2025	MA DEL CARMEN GOMEZ GRANADOS	34719	2,280.00
1/8/2025	MARGARITA BUSTAMANTE DE FELIX	34720	608.00
1/8/2025	MARGARITA CASTILLO	34721	456.00
1/8/2025	MARGARITA CORTES DE BARAJAS	34722	1,064.00
1/8/2025	MARGARITA PADILLA BARAJAS	34723	608.00
1/8/2025	MARIA A MAGALLON OROZCO	34724	456.00
1/8/2025	MARIA C ARELLANO DE CONTRERAS	34725	608.00
1/8/2025	MARIA C PEREZ	34726	912.00
1/8/2025	MARIA CARRILLO DE GUTIERREZ	34727	1,368.00
1/8/2025	MARIA E SANCHEZ DE GOMEZ	34728	456.00
1/8/2025	MARIA ELENA CASTILLO	34729	912.00
1/8/2025	MARIA F AGUILAR DE SANDOVAL	34730	304.00
1/8/2025	MARIA F MARTINEZ	34731	2,584.00
1/8/2025	MARIA G RAMIREZ DE MARTINEZ	34732	152.00
1/8/2025	MARIA G SANCHEZ ESCALERA	34733	304.00
1/8/2025	MARIA GARCIA	34734	1,672.00
1/8/2025	MARIA GUADALUPE ALVAREZ	34735	608.00
1/8/2025	MARIA GUADALUPE BARAJAS DE GARCIA	34736	456.00
1/8/2025	MARIA GUADALUPE BELTRAN SALCIDO	34737	456.00
1/8/2025	MARIA GUADALUPE CHAVEZ	34738	304.00
1/8/2025	MARIA GUADALUPE CONTRERAS VARGAS	34739	456.00
1/8/2025	MARIA GUADALUPE JAYME	34740	760.00
1/8/2025	MARIA GUADALUPE LEYVA	34741	152.00
1/8/2025	MARIA GUADALUPE LOPEZ CORZA	34742	1,976.00
1/8/2025	MARIA GUADALUPE ZAMORA RODRIGUEZ	34743	760.00
1/8/2025	MARIA LAURA RAYA GOMEZ	34744	760.00
1/8/2025	Maria Ledesma De Garcia	34745	3,192.00
1/8/2025	MARIA LOURDES NIEVAS DE SALAZAR	34746	304.00
1/8/2025	MARIA LUISA CASAS	34747	608.00
1/8/2025	MARIA MARTINEZ LARA	34748	456.00
1/8/2025	MARIA MORENO	34749	2,128.00
1/8/2025	MARIA PAZ	34750	760.00
1/8/2025	MARIA PAZ RUIZ	34751	912.00
1/8/2025	MARIA PERLA GARCIA DE ARCIGA	34752	304.00
1/8/2025	MARIA R GARCIA DE ARAMBULA	34753	608.00
1/8/2025	MARIA SALOME IBARRA	34754	456.00
1/8/2025	MARIA SANCHEZ IBARRA	34755	304.00
1/8/2025	MARIA SANDRA L DE ESTRADA	34756	304.00
1/8/2025	MARIA SANTOS DE LOPEZ	34757	1,216.00
1/8/2025	MARIA TERESA ALANIS	34758	608.00
1/8/2025	MARIA Z RODRIGUEZ DE OCHOA	34759	1,064.00
1/8/2025	MARIANA NAVA	34760	608.00
1/8/2025	MARIANELA G ORTIZ	34761	912.00
1/8/2025	MARIBEL RAMIREZ ROSAS FAMILY CHILD CARE	34762	1,216.00
1/8/2025	MARIBEL SANTOS GALINDO	34763	1,064.00
1/8/2025	MARICELA CORTEZ	34764	608.00
1/8/2025	MARILU GARZA	34765	1,976.00
1/8/2025	MARISOL GONZALEZ	34766	608.00
1/8/2025	MARISOL MEDINA	34767	1,216.00
1/8/2025	MARTHA A ANGUIANO REYES	34768	304.00
1/8/2025	MARTHA ANGELICA SOLORIO DE ARCEO	34769	1,064.00
1/8/2025	MARTHA ESTHELA SANCHEZ	34770	1,064.00
1/8/2025	MARTHA SALGADO	34771	1,824.00
1/8/2025	MARYPAZ ALVARADO PEREZ	34772	912.00
1/8/2025	MATILDE VILLAFAN DE MARAVILLA	34773	1,672.00
1/8/2025	MAYRA ELENA GONZALEZ MORALES	34774	456.00
1/8/2025	MIGUEL ANGEL GARCIA JIMENEZ	34775	152.00
1/8/2025	MILCA REBEKAH PEREZ	34776	304.00
1/8/2025	MIRIAM MACIEL BARRIGA	34777	912.00
1/8/2025	MITZI G CHAVEZ MAGALLON	34778	152.00
1/8/2025	MONICA MARTINEZ	34779	760.00
1/8/2025	NORMA M ZARAZUA	34780	304.00
1/8/2025	NORMA MENDOZA	34781	912.00
1/8/2025	ODAIVA GUADALUPE CENTENO	34782	1,368.00
1/8/2025	ONOFRE ZAMORA	34783	2,128.00
1/8/2025	PATRICIA HERNANDEZ	34784	1,064.00
1/8/2025	PATRICIA MUNOZ VASQUEZ	34785	1,064.00
1/8/2025	PAULA GARCIA	34786	760.00
1/8/2025	PAULA LARA VALDOVINOS	34787	608.00
1/8/2025	POMPOSA T CENDEJAS	34788	608.00
1/8/2025	RAMONA LOPEZ	34789	152.00
1/8/2025	RAQUEL G DE IZARRARAS	34790	456.00
1/8/2025	RAQUEL POSADAS DE GIRON	34791	304.00
1/8/2025	RAQUEL SANCHEZ	34792	1,064.00
1/8/2025	REYNA TORRES DE CASTRO	34793	456.00
1/8/2025	RHONDA YVONNE FLORES	34794	152.00
1/8/2025	ROMELIA MORENO DE ESPINOZA	34795	912.00
1/8/2025	ROSA ANGELA ORTIZ	34796	608.00
1/8/2025	ROSA M DIAZ MARQUEZ	34797	608.00
1/8/2025	ROSALBA GONZALEZ	34798	760.00
1/8/2025	ROSALINDA G OCHOA	34799	1,672.00
1/8/2025	ROSEMARY ZAVALA	34800	912.00
1/8/2025	RUTH CARINA PAREDES	34801	608.00
1/8/2025	SANDRA MARTINEZ VARELA	34802	2,128.00
1/8/2025	SANDRA PEREZ	34803	1,216.00
1/8/2025	SANDRA RODRIGUEZ	34804	304.00
1/8/2025	SARA ESTELA POSADA	34805	456.00
1/8/2025	SILVIA E ZUNIGA	34806	1,216.00
1/8/2025	SILVIA MEJIA	34807	1,824.00
1/8/2025	SILVIA PRECIADO	34808	608.00
1/8/2025	SOFIA ALVAREZ DE GONZALEZ	34809	1,672.00
1/8/2025	SONIA PANTOJA	34810	1,216.00
1/8/2025	SUNSHINE CENTER	34811	152.00

1/8/2025	SUSIE MARIA REYNA	34812	1,672.00
1/8/2025	SUSY I SANTACRUZ DE SAHAGUN	34813	1,064.00
1/8/2025	TERESA CAROLINA OROPEZA	34814	912.00
1/8/2025	TRINIDAD TINOCO	34815	760.00
1/8/2025	VERONICA ALVAREZ	34816	912.00
1/8/2025	VIRGINIA FERREIRA	34817	1,520.00
1/8/2025	VIRGINIA RANGEL	34818	456.00
1/8/2025	XOCHITL QUIROZ DE ALCALA	34819	760.00
1/8/2025	YADIRA CARDONA FAMILY CHILD CARE	34820	912.00
1/8/2025	YNEZ ATHENA CHAVEZ-ANDRADE	34821	1,368.00
1/8/2025	YOLANDA JUAREZ	34822	456.00
1/8/2025	YOLANDA MUNOZ	34823	2,128.00
1/8/2025	YVONNE MIRANDA CONTRERAS	34824	456.00
1/8/2025	ZEFERINO GONZALEZ	34825	304.00
1/8/2025	AMAZON CAPITAL SERVICES, INC	34827	60.88
1/8/2025	AMAZON CAPITAL SERVICES, INC	34827	1,312.78
1/8/2025	AMAZON CAPITAL SERVICES, INC	34827	27.63
1/8/2025	AMAZON CAPITAL SERVICES, INC	34827	1,859.60
1/8/2025	AMAZON CAPITAL SERVICES, INC	34827	374.08
1/8/2025	AMAZON CAPITAL SERVICES, INC	34827	515.37
1/8/2025	AMAZON CAPITAL SERVICES, INC	34827	303.09
1/8/2025	AMAZON CAPITAL SERVICES, INC	34827	616.94
1/8/2025	AMAZON CAPITAL SERVICES, INC	34827	458.51
1/8/2025	AMAZON CAPITAL SERVICES, INC	34827	119.40
1/8/2025	AMAZON CAPITAL SERVICES, INC	34827	256.83
1/8/2025	AMAZON CAPITAL SERVICES, INC	34827	487.09
1/8/2025	AMAZON CAPITAL SERVICES, INC	34827	827.14
1/8/2025	AMAZON CAPITAL SERVICES, INC	34827	540.94
1/8/2025	AMAZON CAPITAL SERVICES, INC	34827	464.99
1/8/2025	AMAZON CAPITAL SERVICES, INC	34827	499.22
1/8/2025	AMAZON CAPITAL SERVICES, INC	34827	988.35
1/8/2025	AMAZON CAPITAL SERVICES, INC	34827	425.82
1/8/2025	AMAZON CAPITAL SERVICES, INC	34827	227.57
1/8/2025	AMAZON CAPITAL SERVICES, INC	34827	299.18
1/8/2025	AMAZON CAPITAL SERVICES, INC	34827	347.12
1/8/2025	AMAZON CAPITAL SERVICES, INC	34827	140.70
1/8/2025	AMAZON CAPITAL SERVICES, INC	34828	2,341.14
1/8/2025	AMAZON CAPITAL SERVICES, INC	34828	-805.83
1/8/2025	AMAZON CAPITAL SERVICES, INC	34829	913.16
1/8/2025	AMAZON CAPITAL SERVICES, INC	34829	701.87
1/8/2025	AMAZON CAPITAL SERVICES, INC	34829	412.70
1/8/2025	AMAZON CAPITAL SERVICES, INC	34829	1,663.15
1/8/2025	AMAZON CAPITAL SERVICES, INC	34829	2,071.53
1/8/2025	AMAZON CAPITAL SERVICES, INC	34830	10,464.22
1/8/2025	AMAZON CAPITAL SERVICES, INC	34830	-365.76
1/8/2025	AMAZON CAPITAL SERVICES, INC	34831	1,397.65
1/8/2025	AMAZON CAPITAL SERVICES, INC	34831	2,405.90
1/8/2025	AMAZON CAPITAL SERVICES, INC	34831	2,665.62
1/8/2025	AMAZON CAPITAL SERVICES, INC	34832	446.46
1/8/2025	AMAZON CAPITAL SERVICES, INC	34832	1,045.09
1/8/2025	AMAZON CAPITAL SERVICES, INC	34833	1,342.31
1/8/2025	AMAZON CAPITAL SERVICES, INC	34833	-79.01
1/8/2025	AMAZON CAPITAL SERVICES, INC	34834	499.20
1/8/2025	AMAZON CAPITAL SERVICES, INC	34834	355.49
1/8/2025	AMAZON CAPITAL SERVICES, INC	34835	1,210.27
1/8/2025	AMAZON CAPITAL SERVICES, INC	34835	-264.41
1/8/2025	AMAZON CAPITAL SERVICES, INC	34836	1,018.42
1/8/2025	AMAZON CAPITAL SERVICES, INC	34836	1,424.13
1/8/2025	AMAZON CAPITAL SERVICES, INC	34837	419.75
1/8/2025	AMAZON CAPITAL SERVICES, INC	34837	157.95
1/8/2025	AMAZON CAPITAL SERVICES, INC	34837	1,663.49
1/8/2025	ALICIA GARCIA DE LEYVA	228303	456.00
1/8/2025	ALYSSA MANUELA CORREA	228304	152.00
1/8/2025	AMPARO MAGANA	228305	760.00
1/8/2025	ANA BERTHA BALLESTEROS JAIME	228306	456.00
1/8/2025	ANA HERMELINDA SANTOS PACHECO	228307	608.00
1/8/2025	ANA R LEMUS LOPEZ	228308	152.00
1/8/2025	ANDRADE ESTELA Y JOSE FAMILY CHILD CARE	228309	304.00
1/8/2025	ANDREA R RIVERA	228310	304.00
1/8/2025	BERTHA NERTO	228311	456.00
1/8/2025	CANYON HILLS PRESCHOOL	228312	304.00
1/8/2025	CARMEN SANTOS PACHECO	228313	760.00
1/8/2025	CONSUELO RAMIREZ DE MAGDALENO	228314	456.00
1/8/2025	CRISTINA SOTO DE MARTINEZ	228315	456.00
1/8/2025	Delia Irene Araujo Dominguez	228316	608.00
1/8/2025	DENISE CAMPOS	228317	152.00
1/8/2025	EILEEN MOLINA CARDONA	228318	304.00
1/8/2025	ELOISA MONTES DE ROMERO	228319	608.00
1/8/2025	ESPERANZA CORREA TELLO	228320	608.00
1/8/2025	ESTELA LOPEZ	228321	152.00
1/8/2025	FIRST BAPTIST PRE SCHOOL	228322	152.00
1/8/2025	GLORIA GARCIA DE MADERA	228323	760.00
1/8/2025	GUADALUPE CABRERA	228324	1,064.00
1/8/2025	GUADALUPE ELIZABETH PENUELAS	228325	304.00
1/8/2025	HERLINDA NOLASCO DE GONZALEZ	228326	912.00
1/8/2025	HORTENCIA HERNANDEZ	228327	456.00
1/8/2025	IMMANUEL BAPTIST CHURCH	228328	456.00
1/8/2025	IRENA ALVARADO PEREZ	228329	304.00
1/8/2025	IRMA AYALA CONTRERAS	228330	304.00
1/8/2025	JUANA H PIMENTEL	228331	1,064.00
1/8/2025	LETICIA MARIA BOTELLO	228332	608.00
1/8/2025	LISA N BRUM	228333	304.00
1/8/2025	LORI MACIAS CERNA	228334	608.00
1/8/2025	LUZ E VENEGAS	228335	1,064.00
1/8/2025	MANUELA P MEDINA	228336	152.00
1/8/2025	MARCELA G NUNEZ DE GUTIERREZ	228337	1,216.00
1/8/2025	MARIA ANGELES ZAMORA	228338	304.00
1/8/2025	MARIA ARICELA ESTEBAN	228339	152.00
1/8/2025	MARIA B CRUZ DE PULIDO	228340	1,672.00
1/8/2025	MARIA D TORRES DE VELAZQUEZ	228341	608.00
1/8/2025	MARIA INES TAFOLLA	228342	304.00
1/8/2025	MARIA M ANGULO	228343	608.00
1/8/2025	MARIA P COSIO	228344	608.00
1/8/2025	MARIA PICOS DE GARCIA	228345	456.00
1/8/2025	MARIA SALAZAR	228346	608.00
1/8/2025	MARIA SOCORRO GOMEZ CABRERA	228347	2,128.00
1/8/2025	MARIBEL AGUILAR	228348	456.00

1/8/2025	OLGA LIDIA HERNANDEZ	228349	304.00
1/8/2025	PATRICIA H MARTINEZ	228350	152.00
1/8/2025	ROCIO JOSEFINA HERNANDEZ	228351	2,128.00
1/8/2025	ROSALBA CABRAL	228352	152.00
1/8/2025	ROSAURA QUINTERO DE LOPEZ	228353	1,216.00
1/8/2025	RUBICELA ALCANTAR DE TORRES	228354	152.00
1/8/2025	RUSH 2 LEARNING	228355	760.00
1/8/2025	SANDRA ELIZABETH SAMAYOA	228356	456.00
1/8/2025	SANDRA SEGURA	228357	304.00
1/8/2025	SOCORRO LARA DE GOVEA	228358	304.00
1/8/2025	TEODORA GIRON MORALES	228359	152.00
1/8/2025	VERONICA L ESCOBAR	228360	1,368.00
1/8/2025	XOCHITL ARTHEMISA PELAGIO	228361	1,520.00
1/8/2025	YOLANDA SALDANA MORENO	228362	456.00
1/8/2025	BRIAN BAKER - DBA: THE AVERY AND BRIAN EXPERIENCE	228363	6,375.00
1/8/2025	BRIAN BAKER - DBA: THE AVERY AND BRIAN EXPERIENCE	228363	2,125.00
1/9/2025	V00057--AMERICAN REFUSE, INC.	300103	206.27
1/9/2025	V00087--ARVIN COMMUNITY SERVICE DISTRICT	300104	231.89
1/9/2025	V03325--ASCEND REAL ESTATE AND PROPERTY MANAGEMENT INC	300105	1,800.00
1/9/2025	V00092--AT&T	300106	63.09
1/9/2025	V00092--AT&T	300107	799.41
1/9/2025	V00114--BERKSHIRE HATHAWAY HOMESTATE CO	300108	105,415.38
1/9/2025	V03317--Better Homes LLC	300109	3,500.00
1/9/2025	V03323--CALIFORNIA CAPITAL EQUITIES LLC	300110	2,550.00
1/9/2025	V00169--CALIFORNIA WATER SERVICE	300111	4,531.60
1/9/2025	V00212--CITY OF DELANO	300112	173.60
1/9/2025	V00215--CITY OF SHAFTER	300113	523.75
1/9/2025	V00216--CITY OF STOCKTON	300114	176.84
1/9/2025	V00220--CITY OF WASCO	300115	524.40
1/9/2025	V03326--CLEMMER AND COMPANY REAL ESTATE SERVICES	300116	3,900.00
1/9/2025	V00229--COMCAST CORPORATION	300117	165.89
1/9/2025	V00252--COUNTY OF KERN PUBLIC WORKS	300118	22.15
1/9/2025	V00402--FRONTIER COMMUNICATIONS HOLDINGS LLC	300119	204.92
1/9/2025	V03322--ITDRP LLC	300120	2,590.00
1/9/2025	V00597--LAMONT SANITATION INC	300121	1,278.82
1/9/2025	V03324--LAZAROY MILLER	300122	3,900.00
1/9/2025	V03335--MARGARET FRAZIER-SANCHEZ	300123	3,061.85
1/9/2025	V03333--NANCY GARCIA	300124	4,854.51
1/9/2025	V03172--OFFICE1 LEASING	300125	179.90
1/9/2025	V00787--PG&E	300126	16,717.65
1/9/2025	V03096--PUBLIC AGENCY COALITION ENTERPRISE	300127	855,075.68
1/9/2025	V03175--RACE TELECOMMUNICATIONS INC	300128	238.69
1/9/2025	V00846--ROUTE 66 BROADBAND LLC	300129	218.13
1/9/2025	V00883--SEIU LOCAL 521	300130	18,918.49
1/9/2025	V00907--SOCALGAS	300131	405.84
1/9/2025	V00907--SOCALGAS	300132	404.93
1/9/2025	V00912--SOUTH TULARE RICHGROVE REFUSE INC	300133	443.84
1/9/2025	V00914--SOUTHERN CALIFORNIA EDISON	300134	1,994.98
1/9/2025	V00914--SOUTHERN CALIFORNIA EDISON	300135	232.54
1/9/2025	V00917--SOUTHWEST GAS CORPORATION	300136	60.89
1/9/2025	V02978--SPECTRUM/CHARTER COMMUNICATIONS	300137	3,012.59
1/9/2025	V02978--SPECTRUM/CHARTER COMMUNICATIONS	300138	169.98
1/9/2025	V00937--STINSON STATIONERS	300139	1,172.11
1/9/2025	V00948--SUPERIOR SANITATION SERVICE INC	300140	767.92
1/9/2025	V01026--VARNER & SON INC	300141	994.59
1/9/2025	V01049--WASTE MANAGEMENT OF SOUTHERN CALIFORNIA	300142	50.00
1/9/2025	V01049--WASTE MANAGEMENT OF SOUTHERN CALIFORNIA	300143	927.46
1/9/2025	V03342--SHAWNA C MURPHY	300144	188.09
1/13/2025	MARISELA GONZALEZ	228233	-151.42
1/14/2025	ROSA M DIAZ MARQUEZ	34797	-608.00
1/14/2025	Delia Irene Araujo Dominguez	228302	-5,975.32
1/14/2025	Delia Irene Araujo Dominguez	228302	-1,120.00
1/15/2025	ALIDA MERCADO DE GARNICA	34838	1,276.14
1/15/2025	ALIDA MERCADO DE GARNICA	34838	280.00
1/15/2025	ANDREA ESTRADA	34839	902.87
1/15/2025	ANDREA ESTRADA	34839	140.00
1/15/2025	ANDREA ESTRADA	34839	-28.06
1/15/2025	ARACELI CASTRO BARRAZA	34840	1,854.37
1/15/2025	ARACELI CASTRO BARRAZA	34840	420.00
1/15/2025	CATALINA CASTRO AYALA	34841	6,569.02
1/15/2025	CATALINA CASTRO AYALA	34841	1,400.00
1/15/2025	CATALINA CASTRO AYALA	34841	-90.00
1/15/2025	DALILA J CAVAZOS	34842	8,932.60
1/15/2025	DALILA J CAVAZOS	34842	1,540.00
1/15/2025	IRMA L IBARRA	34843	6,433.19
1/15/2025	IRMA L IBARRA	34843	1,120.00
1/15/2025	JUDITH ADRIANA PAREDES DE QUEZADA	34844	1,296.08
1/15/2025	JUDITH ADRIANA PAREDES DE QUEZADA	34844	280.00
1/15/2025	LETICIA HERNANDEZ	34845	1,557.14
1/15/2025	LETICIA HERNANDEZ	34845	280.00
1/15/2025	MA L MONROY DE SEVILLA	34846	1,678.03
1/15/2025	MA L MONROY DE SEVILLA	34846	280.00
1/15/2025	MA TERESA NAVA DE FRANCO	34847	1,371.52
1/15/2025	MA TERESA NAVA DE FRANCO	34847	280.00
1/15/2025	MARGARITA VALENCIA AVILA	34848	6,903.89
1/15/2025	MARGARITA VALENCIA AVILA	34848	980.00
1/15/2025	MARIA C PEREZ	34849	202.94
1/15/2025	MARIA C PEREZ	34849	280.00
1/15/2025	MARIA C ZEPEDA DE NUNEZ	34850	2,017.78
1/15/2025	MARIA C ZEPEDA DE NUNEZ	34850	420.00
1/15/2025	MARIA GARCIA	34851	8,460.16
1/15/2025	MARIA GARCIA	34851	1,540.00
1/15/2025	MARIA GARCIA	34851	-90.00
1/15/2025	MARIA GUADALUPE NAVARRO DE ORTIZ	34852	2,724.21
1/15/2025	MARIA GUADALUPE NAVARRO DE ORTIZ	34852	560.00
1/15/2025	MARIA SANTOS DE LOPEZ	34853	6,558.79
1/15/2025	MARIA SANTOS DE LOPEZ	34853	1,120.00
1/15/2025	MARICELA SANDOVAL RODRIGUEZ	34854	4,671.20
1/15/2025	MARICELA SANDOVAL RODRIGUEZ	34854	700.00
1/15/2025	MARTHA ESTHELA SANCHEZ	34855	5,556.07
1/15/2025	MARTHA ESTHELA SANCHEZ	34855	1,260.00
1/15/2025	MARTINA RANGEL	34856	4,519.93
1/15/2025	MARTINA RANGEL	34856	700.00
1/15/2025	MAYRA ELENA GONZALEZ MORALES	34857	3,622.70
1/15/2025	MAYRA ELENA GONZALEZ MORALES	34857	700.00
1/15/2025	MILCA REBEKAH PEREZ	34858	3,965.49
1/15/2025	MILCA REBEKAH PEREZ	34858	700.00

1/15/2025	PAULA LARA VALDOVINOS	34859	6,661.14
1/15/2025	PAULA LARA VALDOVINOS	34859	1,260.00
1/15/2025	REYNA TORRES DE CASTRO	34860	2,820.19
1/15/2025	REYNA TORRES DE CASTRO	34860	700.00
1/15/2025	REYNA TORRES DE CASTRO	34860	-66.40
1/15/2025	ROSALINDA VARGAS MATA	34861	2,490.35
1/15/2025	ROSALINDA VARGAS MATA	34861	420.00
1/15/2025	ROSEMARY ZAVALA	34862	6,843.05
1/15/2025	ROSEMARY ZAVALA	34862	1,120.00
1/15/2025	SANDRA MARTINEZ VARELA	34863	7,951.88
1/15/2025	SANDRA MARTINEZ VARELA	34863	1,260.00
1/15/2025	SARA ESTELA POSADA	34864	6,640.02
1/15/2025	SARA ESTELA POSADA	34864	1,120.00
1/15/2025	SILVIA MEJIA	34865	9,768.22
1/15/2025	SILVIA MEJIA	34865	1,680.00
1/15/2025	SOFIA ALVAREZ DE GONZALEZ	34866	9,780.12
1/15/2025	SOFIA ALVAREZ DE GONZALEZ	34866	1,820.00
1/15/2025	SUSIE MARIA REYNA	34867	3,685.07
1/15/2025	SUSIE MARIA REYNA	34867	840.00
1/15/2025	VANESSA NICOLE MEJIA	34868	5,059.67
1/15/2025	VANESSA NICOLE MEJIA	34868	840.00
1/15/2025	VANESSA NICOLE MEJIA	34868	-90.00
1/15/2025	VIRGINIA PEREZ	34869	806.82
1/15/2025	VIRGINIA PEREZ	34869	140.00
1/15/2025	XOCHITL QUIROZ DE ALCALA	34870	2,544.79
1/15/2025	XOCHITL QUIROZ DE ALCALA	34870	420.00
1/15/2025	EDUVIJS SUAREZ	34871	3,253.88
1/15/2025	EDUVIJS SUAREZ	34871	560.00
1/15/2025	EDUVIJS SUAREZ	34871	-65.08
1/15/2025	MARIA GUADALUPE BARAJAS DE GARCIA	34872	1,110.91
1/15/2025	MARIA GUADALUPE BARAJAS DE GARCIA	34872	280.00
1/15/2025	Maria Ledesma De Garcia	34873	4,058.76
1/15/2025	Maria Ledesma De Garcia	34873	700.00
1/15/2025	MONICA VEGA	34874	4,784.78
1/15/2025	MONICA VEGA	34874	840.00
1/15/2025	NORMA PULIDO CRUZ	34875	2,241.73
1/15/2025	NORMA PULIDO CRUZ	34875	420.00
1/15/2025	CECILIA ZAMORA	34876	3,247.18
1/15/2025	CECILIA ZAMORA	34876	640.00
1/15/2025	JANET GARCIA-ALAPIZCO	34877	7,047.68
1/15/2025	JANET GARCIA-ALAPIZCO	34877	1,120.00
1/15/2025	MARIA GUADALUPE ZAMORA RODRIGUEZ	34878	6,868.15
1/15/2025	MARIA GUADALUPE ZAMORA RODRIGUEZ	34878	1,280.00
1/15/2025	ONOFRE ZAMORA	34879	8,916.78
1/15/2025	ONOFRE ZAMORA	34879	1,600.00
1/15/2025	ANA M. DAVILA	34880	1,949.87
1/15/2025	ANA M. DAVILA	34880	420.00
1/15/2025	EDITH ELIZABETH SANCHEZ	34881	2,774.79
1/15/2025	EDITH ELIZABETH SANCHEZ	34881	560.00
1/15/2025	EDITH ELIZABETH SANCHEZ	34881	-55.50
1/15/2025	Gladys Isela Rodriguez	34882	2,305.81
1/15/2025	Gladys Isela Rodriguez	34882	420.00
1/15/2025	GLORIA PADILLA MONTES DE OCA	34883	1,659.74
1/15/2025	GLORIA PADILLA MONTES DE OCA	34883	280.00
1/15/2025	IRMA YOLANDA MAGALLON	34884	3,128.76
1/15/2025	IRMA YOLANDA MAGALLON	34884	560.00
1/15/2025	MARIA A MAGALLON OROZCO	34885	2,166.09
1/15/2025	MARIA A MAGALLON OROZCO	34885	420.00
1/15/2025	MARIA G AYALA	34886	2,414.09
1/15/2025	MARIA G AYALA	34886	420.00
1/15/2025	MARIA GUADALUPE CHAVEZ	34887	2,792.65
1/15/2025	MARIA GUADALUPE CHAVEZ	34887	560.00
1/15/2025	MARIA PAZ RUIZ	34888	3,850.13
1/15/2025	MARIA PAZ RUIZ	34888	700.00
1/15/2025	MARIA PERLA GARCIA DE ARCIGA	34889	2,672.60
1/15/2025	MARIA PERLA GARCIA DE ARCIGA	34889	700.00
1/15/2025	MARIA R LEMUS OROZCO	34890	2,183.38
1/15/2025	MARIA R LEMUS OROZCO	34890	560.00
1/15/2025	NEREYDA LIRA LOPEZ	34891	849.71
1/15/2025	NEREYDA LIRA LOPEZ	34891	140.00
1/15/2025	NORMA PATRICIA AVILA MOLINA	34892	1,227.42
1/15/2025	NORMA PATRICIA AVILA MOLINA	34892	280.00
1/15/2025	PAULA GARCIA	34893	6,855.11
1/15/2025	PAULA GARCIA	34893	1,120.00
1/15/2025	ROSAURA IBARRA OROZCO	34894	3,668.83
1/15/2025	ROSAURA IBARRA OROZCO	34894	840.00
1/15/2025	TERESA MENDOZA	34895	849.71
1/15/2025	TERESA MENDOZA	34895	140.00
1/15/2025	VERONICA ALVAREZ	34896	2,194.09
1/15/2025	VERONICA ALVAREZ	34896	560.00
1/15/2025	YESICA SANCHEZ ARRIAGA	34897	7,416.69
1/15/2025	YESICA SANCHEZ ARRIAGA	34897	1,260.00
1/15/2025	YOLANDA CORTES DE MENDOZA	34898	984.71
1/15/2025	YOLANDA CORTES DE MENDOZA	34898	280.00
1/15/2025	ADELA JAIMES	34899	8,159.86
1/15/2025	ADELA JAIMES	34899	1,540.00
1/15/2025	ADRIANA AGUIRRE GAONA	34900	4,565.07
1/15/2025	ADRIANA AGUIRRE GAONA	34900	840.00
1/15/2025	ALICIA MONTEJANO PENA	34901	4,986.45
1/15/2025	ALICIA MONTEJANO PENA	34901	980.00
1/15/2025	ANA PATRICIA CAMARGO	34902	6,856.63
1/15/2025	ANA PATRICIA CAMARGO	34902	1,120.00
1/15/2025	ANGELICA M MARES	34903	4,360.94
1/15/2025	ANGELICA M MARES	34903	840.00
1/15/2025	ANTONIA PANIAGUA ROSALES	34904	10,417.98
1/15/2025	ANTONIA PANIAGUA ROSALES	34904	1,820.00
1/15/2025	ANTONIO PERALTA DUQUE	34905	3,083.61
1/15/2025	ANTONIO PERALTA DUQUE	34905	560.00
1/15/2025	ARACELI JIMENEZ AVILA	34906	2,352.48
1/15/2025	ARACELI JIMENEZ AVILA	34906	420.00
1/15/2025	ARACELI MORALES DE MARTINEZ	34907	4,219.24
1/15/2025	ARACELI MORALES DE MARTINEZ	34907	700.00
1/15/2025	AYDE JAIME	34908	6,597.11
1/15/2025	AYDE JAIME	34908	1,400.00
1/15/2025	BEATRIZ GONZALEZ DUENAS	34909	1,366.72
1/15/2025	BEATRIZ GONZALEZ DUENAS	34909	294.00
1/15/2025	BLANCA EVELIA RUIZ DE SOLORIO	34910	7,281.02

1/15/2025	BLANCA EVELIA RUIZ DE SOLORIO	34910	1,260.00
1/15/2025	CAROLINA GIL	34911	5,197.99
1/15/2025	CAROLINA GIL	34911	980.00
1/15/2025	CLARA ACOSTA FERREL	34912	1,468.82
1/15/2025	CLARA ACOSTA FERREL	34912	294.00
1/15/2025	CLAUDIA BARAJAS ROGEL	34913	1,012.59
1/15/2025	CLAUDIA BARAJAS ROGEL	34913	196.00
1/15/2025	CLAUDIA ZAVALA CISNEROS	34914	1,424.39
1/15/2025	CLAUDIA ZAVALA CISNEROS	34914	294.00
1/15/2025	CONSUELO PUGA	34915	2,874.51
1/15/2025	CONSUELO PUGA	34915	560.00
1/15/2025	DAISY ALMIDA GONZALEZ	34916	6,826.14
1/15/2025	DAISY ALMIDA GONZALEZ	34916	1,260.00
1/15/2025	DANIELA GUADALUPE ESPINOZA	34917	4,429.57
1/15/2025	DANIELA GUADALUPE ESPINOZA	34917	840.00
1/15/2025	DAVID PANTOJA	34918	6,742.69
1/15/2025	DAVID PANTOJA	34918	1,120.00
1/15/2025	DEYSI ISELA ESQUIVEL	34919	8,093.04
1/15/2025	DEYSI ISELA ESQUIVEL	34919	1,820.00
1/15/2025	DOLORES M PLATERO	34920	4,775.58
1/15/2025	DOLORES M PLATERO	34920	840.00
1/15/2025	DORA LUZ RIVERA	34921	6,146.26
1/15/2025	DORA LUZ RIVERA	34921	1,120.00
1/15/2025	EDELMIRA L VIVEROS	34922	3,134.89
1/15/2025	EDELMIRA L VIVEROS	34922	560.00
1/15/2025	ELENA OCHOA CONTRERAS	34923	1,060.50
1/15/2025	ELENA OCHOA CONTRERAS	34923	196.00
1/15/2025	ELIM RODRIGUEZ	34924	3,193.78
1/15/2025	ELIM RODRIGUEZ	34924	560.00
1/15/2025	ELIZABETH CHAVEZ	34925	3,037.08
1/15/2025	ELIZABETH CHAVEZ	34925	700.00
1/15/2025	ELIZABETH DIAZ	34926	5,034.17
1/15/2025	ELIZABETH DIAZ	34926	840.00
1/15/2025	ELIZABETH GONZALEZ	34927	2,371.16
1/15/2025	ELIZABETH GONZALEZ	34927	700.00
1/15/2025	ELIZABETH GONZALEZ	34927	-57.42
1/15/2025	ELSA YANETH QUEVEDO ORTIZ	34928	5,922.22
1/15/2025	ELSA YANETH QUEVEDO ORTIZ	34928	1,820.00
1/15/2025	FABIOLA GARCIA AVILES	34929	1,008.80
1/15/2025	FABIOLA GARCIA AVILES	34929	196.00
1/15/2025	GEORGINA CONCEPCION WARREN COSTALES	34930	6,332.25
1/15/2025	GEORGINA CONCEPCION WARREN COSTALES	34930	1,120.00
1/15/2025	GUADALUPE CECILIA JAIME	34931	806.61
1/15/2025	GUADALUPE CECILIA JAIME	34931	140.00
1/15/2025	GUADALUPE OLAZABAL	34932	954.96
1/15/2025	GUADALUPE OLAZABAL	34932	196.00
1/15/2025	GUADALUPE OLAZABAL	34932	-19.10
1/15/2025	GUILLERMINA HERNANDEZ GOMEZ	34933	4,664.88
1/15/2025	GUILLERMINA HERNANDEZ GOMEZ	34933	840.00
1/15/2025	IMELDA MARIN DE JUAREZ	34934	6,450.80
1/15/2025	IMELDA MARIN DE JUAREZ	34934	1,540.00
1/15/2025	INES MARISCAL MACIAS	34935	568.32
1/15/2025	INES MARISCAL MACIAS	34935	98.00
1/15/2025	IRMA FLORES	34936	2,535.87
1/15/2025	IRMA FLORES	34936	490.00
1/15/2025	IRMA VERONICA OSEGUERA	34937	4,270.76
1/15/2025	IRMA VERONICA OSEGUERA	34937	840.00
1/15/2025	ISABEL GARCIA	34938	5,868.32
1/15/2025	ISABEL GARCIA	34938	980.00
1/15/2025	ISABEL GARCIA	34938	-100.00
1/15/2025	JASMIN ALEJANDRA ARANDA	34939	2,421.81
1/15/2025	JASMIN ALEJANDRA ARANDA	34939	420.00
1/15/2025	JOANNA GONZALEZ	34940	2,427.85
1/15/2025	JOANNA GONZALEZ	34940	420.00
1/15/2025	JOSELINE ARREDONDO	34941	1,909.92
1/15/2025	JOSELINE ARREDONDO	34941	392.00
1/15/2025	JUANITA FAY GALVAN	34942	1,412.10
1/15/2025	JUANITA FAY GALVAN	34942	294.00
1/15/2025	JULISSA MARIE ARAGON	34943	3,269.85
1/15/2025	JULISSA MARIE ARAGON	34943	700.00
1/15/2025	JULISSA LIZBETH RODRIGUEZ	34944	2,828.72
1/15/2025	JULISSA LIZBETH RODRIGUEZ	34944	560.00
1/15/2025	KASANDRA FIGUEROA BASURTO	34945	1,074.65
1/15/2025	KASANDRA FIGUEROA BASURTO	34945	280.00
1/15/2025	LESLIE KARINA TOSCANO CRUZ	34946	721.83
1/15/2025	LESLIE KARINA TOSCANO CRUZ	34946	140.00
1/15/2025	LETICIA HERNANDEZ PEREZ	34947	1,431.23
1/15/2025	LETICIA HERNANDEZ PEREZ	34947	280.00
1/15/2025	LETICIA MORALES	34948	7,287.58
1/15/2025	LETICIA MORALES	34948	1,820.00
1/15/2025	LILIA HORTENCIA OSEGUERA	34949	6,442.47
1/15/2025	LILIA HORTENCIA OSEGUERA	34949	1,120.00
1/15/2025	LILIA HORTENCIA OSEGUERA	34949	-90.00
1/15/2025	LILIA YAZMIN JUAREZ	34950	4,801.60
1/15/2025	LILIA YAZMIN JUAREZ	34950	1,120.00
1/15/2025	LILIANA REYES GONZALEZ	34951	806.61
1/15/2025	LILIANA REYES GONZALEZ	34951	140.00
1/15/2025	LILIANA SOLORIO	34952	2,030.23
1/15/2025	LILIANA SOLORIO	34952	420.00
1/15/2025	LORENA SILVA DE MALDONADO	34953	2,800.34
1/15/2025	LORENA SILVA DE MALDONADO	34953	700.00
1/15/2025	LORENA TRUJILLO ESCOBEDO	34954	2,221.48
1/15/2025	LORENA TRUJILLO ESCOBEDO	34954	490.00
1/15/2025	LOURDES PEREZ DE GARCIA	34955	6,611.81
1/15/2025	LOURDES PEREZ DE GARCIA	34955	1,260.00
1/15/2025	MACARMEN LUCATERO	34956	814.70
1/15/2025	MACARMEN LUCATERO	34956	560.00
1/15/2025	MARGARITA BUSTAMANTE DE FELIX	34957	4,479.29
1/15/2025	MARGARITA BUSTAMANTE DE FELIX	34957	840.00
1/15/2025	MARGARITA CORTES DE BARAJAS	34958	11,624.50
1/15/2025	MARGARITA CORTES DE BARAJAS	34958	1,960.00
1/15/2025	MARGARITA PADILLA BARAJAS	34959	5,864.60
1/15/2025	MARGARITA PADILLA BARAJAS	34959	1,120.00
1/15/2025	MARIA A LOPEZ	34960	8,846.52
1/15/2025	MARIA A LOPEZ	34960	1,400.00
1/15/2025	MARIA ARACELI CRUZ	34961	439.97
1/15/2025	MARIA ARACELI CRUZ	34961	140.00

1/15/2025	MARIA C ARELLANO DE CONTRERAS	34962	2,678.05
1/15/2025	MARIA C ARELLANO DE CONTRERAS	34962	560.00
1/15/2025	MARIA C ARELLANO DE CONTRERAS	34962	-63.56
1/15/2025	MARIA C CUEVAS DE GARCIA	34963	2,101.13
1/15/2025	MARIA C CUEVAS DE GARCIA	34963	392.00
1/15/2025	MARIA ELENA CEJA	34964	2,397.38
1/15/2025	MARIA ELENA CEJA	34964	420.00
1/15/2025	MARIA ELENA RODRIGUEZ	34965	1,335.48
1/15/2025	MARIA ELENA RODRIGUEZ	34965	280.00
1/15/2025	MARIA ESTELA ARROYO	34966	1,574.46
1/15/2025	MARIA ESTELA ARROYO	34966	294.00
1/15/2025	MARIA ESTHER GONZALEZ AVALOS	34967	5,576.20
1/15/2025	MARIA ESTHER GONZALEZ AVALOS	34967	1,120.00
1/15/2025	MARIA FRANCISCA MENA	34968	6,453.25
1/15/2025	MARIA FRANCISCA MENA	34968	1,400.00
1/15/2025	MARIA GUADALUPE ALVAREZ	34969	3,055.68
1/15/2025	MARIA GUADALUPE ALVAREZ	34969	560.00
1/15/2025	MARIA GUADALUPE GONZALEZ	34970	5,536.35
1/15/2025	MARIA GUADALUPE GONZALEZ	34970	980.00
1/15/2025	MARIA GUADALUPE LOPEZ CORZA	34971	7,233.55
1/15/2025	MARIA GUADALUPE LOPEZ CORZA	34971	1,400.00
1/15/2025	MARIA LOURDES NIEVAS DE SALAZAR	34972	4,574.04
1/15/2025	MARIA LOURDES NIEVAS DE SALAZAR	34972	840.00
1/15/2025	MARIA SANDRA L DE ESTRADA	34973	5,013.58
1/15/2025	MARIA SANDRA L DE ESTRADA	34973	1,120.00
1/15/2025	MARIA T HERNANDEZ	34974	1,239.72
1/15/2025	MARIA T HERNANDEZ	34974	280.00
1/15/2025	MARIANA NAVA	34975	4,211.22
1/15/2025	MARIANA NAVA	34975	700.00
1/15/2025	MARILU GARZA	34976	3,872.55
1/15/2025	MARILU GARZA	34976	1,400.00
1/15/2025	MARILU GARZA	34976	-77.45
1/15/2025	MARISOL PEREZ	34977	1,076.81
1/15/2025	MARISOL PEREZ	34977	196.00
1/15/2025	MARTHA ANGELICA SOLORIO DE ARCEO	34978	3,653.39
1/15/2025	MARTHA ANGELICA SOLORIO DE ARCEO	34978	980.00
1/15/2025	MARTHA SALGADO	34979	10,732.57
1/15/2025	MARTHA SALGADO	34979	1,820.00
1/15/2025	MAYRA HERNANDEZ	34980	3,207.84
1/15/2025	MAYRA HERNANDEZ	34980	560.00
1/15/2025	MIGUEL ANGEL GARCIA JIMENEZ	34981	3,032.94
1/15/2025	MIGUEL ANGEL GARCIA JIMENEZ	34981	560.00
1/15/2025	MIRIAM LOPEZ GUTIERREZ	34982	10,940.86
1/15/2025	MIRIAM LOPEZ GUTIERREZ	34982	1,960.00
1/15/2025	NORMA LISA GUZMAN	34983	3,808.76
1/15/2025	NORMA LISA GUZMAN	34983	700.00
1/15/2025	OLGA LIDIA ALVAREZ	34984	1,004.12
1/15/2025	OLGA LIDIA ALVAREZ	34984	196.00
1/15/2025	ORGARIDT ALCANZAR MAGANA	34985	5,089.89
1/15/2025	ORGARIDT ALCANZAR MAGANA	34985	980.00
1/15/2025	ORGARIDT ALCANZAR MAGANA	34985	-90.00
1/15/2025	PATRICIA SANCHEZ	34986	1,729.30
1/15/2025	PATRICIA SANCHEZ	34986	1,120.00
1/15/2025	PRECIOSA ISABEL CHAMALE CASTRO	34987	524.38
1/15/2025	PRECIOSA ISABEL CHAMALE CASTRO	34987	98.00
1/15/2025	REYNALDA C MALDONADO	34988	1,103.95
1/15/2025	REYNALDA C MALDONADO	34988	294.00
1/15/2025	ROCIO OROZCO IBARRA	34989	7,703.94
1/15/2025	ROCIO OROZCO IBARRA	34989	1,960.00
1/15/2025	Rosa Elena Arellano	34990	1,640.69
1/15/2025	Rosa Elena Arellano	34990	280.00
1/15/2025	Rosa Elena Arellano	34990	-32.81
1/15/2025	RUBICEL RUIZ SOLORIO	34991	4,214.20
1/15/2025	RUBICEL RUIZ SOLORIO	34991	840.00
1/15/2025	RUBICEL RUIZ SOLORIO	34991	-89.28
1/15/2025	RUTH CARINA PAREDES	34992	6,209.72
1/15/2025	RUTH CARINA PAREDES	34992	1,400.00
1/15/2025	SAIDY LORENA MAYEN	34993	8,123.45
1/15/2025	SAIDY LORENA MAYEN	34993	1,400.00
1/15/2025	SANDRA RODRIGUEZ	34994	806.61
1/15/2025	SANDRA RODRIGUEZ	34994	140.00
1/15/2025	SENDY N HERNANDEZ SOSA	34995	1,076.81
1/15/2025	SENDY N HERNANDEZ SOSA	34995	196.00
1/15/2025	SENDY N HERNANDEZ SOSA	34995	-31.54
1/15/2025	SONIA PANTOJA	34996	6,914.48
1/15/2025	SONIA PANTOJA	34996	1,120.00
1/15/2025	STEPHANIE VERDUGO	34997	5,293.24
1/15/2025	STEPHANIE VERDUGO	34997	840.00
1/15/2025	SUSY I SANTACRUZ DE SAHAGUN	34998	5,976.62
1/15/2025	SUSY I SANTACRUZ DE SAHAGUN	34998	1,120.00
1/15/2025	SUSY I SANTACRUZ DE SAHAGUN	34998	-100.00
1/15/2025	SYDNEY GONZALEZ	34999	1,526.24
1/15/2025	SYDNEY GONZALEZ	34999	294.00
1/15/2025	SYLVIA MORA	35000	839.08
1/15/2025	SYLVIA MORA	35000	196.00
1/15/2025	TERESA CAROLINA OROPEZA	35001	4,510.92
1/15/2025	TERESA CAROLINA OROPEZA	35001	840.00
1/15/2025	TRINIDAD TINOCO	35002	8,319.92
1/15/2025	TRINIDAD TINOCO	35002	1,680.00
1/15/2025	YANELY GARCIA	35003	1,526.24
1/15/2025	YANELY GARCIA	35003	294.00
1/15/2025	YESENIA CAYETANO HERNANDEZ	35004	1,071.46
1/15/2025	YESENIA CAYETANO HERNANDEZ	35004	280.00
1/15/2025	YESENIA ESCOTO MURILLO	35005	1,504.71
1/15/2025	YESENIA ESCOTO MURILLO	35005	294.00
1/15/2025	YESENIA GUADALUPE QUINTERO TAPIA	35006	2,235.27
1/15/2025	YESENIA GUADALUPE QUINTERO TAPIA	35006	420.00
1/15/2025	YESENIA SALAZAR-PENA	35007	3,721.52
1/15/2025	YESENIA SALAZAR-PENA	35007	700.00
1/15/2025	YOLANDA JUAREZ	35008	7,692.56
1/15/2025	YOLANDA JUAREZ	35008	1,540.00
1/15/2025	ZEFERINO GONZALEZ	35009	931.20
1/15/2025	ZEFERINO GONZALEZ	35009	196.00
1/15/2025	ANDREA FRANCISCA SANTOS MENDOZA	35010	9,179.15
1/15/2025	ANDREA FRANCISCA SANTOS MENDOZA	35010	1,680.00
1/15/2025	ANDREA FRANCISCA SANTOS MENDOZA	35010	-100.00
1/15/2025	GABRIELA GARCIA DE RODRIGUEZ	35011	12,120.46

1/15/2025	GABRIELA GARCIA DE RODRIGUEZ	35011	2,100.00
1/15/2025	INOCENCIA SALAS ROJAS	35012	4,837.74
1/15/2025	INOCENCIA SALAS ROJAS	35012	980.00
1/15/2025	LAURA A GUTIERREZ	35013	6,703.91
1/15/2025	LAURA A GUTIERREZ	35013	1,260.00
1/15/2025	LETICIA FLORES	35014	814.91
1/15/2025	LETICIA FLORES	35014	140.00
1/15/2025	LIDIA ALONDRA BRAVO DE MENDOZA	35015	3,847.49
1/15/2025	LIDIA ALONDRA BRAVO DE MENDOZA	35015	700.00
1/15/2025	LORRAINE DIAZ	35016	2,380.56
1/15/2025	LORRAINE DIAZ	35016	420.00
1/15/2025	MARIA CARRILLO DE GUTIERREZ	35017	6,737.68
1/15/2025	MARIA CARRILLO DE GUTIERREZ	35017	1,260.00
1/15/2025	MARIA CARRILLO DE GUTIERREZ	35017	-100.00
1/15/2025	MARIA DOLORES ARIAS	35018	3,123.11
1/15/2025	MARIA DOLORES ARIAS	35018	560.00
1/15/2025	MARIA DOLORES ARIAS	35018	-77.46
1/15/2025	MATILDE VILLAFAN DE MARAVILLA	35019	3,034.10
1/15/2025	MATILDE VILLAFAN DE MARAVILLA	35019	840.00
1/15/2025	MITZI G CHAVEZ MAGALLON	35020	3,761.77
1/15/2025	MITZI G CHAVEZ MAGALLON	35020	700.00
1/15/2025	MITZI G CHAVEZ MAGALLON	35020	-85.24
1/15/2025	OLGA NOVELA DE HUERTA	35021	5,943.07
1/15/2025	OLGA NOVELA DE HUERTA	35021	980.00
1/15/2025	OLGA NOVELA DE HUERTA	35021	-110.00
1/15/2025	RAQUEL POSADAS DE GIRON	35022	2,057.24
1/15/2025	RAQUEL POSADAS DE GIRON	35022	700.00
1/15/2025	SUNSHINE BILINGUAL DAYCARE	35023	5,850.76
1/15/2025	SUNSHINE BILINGUAL DAYCARE	35023	1,120.00
1/15/2025	SYSCO FOOD SERVICES OF VENTURA INC	35024	1,243.35
1/15/2025	SYSCO FOOD SERVICES OF VENTURA INC	35025	1,370.54
1/15/2025	SYSCO FOOD SERVICES OF VENTURA INC	35026	1,599.71
1/15/2025	SYSCO FOOD SERVICES OF VENTURA INC	35027	3,195.39
1/15/2025	SYSCO FOOD SERVICES OF VENTURA INC	35028	1,132.27
1/15/2025	SYSCO FOOD SERVICES OF VENTURA INC	35029	976.92
1/15/2025	SYSCO FOOD SERVICES OF VENTURA INC	35030	314.74
1/15/2025	VERIZON WIRELESS	35031	7,853.63
1/15/2025	SYSCO FOOD SERVICES OF VENTURA INC	35032	220.03
1/15/2025	SYSCO FOOD SERVICES OF VENTURA INC	35032	457.44
1/15/2025	SYSCO FOOD SERVICES OF VENTURA INC	35032	1,152.97
1/15/2025	SYSCO FOOD SERVICES OF VENTURA INC	35032	357.82
1/15/2025	SYSCO FOOD SERVICES OF VENTURA INC	35032	233.93
1/15/2025	SYSCO FOOD SERVICES OF VENTURA INC	35032	-20.02
1/15/2025	SYSCO FOOD SERVICES OF VENTURA INC	35032	-153.75
1/15/2025	SYSCO FOOD SERVICES OF VENTURA INC	35032	-55.75
1/15/2025	ELSA LARREYNAGA BATRES	228364	2,832.53
1/15/2025	ELSA LARREYNAGA BATRES	228364	840.00
1/15/2025	MALVINA RAMIREZ LOPEZ	228365	2,591.26
1/15/2025	MALVINA RAMIREZ LOPEZ	228365	420.00
1/15/2025	MARIA F AGUILAR DE SANDOVAL	228366	4,671.20
1/15/2025	MARIA F AGUILAR DE SANDOVAL	228366	700.00
1/15/2025	GLORIA GARCIA DE MADERA	228367	8,617.02
1/15/2025	GLORIA GARCIA DE MADERA	228367	1,400.00
1/15/2025	GLORIA LEMUS DE LEMUS	228368	1,631.90
1/15/2025	GLORIA LEMUS DE LEMUS	228368	280.00
1/15/2025	GUADALUPE ELIZABETH PENUELAS	228369	2,414.09
1/15/2025	GUADALUPE ELIZABETH PENUELAS	228369	420.00
1/15/2025	ADRIANA BAUTISTA DE CRUZ	228370	954.96
1/15/2025	ADRIANA BAUTISTA DE CRUZ	228370	196.00
1/15/2025	ALICIA MUNOZ DE SANCHEZ	228371	1,135.10
1/15/2025	ALICIA MUNOZ DE SANCHEZ	228371	294.00
1/15/2025	ANA LAURA RODRIGUEZ	228372	839.04
1/15/2025	ANA LAURA RODRIGUEZ	228372	280.00
1/15/2025	ANA MARIA ACOSTA DE ARIZAGA	228373	1,069.39
1/15/2025	ANA MARIA ACOSTA DE ARIZAGA	228373	280.00
1/15/2025	ASHLEY ANN GONZALEZ	228374	1,479.34
1/15/2025	ASHLEY ANN GONZALEZ	228374	294.00
1/15/2025	BELEN IZAZAGA MERCADO	228375	1,467.82
1/15/2025	BELEN IZAZAGA MERCADO	228375	294.00
1/15/2025	CECILIA GAYTAN DE ZARATE	228376	3,276.24
1/15/2025	CECILIA GAYTAN DE ZARATE	228376	769.48
1/15/2025	CINDY G CORONA	228377	1,672.36
1/15/2025	CINDY G CORONA	228377	420.00
1/15/2025	DIEGO FERREIRA	228378	2,247.79
1/15/2025	DIEGO FERREIRA	228378	392.00
1/15/2025	GUADALUPE AYON DE MENDOZA	228379	1,685.50
1/15/2025	GUADALUPE AYON DE MENDOZA	228379	280.00
1/15/2025	GUADALUPE AYON DE MENDOZA	228379	-43.71
1/15/2025	IRMA AYALA CONTRERAS	228380	3,016.20
1/15/2025	IRMA AYALA CONTRERAS	228380	560.00
1/15/2025	JAQUILINA GARCIA OSORIO	228381	524.38
1/15/2025	JAQUILINA GARCIA OSORIO	228381	98.00
1/15/2025	LAURA LILIANA RAMIREZ ALCALA	228382	4,459.64
1/15/2025	LAURA LILIANA RAMIREZ ALCALA	228382	840.00
1/15/2025	LINDA MAE MUSTIN	228383	503.00
1/15/2025	LINDA MAE MUSTIN	228383	140.00
1/15/2025	LUCERO VILLASENOR	228384	446.02
1/15/2025	LUCERO VILLASENOR	228384	392.00
1/15/2025	MA DEL CARMEN FLORES VALLECILLO	228385	504.40
1/15/2025	MA DEL CARMEN FLORES VALLECILLO	228385	98.00
1/15/2025	MA DEL CARMEN FLORES VALLECILLO	228385	-20.09
1/15/2025	MANUELA P MEDINA	228386	6,397.00
1/15/2025	MANUELA P MEDINA	228386	1,120.00
1/15/2025	MARCELA CHAVEZ OSEGUERA	228387	1,538.24
1/15/2025	MARCELA CHAVEZ OSEGUERA	228387	280.00
1/15/2025	MARIA EUGENIA GARCIA DE VEGA	228388	996.30
1/15/2025	MARIA EUGENIA GARCIA DE VEGA	228388	420.00
1/15/2025	MARIA V SOSA	228389	572.60
1/15/2025	MARIA V SOSA	228389	98.00
1/15/2025	ORELLANA RODRIGUEZ TOMASA MARISOL	228390	976.29
1/15/2025	ORELLANA RODRIGUEZ TOMASA MARISOL	228390	196.00
1/15/2025	VERONICA HERNANDEZ	228391	1,885.39
1/15/2025	VERONICA HERNANDEZ	228391	560.00
1/15/2025	T-MOBILE USA INC	228392	5,917.89
1/15/2025	Delia Irene Araujo Dominquez	228393	5,975.32
1/15/2025	Delia Irene Araujo Dominquez	228393	1,120.00
1/15/2025	ROSA M DIAZ MARQUEZ	228394	608.00

1/16/2025	V03445--ANGEL MENDOZA	300145	1,688.64
1/16/2025	V04015--BLANCA ESTELA SALAS	300146	2,219.28
1/16/2025	V03443--TAHMOKIE RUSHANE DARLINGTON	300147	1,751.24
1/16/2025	V04016--TANINA E TERRAZAS	300148	1,484.00
1/16/2025	V00014--Accrue Solutions Holding Co, LLC	300149	210.00
1/16/2025	V03414--ALMA SANCHEZ	300150	2.40
1/16/2025	V00047--ALTEC	300151	993.05
1/16/2025	V00057--AMERICAN REFUSE, INC.	300152	559.91
1/16/2025	V00092--AT&T	300153	1,864.56
1/16/2025	V00091--AT&T	300154	42.22
1/16/2025	V00154--CALIFORNIA COMMUNITY ACTION PARTNERSHIP ASSOCIA	300155	8,236.00
1/16/2025	V00169--CALIFORNIA WATER SERVICE	300156	807.77
1/16/2025	V00182--CDW GOVERNMENT LLC	300157	1,037.24
1/16/2025	V00187--CERTIFIX INC	300158	480.00
1/16/2025	V00198--CHEVRON AND TEXACO BUSINESS CARD SERVICES	300159	7,240.51
1/16/2025	V00206--CHRISTOPHER PERCIVAL	300160	21.65
1/16/2025	V00209--CITY OF BAKERSFIELD	300161	10,913.34
1/16/2025	V00252--COUNTY OF KERN PUBLIC WORKS	300162	67.11
1/16/2025	V00321--ECOLAB FOOD SAFETY SPECIALTIES	300163	140.67
1/16/2025	V03434--EDGAR BENITEZ	300164	2,475.00
1/16/2025	V03262--ERIC LE BARBE	300165	297.84
1/16/2025	V00402--FRONTIER COMMUNICATIONS HOLDINGS LLC	300166	417.51
1/16/2025	V00445--HD Supply Facilities Maintenance LTD	300167	1,702.63
1/16/2025	V02330--JEREMY T TOBIAS	300168	75.00
1/16/2025	V00522--JORGE GALINDO	300169	280.00
1/16/2025	V00559--KAPLAN EARLY LEARNING CO	300170	1,369.63
1/16/2025	V03341--KARAYA GAGE	300171	51.87
1/16/2025	V00584--KLEIN DE NATALE GOLDNER COOPER ROSENLIB & KIMBA	300172	6,211.20
1/16/2025	V00592--LAKESHORE EQUIPMENT COMPANY	300173	16,447.60
1/16/2025	V03340--LaTWANNA SMITH	300174	24.12
1/16/2025	V00624--LOWES COMPANIES INC	300175	211.13
1/16/2025	V03332--Mariana Rios	300176	154.10
1/16/2025	V03172--OFFICE1 LEASING	300177	5,534.64
1/16/2025	V00787--PG&E	300178	10,887.82
1/16/2025	V00799--PRICE DISPOSAL	300179	481.09
1/16/2025	V00812--QUADIENT FINANCE USA INC	300180	4,665.67
1/16/2025	V00914--SOUTHERN CALIFORNIA EDISON	300181	2,459.68
1/16/2025	V00937--STINSON STATIONERS	300182	1,075.16
1/16/2025	V03433--TEGELER HOTEL INV LP	300183	1,526.00
1/16/2025	V03245--TIMOTHY SEXTON	300184	2,448.50
1/16/2025	V00937--STINSON STATIONERS	300185	60,926.06
1/21/2025	V04028--MARGARITA PARRA DE GONZALEZ	300186	838.92
1/22/2025	AGUSTINA MORENO	35033	1,605.10
1/22/2025	AGUSTINA MORENO	35033	280.00
1/22/2025	AIDEE SANDOVAL	35034	2,510.82
1/22/2025	AIDEE SANDOVAL	35034	420.00
1/22/2025	ANA C LUCERO	35035	740.26
1/22/2025	ANA C LUCERO	35035	140.00
1/22/2025	ANA M HERNANDEZ DE RIOS	35036	3,806.28
1/22/2025	ANA M HERNANDEZ DE RIOS	35036	700.00
1/22/2025	ANA MARIA RAMIREZ MEJIA	35037	4,530.73
1/22/2025	ANA MARIA RAMIREZ MEJIA	35037	700.00
1/22/2025	ANA MARIA RAMIREZ MEJIA	35037	-100.00
1/22/2025	ANGELINA VASQUEZ	35038	1,583.54
1/22/2025	ANGELINA VASQUEZ	35038	280.00
1/22/2025	ANGELINA VASQUEZ	35038	-31.67
1/22/2025	AUDELIA RIOS	35039	7,233.72
1/22/2025	AUDELIA RIOS	35039	1,260.00
1/22/2025	AZUCENA C ESCAMILLA-MARTINEZ	35040	2,696.42
1/22/2025	AZUCENA C ESCAMILLA-MARTINEZ	35040	490.00
1/22/2025	CECILIA ALONSO DE RODRIGUEZ	35041	5,036.42
1/22/2025	CECILIA ALONSO DE RODRIGUEZ	35041	840.00
1/22/2025	CECILIA ATAÍ PEREZ	35042	4,657.93
1/22/2025	CECILIA ATAÍ PEREZ	35042	1,400.00
1/22/2025	CYNTHIA E CASTILLO	35043	2,220.04
1/22/2025	CYNTHIA E CASTILLO	35043	420.00
1/22/2025	DIANE LOMELI	35044	4,746.38
1/22/2025	DIANE LOMELI	35044	840.00
1/22/2025	DIANE LOMELI	35044	-90.00
1/22/2025	ELVIRA OCHOA GOMEZ	35045	4,333.47
1/22/2025	ELVIRA OCHOA GOMEZ	35045	700.00
1/22/2025	EMILY RAMIREZ - KIDS N US DAYCARE	35046	845.24
1/22/2025	EMILY RAMIREZ - KIDS N US DAYCARE	35046	140.00
1/22/2025	ERIKA L CENTENO	35047	4,588.83
1/22/2025	ERIKA L CENTENO	35047	1,260.00
1/22/2025	ESMERALDA ALCANTARA	35048	3,897.39
1/22/2025	ESMERALDA ALCANTARA	35048	840.00
1/22/2025	ESTHER NAVARRO	35049	4,437.78
1/22/2025	ESTHER NAVARRO	35049	700.00
1/22/2025	EVA DILMA VARGAS	35050	7,016.65
1/22/2025	EVA DILMA VARGAS	35050	1,120.00
1/22/2025	GLAFIRA E CAMACHO DE TRUJILLO	35051	6,831.88
1/22/2025	GLAFIRA E CAMACHO DE TRUJILLO	35051	1,120.00
1/22/2025	Guadalupe Carrizoza De Castillo	35052	10,813.10
1/22/2025	Guadalupe Carrizoza De Castillo	35052	1,820.00
1/22/2025	Guadalupe Carrizoza De Castillo	35052	-90.00
1/22/2025	HERMELINDA VILLEDA	35053	282.36
1/22/2025	HERMELINDA VILLEDA	35053	560.00
1/22/2025	JACINTA GLORIA CRUZ	35054	3,014.98
1/22/2025	JACINTA GLORIA CRUZ	35054	560.00
1/22/2025	JACINTA GLORIA CRUZ	35054	-60.30
1/22/2025	JACOBA C DE ANDRACA	35055	3,560.89
1/22/2025	JACOBA C DE ANDRACA	35055	1,680.00
1/22/2025	JACOBA C DE ANDRACA	35055	-81.22
1/22/2025	JANETH G SARABIA	35056	5,845.14
1/22/2025	JANETH G SARABIA	35056	980.00
1/22/2025	JANETH REYNOSA CASILLAS	35057	1,522.75
1/22/2025	JANETH REYNOSA CASILLAS	35057	280.00
1/22/2025	LIZET M PRECIADO MILLAN	35058	3,088.86
1/22/2025	LIZET M PRECIADO MILLAN	35058	560.00
1/22/2025	LUCERO L IBARRA	35059	2,863.14
1/22/2025	LUCERO L IBARRA	35059	420.00
1/22/2025	LUCERO MILLAN GARCIA	35060	832.79
1/22/2025	LUCERO MILLAN GARCIA	35060	140.00
1/22/2025	MA DEL CARMEN GOMEZ GRANADOS	35061	6,225.59
1/22/2025	MA DEL CARMEN GOMEZ GRANADOS	35061	1,400.00
1/22/2025	MARIA ANGELA DIAZ	35062	4,212.81

1/22/2025	MARIA ANGELA DIAZ	35062	980.00
1/22/2025	MARIA ANGELA DIAZ	35062	-84.26
1/22/2025	MARIA GUADALUPE BELTRAN SALCIDO	35063	2,616.48
1/22/2025	MARIA GUADALUPE BELTRAN SALCIDO	35063	420.00
1/22/2025	MARIA GUADALUPE BELTRAN SALCIDO	35063	-52.33
1/22/2025	MARIA HAYDEE CRUZ DE SEGOVIA	35064	5,533.08
1/22/2025	MARIA HAYDEE CRUZ DE SEGOVIA	35064	980.00
1/22/2025	MARIA Z RODRIGUEZ DE OCHOA	35065	2,510.82
1/22/2025	MARIA Z RODRIGUEZ DE OCHOA	35065	420.00
1/22/2025	MARIBEL SANTOS GALINDO	35066	3,399.82
1/22/2025	MARIBEL SANTOS GALINDO	35066	700.00
1/22/2025	MARIBEL SANTOS GALINDO	35066	-68.00
1/22/2025	MARICELA CORTEZ	35067	5,341.28
1/22/2025	MARICELA CORTEZ	35067	1,120.00
1/22/2025	MARISOL GONZALEZ	35068	4,082.41
1/22/2025	MARISOL GONZALEZ	35068	700.00
1/22/2025	MARISOL PEREZ	35069	2,907.59
1/22/2025	MARISOL PEREZ	35069	700.00
1/22/2025	MARYPAZ MAGANA	35070	3,989.10
1/22/2025	MARYPAZ MAGANA	35070	700.00
1/22/2025	SANDRA PEREZ	35071	6,319.33
1/22/2025	SANDRA PEREZ	35071	1,120.00
1/22/2025	SARA ESTELA POSADA	35072	1,688.39
1/22/2025	SARA ESTELA POSADA	35072	280.00
1/22/2025	SCHYIENELL JONES	35073	1,605.10
1/22/2025	SCHYIENELL JONES	35073	280.00
1/22/2025	SILVIA BAHENA OCAMPO	35074	632.45
1/22/2025	SILVIA BAHENA OCAMPO	35074	420.00
1/22/2025	VIDALIA MARTINEZ GONZALEZ	35075	4,628.62
1/22/2025	VIDALIA MARTINEZ GONZALEZ	35075	840.00
1/22/2025	VIDALIA MARTINEZ GONZALEZ	35075	-90.00
1/22/2025	YAJAIRA GUZMAN	35076	522.63
1/22/2025	YAJAIRA GUZMAN	35076	140.00
1/22/2025	YOANA PEREZ	35077	2,535.72
1/22/2025	YOANA PEREZ	35077	420.00
1/22/2025	ALMA DELIA WENCES	35078	2,432.90
1/22/2025	ALMA DELIA WENCES	35078	560.00
1/22/2025	ANDREA GUADALUPE DIAZ	35079	1,606.50
1/22/2025	ANDREA GUADALUPE DIAZ	35079	280.00
1/22/2025	CAROLINA HERNANDEZ DE SOLORIO	35080	2,301.77
1/22/2025	CAROLINA HERNANDEZ DE SOLORIO	35080	420.00
1/22/2025	CAROLINA HERNANDEZ DE SOLORIO	35080	-66.04
1/22/2025	CLAUDIA ZARAGOZA DE RODRIGUEZ	35081	11,500.09
1/22/2025	CLAUDIA ZARAGOZA DE RODRIGUEZ	35081	2,100.00
1/22/2025	ESMERALDA Y GONZALES	35082	1,488.31
1/22/2025	ESMERALDA Y GONZALES	35082	280.00
1/22/2025	ESPERANZA RESENDEZ	35083	1,886.74
1/22/2025	ESPERANZA RESENDEZ	35083	280.00
1/22/2025	HILDA BARAJAS JUAREZ	35084	2,495.12
1/22/2025	HILDA BARAJAS JUAREZ	35084	420.00
1/22/2025	ISABEL C MEDINA DE GARCIA	35085	1,399.84
1/22/2025	ISABEL C MEDINA DE GARCIA	35085	280.00
1/22/2025	JAQUELINE MATORINO MONARREZ	35086	3,324.99
1/22/2025	JAQUELINE MATORINO MONARREZ	35086	560.00
1/22/2025	JUANA MORILLON GUILLEN	35087	4,219.12
1/22/2025	JUANA MORILLON GUILLEN	35087	980.00
1/22/2025	JUANA MORILLON GUILLEN	35087	-84.38
1/22/2025	Karla Elizabeth Huling	35088	3,380.38
1/22/2025	Karla Elizabeth Huling	35088	560.00
1/22/2025	MARIA F MARTINEZ	35089	2,419.61
1/22/2025	MARIA F MARTINEZ	35089	420.00
1/22/2025	MARIA TERESA ALANIS	35090	4,624.56
1/22/2025	MARIA TERESA ALANIS	35090	980.00
1/22/2025	MARIA TERESA HEREDIA	35091	3,213.00
1/22/2025	MARIA TERESA HEREDIA	35091	560.00
1/22/2025	NANCY MADERA GARCIA	35092	954.36
1/22/2025	NANCY MADERA GARCIA	35092	140.00
1/22/2025	TERESA DE LA LUZ SALAZAR MARTINEZ	35093	6,869.36
1/22/2025	TERESA DE LA LUZ SALAZAR MARTINEZ	35093	1,260.00
1/22/2025	YADIRA REBOLLEDO	35094	3,092.31
1/22/2025	YADIRA REBOLLEDO	35094	560.00
1/22/2025	YAZMIN ARACELI NAVARRO HERRERA	35095	2,770.48
1/22/2025	YAZMIN ARACELI NAVARRO HERRERA	35095	588.00
1/22/2025	YNEZ ATHENA CHAVEZ-ANDRADE	35096	5,965.13
1/22/2025	YNEZ ATHENA CHAVEZ-ANDRADE	35096	1,120.00
1/22/2025	ADELA RUIZ	35097	3,112.42
1/22/2025	ADELA RUIZ	35097	640.00
1/22/2025	ALAPIZCO FCC AKA EDU-CARE FAMILY CHILD CARE INC	35098	6,198.66
1/22/2025	ALAPIZCO FCC AKA EDU-CARE FAMILY CHILD CARE INC	35098	960.00
1/22/2025	AMALIA BUENROSTRO	35099	6,622.46
1/22/2025	AMALIA BUENROSTRO	35099	1,120.00
1/22/2025	ANA MARIA NAVARRO DE GUTIERREZ	35100	5,256.16
1/22/2025	ANA MARIA NAVARRO DE GUTIERREZ	35100	960.00
1/22/2025	ANDREA BUENROSTRO	35101	7,068.91
1/22/2025	ANDREA BUENROSTRO	35101	1,440.00
1/22/2025	ANDREA MOHAMMED	35102	1,974.16
1/22/2025	ANDREA MOHAMMED	35102	320.00
1/22/2025	BEATRIZ JACQUEZ NUNEZ	35103	2,286.68
1/22/2025	BEATRIZ JACQUEZ NUNEZ	35103	480.00
1/22/2025	DOLORES VERDUZCO GALINDO	35104	4,965.12
1/22/2025	DOLORES VERDUZCO GALINDO	35104	960.00
1/22/2025	JOSE FRANCISCO ALVARADO MENDEZ	35105	7,021.13
1/22/2025	JOSE FRANCISCO ALVARADO MENDEZ	35105	1,280.00
1/22/2025	LINDA'S CHILD CARE PROVIDER, INC	35106	7,008.22
1/22/2025	LINDA'S CHILD CARE PROVIDER, INC	35106	1,280.00
1/22/2025	MANUEL VILLAGOMEZ	35107	1,385.30
1/22/2025	MANUEL VILLAGOMEZ	35107	960.00
1/22/2025	MARIA ELENA CASTILLO	35108	3,761.53
1/22/2025	MARIA ELENA CASTILLO	35108	800.00
1/22/2025	MARIA G TAMAYO DE ZAMORA	35109	2,893.30
1/22/2025	MARIA G TAMAYO DE ZAMORA	35109	480.00
1/22/2025	ADELA GARCIA DE SOSA	35110	9,066.64
1/22/2025	ADELA GARCIA DE SOSA	35110	1,540.00
1/22/2025	ADELA GARCIA DE SOSA	35110	-100.00
1/22/2025	ALICIA DE LA GARZA	35111	1,661.57
1/22/2025	ALICIA DE LA GARZA	35111	980.00
1/22/2025	ALMA AYDE GOMEZ ALVAREZ	35112	3,072.65

1/22/2025	ALMA AYDE GOMEZ ALVAREZ	35112	700.00
1/22/2025	ALMA R RANGEL	35113	4,509.84
1/22/2025	ALMA R RANGEL	35113	840.00
1/22/2025	ANABEL A MARTINEZ	35114	1,091.72
1/22/2025	ANABEL A MARTINEZ	35114	280.00
1/22/2025	ANNA V MENDEZ	35115	1,543.05
1/22/2025	ANNA V MENDEZ	35115	420.00
1/22/2025	BEATRIZ ADRIANA CARRILLO HERNANDEZ	35116	4,276.36
1/22/2025	BEATRIZ ADRIANA CARRILLO HERNANDEZ	35116	840.00
1/22/2025	BEATRIZ TELLEZ DE TORRES	35117	2,950.44
1/22/2025	BEATRIZ TELLEZ DE TORRES	35117	560.00
1/22/2025	BERENICE IBARRA	35118	2,156.16
1/22/2025	BERENICE IBARRA	35118	420.00
1/22/2025	BERTHA ALICIA GOMEZ	35119	8,284.45
1/22/2025	BERTHA ALICIA GOMEZ	35119	1,400.00
1/22/2025	CARMEN MORALES DIAZ	35120	3,779.98
1/22/2025	CARMEN MORALES DIAZ	35120	700.00
1/22/2025	CARMEN MORALES DIAZ	35120	-85.60
1/22/2025	CASA DE ADORACION TULARE	35121	9,648.70
1/22/2025	CASA DE ADORACION TULARE	35121	1,680.00
1/22/2025	CELESTINA ANDREA CONTRERAS	35122	486.68
1/22/2025	CELESTINA ANDREA CONTRERAS	35122	98.00
1/22/2025	CELIA IBARRA	35123	1,631.90
1/22/2025	CELIA IBARRA	35123	280.00
1/22/2025	CONSUELO MEJIA	35124	849.71
1/22/2025	CONSUELO MEJIA	35124	140.00
1/22/2025	DANIEL MORENO	35125	528.71
1/22/2025	DANIEL MORENO	35125	98.00
1/22/2025	DEANNA RAMIREZ	35126	1,631.90
1/22/2025	DEANNA RAMIREZ	35126	280.00
1/22/2025	DOLORES SANCHEZ LOPEZ	35127	1,585.06
1/22/2025	DOLORES SANCHEZ LOPEZ	35127	280.00
1/22/2025	ELIDIA O RANGEL	35128	766.92
1/22/2025	ELIDIA O RANGEL	35128	140.00
1/22/2025	ELISA GONZALES	35129	5,394.61
1/22/2025	ELISA GONZALES	35129	980.00
1/22/2025	ELIZABETH MARTINEZ	35130	782.19
1/22/2025	ELIZABETH MARTINEZ	35130	140.00
1/22/2025	ELOISA LEMUS	35131	4,895.70
1/22/2025	ELOISA LEMUS	35131	840.00
1/22/2025	ELVA BORUNDA FLORES	35132	7,900.92
1/22/2025	ELVA BORUNDA FLORES	35132	1,400.00
1/22/2025	ELVIRA GAMBOA	35133	782.19
1/22/2025	ELVIRA GAMBOA	35133	140.00
1/22/2025	GLORIA MORENO DE HERNANDEZ	35134	1,631.07
1/22/2025	GLORIA MORENO DE HERNANDEZ	35134	280.00
1/22/2025	GUADALUPE LEMUS LEMUS	35135	2,472.13
1/22/2025	GUADALUPE LEMUS LEMUS	35135	420.00
1/22/2025	GUADALUPE PEREZ DOMINGUEZ	35136	3,196.28
1/22/2025	GUADALUPE PEREZ DOMINGUEZ	35136	560.00
1/22/2025	HAYDEE ESTEBAN	35137	1,348.00
1/22/2025	HAYDEE ESTEBAN	35137	280.00
1/22/2025	IRMA GUTIERREZ	35138	2,934.49
1/22/2025	IRMA GUTIERREZ	35138	560.00
1/22/2025	ISABEL MARTINEZ-LOMELI	35139	849.71
1/22/2025	ISABEL MARTINEZ-LOMELI	35139	140.00
1/22/2025	JANET IBARRA	35140	2,583.98
1/22/2025	JANET IBARRA	35140	560.00
1/22/2025	JANET RODRIGUEZ	35141	4,828.18
1/22/2025	JANET RODRIGUEZ	35141	840.00
1/22/2025	JESSICA MICHELLE ANDRADE	35142	2,472.13
1/22/2025	JESSICA MICHELLE ANDRADE	35142	420.00
1/22/2025	JUANA CORTEZ DE PEREZ	35143	7,367.22
1/22/2025	JUANA CORTEZ DE PEREZ	35143	1,260.00
1/22/2025	KENDAHL ROSE ROWE	35144	5,714.32
1/22/2025	KENDAHL ROSE ROWE	35144	1,400.00
1/22/2025	LORENA IBARRA	35145	849.71
1/22/2025	LORENA IBARRA	35145	140.00
1/22/2025	LOURDES DE MOYA DE CAMILO	35146	1,546.14
1/22/2025	LOURDES DE MOYA DE CAMILO	35146	420.00
1/22/2025	LUCIA MENDOZA OCHOA	35147	1,004.25
1/22/2025	LUCIA MENDOZA OCHOA	35147	280.00
1/22/2025	LUPITA ELIZABETH CAMPOS	35148	1,585.67
1/22/2025	LUPITA ELIZABETH CAMPOS	35148	280.00
1/22/2025	MAGANA IRIS FCC LLC	35149	7,929.07
1/22/2025	MAGANA IRIS FCC LLC	35149	1,260.00
1/22/2025	MAGDA SALDIVAR	35150	1,564.38
1/22/2025	MAGDA SALDIVAR	35150	280.00
1/22/2025	MAGDALENA GUERRERO DE PARRA	35151	2,614.25
1/22/2025	MAGDALENA GUERRERO DE PARRA	35151	560.00
1/22/2025	MARIA DOLORES GOMEZ	35152	3,006.74
1/22/2025	MARIA DOLORES GOMEZ	35152	560.00
1/22/2025	MARIA E SANCHEZ DE GOMEZ	35153	5,597.11
1/22/2025	MARIA E SANCHEZ DE GOMEZ	35153	1,120.00
1/22/2025	MARIA G SANCHEZ ESCALERA	35154	3,137.33
1/22/2025	MARIA G SANCHEZ ESCALERA	35154	560.00
1/22/2025	MARIA LAURA RAYA GOMEZ	35155	1,756.85
1/22/2025	MARIA LAURA RAYA GOMEZ	35155	280.00
1/22/2025	MARIA LAURA RAYA GOMEZ	35155	-55.14
1/22/2025	MARIA LUISA CASAS	35156	6,331.78
1/22/2025	MARIA LUISA CASAS	35156	1,120.00
1/22/2025	MARIA REINA OROZCO MORA	35157	4,113.51
1/22/2025	MARIA REINA OROZCO MORA	35157	700.00
1/22/2025	MARIA SALOME IBARRA	35158	782.19
1/22/2025	MARIA SALOME IBARRA	35158	140.00
1/22/2025	Maricela Munoz Sanchez	35159	3,138.28
1/22/2025	Maricela Munoz Sanchez	35159	560.00
1/22/2025	MARISOL MEDINA	35160	6,133.42
1/22/2025	MARISOL MEDINA	35160	1,120.00
1/22/2025	MARTHA A ANGUIANO REYES	35161	1,725.58
1/22/2025	MARTHA A ANGUIANO REYES	35161	280.00
1/22/2025	MIRIAM GOMEZ ZARATE	35162	2,414.09
1/22/2025	MIRIAM GOMEZ ZARATE	35162	420.00
1/22/2025	MONICA MARTINEZ	35163	1,631.90
1/22/2025	MONICA MARTINEZ	35163	280.00
1/22/2025	NORA E LEMUS	35164	2,539.04
1/22/2025	NORA E LEMUS	35164	420.00

1/22/2025	OLGA LIRA DE GALLARDO	35165	2,539.04
1/22/2025	OLGA LIRA DE GALLARDO	35165	420.00
1/22/2025	Oralia Quiroz	35166	4,653.59
1/22/2025	Oralia Quiroz	35166	840.00
1/22/2025	PATRICIA HERNANDEZ	35167	9,194.75
1/22/2025	PATRICIA HERNANDEZ	35167	1,820.00
1/22/2025	PATRICIA HERNANDEZ	35167	-100.00
1/22/2025	RAQUEL SANCHEZ	35168	7,286.34
1/22/2025	RAQUEL SANCHEZ	35168	1,120.00
1/22/2025	ROCELIA OROZCO LEMUS	35169	4,096.78
1/22/2025	ROCELIA OROZCO LEMUS	35169	700.00
1/22/2025	ROMELIA MORENO DE ESPINOZA	35170	4,027.28
1/22/2025	ROMELIA MORENO DE ESPINOZA	35170	980.00
1/22/2025	ROSA HILDA NAVARRO	35171	3,456.27
1/22/2025	ROSA HILDA NAVARRO	35171	560.00
1/22/2025	ROSALBA GONZALEZ	35172	9,421.15
1/22/2025	ROSALBA GONZALEZ	35172	1,680.00
1/22/2025	ROSALINDA G OCHOA	35173	11,345.69
1/22/2025	ROSALINDA G OCHOA	35173	1,960.00
1/22/2025	ROSALINDA G OCHOA	35173	-90.00
1/22/2025	SILVIA LEMUS DE OROSCO	35174	2,481.61
1/22/2025	SILVIA LEMUS DE OROSCO	35174	420.00
1/22/2025	SILVIA LETICIA SANCHEZ DE GARCIA	35175	1,430.18
1/22/2025	SILVIA LETICIA SANCHEZ DE GARCIA	35175	280.00
1/22/2025	SILVIA MAGALLON DE REYES	35176	5,218.70
1/22/2025	SILVIA MAGALLON DE REYES	35176	1,540.00
1/22/2025	SILVIA PRECIADO	35177	1,472.90
1/22/2025	SILVIA PRECIADO	35177	280.00
1/22/2025	SOCORRO A. MENDOZA	35178	1,480.00
1/22/2025	SOCORRO A. MENDOZA	35178	560.00
1/22/2025	VIRGINIA RANGEL	35179	5,610.37
1/22/2025	VIRGINIA RANGEL	35179	980.00
1/22/2025	YOLANDA LIRA LEMUS	35180	6,912.54
1/22/2025	YOLANDA LIRA LEMUS	35180	1,120.00
1/22/2025	ANGELICA VALIENTE DE BARRAGAN	35181	4,433.77
1/22/2025	ANGELICA VALIENTE DE BARRAGAN	35181	840.00
1/22/2025	ARACELI EMMA GUERRERO DE MENDEZ	35182	3,847.47
1/22/2025	ARACELI EMMA GUERRERO DE MENDEZ	35182	700.00
1/22/2025	ARACELI EMMA GUERRERO DE MENDEZ	35182	-86.95
1/22/2025	BAUDELINA SANTOS PACHECO	35183	4,398.48
1/22/2025	BAUDELINA SANTOS PACHECO	35183	840.00
1/22/2025	BERTHA MORENO	35184	7,905.78
1/22/2025	BERTHA MORENO	35184	1,260.00
1/22/2025	BIVIANA MANRIQUEZ	35185	10,234.77
1/22/2025	BIVIANA MANRIQUEZ	35185	1,680.00
1/22/2025	CARMEN BELTRAN	35186	7,549.82
1/22/2025	CARMEN BELTRAN	35186	1,400.00
1/22/2025	CELFIDA SANTOS DE RUIZ	35187	5,789.68
1/22/2025	CELFIDA SANTOS DE RUIZ	35187	1,260.00
1/22/2025	CELFIDA SANTOS DE RUIZ	35187	-90.00
1/22/2025	DOLORES PALACIOS DE GUZMAN	35188	11,850.71
1/22/2025	DOLORES PALACIOS DE GUZMAN	35188	1,960.00
1/22/2025	DOLORES PALACIOS DE GUZMAN	35188	-95.00
1/22/2025	EDILIA GUTIERREZ DE GARCIA	35189	3,520.78
1/22/2025	EDILIA GUTIERREZ DE GARCIA	35189	560.00
1/22/2025	ELDA KARINA IBARRA	35190	4,378.94
1/22/2025	ELDA KARINA IBARRA	35190	700.00
1/22/2025	ELDA KARINA IBARRA	35190	-87.58
1/22/2025	LORENA PEREZ MELGOZA	35191	6,262.60
1/22/2025	LORENA PEREZ MELGOZA	35191	1,120.00
1/22/2025	LUCINA RAMIREZ	35192	333.37
1/22/2025	LUCINA RAMIREZ	35192	140.00
1/22/2025	LUZ MARIA VILLAGOMEZ	35193	10,508.08
1/22/2025	LUZ MARIA VILLAGOMEZ	35193	1,960.00
1/22/2025	MARIA A VARGAS	35194	839.58
1/22/2025	MARIA A VARGAS	35194	140.00
1/22/2025	MARIA DEL CARMEN GUTIERREZ BRITO	35195	4,742.60
1/22/2025	MARIA DEL CARMEN GUTIERREZ BRITO	35195	1,120.00
1/22/2025	MARIA ELENA ESCOBAR	35196	2,671.43
1/22/2025	MARIA ELENA ESCOBAR	35196	420.00
1/22/2025	MARIA ELENA ESCOBAR	35196	-73.43
1/22/2025	MARIA GUADALUPE JAYME	35197	4,100.31
1/22/2025	MARIA GUADALUPE JAYME	35197	700.00
1/22/2025	MARIBEL MEDINA VARGAS	35198	2,221.67
1/22/2025	MARIBEL MEDINA VARGAS	35198	420.00
1/22/2025	MARIBEL RAMIREZ ROSAS FAMILY CHILD CARE	35199	12,071.95
1/22/2025	MARIBEL RAMIREZ ROSAS FAMILY CHILD CARE	35199	1,960.00
1/22/2025	MARIBEL RAMIREZ ROSAS FAMILY CHILD CARE	35199	-100.00
1/22/2025	MELANEA FLERROS HIDALGO	35200	1,934.21
1/22/2025	MELANEA FLERROS HIDALGO	35200	420.00
1/22/2025	MIREYA GUZMAN CRISTOBAL	35201	3,288.12
1/22/2025	MIREYA GUZMAN CRISTOBAL	35201	560.00
1/22/2025	MIREYA GUZMAN CRISTOBAL	35201	-75.76
1/22/2025	NINFA E. RODRIGUEZ	35202	4,811.73
1/22/2025	NINFA E. RODRIGUEZ	35202	980.00
1/22/2025	NORMA MENDOZA	35203	5,426.71
1/22/2025	NORMA MENDOZA	35203	980.00
1/22/2025	ODAIVA GUADALUPE CENTENO	35204	8,284.52
1/22/2025	ODAIVA GUADALUPE CENTENO	35204	1,680.00
1/22/2025	ODAIVA GUADALUPE CENTENO	35204	-90.00
1/22/2025	PATRICIA MUNOZ VASQUEZ	35205	9,782.61
1/22/2025	PATRICIA MUNOZ VASQUEZ	35205	1,820.00
1/22/2025	ROSA ANGELA ORTIZ	35206	6,291.08
1/22/2025	ROSA ANGELA ORTIZ	35206	1,120.00
1/22/2025	VICTORIA GOMEZ CRUZ	35207	2,776.92
1/22/2025	VICTORIA GOMEZ CRUZ	35207	840.00
1/22/2025	YADIRA CARDONA FAMILY CHILD CARE	35208	627.65
1/22/2025	YADIRA CARDONA FAMILY CHILD CARE	35208	140.00
1/22/2025	ADRIANA CEJA GONZALEZ	35209	3,754.59
1/22/2025	ADRIANA CEJA GONZALEZ	35209	700.00
1/22/2025	ADRIANA GOMEZ	35210	10,853.54
1/22/2025	ADRIANA GOMEZ	35210	1,820.00
1/22/2025	ADRIANA GOMEZ	35210	-100.00
1/22/2025	ALICIA SANCHEZ	35211	2,795.47
1/22/2025	ALICIA SANCHEZ	35211	560.00
1/22/2025	ALICIA SANCHEZ	35211	-55.91
1/22/2025	ALMA ARELY MENDOZA BAUTISTA	35212	564.65

1/22/2025	ALMA ARELY MENDOZA BAUTISTA	35212	98.00
1/22/2025	ANA MARTINEZ	35213	842.75
1/22/2025	ANA MARTINEZ	35213	140.00
1/22/2025	ANDREA PIMENTEL DE DOMINGUEZ	35214	9,972.21
1/22/2025	ANDREA PIMENTEL DE DOMINGUEZ	35214	1,960.00
1/22/2025	ARACELY CRUZ DE MONTERROSA	35215	11,151.40
1/22/2025	ARACELY CRUZ DE MONTERROSA	35215	1,820.00
1/22/2025	BEATRIZ BUENO	35216	1,137.44
1/22/2025	BEATRIZ BUENO	35216	560.00
1/22/2025	BERTHA ALICIA QUIROA	35217	504.40
1/22/2025	BERTHA ALICIA QUIROA	35217	98.00
1/22/2025	BERTHA CONTRERAS	35218	9,649.11
1/22/2025	BERTHA CONTRERAS	35218	1,680.00
1/22/2025	BERTHA GOMEZ NUNEZ	35219	12,239.14
1/22/2025	BERTHA GOMEZ NUNEZ	35219	1,960.00
1/22/2025	BRENDA BENAVIDEZ	35220	1,447.96
1/22/2025	BRENDA BENAVIDEZ	35220	280.00
1/22/2025	CARLOS YOVANI HERNANDEZ BONILLA	35221	1,068.05
1/22/2025	CARLOS YOVANI HERNANDEZ BONILLA	35221	196.00
1/22/2025	CATALINA RIVERA DE ESPINOZA	35222	4,511.37
1/22/2025	CATALINA RIVERA DE ESPINOZA	35222	840.00
1/22/2025	CELENY SANCHEZ	35223	2,662.92
1/22/2025	CELENY SANCHEZ	35223	420.00
1/22/2025	CLAUDIA GARCIA	35224	3,033.69
1/22/2025	CLAUDIA GARCIA	35224	588.00
1/22/2025	DANIELA ALVAREZ	35225	3,694.19
1/22/2025	DANIELA ALVAREZ	35225	560.00
1/22/2025	DULCE IRASEMA MUNOZ LOPEZ	35226	1,386.00
1/22/2025	DULCE IRASEMA MUNOZ LOPEZ	35226	280.00
1/22/2025	ELIDA CRUZ	35227	3,212.62
1/22/2025	ELIDA CRUZ	35227	980.00
1/22/2025	ELOISA QUINTINO DE MARTINEZ	35228	556.10
1/22/2025	ELOISA QUINTINO DE MARTINEZ	35228	98.00
1/22/2025	ESTHER MELENDREZ	35229	1,394.06
1/22/2025	ESTHER MELENDREZ	35229	280.00
1/22/2025	EVANY MURILLO	35230	2,070.46
1/22/2025	EVANY MURILLO	35230	420.00
1/22/2025	FELISITA GOMEZ DE GOMEZ	35231	5,029.93
1/22/2025	FELISITA GOMEZ DE GOMEZ	35231	1,120.00
1/22/2025	FLOR JAZMIN ZACARIAS	35232	3,509.87
1/22/2025	FLOR JAZMIN ZACARIAS	35232	560.00
1/22/2025	GABRIELA ARREGUIN	35233	2,633.00
1/22/2025	GABRIELA ARREGUIN	35233	560.00
1/22/2025	GLADYS ITZEL GALVAN	35234	1,504.71
1/22/2025	GLADYS ITZEL GALVAN	35234	294.00
1/22/2025	GLORIA ISITA MEJIA	35235	1,492.05
1/22/2025	GLORIA ISITA MEJIA	35235	294.00
1/22/2025	GLORIA ISITA MEJIA	35235	-49.84
1/22/2025	GREGORIA GALLEGOS	35236	9,017.10
1/22/2025	GREGORIA GALLEGOS	35236	1,680.00
1/22/2025	GUADALUPE AVILES LEYVA	35237	2,514.93
1/22/2025	GUADALUPE AVILES LEYVA	35237	420.00
1/22/2025	GUADALUPE DURAN	35238	1,646.16
1/22/2025	GUADALUPE DURAN	35238	280.00
1/22/2025	HERMELINDA BRICENO NOH	35239	1,443.59
1/22/2025	HERMELINDA BRICENO NOH	35239	294.00
1/22/2025	HILDA ARACELI ARAMBULA MORENO	35240	806.61
1/22/2025	HILDA ARACELI ARAMBULA MORENO	35240	140.00
1/22/2025	IRENE R SIXTOS	35241	6,199.77
1/22/2025	IRENE R SIXTOS	35241	1,260.00
1/22/2025	IRMA SANDOVAL ROBLES	35242	6,125.19
1/22/2025	IRMA SANDOVAL ROBLES	35242	1,120.00
1/22/2025	IRMA SANDOVAL ROBLES	35242	-95.00
1/22/2025	JACLYN PRADO	35243	7,269.05
1/22/2025	JACLYN PRADO	35243	1,820.00
1/22/2025	JASMIN MARI ROSALES	35244	631.60
1/22/2025	JASMIN MARI ROSALES	35244	140.00
1/22/2025	JASMINE CANCHOLA	35245	898.00
1/22/2025	JASMINE CANCHOLA	35245	140.00
1/22/2025	JASMINE CANCHOLA	35245	-27.96
1/22/2025	JOANNA ROBLES	35246	806.61
1/22/2025	JOANNA ROBLES	35246	140.00
1/22/2025	JUANA RAMOS MUNOZ	35247	1,646.16
1/22/2025	JUANA RAMOS MUNOZ	35247	280.00
1/22/2025	LAURA A RODRIGUEZ	35248	5,429.48
1/22/2025	LAURA A RODRIGUEZ	35248	980.00
1/22/2025	LETICIA G HERNANDEZ	35249	5,132.31
1/22/2025	LETICIA G HERNANDEZ	35249	840.00
1/22/2025	LETICIA GARIBAY CEJA	35250	1,500.52
1/22/2025	LETICIA GARIBAY CEJA	35250	280.00
1/22/2025	MA BELEN RODRIGUEZ BRAVO	35251	2,777.40
1/22/2025	MA BELEN RODRIGUEZ BRAVO	35251	700.00
1/22/2025	MARGARITA GARIBAY CORTES	35252	2,661.88
1/22/2025	MARGARITA GARIBAY CORTES	35252	840.00
1/22/2025	MARIA ASUSENA GONZALEZ-GUTIERREZ	35253	2,113.35
1/22/2025	MARIA ASUSENA GONZALEZ-GUTIERREZ	35253	420.00
1/22/2025	MARIA CONCEPCION CEJA	35254	4,679.70
1/22/2025	MARIA CONCEPCION CEJA	35254	840.00
1/22/2025	MARIA DEL SOCORRO CARMONA	35255	1,613.22
1/22/2025	MARIA DEL SOCORRO CARMONA	35255	280.00
1/22/2025	MARIA DEL SOCORRO CARMONA	35255	-37.26
1/22/2025	MARIA E CORONA HEREDIA	35256	731.63
1/22/2025	MARIA E CORONA HEREDIA	35256	140.00
1/22/2025	MARIA E CUARA	35257	1,060.50
1/22/2025	MARIA E CUARA	35257	196.00
1/22/2025	MARIA FERNANDA GARIBAY	35258	725.87
1/22/2025	MARIA FERNANDA GARIBAY	35258	140.00
1/22/2025	MARIA G RAMIREZ DE MARTINEZ	35259	8,857.01
1/22/2025	MARIA G RAMIREZ DE MARTINEZ	35259	1,680.00
1/22/2025	MARIA G RAMIREZ DE MARTINEZ	35259	-95.00
1/22/2025	MARIA GUADALUPE CONTRERAS VARGAS	35260	786.60
1/22/2025	MARIA GUADALUPE CONTRERAS VARGAS	35260	280.00
1/22/2025	MARIA GUADALUPE DIAZ DE RUIZ	35261	767.39
1/22/2025	MARIA GUADALUPE DIAZ DE RUIZ	35261	140.00
1/22/2025	MARIA NANCY CRUZ	35262	1,637.92
1/22/2025	MARIA NANCY CRUZ	35262	420.00
1/22/2025	MARIA PAZ	35263	6,835.69

1/22/2025	MARIA PAZ	35263	1,540.00
1/22/2025	MARIA R GARCIA DE ARAMBULA	35264	5,676.42
1/22/2025	MARIA R GARCIA DE ARAMBULA	35264	1,120.00
1/22/2025	MARIANELA G ORTIZ	35265	3,551.35
1/22/2025	MARIANELA G ORTIZ	35265	980.00
1/22/2025	MARISSA LOPEZ LOPEZ	35266	1,955.58
1/22/2025	MARISSA LOPEZ LOPEZ	35266	700.00
1/22/2025	MAYLEN CHAVOLLA AYALA	35267	739.52
1/22/2025	MAYLEN CHAVOLLA AYALA	35267	196.00
1/22/2025	NANCY GARIBAY HERNANDEZ	35268	1,540.03
1/22/2025	NANCY GARIBAY HERNANDEZ	35268	280.00
1/22/2025	NANCY NATHALY TOSCANO CRUZ	35269	898.00
1/22/2025	NANCY NATHALY TOSCANO CRUZ	35269	140.00
1/22/2025	NORMA M ZARAZUA	35270	2,948.72
1/22/2025	NORMA M ZARAZUA	35270	700.00
1/22/2025	NUBIA IVETTE ACEVES RODRIGUEZ	35271	749.11
1/22/2025	NUBIA IVETTE ACEVES RODRIGUEZ	35271	140.00
1/22/2025	OLGA ZAMAGO	35272	1,516.50
1/22/2025	OLGA ZAMAGO	35272	280.00
1/22/2025	RAQUEL G DE IZARRARAS	35273	2,998.88
1/22/2025	RAQUEL G DE IZARRARAS	35273	560.00
1/22/2025	Rebecca Mendoza Vazquez Family Child Care	35274	819.00
1/22/2025	Rebecca Mendoza Vazquez Family Child Care	35274	280.00
1/22/2025	REMEDIOS MORENO ZAVALA	35275	749.11
1/22/2025	REMEDIOS MORENO ZAVALA	35275	140.00
1/22/2025	RITA GARCIA	35276	8,229.66
1/22/2025	RITA GARCIA	35276	1,540.00
1/22/2025	ROSA M SALAZAR	35277	628.58
1/22/2025	ROSA M SALAZAR	35277	98.00
1/22/2025	ROSALIA MARTINEZ DE MENDOZA	35278	1,479.34
1/22/2025	ROSALIA MARTINEZ DE MENDOZA	35278	294.00
1/22/2025	ROSALIA MARTINEZ DE MENDOZA	35278	-29.59
1/22/2025	SILVIA DAVALOS DE ANGUIANO	35279	2,513.84
1/22/2025	SILVIA DAVALOS DE ANGUIANO	35279	588.00
1/22/2025	SILVIA E ZUNIGA	35280	11,322.05
1/22/2025	SILVIA E ZUNIGA	35280	1,820.00
1/22/2025	SUNSHINE CENTER	35281	1,745.82
1/22/2025	SUNSHINE CENTER	35281	280.00
1/22/2025	TINA MARIE ANTE	35282	10,210.27
1/22/2025	TINA MARIE ANTE	35282	1,960.00
1/22/2025	VIRGINIA RUELAS DE LEYVA	35283	3,363.55
1/22/2025	VIRGINIA RUELAS DE LEYVA	35283	700.00
1/22/2025	DINA BEATRIZ GONZALEZ	35284	3,622.15
1/22/2025	HEIDY ESMERALDA SANDOVAL	228395	2,223.65
1/22/2025	HEIDY ESMERALDA SANDOVAL	228395	1,120.00
1/22/2025	JUANA H PIMENTEL	228396	5,696.05
1/22/2025	JUANA H PIMENTEL	228396	1,260.00
1/22/2025	JUANA H PIMENTEL	228396	-100.00
1/22/2025	LILIA ESQUIVEL MONROY	228397	3,636.30
1/22/2025	LILIA ESQUIVEL MONROY	228397	700.00
1/22/2025	LORENA QUINTERO	228398	2,616.48
1/22/2025	LORENA QUINTERO	228398	420.00
1/22/2025	LORI MACIAS CERNA	228399	1,665.58
1/22/2025	LORI MACIAS CERNA	228399	280.00
1/22/2025	ROSELIA MADERA CALDERA	228400	1,933.32
1/22/2025	ROSELIA MADERA CALDERA	228400	280.00
1/22/2025	ROSELIA MADERA CALDERA	228400	-48.67
1/22/2025	XOCHITL ARTHEMISA PELAGIO	228401	288.44
1/22/2025	XOCHITL ARTHEMISA PELAGIO	228401	140.00
1/22/2025	BLANCA ESTELA JIMENEZ	228402	680.89
1/22/2025	BLANCA ESTELA JIMENEZ	228402	140.00
1/22/2025	ESTELA LOPEZ	228403	215.02
1/22/2025	ESTELA LOPEZ	228403	140.00
1/22/2025	LETICIA MARIA BOTELLO	228404	3,533.00
1/22/2025	LETICIA MARIA BOTELLO	228404	700.00
1/22/2025	LUZ E VENEGAS	228405	8,085.91
1/22/2025	LUZ E VENEGAS	228405	1,400.00
1/22/2025	MARIA B CRUZ DE PULIDO	228406	9,079.24
1/22/2025	MARIA B CRUZ DE PULIDO	228406	1,960.00
1/22/2025	ROCIO JOSEFINA HERNANDEZ	228407	10,243.30
1/22/2025	ROCIO JOSEFINA HERNANDEZ	228407	1,820.00
1/22/2025	ROCIO VERONICA MUNIZ CERECEDA	228408	2,173.55
1/22/2025	ROCIO VERONICA MUNIZ CERECEDA	228408	420.00
1/22/2025	ROSALBA CABRAL	228409	747.02
1/22/2025	ROSALBA CABRAL	228409	280.00
1/22/2025	ELOISA MONTES DE ROMERO	228410	677.54
1/22/2025	ELOISA MONTES DE ROMERO	228410	480.00
1/22/2025	HERLINDA NOLASCO DE GONZALEZ	228411	1,682.46
1/22/2025	HERLINDA NOLASCO DE GONZALEZ	228411	320.00
1/22/2025	Laura Y Alatorre Moreno	228412	655.25
1/22/2025	Laura Y Alatorre Moreno	228412	480.00
1/22/2025	MARIA M ANGULO	228413	5,109.24
1/22/2025	MARIA M ANGULO	228413	960.00
1/22/2025	MAURA J CHAVOLLA	228414	2,821.29
1/22/2025	MAURA J CHAVOLLA	228414	633.00
1/22/2025	ADELINA ZEPEDA BELTRAN	228415	401.00
1/22/2025	ADELINA ZEPEDA BELTRAN	228415	420.00
1/22/2025	ALMA YANETH NUNEZ GUTIERREZ	228416	564.23
1/22/2025	ALMA YANETH NUNEZ GUTIERREZ	228416	98.00
1/22/2025	AMPARO MAGANA	228417	1,564.38
1/22/2025	AMPARO MAGANA	228417	280.00
1/22/2025	ANDRADE ESTELA Y JOSE FAMILY CHILD CARE	228418	2,290.73
1/22/2025	ANDRADE ESTELA Y JOSE FAMILY CHILD CARE	228418	420.00
1/22/2025	ANDREA R RIVERA	228419	2,468.15
1/22/2025	ANDREA R RIVERA	228419	420.00
1/22/2025	ANNA DELFINA REYES	228420	6,758.30
1/22/2025	ANNA DELFINA REYES	228420	1,680.00
1/22/2025	BERTHA NERTO	228421	5,503.62
1/22/2025	BERTHA NERTO	228421	980.00
1/22/2025	BRENDA SUJEY MARTINEZ	228422	2,414.09
1/22/2025	BRENDA SUJEY MARTINEZ	228422	420.00
1/22/2025	CLAUDIA OROZCO CORONA	228423	502.12
1/22/2025	CLAUDIA OROZCO CORONA	228423	280.00
1/22/2025	CRISTINA SOTO DE MARTINEZ	228424	1,561.15
1/22/2025	CRISTINA SOTO DE MARTINEZ	228424	280.00
1/22/2025	Delia Irene Araujo Dominquez	228425	7,176.92
1/22/2025	Delia Irene Araujo Dominquez	228425	1,260.00

1/22/2025	ENEDINA MADRIGAL	228426	1,031.00
1/22/2025	ENEDINA MADRIGAL	228426	196.00
1/22/2025	GUADALUPE CABRERA	228427	10,108.82
1/22/2025	GUADALUPE CABRERA	228427	1,680.00
1/22/2025	GUADALUPE CABRERA	228427	-90.00
1/22/2025	KASANDRA LOPEZ-CORDERO	228428	1,015.39
1/22/2025	KASANDRA LOPEZ-CORDERO	228428	196.00
1/22/2025	MARIA ELENA CORONA DE IBARRA	228429	7,028.67
1/22/2025	MARIA ELENA CORONA DE IBARRA	228429	1,260.00
1/22/2025	MARIA J MARTINEZ DE GARCIA	228430	3,082.71
1/22/2025	MARIA J MARTINEZ DE GARCIA	228430	980.00
1/22/2025	NORMA HERRERA	228431	962.68
1/22/2025	NORMA HERRERA	228431	560.00
1/22/2025	ROSAURA QUINTERO DE LOPEZ	228432	3,321.23
1/22/2025	ROSAURA QUINTERO DE LOPEZ	228432	560.00
1/22/2025	SOCORRO LARA DE GOVEA	228433	849.71
1/22/2025	SOCORRO LARA DE GOVEA	228433	140.00
1/22/2025	VERONICA L ESCOBAR	228434	5,373.28
1/22/2025	VERONICA L ESCOBAR	228434	1,120.00
1/22/2025	ALISHA A GARCIA	228435	1,437.15
1/22/2025	ALISHA A GARCIA	228435	140.00
1/22/2025	ALISHA A GARCIA	228435	-38.74
1/22/2025	ANA HERMELINDA SANTOS PACHECO	228436	6,364.09
1/22/2025	ANA HERMELINDA SANTOS PACHECO	228436	1,120.00
1/22/2025	CARMEN SANTOS PACHECO	228437	7,158.59
1/22/2025	CARMEN SANTOS PACHECO	228437	1,820.00
1/22/2025	IRMA VILLA DE OLIVARES	228438	161.20
1/22/2025	IRMA VILLA DE OLIVARES	228438	280.00
1/22/2025	MARCELINA ZARATE ZARATE	228439	682.96
1/22/2025	MARCELINA ZARATE ZARATE	228439	294.00
1/22/2025	MARIA P COSIO	228440	7,557.04
1/22/2025	MARIA P COSIO	228440	1,260.00
1/22/2025	ODILIA ELIZABETH VALENCIA	228441	1,629.82
1/22/2025	ODILIA ELIZABETH VALENCIA	228441	280.00
1/22/2025	TEODORA GIRON MORALES	228442	238.87
1/22/2025	TEODORA GIRON MORALES	228442	140.00
1/22/2025	YECENIA GARCIA RAMIREZ	228443	748.84
1/22/2025	YECENIA GARCIA RAMIREZ	228443	280.00
1/22/2025	YOLANDA MUNOZ	228444	10,214.62
1/22/2025	YOLANDA MUNOZ	228444	1,820.00
1/22/2025	ALICIA GARCIA DE LEYVA	228445	4,231.26
1/22/2025	ALICIA GARCIA DE LEYVA	228445	840.00
1/22/2025	ALL ABOARD PRESCHOOL	228446	4,833.51
1/22/2025	ALL ABOARD PRESCHOOL	228446	840.00
1/22/2025	ANA BERTHA BALLESTEROS JAIME	228447	3,636.38
1/22/2025	ANA BERTHA BALLESTEROS JAIME	228447	980.00
1/22/2025	BLANCA NELLY VERA	228448	1,568.31
1/22/2025	BLANCA NELLY VERA	228448	280.00
1/22/2025	BRIGHT FUTURES PRESCHOOL 2	228449	872.91
1/22/2025	BRIGHT FUTURES PRESCHOOL 2	228449	140.00
1/22/2025	CARLOS GARCIA	228450	799.79
1/22/2025	CARLOS GARCIA	228450	420.00
1/22/2025	CARMELITA JACINTA MORALES MEJIA	228451	524.38
1/22/2025	CARMELITA JACINTA MORALES MEJIA	228451	98.00
1/22/2025	CONSUELO RAMIREZ DE MAGDALENO	228452	7,442.05
1/22/2025	CONSUELO RAMIREZ DE MAGDALENO	228452	1,260.00
1/22/2025	DOMINGO I BASURTO	228453	1,538.74
1/22/2025	DOMINGO I BASURTO	228453	294.00
1/22/2025	ELIA SANCHEZ	228454	655.51
1/22/2025	ELIA SANCHEZ	228454	280.00
1/22/2025	IRMA JIMENEZ CASTANEDA	228455	893.69
1/22/2025	IRMA JIMENEZ CASTANEDA	228455	140.00
1/22/2025	KIMBERLY CRUZ GONZALEZ	228456	90.57
1/22/2025	KIMBERLY CRUZ GONZALEZ	228456	294.00
1/22/2025	LUZ A ESQUIVEL MORENO	228457	1,060.50
1/22/2025	LUZ A ESQUIVEL MORENO	228457	196.00
1/22/2025	MARCELA G NUNEZ DE GUTIERREZ	228458	11,455.59
1/22/2025	MARCELA G NUNEZ DE GUTIERREZ	228458	1,960.00
1/22/2025	MARCELA G NUNEZ DE GUTIERREZ	228458	-100.00
1/22/2025	MARCELINA PERALTA	228459	1,111.75
1/22/2025	MARCELINA PERALTA	228459	294.00
1/22/2025	MARIA LOURDES MORENO ESQUIVEL	228460	1,616.60
1/22/2025	MARIA LOURDES MORENO ESQUIVEL	228460	294.00
1/22/2025	MARIA PICOS DE GARCIA	228461	2,407.73
1/22/2025	MARIA PICOS DE GARCIA	228461	420.00
1/22/2025	MARIA SOFIA MENDOZA DE ORTIZ	228462	1,024.32
1/22/2025	MARIA SOFIA MENDOZA DE ORTIZ	228462	196.00
1/22/2025	MARIELA SANCHEZ	228463	816.36
1/22/2025	MARIELA SANCHEZ	228463	140.00
1/22/2025	OFELIA QUINTERO DE GUZMAN	228464	477.48
1/22/2025	OFELIA QUINTERO DE GUZMAN	228464	98.00
1/22/2025	PATRICIA H MARTINEZ	228465	2,153.66
1/22/2025	PATRICIA H MARTINEZ	228465	420.00
1/22/2025	ROCIA GARDUNO MAGO	228466	818.25
1/22/2025	ROCIA GARDUNO MAGO	228466	280.00
1/22/2025	RUFINITA PRISCILLA MARIE SAUCEDA	228467	2,121.00
1/22/2025	RUFINITA PRISCILLA MARIE SAUCEDA	228467	392.00
1/22/2025	SONIA C LOPEZ DE JUAREZ	228468	1,526.24
1/22/2025	SONIA C LOPEZ DE JUAREZ	228468	294.00
1/22/2025	SONIA C LOPEZ DE JUAREZ	228468	-30.52
1/22/2025	YOLANDA SALDANA MORENO	228469	2,377.53
1/22/2025	YOLANDA SALDANA MORENO	228469	420.00
1/22/2025	Yoseling Carolina Mendez Lopez	228470	1,129.30
1/22/2025	Yoseling Carolina Mendez Lopez	228470	196.00
1/22/2025	FERNANDO MARQUEZ ROMERO	228471	571.73
1/23/2025	MARIA R LEMUS OROZCO	227462	-1,624.56
1/23/2025	MARIA R LEMUS OROZCO	227462	-280.00
1/23/2025	V04049--GLORIA ANN MCINTIRE	300187	108.77
1/23/2025	V03374--ADRIANA LOPEZ	300188	75.71
1/23/2025	P02723--ALEXIS SAVEDRA	300189	3,000.00
1/23/2025	V03145--AMERICAN HEART ASSOCIATION	300191	3,000.00
1/23/2025	V03095--AMERITAS LIFE INSURANCE CORP.	300192	41,248.17
1/23/2025	V03490--ANABEL JIMENEZ	300193	81.74
1/23/2025	V03498--ANGEL TEJEDA	300194	16.08
1/23/2025	V03503--ANNA NUNEZ	300195	187.60
1/23/2025	V02573--ARLEEN N ORNELAS	300196	26.80
1/23/2025	V00092--AT&T	300197	1,392.67

1/23/2025	V00093--AT&T	300198	121.98
1/23/2025	V00138--BS&E INC	300199	82.22
1/23/2025	V00169--CALIFORNIA WATER SERVICE	300200	1,169.39
1/23/2025	V00173--CAPPA	300201	75.00
1/23/2025	V03380--CARITINA PEREZ	300202	128.64
1/23/2025	V00187--CERTIFIX INC	300203	192.00
1/23/2025	V00194--CHARTER COMMUNICATIONS	300204	135.18
1/23/2025	V00195--CHARTER COMMUNICATIONS HOLDINGS, LLC	300205	398.69
1/23/2025	V00195--CHARTER COMMUNICATIONS HOLDINGS, LLC	300206	156.23
1/23/2025	V00206--CHRISTOPHER PERCIVAL	300207	1,624.10
1/23/2025	V03407--CINDY RUIZ	300208	95.81
1/23/2025	V00209--CITY OF BAKERSFIELD	300209	274.50
1/23/2025	V03205--CLARK PEST CONTROL OF STOCKTON, INC	300210	285.00
1/23/2025	V04020--CLAUDIA SOLORIO SANCHEZ	300211	67.67
1/23/2025	V00251--COUNTY OF KERN GENERAL SERVICES, 3RD FLOOR	300212	7,116.19
1/23/2025	V00252--COUNTY OF KERN PUBLIC WORKS	300213	101.64
1/23/2025	V03255--CYNTHIA BORJON-COSBY	300214	3,750.00
1/23/2025	V03353--Cynthia Magdaleno	300215	57.62
1/23/2025	V03382--DENA WALKER	300216	128.64
1/23/2025	V03413--DENISE BOSHERS	300217	300.00
1/23/2025	V00321--ECOLAB FOOD SAFETY SPECIALTIES	300218	423.51
1/23/2025	V03352--ELIZABETH MARTINEZ MEDINA	300219	19.43
1/23/2025	V03432--EMANUEL HIRIARTE	300220	20.64
1/23/2025	V03615--ERIK A VENTURA	300221	136.68
1/23/2025	V03383--ESTHER REYES-GARZA	300222	74.37
1/23/2025	V00358--EXACT STAFF, INC	300223	806.40
1/23/2025	V00374--FERGUSON ENTERPRISES INC #1350	300224	779.01
1/23/2025	V03003--FIRST CONGREGATIONAL CHURCH BAKERSFIELD	300225	3,892.01
1/23/2025	V03628--FRANCIS VEGA	300226	196.98
1/23/2025	V03385--GABRIELA PADILLA	300227	145.39
1/23/2025	V03051--GINA MARTINEZ	300228	300.00
1/23/2025	V03636--GIOVANNI ARAGON	300229	56.28
1/23/2025	V03637--GIRLHENE SORIANO	300230	52.26
1/23/2025	V03646--GLYNIEL CAMPBELL	300231	165.02
1/23/2025	V00431--GUADALUPE CANCHOLA CASTELLANO	300232	10.72
1/23/2025	V00445--HD Supply Facilites Maintenance LTD	300233	2,675.51
1/23/2025	V04019--HEIDI ESPINOZA	300234	48.24
1/23/2025	V00458--HOME DEPOT COMMERCIAL CREDIT	300235	1,079.67
1/23/2025	V03328--Hometown Plumbing	300236	2,099.00
1/23/2025	V00475--INDEPENDENT FIRE & SAFETY	300237	47.00
1/23/2025	V00476--INDEPENDENT LIVING CENTER OF KERN COUNTY	300238	170.00
1/23/2025	V03060--JAB COMMUNICATION INC.	300239	4,875.00
1/23/2025	V02700--JACINTA ZEPEDA	300240	72.36
1/23/2025	V03387--JAZMYN REDICK	300241	21.44
1/23/2025	V03442--JEREMIN EASTER	300242	20.77
1/23/2025	V03280--JEREMY MARRS	300243	385.00
1/23/2025	V00511--JIM'S TOWING SERVICE, INC	300244	135.00
1/23/2025	V00522--JORGE GALINDO	300245	380.00
1/23/2025	V03341--KARAYA GAGE	300246	42.88
1/23/2025	V00582--KIMBERLITE CORPORATION	300247	295.02
1/23/2025	V00585--KNIGHT'S SITE SERVICES INC	300248	4,148.10
1/23/2025	V00592--LAKESHORE EQUIPMENT COMPANY	300249	12,821.75
1/23/2025	V00599--LANGUAGE LINE SERVICES INC	300250	127.11
1/23/2025	V04018--LAURA MUNOZ	300251	39.53
1/23/2025	V03733--LAURA PORTA	300252	20.00
1/23/2025	V03437--LETISHA BROOKS	300253	87.10
1/23/2025	V03389--LIGIA JOHNSON	300254	29.48
1/23/2025	V03740--Liliana Altamirano	300255	40.20
1/23/2025	V03438--LIZETTE BRAVO	300256	125.96
1/23/2025	V00624--LOWES COMPANIES INC	300257	3,373.51
1/23/2025	V03371--LUCERO GONZALEZ	300258	94.47
1/23/2025	V03760--LUCIA ALVARADO	300259	18.76
1/23/2025	V04000--MARI BARRIENTOS	300260	9.38
1/23/2025	V02777--MARIA ALICIA HUIZAR	300261	192.96
1/23/2025	V04024--MARIA CERVANTES	300262	12.06
1/23/2025	V02958--MARIA D FLORES TORRES	300263	172.86
1/23/2025	V03394--MARIA DIAZ CORNEJO	300264	62.31
1/23/2025	V02784--MARIA FELIX LIEVANOS	300265	359.12
1/23/2025	V03784--MARIA MORALES	300266	2.68
1/23/2025	V03785--MARIA MORENO GOMEZ	300267	17.42
1/23/2025	V03788--MARIA RAMOS	300268	38.86
1/23/2025	V03404--MARITZA LARA MARTINEZ	300269	18.76
1/23/2025	V03439--MARY ANN MOONEY	300270	48.91
1/23/2025	V00690--MESA ENERGY SYSTEMS, INC.	300271	3,275.62
1/23/2025	V02965--MICHAEL K BROWN LANDSCAPE & MAINTENANCE CO INC	300272	6,509.86
1/23/2025	V04025--NANCY PEREZ	300273	65.66
1/23/2025	V04021--NATASHA CHUDY	300274	72.36
1/23/2025	V00728--NEEDLES PUBLIC UTILITY AUTHORITY	300275	76.09
1/23/2025	V03405--NICOLE CALLAHAN	300276	147.40
1/23/2025	V03854--NINFA CAZARES	300277	135.34
1/23/2025	V03172--OFFICE1 LEASING	300278	2,497.39
1/23/2025	V03870--PAULINO CRUZ	300279	73.03
1/23/2025	V00787--PG&E	300280	7,002.17
1/23/2025	V00794--PLC SYSTEM SERVICES LLC	300281	285.00
1/23/2025	V04034--RINGCENTRAL INC.	300282	21,169.84
1/23/2025	V03370--ROSLYN CRUZ	300283	111.89
1/23/2025	V03147--SEQUOIA PAINT ENTERPRISE	300284	65.94
1/23/2025	V03927--SHARON BRIGGS	300285	42.21
1/23/2025	V04026--SHAWNA MARKS	300286	28.14
1/23/2025	V03928--SHERI PHILLIPS	300287	48.24
1/23/2025	V04023--SILVIA HULSEY	300288	56.28
1/23/2025	V03430--SPECTRUM/CHARTER	300289	2,875.52
1/23/2025	V03430--SPECTRUM/CHARTER	300290	204.00
1/23/2025	V00926--STANDARD PLUMBING SUPPLY COMPANY, INC	300291	267.55
1/23/2025	V03950--TINA NUNEZ	300292	195.64
1/23/2025	V01001--TRANS-WEST SECURITY SERVICES, INC.	300293	5,451.34
1/23/2025	V01003--TRES HOMBRES FENCE COMPANY	300294	991.56
1/23/2025	V01012--UNITED RENTALS INC	300295	561.40
1/23/2025	V03330--VANESSA SOBERON	300296	18.98
1/23/2025	V03314--VESTIS GROUP, INC	300297	340.75
1/23/2025	V01044--W W GRAINGER INC	300298	3,237.96
1/23/2025	V01049--WASTE MANAGEMENT OF SOUTHERN CALIFORNIA	300299	885.29
1/23/2025	V02985--WELLS FARGO VENDOR FINANCIAL SERVICES, LLC	300300	226.18
1/23/2025	V03985--YESSSENIA BAUTISTA	300301	5.36
1/23/2025	V00049--AMAZON CAPITAL SERVICES, INC	300435	15.00
1/23/2025	V00257--CREATIVE FINANCIAL STAFFING LLC	122234140000024	610.71
1/23/2025	V00349--ERIE CUSTOM COMPUTER APPLICATIONS	122234140000025	2,711.20

1/23/2025	V03174--OFFICE IMAGING, INC	122234140000026	533.42
1/23/2025	V00721--NARAMA INC.	122234140000027	2,175.82
1/23/2025	V03213--FRESHPOINT CENTRAL CALIFORNIA, INC	122234140000028	619.24
1/23/2025	V03159--JOHN REY	122234140000029	122.55
1/23/2025	V03411--SAVANNAH OATES	122234140000030	360.00
1/23/2025	V03344--ANNELISA PEREZ	122234140000031	300.00
1/23/2025	V00794--PLC SYSTEM SERVICES LLC	122234140000032	6,592.78
1/23/2025	V00694--MICHAEL E BRADLEY	122234140000033	1,800.00
1/23/2025	V00631--M AND S SECURITY SERVICES INC	122234140000034	240.00
1/23/2025	V00402--FRONTIER COMMUNICATIONS HOLDINGS LLC	122234140000035	141.10
1/23/2025	V00198--CHEVRON AND TEXACO BUSINESS CARD SERVICES	122234140000036	2,239.36
1/23/2025	V03437--LETISHA BROOKS	122234140000037	30.00
1/23/2025	V03263--FLOWERS BAKERIES SALES OF SOCAL, LLC	122234140000038	70.84
1/23/2025	V03065--PIUSER STONE AND TILE, INC.	122234140000039	20,000.00
1/23/2025	V00937--STINSON STATIONERS	122234140000040	857.12
1/23/2025	V00043--ALLIED UNIVERSAL SECURITY SERVICES	122234140000041	79,186.30
1/23/2025	V02728--KAREN VAZQUEZ	122234140000042	300.00
1/23/2025	V03412--SARA ELIAS	122234140000043	225.00
1/23/2025	V03954--TRACY WEBSTER	122234140000044	207.00
1/23/2025	V00868--SANDATA TECHNOLOGIES LLC	122234140000045	87.79
1/23/2025	V00257--CREATIVE FINANCIAL STAFFING LLC	Voided - 122234140000001	0.00
1/23/2025	V00349--ERIE CUSTOM COMPUTER APPLICATIONS	Voided - 122234140000002	0.00
1/23/2025	V03174--OFFICE IMAGING, INC	Voided - 122234140000003	0.00
1/23/2025	V00721--NARAMA INC.	Voided - 122234140000004	0.00
1/23/2025	V03213--FRESHPOINT CENTRAL CALIFORNIA, INC	Voided - 122234140000005	0.00
1/23/2025	V03159--JOHN REY	Voided - 122234140000006	0.00
1/23/2025	V03411--SAVANNAH OATES	Voided - 122234140000007	0.00
1/23/2025	V03344--ANNELISA PEREZ	Voided - 122234140000008	0.00
1/23/2025	V00049--AMAZON CAPITAL SERVICES, INC	Voided - 122234140000009	0.00
1/23/2025	V00794--PLC SYSTEM SERVICES LLC	Voided - 122234140000010	0.00
1/23/2025	V00694--MICHAEL E BRADLEY	Voided - 122234140000011	0.00
1/23/2025	V00631--M AND S SECURITY SERVICES INC	Voided - 122234140000012	0.00
1/23/2025	V00402--FRONTIER COMMUNICATIONS HOLDINGS LLC	Voided - 122234140000013	0.00
1/23/2025	V00198--CHEVRON AND TEXACO BUSINESS CARD SERVICES	Voided - 122234140000014	0.00
1/23/2025	V03437--LETISHA BROOKS	Voided - 122234140000015	0.00
1/23/2025	V03263--FLOWERS BAKERIES SALES OF SOCAL, LLC	Voided - 122234140000016	0.00
1/23/2025	V03065--PIUSER STONE AND TILE, INC.	Voided - 122234140000017	0.00
1/23/2025	V00937--STINSON STATIONERS	Voided - 122234140000018	0.00
1/23/2025	V00043--ALLIED UNIVERSAL SECURITY SERVICES	Voided - 122234140000019	0.00
1/23/2025	V02728--KAREN VAZQUEZ	Voided - 122234140000020	0.00
1/23/2025	V03412--SARA ELIAS	Voided - 122234140000021	0.00
1/23/2025	V03954--TRACY WEBSTER	Voided - 122234140000022	0.00
1/23/2025	V00868--SANDATA TECHNOLOGIES LLC	Voided - 122234140000023	0.00
1/23/2025	V00049--AMAZON CAPITAL SERVICES, INC	Voided - 300190	0.00
1/24/2025	AMAZON CAPITAL SERVICES, INC	35286	295.55
1/24/2025	AMAZON CAPITAL SERVICES, INC	35286	1,223.12
1/24/2025	AMAZON CAPITAL SERVICES, INC	35286	97.04
1/24/2025	AMAZON CAPITAL SERVICES, INC	35286	153.02
1/24/2025	AMAZON CAPITAL SERVICES, INC	35286	5,515.43
1/24/2025	AMAZON CAPITAL SERVICES, INC	35286	695.34
1/24/2025	AMAZON CAPITAL SERVICES, INC	35286	991.08
1/24/2025	AMAZON CAPITAL SERVICES, INC	35286	274.65
1/24/2025	AMAZON CAPITAL SERVICES, INC	35286	1,731.22
1/24/2025	AMAZON CAPITAL SERVICES, INC	35286	386.52
1/24/2025	AMAZON CAPITAL SERVICES, INC	35286	90.28
1/24/2025	AMAZON CAPITAL SERVICES, INC	35286	257.16
1/24/2025	AMAZON CAPITAL SERVICES, INC	35286	164.27
1/24/2025	AMAZON CAPITAL SERVICES, INC	35286	1,087.14
1/24/2025	AMAZON CAPITAL SERVICES, INC	35286	221.16
1/24/2025	AMAZON CAPITAL SERVICES, INC	35286	377.08
1/24/2025	AMAZON CAPITAL SERVICES, INC	35286	234.77
1/24/2025	AMAZON CAPITAL SERVICES, INC	35286	88.52
1/24/2025	AMAZON CAPITAL SERVICES, INC	35286	929.82
1/24/2025	AMAZON CAPITAL SERVICES, INC	35286	181.11
1/24/2025	AMAZON CAPITAL SERVICES, INC	35286	41.77
1/24/2025	DISCOUNT SCHOOL SUPPLY	35288	320.58
1/24/2025	DISCOUNT SCHOOL SUPPLY	35288	1,169.09
1/24/2025	DISCOUNT SCHOOL SUPPLY	35288	741.85
1/24/2025	DISCOUNT SCHOOL SUPPLY	35288	1,963.21
1/24/2025	DISCOUNT SCHOOL SUPPLY	35288	646.78
1/24/2025	DISCOUNT SCHOOL SUPPLY	35288	768.61
1/24/2025	AMAZON CAPITAL SERVICES, INC	35289	955.06
1/24/2025	AMAZON CAPITAL SERVICES, INC	35289	831.19
1/24/2025	AMAZON CAPITAL SERVICES, INC	35290	167.22
1/24/2025	AMAZON CAPITAL SERVICES, INC	35291	671.47
1/24/2025	AMAZON CAPITAL SERVICES, INC	35291	-137.90
1/24/2025	AMAZON CAPITAL SERVICES, INC	35292	573.28
1/24/2025	AMAZON CAPITAL SERVICES, INC	35292	989.37
1/24/2025	AMAZON CAPITAL SERVICES, INC	35293	314.99
1/24/2025	AMAZON CAPITAL SERVICES, INC	35294	848.59
1/24/2025	AMAZON CAPITAL SERVICES, INC	35295	2,096.73
1/24/2025	AMAZON CAPITAL SERVICES, INC	35296	2,899.29
1/24/2025	MARIA R LEMUS OROZCO	35297	1,624.56
1/24/2025	MARIA R LEMUS OROZCO	35297	280.00
1/24/2025	CAL FOODS LOGISTICS	228472	14,345.28
1/24/2025	CAL FOODS LOGISTICS	228472	19,008.00
1/24/2025	CAL FOODS LOGISTICS	228472	30,771.36
1/24/2025	CINTAS CORPORATION #668	228473	1,234.12
1/24/2025	CINTAS CORPORATION #668	228473	652.60
1/24/2025	MARISELA GONZALEZ	228474	75.71
1/27/2025	V03505--ANNETTE JOHNSON-ALLEN	300302	4,312.81
1/28/2025	V03124--1020 CECIL LLC	300303	930.00
1/28/2025	V03377--ALEJANDRA SALVADOR	300304	75.04
1/28/2025	V01777--AMERICAN REAL ESTATE & PROPERTY MANAGEMENT INC	300305	2,928.00
1/28/2025	V03496--ANDREW CHAVEZ	300306	255.94
1/28/2025	V00092--AT&T	300307	524.06
1/28/2025	V02580--BEAR MOUNTAIN RECREATION & PARK DISTRICT	300308	3,600.00
1/28/2025	V00156--CALIFORNIA DEPARTMENT OF PUBLIC HEALTH	300309	18,784.87
1/28/2025	V00169--CALIFORNIA WATER SERVICE	300310	236.61
1/28/2025	V03321--CASA ROYAL CORP.	300311	618.00
1/28/2025	V01819--CENTRAL CAL MANAGEMENT, INC	300312	4,725.00
1/28/2025	X0252--CHANTAL QUINO	300313	24.12
1/28/2025	V00206--CHRISTOPHER PERCIVAL	300314	1,948.44
1/28/2025	V02227--CITY OF ARVIN	300315	652.38
1/28/2025	V00209--CITY OF BAKERSFIELD	300316	1,233.74
1/28/2025	V00216--CITY OF STOCKTON	300317	28.18
1/28/2025	V03301--COLLETTE ROYAL	300318	3,750.00

1/28/2025	V00229--COMCAST CORPORATION	300319	333.25
1/28/2025	V02933--COMMUNITY SERVICES AND EMPLOYMENT TRAINING, INC.	300320	950.00
1/28/2025	V03343--CONTINENTAL LABOR RESOURCES, INC.	300321	924.80
1/28/2025	V00251--COUNTY OF KERN GENERAL SERVICES, 3RD FLOOR	300322	6,172.04
1/28/2025	V00259--CROMER INC	300323	149.50
1/28/2025	V03356--CYNTHIA RODRIGUEZ	300324	134.00
1/28/2025	V02996--DEPARTMENT OF HUMAN RESOURCES	300325	4,769.37
1/28/2025	V00295--DEPARTMENT OF MOTOR VEHICLES	300326	1,450.00
1/28/2025	V00295--DEPARTMENT OF MOTOR VEHICLES	300327	196.00
1/28/2025	V00295--DEPARTMENT OF MOTOR VEHICLES	300328	196.00
1/28/2025	V00295--DEPARTMENT OF MOTOR VEHICLES	300329	383.00
1/28/2025	V00295--DEPARTMENT OF MOTOR VEHICLES	300330	386.00
1/28/2025	V00295--DEPARTMENT OF MOTOR VEHICLES	300331	391.00
1/28/2025	V00295--DEPARTMENT OF MOTOR VEHICLES	300332	392.00
1/28/2025	V00295--DEPARTMENT OF MOTOR VEHICLES	300333	392.00
1/28/2025	V00295--DEPARTMENT OF MOTOR VEHICLES	300334	392.00
1/28/2025	V00295--DEPARTMENT OF MOTOR VEHICLES	300335	398.00
1/28/2025	V00295--DEPARTMENT OF MOTOR VEHICLES	300336	444.00
1/28/2025	V00295--DEPARTMENT OF MOTOR VEHICLES	300337	556.00
1/28/2025	V00295--DEPARTMENT OF MOTOR VEHICLES	300338	672.00
1/28/2025	V00320--EAST NILES COMMUNITY SERVICES DIST	300339	1,202.00
1/28/2025	V04058--EL ELEFANTE LLC	300340	1,144.00
1/28/2025	V00365--FAIRFAX SCHOOL DISTRICT	300341	3,303.00
1/28/2025	V00374--FERGUSON ENTERPRISES INC #1350	300342	1,096.03
1/28/2025	V03068--FIRST 5 KERN	300343	414.52
1/28/2025	V02673--FIRST 5 MADERA COUNTY	300344	1,522.00
1/28/2025	V03003--FIRST CONGREGATIONAL CHURCH BAKERSFIELD	300345	4,882.85
1/28/2025	V02680--G STREET PLAZA LLC	300346	444.57
1/28/2025	V00429--GRIMMWAY ENTERPRISES, INC.	300347	8,208.00
1/28/2025	V03653--HANNAH MARIE WEIGHTMAN	300348	66.33
1/28/2025	V04029--HAYDEE N CORONA	300349	46.90
1/28/2025	V02690--HEARTS & LIVES	300350	550.00
1/28/2025	V04030--HEARTS & SOUL LINE DANCE	300351	150.00
1/28/2025	V00458--HOME DEPOT COMMERCIAL CREDIT	300352	2,501.99
1/28/2025	V00462--HOWARD'S GARBAGE SERVICE	300353	84.63
1/28/2025	V00476--INDEPENDENT LIVING CENTER OF KERN COUNTY	300354	170.00
1/28/2025	V00477--INDIAN WELLS VALLEY WATER DISTRICT	300355	387.06
1/28/2025	V03280--JEREMY MARRS	300356	1,500.00
1/28/2025	V04053--KAYLA LOZA	300357	2,190.00
1/28/2025	V00562--KEITH C PFEFFER	300358	206.19
1/28/2025	V02947--KENNETH S. YU	300359	700.00
1/28/2025	V00565--KERN COMMUNITY COLLEGE DISTRICT	300360	20,973.96
1/28/2025	V02949--KERN COUNTY SUPERINTENDENT OF SCHOOLS	300361	10,884.88
1/28/2025	V03157--KERN ISLAND INVESTORS, GP	300362	7,022.35
1/28/2025	V00592--LAKESHORE EQUIPMENT COMPANY	300363	240.74
1/28/2025	V03427--LANEISHA HAMMOND	300364	50.25
1/28/2025	V00601--LASTAND, INC	300365	20.00
1/28/2025	V04018--LAURA MUNOZ	300366	18.76
1/28/2025	V03738--LESLIE LOPEZ	300367	174.00
1/28/2025	V00624--LOWES COMPANIES INC	300368	853.67
1/28/2025	V04048--MARIA DIAZ	300369	70.00
1/28/2025	V04054--MARIA REYES	300370	158.72
1/28/2025	V03097--MARIO LEE ALCORTA	300371	675.00
1/28/2025	V03391--MARISELA GONZALEZ	300372	39.53
1/28/2025	V02796--MARK AND HELENE MCELYEA	300373	4,000.00
1/28/2025	V03426--MAYRA GARCIA	300374	44.22
1/28/2025	V03426--MAYRA GARCIA	300375	51.90
1/28/2025	V02424--MCFARLAND UNIFIED SCHOOL DISTRICT	300376	100.00
1/28/2025	V00683--MCWILLIAMS & WALDEN INC	300377	715.58
1/28/2025	V00689--MERCED COUNTY OFFICE OF EDUCATION	300378	253.67
1/28/2025	V02965--MICHAEL K BROWN LANDSCAPE & MAINTENANCE CO INC	300379	1,050.00
1/28/2025	V02966--MOJAVE UNIFIED SCHOOL DISTRICT	300380	450.00
1/28/2025	V04022--MONETTE BARAJAS	300381	36.85
1/28/2025	V02967--MORE THAN ON DIMENSION, INC.	300382	1,800.00
1/28/2025	V03846--NATIVIDAD VALDOVINOS GUTIERREZ	300383	600.00
1/28/2025	V00738--NORTH OF THE RIVER RECR & PARK DIST	300384	4,797.00
1/28/2025	V00744--ODP BUSINESS SOLUTIONS LLC	300385	3,331.81
1/28/2025	V03172--OFFICE1 LEASING	300386	2,489.08
1/28/2025	V02973--OMNI FAMILY HEALTH	300387	6,267.00
1/28/2025	V00787--PG&E	300388	24,945.08
1/28/2025	V00798--PREWITT FAMILY DECEDENTS TRUST	300389	925.00
1/28/2025	V00806--PROTECTION 1/ADT	300390	1,555.77
1/28/2025	V03295--RANCHO DE STINE LLC	300391	14,175.00
1/28/2025	V02043--REAL ESTATE CASHFLOW NETWORK INC	300392	2,895.00
1/28/2025	V03358--REBECCA ROCHA	300393	34.84
1/28/2025	V00821--REGION IX HEAD START ASSOCIATION	300394	8,750.00
1/28/2025	V00829--RIDGECREST CHAMBER OF COMMERCE	300395	340.00
1/28/2025	V02479--RONALD SHELAN	300396	5,538.00
1/28/2025	V03894--ROSA CALLEJAS	300397	160.13
1/28/2025	V03299--ROSEDALE CERAMIC TILE & MARBLE, INC	300398	1,541.00
1/28/2025	V00854--SAFEWAY INC VONS DIVISION	300399	118.98
1/28/2025	V03400--SANDRA MEJIA MARTINEZ	300400	258.62
1/28/2025	V00906--SNIDERS	300401	33.35
1/28/2025	V00907--SOCALGAS	300402	1,163.58
1/28/2025	V00914--SOUTHERN CALIFORNIA EDISON	300403	162.55
1/28/2025	V03430--SPECTRUM/CHARTER	300404	185.18
1/28/2025	V03430--SPECTRUM/CHARTER	300405	219.20
1/28/2025	V03430--SPECTRUM/CHARTER	300406	204.00
1/28/2025	V03430--SPECTRUM/CHARTER	300407	219.98
1/28/2025	V03430--SPECTRUM/CHARTER	300408	945.00
1/28/2025	V00923--STAGLER CORPORATION - UNITED REFRIGERATION	300409	850.00
1/28/2025	V00926--STANDARD PLUMBING SUPPLY COMPANY, INC	300410	378.09
1/28/2025	V00932--STELLAR PLAZA LLC	300411	3,253.61
1/28/2025	V00947--SUNRISE VILLA PARTNERS	300412	700.00
1/28/2025	V00953--TAFT CITY SCHOOL DISTRICT	300413	4,780.23
1/28/2025	V03360--TERESA LARA	300414	103.85
1/28/2025	V00977--THE HOUSING AUTHORITY OF THE COUNTY OF KERN	300415	700.00
1/28/2025	V03354--TOMASA JARA	300416	33.50
1/28/2025	V01003--TRES HOMBRES FENCE COMPANY	300417	2,400.00
1/28/2025	V01005--TULARE COUNTY OFFICE OF EDUCATION	300418	500.00
1/28/2025	V01022--VALLEY PROPANE SERVICE	300419	654.97
1/28/2025	V01041--VINELAND SCHOOL DISTRICT	300420	375.00
1/28/2025	V01051--WAYSIDE CHAPEL COMMUNITY CHURCH, INC.	300421	19,464.00
1/28/2025	V02985--WELLS FARGO VENDOR FINANCIAL SERVICES, LLC	300422	184.41
1/28/2025	V01060--WEST KERN COMMUNITY COLLEGE DISTRICT	300423	11,807.28
1/28/2025	V01072--YABITO CORPORATION	300424	1,548.00
1/28/2025	V01087--ZREP LLC	300425	3,950.17

1/28/2025	V03283--CHUNTE' L. MELVIN dba NITENITE OVERNIGHT CHILD CAR	122234140000046	1,500.00
1/28/2025	V03822--MELISSA DELA GARZA	122234140000047	92.46
1/28/2025	V03849--NELLY MENDOZA	122234140000048	33.50
1/28/2025	V03645--GLORIANA TEIXEIRA	122234140000049	130.65
1/28/2025	V02868--SAFIYA PRICE	122234140000050	42.88
1/28/2025	V01040--VILLATORO POWER WASHING	122234140000051	650.00
1/28/2025	V00721--NARAMA INC.	122234140000052	3,231.26
1/28/2025	V03648--GREGORIA BENAVIDES	122234140000053	29.48
1/28/2025	V03186--BLUETRITON BRANDS INC	122234140000054	503.44
1/28/2025	V03234--TEACHSTONE, INC	122234140000055	3,788.75
1/28/2025	V03801--MARIVEL TORRES	122234140000056	70.00
1/28/2025	V03213--FRESHPOINT CENTRAL CALIFORNIA, INC	122234140000057	878.42
1/28/2025	V03531--BRENDA HERNANDEZ	122234140000058	70.00
1/28/2025	V03415--STACY MERRIFIELD	122234140000059	5.36
1/28/2025	V03786--MARIA PINANO	122234140000060	12.06
1/28/2025	V00322--ECONO WEST INC	122234140000061	17,375.00
1/28/2025	V00350--ESCUELITA HERNANDEZ LITTLE SCHOOL	122234140000062	11,368.27
1/28/2025	V00407--GARDEN PATHWAYS INC	122234140000063	9,861.75
1/28/2025	V00440--HANCOCK SOFTWARE, INC.	122234140000064	50,000.00
1/28/2025	V00466--HUFFMAN & DOWNS MAINTENANCE	122234140000065	429.98
1/28/2025	V00595--LAMONT GENERAL STORE	122234140000066	7.57
1/28/2025	V00905--SMART & FINAL	122234140000067	498.41
1/28/2025	V00937--STINSON STATIONERS	122234140000068	112.48
1/28/2025	V00961--TEL TEC SECURITY SYSTEMS INC	122234140000069	5,416.66
1/28/2025	V01033--VERNON SORENSON MD INC	122234140000070	25.00
1/28/2025	V01044--W W GRAINGER INC	122234140000071	1,783.71
1/28/2025	V03331--TINA MOUA	122234140000072	23.45
1/28/2025	V03334--Pritika Ram	122234140000073	50.00
1/28/2025	V03339--ANGELICA NELSON	122234140000074	162.81
1/28/2025	V03344--ANNELISA PEREZ	122234140000075	142.04
1/28/2025	V03357--LORENA PALOMO	122234140000076	124.62
1/28/2025	V03359--RACHEL LECKKIRK	122234140000077	101.84
1/28/2025	V03423--Jessica Reyes Gonzalez	122234140000078	118.59
1/28/2025	V03424--JAUBRAE DIXON	122234140000079	45.56
1/28/2025	V03425--HALONDA NAFF	122234140000080	37.52
1/28/2025	V03437--LETISHA BROOKS	122234140000081	24.85
1/28/2025	V03508--ANTHONY CONRAD CHAVEZ	122234140000082	173.53
1/28/2025	V03667--JANELLE ANDRES	122234140000083	32.16
1/28/2025	V03422--LOIS HANNIBL	122234140000084	20.00
1/28/2025	V00201--CHILD AND FAMILY PSYCHOLOGY CLINIC, INC	122234140000085	3,913.00
1/28/2025	V03392--Unum Insurance Company	122234140000086	26,121.64
1/28/2025	V03316--YESENIA MONTOYA	122234140000087	3,750.00
1/28/2025	V00402--FRONTIER COMMUNICATIONS HOLDINGS LLC	122234140000088	1,788.11
1/28/2025	P02723--ALEXIS SAVEDRA	122234140000089	5,250.00
1/28/2025	V03255--CYNTHIA BORJON-COSBY	122234140000090	6,750.00
1/28/2025	V03378--Eulla Airra Sia Barcen	122234140000091	200.00
1/28/2025	V03147--SEQUOIA PAINT ENTERPRISE	122234140000092	99.57
1/28/2025	V03561--CLAUDIA GARIBALDO	122234140000093	277.99
1/28/2025	V00475--INDEPENDENT FIRE & SAFETY	122234140000094	136.50
1/28/2025	V03376--ANGELICA PALMA	122234140000095	92.46
1/28/2025	V03402--VERLINDA DENWITTY	122234140000096	97.82
1/28/2025	V03867--PATRICIA ROBLES WESLEY	122234140000097	117.25
1/28/2025	V00718--M-R PROPERTIES	122234140000098	7,091.00
1/28/2025	V03278--LODI MUSLIM MOSQUE	122234140000099	5,000.00
1/28/2025	V00808--PROTEUS INC	122234140000100	375.00
1/28/2025	V02150--5905 NILES ST LLC	122234140000101	4,708.00
1/28/2025	V02261--DIOCESE OF FRESNO EDUCATION CORPORATION	122234140000102	3,450.00
1/28/2025	V02263--DIVERSIFIED PROJECT SERVICES INTL., INC.	122234140000103	9,277.00
1/28/2025	V02653--EAST HILLS ROADWAY ASSOCIATION	122234140000104	514.73
1/28/2025	V03006--GRACE COMMUNITY CHURCH	122234140000105	4,705.20
1/28/2025	V03071--COUNTY OF KERN - MORTGAGE PAYMENT ONLY	122234140000106	44,367.81
1/28/2025	V03155--MH 3101 MALL VIEW ROAD, LLC	122234140000107	6,000.00
1/28/2025	V03159--JOHN REY	122234140000108	1,875.00
1/28/2025	V03174--OFFICE IMAGING, INC	122234140000109	20.50
1/28/2025	V03247--BKAT, INC	122234140000110	10,920.00
1/28/2025	V00747--OLLIE SHANKLE TRUSTEE (LESSOR)	122234140000111	10,225.00
1/29/2025	A-1 BATTERY COMPANY	35298	708.59
1/29/2025	ADP, LLC.	35299	25,210.28
1/29/2025	AN ICON COMPANY, LLC	35300	64.62
1/29/2025	BOOT BARN	35301	194.84
1/29/2025	BRADY INDUSTRIES	35302	8,225.47
1/29/2025	BRADY INDUSTRIES	35302	197.80
1/29/2025	CROWN EQUIPMENT CORPORATION	35303	1,837.00
1/29/2025	DELL TECHNOLOGIES, INC.	35304	100.14
1/29/2025	DR MARIA CHURCH INTERNATIONAL LLC	35305	14,602.10
1/29/2025	KERNVILLE UNION SCHOOL DISTRICT	35306	28,171.22
1/29/2025	MISSION LINEN SUPPLY	35307	3,306.91
1/29/2025	MISSION LINEN SUPPLY	35307	1,371.61
1/29/2025	MISSION LINEN SUPPLY	35307	298.83
1/29/2025	VAL-PRO, INC	35308	255.05
1/29/2025	VAL-PRO, INC	35309	260.50
1/29/2025	VAL-PRO, INC	35310	102.60
1/29/2025	VAL-PRO, INC	35311	526.50
1/29/2025	VAL-PRO, INC	35312	84.30
1/29/2025	CELFIDA SANTOS DE RUIZ	35313	623.59
1/29/2025	AIDA CRUZ	228475	300.00
1/29/2025	CATHY DOUMA	228476	275.97
1/29/2025	CATHY DOUMA	228476	130.80
1/29/2025	CINTAS CORPORATION #668	228477	283.91
1/29/2025	DANIELLS PHILLIPS VAUGHAN & BOCK	228478	3,100.00
1/29/2025	DELANO UNION SCHOOL DISTRICT	228479	3,600.00
1/29/2025	JEREMY MARRS	228480	1,520.00
1/29/2025	KERN COUNTY SUPERINTENDENT OF SCHOOLS	228481	19,239.32
1/29/2025	LAMONT ELEMENTARY SCHOOL DISTRICT	228482	29,526.52
1/29/2025	LOTUS BAKERSFIELD CORP	228483	1,890.00
1/29/2025	LOWES COMPANIES INC	228484	369.24
1/29/2025	LOWES COMPANIES INC	228484	253.03
1/29/2025	LOWES COMPANIES INC	228484	151.23
1/29/2025	LOWES COMPANIES INC	228484	1,236.14
1/29/2025	MOJAVE UNIFIED SCHOOL DISTRICT	228485	952.50
1/29/2025	OASIS AIR AND SOLAR	228486	6,256.50
1/29/2025	OASIS AIR AND SOLAR	228486	2,087.13
1/29/2025	OASIS AIR AND SOLAR	228486	16,900.00
1/29/2025	OASIS AIR AND SOLAR	228486	5,650.00
1/29/2025	OASIS AIR AND SOLAR	228486	6,337.13
1/29/2025	OASIS AIR CONDITIONING	228487	21,947.89
1/29/2025	ODP BUSINESS SOLUTIONS LLC	228488	66.45

1/29/2025	ODP BUSINESS SOLUTIONS LLC	228488	440.91
1/29/2025	PRODUCERS DAIRY FOODS INC	228489	2,546.36
1/29/2025	IRMA VILLA DE OLIVARES	228490	199.28
1/30/2025	V04064--CYNDI DOMINGUEZ	300426	1,322.15
1/30/2025	V04067--SUZANNA ALVAREZ RUIZ	300427	2,025.93
1/31/2025	ANDREA PIMENTEL DE DOMINGUEZ	35214	-9,972.21
1/31/2025	ANDREA PIMENTEL DE DOMINGUEZ	35214	-1,960.00
1/31/2025	VIRGINIA RUELAS DE LEYVA	35283	-3,363.55
1/31/2025	VIRGINIA RUELAS DE LEYVA	35283	-700.00
1/31/2025	1020 CECIL LLC	228161	-930.00
1/31/2025	OLGA LIDIA HERNANDEZ	228349	-304.00
1/31/2025	HERLINDA NOLASCO DE GONZALEZ	228411	-1,682.46
1/31/2025	HERLINDA NOLASCO DE GONZALEZ	228411	-320.00
1/31/2025	HERLINDA NOLASCO DE GONZALEZ	228491	1,682.46
1/31/2025	HERLINDA NOLASCO DE GONZALEZ	228491	320.00
1/31/2025	OLGA LIDIA HERNANDEZ	228492	304.00
1/31/2025	VIRGINIA RUELAS DE LEYVA	228493	3,363.55
1/31/2025	VIRGINIA RUELAS DE LEYVA	228493	700.00
1/31/2025	ANDREA PIMENTEL DE DOMINGUEZ	228494	9,972.21
1/31/2025	ANDREA PIMENTEL DE DOMINGUEZ	228494	1,960.00
1/31/2025	1020 CECIL LLC	228495	930.00
1/31/2025	V03905--Roxanne Quiroz	300428	217.24
Total for CBB - Operating Acct			5,032,285.83



MEMORANDUM

To: Budget and Finance Committee

From:  Jerry Meade, Assistant Director ~ Program

Date: March 19, 2025

Subject: *Agenda Item 4j: 2025 San Joaquin County (SJC) Food Services Vendor Contract – Action Item*

The Request for Proposal (RFP) for the food services vendor contract for the San Joaquin County programs closed March 14, 2025. The proposal incorporated the current program year (4/1/2025 – 3/31/2026) food service expenses along with an option to renew for an additional 2 years. The aggregate total for the contract will exceed the approval threshold for the CEO and require CAPK Board approval.

The terms of the contract meet all Federal, State, and agency policies. The RFP met all requirements of agency procurement policies and was awarded to Stockton Community Kitchen. They have been our food service provider in SJC since 2020. The aggregate dollar amount based on the terms of the contract will not exceed \$716,110.70 annually or \$2,148,332.10 if renewed for the additional two years available within the RFP. Variables in the annual amount are subject to the start-up of the new Head Start Preschool and CSPP expansion; any adjustments in program options; annual inflation of food costs; and continued funding. Detailed information is provided in the food service vendor contract attached.

Recommendation:

Staff recommend the Budget & Finance Committee approve the San Joaquin County Food Service Vendor Contract with Stockton Community Kitchen and further recommend full Board approval at the March 26, 2025 meeting and authorize the Chief Executive Officer to execute the contract including future amendments, and authorization to execute the two optional extensions if the service meets expectations.

Attachment:

2025-2026 Stockton Community Kitchen Food Services Vendor Contract



CHILD AND ADULT CARE FOOD PROGRAM

INSTRUCTIONS FOR USE

CHILDCARE STANDARD FOOD SERVICE VENDING AGREEMENT (DELIVERY)

The attached sample **Standard Agreement to Furnish Food Service** can be used when an agency contracts with a food service vendor for meals that will be claimed for reimbursement under the Child and Adult Care Food Program (CACFP).

Agencies should familiarize themselves with procurement procedures and requirements as found in Title 2, *Code of Federal Regulations* (2 CFR), sections 200.318–326 and Title 7, *Code of Federal Regulations* (7 CFR), Section 226.22.

This agreement may be used **only** if the aggregate value of your contract is below the purchase threshold appropriate to your agency. The current federal purchase threshold is \$150,000 per 2 CFR, Section 200.88. As part of your agency's procurement standards, ensure that when you are purchasing goods over \$3,500 to obtain an adequate number of price quotes and select the lowest cost vendor. Please note that if you intend to purchase anything above the aggregate value of \$150,000, you must follow the formal procurement process per 2 CFR, Section 200.88.

The agreement must be signed by both the agency and the vendor. This agreement contains the requirements outlined in the *Code of Federal Regulations*. **No deletions of clauses or items are allowed without the approval of the Nutrition Services Division (NSD).** The Schedule B—Meal Pattern appropriate to your agency type is a required part of the agreement. Additional clauses may be added to bring the agreement into conformance with applicable state or local laws governing your agency.

If you are a public agency, you may use your customary form of contract **if that form incorporates all of the provisions set forth in 7 CFR, sections 226.6(i), 226.21, and 226.22.**

This agreement is **valid for one year only** (Example: January 5, 2017, through January 4, 2018). A new agreement must be executed annually. Submit a photocopy of each agreement to the CACFP for review **prior** to beginning program operations covered under the agreement. Copies of the completed agreement and all amendments must be retained by both the agency and the vendor. If only one original agreement is signed, we recommend that you retain it in your files.

If you have any questions regarding the use of this agreement or need clarification of the regulatory requirements for contracting, you can call the NSD at 916-445-0850 or 800-952-5609.

VENDOR #:

CNIPS ID #:

**STANDARD AGREEMENT TO FURNISH FOOD SERVICE
BETWEEN A CHILD AND ADULT CARE FOOD PROGRAM AGENCY
AND A FOOD SERVICE VENDOR**

THIS AGREEMENT IS ENTERED INTO ON THIS FIRST DAY OF April, 2025 BY
MONTH YEAR
AND BETWEEN Community Action Partnership of Kern HEREINAFTER REFERRED TO AS THE
NAME OF AGENCY
AGENCY, AND Stockton Community Kitchen HEREINAFTER REFERRED TO AS THE
NAME OF VENDOR/FOOD SERVICE MANAGEMENT COMPANY
VENDOR.

WHEREAS, IT IS NOT WITHIN THE CAPABILITY OF THE AGENCY TO PREPARE SPECIFIED MEALS UNDER THE CACFP FOR ENROLLED PARTICIPANTS; AND

WHEREAS, THE FACILITIES AND CAPABILITIES OF THE VENDOR ARE ADEQUATE TO PREPARE SPECIFIED MEALS FOR THE AGENCY'S FACILITY(IES); AND

WHEREAS, THE VENDOR IS WILLING TO PROVIDE SUCH SERVICES TO THE AGENCY ON A COST REIMBURSEMENT BASIS;

THEREFORE, BOTH PARTIES HERETO AGREE AS FOLLOWS:

THE VENDOR AGREES TO:

1. PREPARE THE MEALS (INCLUSIVE/EXCLUSIVE) OF MILK FOR California Street
NAME OF SITE (ATTACH SHEET IF MULTIPLE)
DELIVERY TO THE AGENCY AT 425 N. California Street, Stockton, CA 95202 BY 10:00 am
ADDRESS TIME
EACH Monday - Friday IN ACCORDANCE WITH THE NUMBER OF MEALS REQUESTED AND
* WEEKDAY OR SPECIFIC DAYS AS APPROPRIATE

AT THE COST(S) PER MEAL LISTED BELOW:

BREAKFAST	<u>\$ 3.26</u>	EACH	LUNCH	<u>\$ 5.31</u>	EACH
SUPPLEMENT/SNACK	<u>\$ 2.22</u>	EACH	SUPPER	<u>\$ N/A</u>	EACH

2. ASSURE THE AGENCY THAT NO TITLE III(C) FUNDS HAVE BEEN APPLIED TO THE COST OF OR TITLE III(C) COMMODITIES USED FOR THE PREPARATION OF THESE MEALS.

VENDOR #:

CNIPS ID #:

**STANDARD AGREEMENT TO FURNISH FOOD SERVICE
BETWEEN A CHILD AND ADULT CARE FOOD PROGRAM AGENCY
AND A FOOD SERVICE VENDOR**

THIS AGREEMENT IS ENTERED INTO ON THIS FIRST DAY OF April, 2025 BY
MONTH YEAR

AND BETWEEN Community Action Partnership of Kern HEREINAFTER REFERRED TO AS THE
NAME OF AGENCY

AGENCY, AND Stockton Community Kitchen HEREINAFTER REFERRED TO AS THE
NAME OF VENDOR/FOOD SERVICE MANAGEMENT COMPANY

VENDOR.

WHEREAS, IT IS NOT WITHIN THE CAPABILITY OF THE AGENCY TO PREPARE SPECIFIED MEALS UNDER THE CACFP FOR ENROLLED PARTICIPANTS; AND

WHEREAS, THE FACILITIES AND CAPABILITIES OF THE VENDOR ARE ADEQUATE TO PREPARE SPECIFIED MEALS FOR THE AGENCY'S FACILITY(IES); AND

WHEREAS, THE VENDOR IS WILLING TO PROVIDE SUCH SERVICES TO THE AGENCY ON A COST REIMBURSEMENT BASIS;

THEREFORE, BOTH PARTIES HERETO AGREE AS FOLLOWS:

THE VENDOR AGREES TO:

1. PREPARE THE MEALS (INCLUSIVE/EXCLUSIVE) OF MILK FOR Gianone
NAME OF SITE (ATTACH SHEET IF MULTIPLE)
- DELIVERY TO THE AGENCY AT 1509 N Golden Gate, Stockton, CA BY 10:00 am
ADDRESS TIME
- EACH Monday - Friday IN ACCORDANCE WITH THE NUMBER OF MEALS REQUESTED AND
* WEEKDAY OR SPECIFIC DAYS AS APPROPRIATE
- AT THE COST(S) PER MEAL LISTED BELOW:

BREAKFAST	<u>\$ 3.26</u>	EACH	LUNCH	<u>\$ 5.31</u>	EACH
SUPPLEMENT/SNACK	<u>\$ 2.22</u>	EACH	SUPPER	<u>\$ N/A</u>	EACH

2. ASSURE THE AGENCY THAT NO TITLE III(C) FUNDS HAVE BEEN APPLIED TO THE COST OF OR TITLE III(C) COMMODITIES USED FOR THE PREPARATION OF THESE MEALS.

VENDOR #:

CNIPS ID #:

**STANDARD AGREEMENT TO FURNISH FOOD SERVICE
BETWEEN A CHILD AND ADULT CARE FOOD PROGRAM AGENCY
AND A FOOD SERVICE VENDOR**

THIS AGREEMENT IS ENTERED INTO ON THIS FIRST DAY OF April, 2025 BY
MONTH YEAR

AND BETWEEN Community Action Partnership of Kern HEREINAFTER REFERRED TO AS THE
NAME OF AGENCY

AGENCY, AND Stockton Community Kitchen HEREINAFTER REFERRED TO AS THE
NAME OF VENDOR/FOOD SERVICE MANAGEMENT COMPANY

VENDOR.

WHEREAS, IT IS NOT WITHIN THE CAPABILITY OF THE AGENCY TO PREPARE SPECIFIED MEALS UNDER THE CACFP FOR ENROLLED PARTICIPANTS; AND

WHEREAS, THE FACILITIES AND CAPABILITIES OF THE VENDOR ARE ADEQUATE TO PREPARE SPECIFIED MEALS FOR THE AGENCY'S FACILITY(IES); AND

WHEREAS, THE VENDOR IS WILLING TO PROVIDE SUCH SERVICES TO THE AGENCY ON A COST REIMBURSEMENT BASIS;

THEREFORE, BOTH PARTIES HERETO AGREE AS FOLLOWS:

THE VENDOR AGREES TO:

1. PREPARE THE MEALS (INCLUSIVE/EXCLUSIVE) OF MILK FOR Kennedy
NAME OF SITE (ATTACH SHEET IF MULTIPLE)
- DELIVERY TO THE AGENCY AT 2800 D. Street Stockton, CA 95206 BY 10:00 am
ADDRESS TIME
- EACH Monday - Friday IN ACCORDANCE WITH THE NUMBER OF MEALS REQUESTED AND
* WEEKDAY OR SPECIFIC DAYS AS APPROPRIATE

AT THE COST(S) PER MEAL LISTED BELOW:

BREAKFAST	<u>\$ 3.26</u>	EACH	LUNCH	<u>\$ 5.31</u>	EACH
SUPPLEMENT/SNACK	<u>\$ 2.22</u>	EACH	SUPPER	<u>\$ N/A</u>	EACH

2. ASSURE THE AGENCY THAT NO TITLE III(C) FUNDS HAVE BEEN APPLIED TO THE COST OF OR TITLE III(C) COMMODITIES USED FOR THE PREPARATION OF THESE MEALS.

VENDOR #:

CNIPS ID #:

**STANDARD AGREEMENT TO FURNISH FOOD SERVICE
BETWEEN A CHILD AND ADULT CARE FOOD PROGRAM AGENCY
AND A FOOD SERVICE VENDOR**

THIS AGREEMENT IS ENTERED INTO ON THIS FIRST DAY OF April, 2025 BY
MONTH YEAR
AND BETWEEN Community Action Partnership of Kern HEREINAFTER REFERRED TO AS THE
NAME OF AGENCY
AGENCY, AND Stockton Community Kitchen HEREINAFTER REFERRED TO AS THE
NAME OF VENDOR/FOOD SERVICE MANAGEMENT COMPANY
VENDOR.

WHEREAS, IT IS NOT WITHIN THE CAPABILITY OF THE AGENCY TO PREPARE SPECIFIED MEALS UNDER THE CACFP FOR ENROLLED PARTICIPANTS; AND

WHEREAS, THE FACILITIES AND CAPABILITIES OF THE VENDOR ARE ADEQUATE TO PREPARE SPECIFIED MEALS FOR THE AGENCY'S FACILITY(IES); AND

WHEREAS, THE VENDOR IS WILLING TO PROVIDE SUCH SERVICES TO THE AGENCY ON A COST REIMBURSEMENT BASIS;

THEREFORE, BOTH PARTIES HERETO AGREE AS FOLLOWS:

THE VENDOR AGREES TO:

1. PREPARE THE MEALS (INCLUSIVE/EXCLUSIVE) OF MILK FOR Lodi UCC
NAME OF SITE (ATTACH SHEET IF MULTIPLE)
DELIVERY TO THE AGENCY AT 701 S. Hutchins Street Lodi, CA 95240 BY 10:00 am
ADDRESS TIME
EACH Monday - Friday IN ACCORDANCE WITH THE NUMBER OF MEALS REQUESTED AND
* WEEKDAY OR SPECIFIC DAYS AS APPROPRIATE

AT THE COST(S) PER MEAL LISTED BELOW:

BREAKFAST	<u>\$ 3.26</u>	EACH	LUNCH	<u>\$ 5.31</u>	EACH
SUPPLEMENT/SNACK	<u>\$ 2.22</u>	EACH	SUPPER	<u>\$ N/A</u>	EACH

2. ASSURE THE AGENCY THAT NO TITLE III(C) FUNDS HAVE BEEN APPLIED TO THE COST OF OR TITLE III(C) COMMODITIES USED FOR THE PREPARATION OF THESE MEALS.

VENDOR #:

CNIPS ID #:

**STANDARD AGREEMENT TO FURNISH FOOD SERVICE
BETWEEN A CHILD AND ADULT CARE FOOD PROGRAM AGENCY
AND A FOOD SERVICE VENDOR**

THIS AGREEMENT IS ENTERED INTO ON THIS FIRST DAY OF April, 2025 BY
MONTH YEAR
AND BETWEEN Community Action Partnership of Kern HEREINAFTER REFERRED TO AS THE
NAME OF AGENCY
AGENCY, AND Stockton Community Kitchen HEREINAFTER REFERRED TO AS THE
NAME OF VENDOR/FOOD SERVICE MANAGEMENT COMPANY
VENDOR.

WHEREAS, IT IS NOT WITHIN THE CAPABILITY OF THE AGENCY TO PREPARE SPECIFIED MEALS UNDER THE CACFP FOR ENROLLED PARTICIPANTS; AND

WHEREAS, THE FACILITIES AND CAPABILITIES OF THE VENDOR ARE ADEQUATE TO PREPARE SPECIFIED MEALS FOR THE AGENCY'S FACILITY(IES); AND

WHEREAS, THE VENDOR IS WILLING TO PROVIDE SUCH SERVICES TO THE AGENCY ON A COST REIMBURSEMENT BASIS;

THEREFORE, BOTH PARTIES HERETO AGREE AS FOLLOWS:

THE VENDOR AGREES TO:

1. PREPARE THE MEALS (INCLUSIVE/EXCLUSIVE) OF MILK FOR Marci Massei
NAME OF SITE (ATTACH SHEET IF MULTIPLE)
DELIVERY TO THE AGENCY AT 236 W. 4th Street, Stockton, CA 95206 BY 10:00 am
ADDRESS TIME
EACH Monday - Friday IN ACCORDANCE WITH THE NUMBER OF MEALS REQUESTED AND
* WEEKDAY OR SPECIFIC DAYS AS APPROPRIATE

AT THE COST(S) PER MEAL LISTED BELOW:

BREAKFAST	<u>\$ 3.26</u>	EACH	LUNCH	<u>\$ 5.31</u>	EACH
SUPPLEMENT/SNACK	<u>\$ 2.22</u>	EACH	SUPPER	<u>\$ N/A</u>	EACH

2. ASSURE THE AGENCY THAT NO TITLE III(C) FUNDS HAVE BEEN APPLIED TO THE COST OF OR TITLE III(C) COMMODITIES USED FOR THE PREPARATION OF THESE MEALS.

VENDOR #:

CNIPS ID #:

**STANDARD AGREEMENT TO FURNISH FOOD SERVICE
BETWEEN A CHILD AND ADULT CARE FOOD PROGRAM AGENCY
AND A FOOD SERVICE VENDOR**

THIS AGREEMENT IS ENTERED INTO ON THIS FIRST DAY OF April, 2025 BY
MONTH YEAR
AND BETWEEN Community Action Partnership of Kern HEREINAFTER REFERRED TO AS THE
NAME OF AGENCY
AGENCY, AND Stockton Community Kitchen HEREINAFTER REFERRED TO AS THE
NAME OF VENDOR/FOOD SERVICE MANAGEMENT COMPANY
VENDOR.

WHEREAS, IT IS NOT WITHIN THE CAPABILITY OF THE AGENCY TO PREPARE SPECIFIED MEALS UNDER THE CACFP FOR ENROLLED PARTICIPANTS; AND

WHEREAS, THE FACILITIES AND CAPABILITIES OF THE VENDOR ARE ADEQUATE TO PREPARE SPECIFIED MEALS FOR THE AGENCY'S FACILITY(IES); AND

WHEREAS, THE VENDOR IS WILLING TO PROVIDE SUCH SERVICES TO THE AGENCY ON A COST REIMBURSEMENT BASIS;

THEREFORE, BOTH PARTIES HERETO AGREE AS FOLLOWS:

THE VENDOR AGREES TO:

1. PREPARE THE MEALS (INCLUSIVE/EXCLUSIVE) OF MILK FOR Lathrop
NAME OF SITE (ATTACH SHEET IF MULTIPLE)
DELIVERY TO THE AGENCY AT 850 J Street, Lathrop, CA 95330 BY 10:00 am
ADDRESS TIME
EACH Monday – Friday IN ACCORDANCE WITH THE NUMBER OF MEALS REQUESTED AND
* WEEKDAY OR SPECIFIC DAYS AS APPROPRIATE
AT THE COST(S) PER MEAL LISTED BELOW:

BREAKFAST	<u>\$ 3.26</u>	EACH	LUNCH	<u>\$ 5.31</u>	EACH
SUPPLEMENT/SNACK	<u>\$ 2.22</u>	EACH	SUPPER	<u>\$ N/A</u>	EACH
2. ASSURE THE AGENCY THAT NO TITLE III(C) FUNDS HAVE BEEN APPLIED TO THE COST OF OR TITLE III(C) COMMODITIES USED FOR THE PREPARATION OF THESE MEALS.

VENDOR #:

CNIPS ID #:

**STANDARD AGREEMENT TO FURNISH FOOD SERVICE BETWEEN A
CHILD AND ADULT CARE FOOD PROGRAM AGENCY
AND A FOOD SERVICE VENDOR**

THIS AGREEMENT IS ENTERED INTO ON THIS FIRST DAY OF April, 2025 BY
MONTH YEAR
AND BETWEEN Community Action Partnership of Kern HEREINAFTER REFERRED TO AS THE
NAME OF AGENCY
AGENCY, AND Stockton Community Kitchen HEREINAFTER REFERRED TO AS THE
NAME OF VENDOR/FOOD SERVICE MANAGEMENT COMPANY
VENDOR.

WHEREAS, IT IS NOT WITHIN THE CAPABILITY OF THE AGENCY TO PREPARE SPECIFIED MEALS UNDER THE CACFP FOR ENROLLED PARTICIPANTS; AND

WHEREAS, THE FACILITIES AND CAPABILITIES OF THE VENDOR ARE ADEQUATE TO PREPARE SPECIFIED MEALS FOR THE AGENCY'S FACILITY(IES); AND

WHEREAS, THE VENDOR IS WILLING TO PROVIDE SUCH SERVICES TO THE AGENCY ON A COST REIMBURSEMENT BASIS;

THEREFORE, BOTH PARTIES HERETO AGREE AS FOLLOWS:

THE VENDOR AGREES TO:

1. PREPARE THE MEALS (INCLUSIVE/EXCLUSIVE) OF MILK FOR Tiny Powers
NAME OF SITE (ATTACH SHEET IF MULTIPLE)
DELIVERY TO THE AGENCY AT 115 S Powers Ave, Manteca, CA 95336 BY 10:00 am
ADDRESS TIME
EACH Monday – Friday IN ACCORDANCE WITH THE NUMBER OF MEALS REQUESTED AND
* WEEKDAY OR SPECIFIC DAYS AS APPROPRIATE

AT THE COST(S) PER MEAL LISTED BELOW:

BREAKFAST	<u>\$ 3.26</u>	EACH	LUNCH	<u>\$ 5.31</u>	EACH
SUPPLEMENT/SNACK	<u>\$ 2.22</u>	EACH	SUPPER	<u>\$ N/A</u>	EACH

2. ASSURE THE AGENCY THAT NO TITLE III(C) FUNDS HAVE BEEN APPLIED TO THE COST OF OR TITLE III(C) COMMODITIES USED FOR THE PREPARATION OF THESE MEALS.

**STANDARD AGREEMENT TO FURNISH FOOD SERVICE
BETWEEN A CHILD AND ADULT CARE FOOD PROGRAM AGENCY
AND A FOOD SERVICE VENDOR**

3. PROVIDE THE AGENCY, FOR APPROVAL, A PROPOSED MENU FOR EACH MONTH AT LEAST* 10 DAYS PRIOR TO THE BEGINNING OF THE MONTH TO WHICH THE MENU APPLIES. ANY CHANGES TO THE MENU MADE AFTER AGENCY APPROVAL, MUST BE AGREED UPON BY THE AGENCY AND DOCUMENTED ON THE MENU RECORDS.
4. ASSURE THAT EACH MEAL PROVIDED TO THE AGENCY UNDER THIS CONTRACT MEETS THE MINIMUM REQUIREMENTS AS TO THE NUTRITIONAL CONTENT AS SPECIFIED BY THE SCHEDULE B—MEAL PATTERN (ATTACHED) WHICH IS EXCERPTED FROM 7 *CFR*, SECTION 226.20.
5. MAINTAIN COST RECORDS SUCH AS INVOICES, RECEIPTS, AND/OR OTHER DOCUMENTATION THAT SHOWS THE PURCHASE, OR AVAILABILITY TO THE VENDOR, OF MEAL COMPONENTS, AS ITEMIZED IN THE MEAL PREPARATION RECORDS.
6. MAINTAIN FULL AND ACCURATE RECORDS WHICH DOCUMENT: (1) THE MENUS LISTING ALL MEALS PROVIDED TO THE AGENCY DURING THE TERM OF THIS CONTRACT; (2) A LISTING OF ALL NUTRITIONAL COMPONENTS OF EACH MEAL; AND (3) AN ITEMIZATION OF THE QUANTITIES OF EACH COMPONENT USED TO PREPARE SAID MEAL. THE VENDOR AGREES TO PROVIDE MEAL PREPARATION DOCUMENTATION BY USING YIELD FACTORS FOR EACH FOOD ITEM AS LISTED IN THE U. S. DEPARTMENT OF AGRICULTURE (USDA) FOOD BUYING GUIDE WHEN CALCULATING AND RECORDING THE QUANTITY OF FOOD PREPARED FOR EACH MEAL.
7. MAINTAIN, ON A DAILY BASIS, AN ACCURATE COUNT OF THE NUMBER OF MEALS, BY MEAL TYPE, PREPARED FOR THE AGENCY. MEAL COUNT DOCUMENTATION MUST INCLUDE THE NUMBER OF MEALS REQUESTED BY THE AGENCY.
8. ALLOW THE AGENCY TO INCREASE OR DECREASE THE NUMBER OF MEAL ORDERS, AS NEEDED, WHEN THE REQUEST IS MADE WITHIN* 40 HOURS OF THE SCHEDULED DELIVERY TIME.
9. PRESENT TO THE AGENCY AN INVOICE, ACCOMPANIED BY REPORTS, NO LATER THAN THE* 5TH DAY OF EACH MONTH THAT ITEMIZES THE PREVIOUS MONTH'S DELIVERY. THE VENDOR AGREES TO FORFEIT PAYMENT FOR MEALS WHICH ARE NOT READY WITHIN ONE HOUR OF THE AGREED UPON DELIVERY TIME, ARE SPOILED OR UNWHOLESOME AT THE TIME OF DELIVERY, OR DO NOT OTHERWISE MEET THE MEAL REQUIREMENTS CONTAINED IN THIS AGREEMENT.
10. PROVIDE THE AGENCY WITH A COPY OF CURRENT HEALTH CERTIFICATIONS FOR THE FOOD SERVICE FACILITY IN WHICH IT PREPARES MEALS FOR USE IN THE CACFP. THE VENDOR SHALL ENSURE THAT ALL HEALTH AND SANITATION REQUIREMENTS OF THE CALIFORNIA *RETAIL FOOD CODE* FACILITIES LAW AND CHAPTER 4 OF THE CALIFORNIA *HEALTH AND SAFETY CODE* ARE MET AT ALL TIMES.
11. OPERATE IN ACCORDANCE WITH CURRENT CACFP REGULATIONS.
12. RETAIN ALL REQUIRED RECORDS FOR A PERIOD OF THREE YEARS AFTER THE END OF THE FISCAL YEAR TO WHICH THEY PERTAIN (OR LONGER, IF AN AUDIT IS IN PROGRESS) AND, UPON REQUEST, MAKE ALL ACCOUNTS AND RECORDS PERTAINING TO THE AGREEMENT AVAILABLE TO THE AGENCY, REPRESENTATIVES OF THE CALIFORNIA DEPARTMENT OF EDUCATION, THE USDA, AND THE U.S. GENERAL ACCOUNTING OFFICE FOR AUDIT OR ADMINISTRATIVE REVIEW AT A REASONABLE TIME AND PLACE.
13. NOT SUBCONTRACT FOR THE TOTAL MEAL, WITH OR WITHOUT MILK, OR FOR THE ASSEMBLY OF THE MEAL.

*Negotiable time frame but should not be longer than 24 hours

**STANDARD AGREEMENT TO FURNISH FOOD SERVICE
BETWEEN A CHILD AND ADULT CARE FOOD PROGRAM AGENCY
AND A FOOD SERVICE VENDOR**

THE VENDOR CERTIFIES:

1. NEITHER IT NOR ITS PRINCIPALS ARE PRESENTLY DEBARRED, SUSPENDED, PROPOSED FOR DEBARMENT, DECLARED INELIGIBLE, OR VOLUNTARILY EXCLUDED FROM PARTICIPATION IN THIS TRANSACTION BY ANY FEDERAL DEPARTMENT OR AGENCY.

WHERE THE BIDDER IS UNABLE TO CERTIFY TO ANY OF THE STATEMENTS IN THIS CERTIFICATION, SUCH AGENCY SHALL ATTACH AN EXPLANATION TO THIS PROPOSAL.

2. AS REQUIRED BY THE STATE DRUG-FREE WORKPLACE ACT OF 1990 (*GOVERNMENT CODE*, SECTION 8350 ET. SEQ.) AND THE FEDERAL DRUG-FREE WORKPLACE ACT OF 1988, AND IMPLEMENTED AT TITLE 34, *CODE OF FEDERAL REGULATIONS* (34 *CFR*), PART 85, SUBPART F, FOR GRANTEEES, AS DEFINED AT 34 *CFR*, PART 85, SECTIONS 85.605 AND 85.610, THE BIDDER CERTIFIES THAT IT WILL CONTINUE TO PROVIDE A DRUG-FREE WORKPLACE.

THE AGENCY AGREES TO:

1. THE AGENCY SHALL PROVIDE THE VENDOR WITH A LIST OF APPROVED SERVING LOCATIONS TO BE FURNISHED MEALS BY THE VENDOR AND THE NUMBER OF MEALS, BY TYPE, TO BE DELIVERED TO EACH LOCATION.

2. REQUEST BY TELEPHONE NO LATER THAN 10:00am on Friday AN ACCURATE NUMBER OF
TIME OF DAY AND DAY OF WEEK

MEALS TO BE DELIVERED TO THE AGENCY ON EACH Tuesday & Friday. NOTIFY THE
WEEKDAY OR SPECIFIC DAYS AS APPROPRIATE

VENDOR OF NECESSARY INCREASES OR DECREASES IN THE NUMBER OF MEAL ORDERS WITHIN* 1 WEEK OF THE SCHEDULED DELIVERY TIME. ERRORS IN MEAL ORDER COUNTS MADE BY THE AGENCY SHALL BE THE RESPONSIBILITY OF THE AGENCY.

3. ENSURE THAT AN AGENCY REPRESENTATIVE RECEIVES THE MEALS FOR EACH SITE, AT THE SPECIFIED TIME ON EACH SPECIFIED DAY. THIS INDIVIDUAL WILL INSPECT AND SIGN FOR THE REQUESTED NUMBER OF MEALS. THIS INDIVIDUAL WILL VERIFY THE TEMPERATURE, QUALITY, AND QUANTITY OF EACH MEAL DELIVERED. THE AGENCY ASSURES THE VENDOR THAT THIS INDIVIDUAL WILL BE TRAINED AND KNOWLEDGEABLE IN THE RECORD KEEPING AND MEAL REQUIREMENTS OF THE CACFP, AND IN HEALTH AND SANITATION PRACTICES.

4. PROVIDE PERSONNEL TO SERVE MEALS, CLEAN THE SERVING AND EATING AREAS, AND ASSEMBLE TRANSPORT CARTS AND AUXILIARY ITEMS FOR RETURN TO THE VENDOR NO LATER THAN 12:00 noon.
TIME EACH DAY

5. NOTIFY THE VENDOR WITHIN 5 DAYS OF RECEIPT OF THE NEXT MONTH'S PROPOSED MENU OF ANY CHANGES, ADDITIONS, OR DELETIONS, WHICH WILL BE REQUIRED IN THE MENU REQUEST.

-
6. PROVIDE THE VENDOR WITH A COPY OF 7 *CFR*, PART 226; THE CACFP SCHEDULE B—MEAL PATTERN; AND ALL OTHER TECHNICAL ASSISTANCE MATERIALS PERTAINING TO THE FOOD SERVICE REQUIREMENTS OF THE CACFP. THE AGENCY WILL, WITHIN 24 HOURS OF RECEIPT FROM THE STATE AGENCY, ADVISE THE VENDOR OF ANY CHANGES IN THE FOOD SERVICE REQUIREMENTS OF THE CACFP.

**STANDARD AGREEMENT TO FURNISH FOOD SERVICE
BETWEEN A CHILD AND ADULT CARE FOOD PROGRAM AGENCY
AND A FOOD SERVICE VENDOR**

6. PAY THE VENDOR BY THE 30th DAY OF EACH MONTH THE FULL AMOUNT AS PRESENTED ON THE MONTHLY ITEMIZED INVOICE. THE AGENCY AGREES TO NOTIFY THE VENDOR WITHIN 48 HOURS OF RECEIPT OF ANY DISCREPANCY IN THE INVOICE.

TERMS OF THE AGREEMENT:

THIS AGREEMENT WILL TAKE EFFECT COMMENCING April 1, 2025 AND SHALL BE FOR A PERIOD
DATE
OF TWELVE MONTHS. IT MAY BE TERMINATED BY WRITTEN NOTIFICATION GIVEN BY EITHER PARTY HERETO TO THE OTHER PARTY AT
LEAST 30 DAYS PRIOR TO THE DATE OF TERMINATION.

SCHOOL FOOD AUTHORITY VENDING TO AN AGENCY:

PER 7 *CFR*, SECTION 226.20(i), AGENCIES WHO SERVE MEALS TO CHILDREN 5 YEARS AND OLDER AND VEND FROM A SCHOOL THAT PARTICIPATES IN THE NATIONAL SCHOOL LUNCH AND SCHOOL BREAKFAST PROGRAMS MAY USE THE NATIONAL SCHOOL LUNCH MEAL PATTERN. ENTER THE MEAL PATTERN YOU WILL USE: N/A

IN WITNESS WHEREOF, THE PARTIES HERETO HAVE EXECUTED THIS AGREEMENT AS OF THE DATES INDICATED BELOW:

VENDOR OFFICIAL SIGNATURE	AGENCY OFFICIAL SIGNATURE
VENDOR OFFICIAL NAME (PLEASE TYPE) RIMA BARKETT	AGENCY OFFICIAL NAME (PLEASE TYPE) Jeremy Tobias
TITLE PRESIDENT	TITLE Chief Executive Officer
PHONE NUMBER (209) 608-5455	PHONE NUMBER 661-336-5236 EXT. 1138
DATE	DATE

*** Vendor hereby acknowledges and agrees to the Additional Terms and Conditions contained in Attachment A to this contract and made a part hereof.

_____ Initial Date:

ATTACHMENT A
Community Action Partnership of Kern
Additional Terms and Conditions

1. **TAXES.** The Vendor is solely responsible to pay all taxes and comply with all Federal, State, and local laws, ordinances, rules, regulations and lawful orders bearing on the performance of work.

2. **ASSIGNMENT OF SUBCONTRACTING.** The Vendor may not assign or transfer the Agreement or any interest therein or claim thereunder, or subcontract any portion of the work thereunder, without the prior written approval of CAPK. If CAPK consents to such assignment or transfer, the terms and conditions of the Agreement shall be binding upon any assignee or transferee. Any transfer shall be considered an addendum to the Agreement and must be included as such.

3. **TERMINATION FOR CONVENIENCE OF CAPK.** CAPK may terminate the Agreement at any time by giving written notice to the Vendor of such termination and specifying the effective date thereof. In that event, all finished or unfinished documents and other materials as described herein, at the option of CAPK, shall become its property. If the Agreement is terminated by CAPK as provided herein, the Vendor shall be entitled to receive just and equitable compensation for any satisfactory work completed on such documents and other materials. The Vendor hereby expressly waives any and all claims for damages or compensation arising under the Agreement except as set forth in this section in the event of such termination.

4. **CHANGES.** CAPK may from time to time, require changes in the scope of the services of the Vendor to be performed hereunder. Such changes, including any increase or decrease in the amount of the Vendor's compensation which are mutually agreed upon by and between CAPK and the Vendor, shall be effective when incorporated in written amendments to the Agreement. Amendments shall be valid only after approval by Vendor and CAPK's Executive Director.

5. **CLAIMS.** All claims for money due or to become due to the Vendor from CAPK under the Agreement may not be assigned to a bank, trust company, or other financial institution without CAPK approval. Notice or requests of any such assignment or transfer shall be furnished promptly in writing to CAPK.

6. **NOTICE.** Any notice or notices required or permitted to be given pursuant to the Agreement may be personally served on the other party by the party giving such notice, or may be served by certified mail, return receipt requested.

7. **AFFIRMATIVE ACTION.** The Vendor agrees to abide by all State and Federal Affirmative Action policies and laws.

8. **DISPUTE RESOLUTION.** Any dispute arising regarding the interpretation or implementation of the Agreement, including any claims for breach of the Agreement, shall be resolved by submitting the claim for arbitration to the American Arbitration Association in accordance with its rules and procedures applicable to commercial disputes. The location of any arbitration hearing shall be Bakersfield, California, and any enforcement of the arbitrator's decision shall be brought in the Superior Court of the County of Kern, Bakersfield, California.

9. **EQUAL EMPLOYMENT OPPORTUNITY.** All hiring and other employment practices by the Vendor shall be non-discriminatory, based on merit and qualifications without regard to race, color, religion, national origin, ancestry, disability, medical condition, marital status, age or sex.

10. **SBE/MBE/WBE POLICY STATEMENT.** It is the policy of Community Action Partnership of Kern, consistent with Federal, State and local laws, to promote and encourage the development, participation, and continued expansion of Small Business Enterprises, Minority Business Enterprises and Women's Business Enterprises.

11. CONFIDENTIALITY. The Vendor shall use his or her best efforts to keep confidential any information obtained during the performance of the Agreement.

12. RESPONSIBILITY. If Vendor is part of a corporation, the individual or individuals who sign the Agreement on behalf of the corporation are jointly responsible for performance of the Agreement.

13. PROTEST BY VENDOR: If the Vendor wishes to file a protest against CAPK for any action, the Vendor must do so in writing with CAPK within 72 hours after the action to be protested has occurred. All protests will be taken under advisement. Any protests received after that will not be recognized.

14. CONFLICT OF INTEREST: In accordance with California Public Contract Code 10410, no officer or employee of CAPK shall engage in any employment, activity or enterprise from which the officer or employee receives compensation or has a financial interest in the Agreement, which may be in whole, or in part, sponsored or funded by a Local, State, or Federal agency. Also, no relative of an employee of CAPK may enter into or bid on an Agreement while said employee is still employed by CAPK. No relative of an employee of CAPK may bid on an Agreement until 12 months after the date said employee of CAPK has left employment of CAPK, either voluntarily or involuntarily. It is contrary to CAPK policy for any CAPK employee to personally solicit, demand or receive any gratuity of any kind from a Vendor in connection with any decision affecting a CAPK purchase or Agreement for Goods or Services. Thus, if such a case were to occur, the Vendor may file a protest with CAPK as specified in the section titled "Protest by Vendor."

15. DEBARMENT AND SUSPENSION CERTIFICATION: Vendor, under penalty of perjury, certified that, except as noted below, he/she or any person associated therewith in the capacity of owner, partner, director, officer, manager:

- a. Is not currently under suspension, debarment, voluntary exclusion, or determination of ineligibility by any federal agency;
- b. Has not been suspended, debarred, voluntarily excluded or determined ineligible by any federal agency within the past three (3) years;
- c. Does not have a proposed debarment pending; and
- d. Has not been indicted, convicted, or had a civil judgment rendered against it by a court of competent jurisdiction in any matter involving fraud or official misconduct within the past three (3) years.

If there are any exceptions to the Certifications above, insert the exceptions in the following space:

Exceptions will not necessarily result in denial of award but will be considered in determining Vendor responsibility. For any exception noted above, indicate below to whom it applies, initiating agency, and dates of action.

Note: Providing false information may result in criminal prosecution or administrative sanctions.

16. WORKER'S COMPENSATION: Labor Code Section 3700 provides:

"Every employer except the State and all political subdivisions or institutions thereof, shall secure the payment of compensation in one or more of the following ways:

"(a) By being insured against liability to pay compensation in one or to more than one of the insurers duly authorized to write compensation insurance in this State.

"(b) By securing from the Director of Industrial Relations a certificate of consent to self-insure, which may be given upon furnishing proof satisfactory to the Director of Industrial Relations of ability to self-insure and to pay any compensation that may become due to his employees."

Vendor is aware of the provisions of Section 3700 of the Labor Code which require every employer to be insured against liability for Worker's Compensation or to undertake self-insurance in accordance with the provisions of that Code, and Vendor will comply with those provisions before commencing the performance of the work of the Agreement.

(In accordance with Article 5 [commencing at Section 1860], Chapter 1, Part 7, Division 2 of the Labor Code, this certificate must be signed and filed with the awarding body prior to performing any work under the Agreement.)

17. INSURANCE REQUIREMENTS: Vendor shall procure, furnish and maintain for the duration of the Agreement the following types and limits of insurance herein:

- a. Automobile Liability Insurance, providing coverage on an occurrence basis for bodily injury, including death, of one or more persons, property damage and personal injury, with limits of not less than One Million Dollars (\$1,000,000) per occurrence; and the policy shall:
- b. Provide coverage for owned, non-owned and hired autos.
- c. Contain an additional insured endorsement in favor of Community Action Partnership of Kern, its board, officers, agents, employees and volunteers.
- d. Broad Form Commercial General Liability Insurance, ISO form CG00 01 11 85 or 88 providing coverage on an occurrence basis for bodily injury, including death, of one or more persons, property damage and personal injury, with limits of not less than One Million Dollars (\$1,000,000) per occurrence; and the policy shall:
- e. Provide Contractual Liability coverage for the terms of the Agreement.
- f. Contain an additional insured endorsement in favor in favor of Community Action Partnership of Kern, its board, officers, agents, employees and volunteers.
- g. Workers' compensation insurance with statutory limits and employer's liability insurance with limits of not less than One Million Dollars (\$1,000,000) per occurrence; and the policy shall contain a waiver of subrogation endorsement in favor of Community Action Partnership of Kern, its board, officers, agents, employees and volunteers.

All policies required of the Vendor shall be primary insurance as to Community Action Partnership of Kern, its board, officers, agents employees and volunteers and any insurance or self-insurance maintained by Community Action Partnership of Kern, its board, officers, agents employees and designated volunteers shall be in excess of the Vendor's insurance and shall not contribute with it. Additional insured endorsement shall use ISO form CG20 10 11 85 (in no event with an edition date later than 1990).

Insurance is to be placed with insurers with a Best's rating of no less than A: VII. Any deductibles, self-insured retentions or insurance in lesser amounts, or lack of certain types of insurance otherwise required by the Agreement, or insurance rated below Best's A:VII, must be declared prior to execution of the Agreement and approved by CAPK in writing.

All policies shall contain an endorsement providing Community Action Partnership of Kern with thirty (30) days written notice of cancellation or material change in policy language or terms. All policies shall provide that there shall be continuing liability thereon, notwithstanding any recovery on any policy. The insurance required hereunder shall be maintained until all work required to be performed by the Agreement is satisfactorily completed.

Vendor shall furnish CAPK with a certificate of insurance and required endorsements evidencing the insurance required. CAPK may withdraw its offer of an Agreement or cancel the Agreement if certificates of insurance and endorsements required have not been provided prior to the execution of the Agreement.

Signature

Date

Print Name

SCHEDULE B—NSD 2050B

**CHILD AND ADULT CARE FOOD PROGRAM
MEAL PATTERN FOR INFANTS**

	BIRTH THROUGH FIVE MONTHS	SIX THROUGH ELEVEN MONTHS
BREAKFAST, LUNCH, AND SUPPER	4 TO 6 FLUID (FL) OUNCE (OZ) BREAST MILK ¹ OR FORMULA ²	6 TO 8 FL OZ BREAST MILK ¹ OR FORMULA ² AND 0 TO 4 TABLESPOON (TBSP) INFANT CEREAL ^{2, 3} MEAT, FISH, POULTRY, WHOLE EGG, COOKED DRY BEANS OR COOKED DRY PEAS OR 0 TO 2 OZ CHEESE OR 0 TO 4 OZ YOGURT ⁴ OR (½ CUP) COMBINATION OF THE ABOVE ⁵ AND 0 TO 2 TBSP FRUIT, VEGETABLE, OR COMBINATION OF BOTH ^{5, 6}
SNACK	4 TO 6 FL OZ BREAST MILK ¹ OR FORMULA ²	2 TO 4 FL OZ BREAST MILK ¹ OR FORMULA ² AND 0 TO ½ SLICE BREAD ^{3, 7} OR 0 TO 2 CRACKERS ^{3, 7} OR 0 TO 4 TBSP INFANT CEREAL ^{2, 3, 7} OR READY-TO-EAT BREAKFAST CEREAL ^{3, 5, 7, 8} AND 0 TO 2 TBSP FRUIT, VEGETABLE, OR COMBINATION OF BOTH ^{5, 6}

¹ Breastmilk or formula, or portions of both, must be served; however, it is recommended that breastmilk be served in place of formula from birth through 11 months. For some breastfed infants who regularly consume less than the minimum amount of breastmilk per feeding, a serving of less than the minimum amount of breastmilk may be offered, with additional breastmilk offered at a later time if the infant will consume more.

² Infant formula and dry infant cereal must be iron-fortified.

³ Beginning October 1, 2019, oz equivalents (eq) are used to determine the quantity of credible grains.

⁴ Yogurt must contain no more than 23 grams (g) of total sugars per 6 oz.

⁵ A serving of this component is required when the infant is developmentally ready to accept it.

⁶ Fruit and vegetable juices must not be served.

⁷ A serving of grains must be whole grain-rich (WGR), enriched meal, or enriched flour.

⁸ Breakfast cereals must contain no more than 6g of sugar per dry oz (no more than 21 g sucrose and other sugars per 100 g of dry cereal).

SCHEDULE B—NSD 2050B

**CHILD AND ADULT CARE FOOD PROGRAM
MEAL PATTERN FOR OLDER CHILDREN**

BREAKFAST (SELECT ALL THREE COMPONENTS)¹	AGES 1–2	AGES 3–5	AGES 6–12	AGES 13–18²
MILK, FL ³	½ CUP (4 OZ)	¾ CUP (6 OZ)	1 CUP (8 OZ)	1 CUP (8 OZ)
VEGETABLE, FRUIT, OR BOTH ⁴	¼ CUP	½ CUP	½ CUP	½ CUP
GRAINS ^{5, 6, 7} WGR OR ENRICHED BREAD OR WGR OR ENRICHED BISCUIT, ROLL, MUFFIN, ETC. OR WGR, ENRICHED, OR FORTIFIED COOKED BREAKFAST CEREAL ⁸ , CEREAL GRAIN, AND/OR PASTA OR WGR, ENRICHED OR FORTIFIED READY-TO-EAT BREAKFAST CEREAL (DRY COLD) ^{8, 9} FLAKES OR ROUNDS PUFFED CEREAL GRANOLA	½ SLICE ½ SERVING ¼ CUP ½ CUP ¾ CUP ⅞ CUP	½ SLICE ½ SERVING ¼ CUP ½ CUP ¾ CUP ⅞ CUP	1 SLICE 1 SERVING ½ CUP 1 CUP 1¼ CUP ¼ CUP	1 SLICE 1 SERVING ½ CUP 1 CUP 1¼ CUP ¼ CUP
LUNCH OR SUPPER (SELECT ALL FIVE COMPONENTS)¹				
MILK, FL ³	½ CUP	¾ CUP	1 CUP	1 CUP
VEGETABLES ⁴	⅞ CUP	¼ CUP	½ CUP	½ CUP
FRUITS ^{4, 10}	⅞ CUP	¼ CUP	¼ CUP	¼ CUP
GRAINS ^{6, 7} WGR OR ENRICHED BREAD OR WGR OR ENRICHED BISCUIT, ROLL, MUFFIN, ETC. WGR, ENRICHED OR FORTIFIED COOKED BREAKFAST CEREAL ⁸ , CEREAL GRAIN, AND/OR PASTA	½ SLICE ½ SERVING ¼ CUP	½ SLICE ½ SERVING ¼ CUP	1 SLICE 1 SERVING ½ CUP	1 SLICE 1 SERVING ½ CUP
MEAT/MEAT ALTERNATES (M/MA) LEAN MEAT, FISH, OR POULTRY OR TOFU, SOY PRODUCT, OR ALTERNATE PROTEIN PRODUCTS ¹¹ OR CHEESE OR EGG (LARGE) OR COOKED DRY BEANS OR DRY PEAS ¹⁴ OR PEANUT BUTTER, SOY NUT BUTTER, OR OTHER NUT OR SEED BUTTERS OR PEANUTS, SOY NUTS, TREE NUTS, OR SEEDS ¹³ OR YOGURT, PLAIN OR FLAVORED, UNSWEETENED OR SWEETENED ¹⁴	1 OZ 1 OZ 1 OZ ½ EGG ¼ CUP 2 TBSP ½ OZ ½ CUP OR 4 OZ	1½ OZ 1½ OZ 1½ OZ ¾ EGG ¾ CUP 3 TBSP ¾ OZ ¾ CUP OR 6 OZ	2 OZ 2 OZ 2 OZ 1 EGG ½ CUP 4 TBSP 1 OZ 1 CUP OR 8 OZ	2 OZ 2 OZ 2 OZ 1 EGG ½ CUP 4 TBSP 1 OZ 1 CUP OR 8 OZ

SCHEDULE B—NSD 2050B

**CHILD AND ADULT CARE FOOD PROGRAM
MEAL PATTERN FOR OLDER CHILDREN**

SNACKS (SELECT TWO OF THESE FIVE COMPONENTS)¹⁵	AGES 1–2	AGES 3–5	AGES 6–12	AGES 13–18²
MILK, FL ³	½ CUP (4 OZ)	½ CUP (4 OZ)	1 CUP (8 OZ)	1 CUP (8 OZ)
VEGETABLES ⁴	½ CUP	½ CUP	¾ CUP	¾ CUP
FRUITS ⁴	½ CUP	½ CUP	¾ CUP	¾ CUP
GRAINS ^{6, 7} WGR OR ENRICHED BREAD OR WGR OR ENRICHED BISCUIT, ROLL, MUFFIN, ETC. OR WGR, ENRICHED, OR FORTIFIED COOKED BREAKFAST CEREAL ⁸ , CEREAL GRAIN, AND/OR PASTA OR WGR, ENRICHED, OR FORTIFIED READY-TO-EAT BREAKFAST CEREAL (DRY COLD) ^{8, 9} FLAKES OR ROUNDS PUFFED CEREAL GRANOLA	½ SLICE ½ SERVING ¼ CUP ½ CUP ¾ CUP ⅛ CUP	½ SLICE ½ SERVING ¼ CUP ½ CUP ¾ CUP ⅛ CUP	1 SLICE 1 SERVING ½ CUP 1 CUP 1¼ CUP ¼ CUP	1 SLICE 1 SERVING ½ CUP 1 CUP 1¼ CUP ¼ CUP
M/MA LEAN MEAT, FISH, OR POULTRY OR TOFU, SOY PRODUCT, OR ALTERNATE PROTEIN PRODUCTS ¹¹ OR CHEESE OR EGG (LARGE) OR YOGURT, PLAIN OR FLAVORED, UNSWEETENED OR SWEETENED ^{14, 16} OR COOKED DRY BEANS OR DRY PEAS ¹⁴ OR PEANUT BUTTER, SOY NUT BUTTER, OR OTHER NUT OR SEED BUTTERS OR PEANUTS, SOY NUTS, TREE NUTS, OR SEEDS	½ OZ ½ OZ ½ OZ ½ EGG ¼ CUP ⅛ CUP 1 TBSP ½ OZ	½ OZ ½ OZ ½ OZ ½ EGG ¼ CUP ⅛ CUP 1 TBSP ½ OZ	1 OZ 1 OZ 1 OZ ½ EGG ½ CUP ¼ CUP 2 TBSP 1 OZ	1 OZ 1 OZ 1 OZ ½ EGG ½ CUP ¼ CUP 2 TBSP 1 OZ

¹ Offer versus serve is an option for at-risk afterschool participants only.

² Age group applies to at-risk programs and emergency shelters. Larger portion sizes than specified may need to be served to children ages 13–18 to meet their nutritional needs.

³ Must serve unflavored whole milk to children age one. Must serve unflavored low-fat (1 percent) or unflavored fat-free (skim) milk for children ages 2–5. Must serve unflavored low-fat (1 percent), unflavored fat-free (skim), or flavored fat-free (skim) milk to children six years and older.

⁴ Pasteurized full-strength juice may only be used to meet the vegetable or fruit requirement at one meal, including snack, per day.

⁵ M/MA may be used to meet the entire grains requirement a maximum of three times a week for breakfast. One oz of M/MA is equal to 1 oz eq of grains.

⁶ At least one serving per day, across all eating occasions, must be WGR. Grain-based desserts do not count towards meeting the grains requirement.

⁷ Beginning October 1, 2019, oz eq are used to determine the quantity of creditable grains.

⁸ Breakfast cereals must contain no more than 6 g of sugar per dry oz (no more than 21.2 g sucrose and other sugars per 100 g of dry cereal).

⁹ Beginning October 1, 2019, the minimum serving size specified in this section for ready-to-eat breakfast cereals must be served. Until October 1, 2019, the minimum serving size for any type of ready-to-eat breakfast cereals is ¼ cup for children ages 1–2; ½ cup for children ages 3–5; and ¾ cup for children ages 6–18.

¹⁰ A vegetable may be used to meet the entire fruit requirement. When two vegetables are served at lunch or supper, two different types of vegetables must be served.

¹¹ Alternate protein products must meet the requirements in Appendix A per 7 CFR, Section 226.20.

¹² Cooked dry beans or dry peas may be used as a meat alternate or as a vegetable component; but **cannot** be counted as both components in the same meal.

¹³ No more than 50 percent of the requirement shall be met with nuts (peanuts, soy nuts, tree nuts) or seeds. Nuts or seeds shall be combined with another M/MA to fulfill the requirement. To determine combinations, 1 oz of nuts or seeds is equal to 1 oz of cooked lean meat, poultry, or fish.

¹⁴ Yogurt must contain no more than 23 g of total sugars per 6 oz.

¹⁵ Juice cannot be served when milk is served as the only other component.

¹⁶ Commercially added fruit or nuts in flavored yogurt cannot be used to satisfy the second component requirement in snacks.

**Child and Adult Care Food Program
Meal Pattern for Adults: Schedule B
NSD 7050 B**

Breakfast		
Milk¹, Fluid (fl)	Milk¹, fl	1 cup ²
Vegetable/Fruit³	Vegetables/Fruits³ , or portions of both	½ cup
Grains {ounce (oz) equivalent (eq)}^{4, 5, 6}	- Whole grain-rich (WGR) or enriched bread - WGR or enriched bread product, such as rolls, muffins, or biscuits - WGR, enriched or fortified cooked breakfast cereal⁷, cereal grain, and/or pasta - WGR, enriched or fortified ready-to-eat breakfast cereal (dry, cold)^{7, 8} - Flakes or rounds - Puffed cereal - Granola	2 slices 2 servings 1 cup 2 cup 2½ cup ½ cup
Lunch or Supper		
Milk¹, fl	Milk¹, fl (lunch only—milk is not required for supper)	1 cup ²
Vegetable³	Vegetables³	½ cup
Fruit^{3, 9}	Fruits^{3, 9}	½ cup
Grains (oz eq)^{4, 6}	- WGR or enriched bread - WGR or enriched bread product, such as rolls, muffins, or biscuits - WGR, enriched, or fortified cooked breakfast cereal⁷, cereal grain, and/or pasta	2 slices 2 servings 1 cup
Meat/Meat Alternates (M/MA)¹⁰ Lean Meat, Fish, Poultry (edible portion) or one of the following:	- Lean meat, fish, poultry - Tofu, soy product, or alternate protein product¹¹ - Cheese - Yogurt, plain or flavored, sweetened or unsweetened¹² - Egg (large) - Cooked dry beans or peas - Peanut butter, soy nut butter, other nut or seed butters - Peanuts, soy nuts, tree nuts, seeds, or whole roasted peas	2 oz 2 oz 2 oz 1 cup or 8 oz 1 egg ½ cup 4 tablespoon (tbsp) 1 oz = 50%
AM or PM Snack (select two different food components)		
Milk¹, fl	Milk¹, fl	1 cup
Vegetable³	Vegetables³	½ cup
Fruit³	Fruits³	½ cup
Grains (oz eq)^{4, 6}	- WGR or enriched bread - WGR or enriched bread product, such as rolls, muffins, or biscuits - WGR, enriched, or fortified cooked breakfast cereal⁷, cereal grain, and/or pasta - WGR, enriched, or fortified ready-to-eat breakfast cereal (dry, cold)^{7, 8} - Flakes or rounds - Puffed cereal - Granola	1 slice 1 serving ½ cup 1 cup 1¼ cup ¼ cup

**Child and Adult Care Food Program
Meal Pattern for Adults: Schedule B
NSD 7050 B**

M/MA¹⁰ Lean Meat, Fish, Poultry or one of the following:	• Lean meat, fish, poultry • Tofu, soy product, or alternate protein product¹¹ • Cheese • Yogurt, plain or flavored, sweetened or unsweetened¹² • Egg (large) • Cooked dry beans or peas • Peanut butter, soy nut butter, other nut, or seed butters • Peanuts, soy nuts, tree nuts, seeds, or whole roasted peas	1 oz 1 oz 1 oz ½ cup or 4 oz ½ egg ¼ cup 2 tbsp 1 oz

Participants may be served larger portions, but shall not be served less than the minimum quantities specified.

Definitions

1. Milk: Serve 1 cup (8 oz) of fl milk as a beverage or on cereal.

- Fluid milk is defined as pasteurized, unflavored or flavored, fat-free, low-fat, or reduced-fat milk.
- Acidified milk, cultured buttermilk, or lactose-reduced milk may also be served.
- All milk must be fortified with vitamins A and D and meet state and local standards.
- Milk is an optional food component at supper.
- Six oz (weight) or ¾ cup (volume) of yogurt may be used to meet the equivalent of 8 oz of fl milk once per day when yogurt is not served as a meat alternate in the same meal.
- Other substitutions for milk must be medically prescribed.

2. Cup: For purposes of the requirements outlined, a cup means a standard measuring cup, liquid or dry, as appropriate to meet the requirement for two components.

3. Vegetable or Fruit: Pasteurized full-strength juice may only be used to meet the vegetable or fruit requirement at one meal, including snack, per day.

4. Grains/Breads: At least one serving per day, across all eating occasions, must be WGR. Grain-based desserts do not count toward meeting the grains requirement.

5. M/MA may be used to meet the entire grains requirement at breakfast a maximum of three times a week. One oz of M/MA is equal to 1 oz equivalent of grains.

**Child and Adult Care Food Program
Meal Pattern for Adults: Schedule B
NSD 7050 B**

6. Beginning October 1, 2019, oz eq are used to determine the quantity of credible grains.
7. Breakfast cereals must contain no more than 6 grams (g) of sugar per dry oz (no more than 21.2 g sucrose and other sugars per 100 g of dry cereal).
8. Beginning October 1, 2019, the minimum serving size specified in this section for ready-to-eat breakfast cereals must be served. Until October 1, 2019, the minimum serving size for any type of ready-to-eat breakfast cereal is 1½ cups for adults.
9. **Vegetable or Fruit for Lunch or Supper:** A vegetable may be used to meet the entire fruit requirement. When two vegetables are served at lunch or supper, two different types of vegetables must be served.
10. **M/MA:** The M/MA component group is an option at the breakfast meal.
 - No more than 50 percent of the requirement shall be met with nuts or seeds.
 - Nut or seed butter may satisfy 100 percent of the requirement.
 - Whole nuts or seeds shall be combined with another M/MA to fulfill the requirement.
 - When determining combinations, 1 oz of nuts or seeds is equal to 1 oz of cooked lean meat, poultry, or fish; ¼ cup of cottage cheese is equal to 1 oz of meat alternate; ½ cup of yogurt is equal to 1 oz of M/MA.
11. Alternate protein products must meet the requirements in Appendix A of Title 7, *Code of Federal Regulations (7 CFR)*, Section 226.20.
12. Frozen yogurt and other nonstandard yogurts are not creditable products and may not be used to satisfy any component requirement in a reimbursable meal. Yogurt must contain no more than 23 g of total sugars per 6 oz.

**Child and Adult Care Food Program
Meal Pattern for Adults: Schedule B
NSD 7050 B**

Offer versus Serve

Adult day care centers may use the offer versus serve (OVS) option for breakfast, lunch, and supper. The OVS option allows participants to refuse some of the food items required while still allowing those meals to be claimed for reimbursement. Under OVS, each adult care center shall offer its participants all of the required food components as set forth in the requirements for meals (7 *CFR*, Section 226.20). However, at the discretion of the adult day care center, participants may be permitted to decline the following:

- Breakfast: Participants may decline one serving of the four food items (one serving of milk, one serving of vegetable or fruit, or two servings of bread or bread alternate)
- Lunch: Participants may decline two servings of the six food items (one serving of milk, two servings of vegetable or fruit, two servings of bread or bread alternate, or one serving of M/MA)
- Supper: Participants may decline two servings of the five food items (two servings of vegetables and/or fruit, two servings of bread or bread alternate, or one serving of M/MA)

The price of a reimbursable meal shall not be affected if an adult participant declines a food item.

NONDISCRIMINATION STATEMENT

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotope, American Sign Language, etc.), should contact the agency (state or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at 800-877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form (AD-3027), found online at http://www.ascr.usda.gov/complaint_filing_cust.html and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call 866-632-9992. Submit your completed form or letter to USDA by:

- (1) Mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410
- (2) Fax: 202-690-7442
- (3) E-mail: program.intake@usda.gov

This institution is an equal opportunity provider.

ATTACHMENT A
Bid Form EHS 2024-008

The following locations* and age groups to be considered for this proposal would not exceed the requested meals below, but could be less depending on program enrollment:

Proposed Pricing Structure by: Mealtime, Price Per Meal, No of Meals, Daily Total, Days of Service and Total

Center	Address	Infants 4 weeks to 18 months	Toddlers 18 - 36 months	Preschool 3 - 5 years	Breakfast Time	Lunch Time	Snack Time	Hours of operation	Slots
California St.	425 N. CA St. Stockton, CA 95202	8	16		8: 30 am	11:30 am	2:00 pm	7:45 AM to 5:15 PM	24
Gianone	1509 N Golden Gate Ave, Stockton, CA 95205		16		8: 30 am	11:30 am	2:00 pm	7:45 AM to 5:15 PM	16
Kennedy	2800 S. D St. Stockton, CA 95206		16		8: 30 am	11:30 am	2:00 pm	7:45 AM to 5:15 PM	16
Lathrop	850 J St. Lathrop, CA 95330	8	16		8: 30 am	11:30 am	2:00 pm	7:45 AM to 5:15 PM	24
Lodi UCCC	701 S. Hutchins St. Lodi, CA 95240		32		8: 30 am	11:30 am	2:00 pm	7:30 AM to 5:30 PM	32
Marci Massei	215 W. 5 th St. Stockton CA 95206	8	16	17	8: 30 am	11:30 am	2:00 pm	7:45 AM to 5:15 PM	41
TDB	TBD			119	8: 30 am	11:30 am	2:00 pm	7:30 AM to 5:30 PM	
TOTAL		24	112	136					272

Meal Type	Price per Meal	Number of Children's Meals	Number of Adult Meals	Daily Total Meals Requested	Days of Service	Daily Total per Meal
Breakfast	3.26	272	0	272	~~272~~ 244	886.72
Lunch	5.31	272	0	272	~~272~~ 244	1,444.32
Snack	2.22	272	0	272	~~272~~ 244	603.84
Daily Total:	10.79					~~2,934.88~~ \$2,632.76
Weekly Total:	53.95					~~14,674.40~~ \$13,163.80
Yearly Grand Total:	2,934.88					~~798,287.36~~ \$716,110.72

*Dates, times, and numbers of children in each age group are subject to change according to enrollment. Advance notice will be given to the bidder to ensure accuracy in meal service delivery and adherence to CACFP meal patterns.