



DATE	August 7, 2025
TIME	12:00 pm
LOCATION	CAPK Administrative Office 1300 18 th Street Suite 200 Bakersfield, CA 93301

Audit & Pension Committee Agenda

1. Call to Order

2. Roll Call

Curtis Floyd	Chris Parlier
Jonathan Mullings	Guadalupe Perez

3. Public Forum

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. Consolidated Plan Summary CAPK – Nationwide – Info Item (p. 3-33) | Tracy Webster, Chief Financial Officer & Nationwide |
| b. CSBG Close Out Package – Contract 24F-3015- Info Item (p. 34-35) | Tracy Webster, Chief Financial Officer |
| c. 2025 CSBG Desk Review Contract 25F-6015 – Info. Item (p. 36) | Tracy Webster, Chief Financial Officer |
| d. WIC 2024 Program Monitoring Corrective Action Plan – Info Item (p. 37-39) | Marissa Ortiz-Cortez, WIC Program Administrator |
| e. VITA Grant 25VITA0313 Administrative Review Letter- Info. Item (p. 40) | Freddy Hernandez, Director of Youth & Community Services |
| f. Community Services Development Monitoring Report: DOE WAP E-25-013D - Info. Item (p. 41-46) | Freddy Hernandez, Director of Youth & Community Services |
| g. First 5 Kern - East Kern Family Resource Center Administrative Review - Info. Item (p. 47-48) | Freddy Hernandez, Director of Youth & Community Services |
| h. First 5 Kern - Oasis Family Resource Center Administrative Review - Info. Item (p. 49-50) | Freddy Hernandez, Director of Youth & Community Services |

5. Committee Member Comments

6. Next Scheduled Meeting

Audit & Pension Committee
12:00 pm
November 19, 2025
1300 18th St. Suite 200
Bakersfield, CA

7. Adjournment

This is to certify that this Agenda Notice was posted in the lobby of the CAPK Administrative Office at 1300 18th Street, Bakersfield, CA and online at www.capk.org by 12:00 pm, August 4, 2025, Glynniel Campbell, Administrative Coordinator.

CONSOLIDATED PLAN SUMMARY

COMMUNITY ACTION PARTNERSHIP OF KERN

as of 06/30/2025



We value your partnership and the opportunity to offer a competitive, effective retirement plan to your participants. Through diligent work and thought leadership, we'll help you grow your plan and help your participants prepare for and live in retirement. This report includes balance information, participant demographics, contribution highlights and retirement readiness numbers. Together, we can use this information to help your participants achieve greater financial wellness.

Our goal is to help you objectively evaluate your Plan's performance and how it performs against other plans like yours. Since Nationwide Retirement Solutions is one of the largest retirement plan providers in the industry, we are uniquely positioned to compare your Plan to many others of similar asset size. By comparing the current year information to previous years, you can see how your Plan is performing, where your educational efforts are working and what areas offer opportunities for improvement. The "Peer Group" comparisons used in this report are based on cases with assets of \$20 million - \$50 million for the 401(a) plan, and \$5 million - \$20 million for the 403(b) plan.

Thank you for your valued business. We look forward to helping improve retirement readiness for your participants.

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Opportunities	31	31

Retirement Specialists are registered representatives of Nationwide Investment Services Corporation, member FINRA. The information they provide is for educational purposes only and is not legal, tax or investment advice.

Nationwide, the Nationwide N and Eagle, and Nationwide is on your side are service marks of Nationwide Mutual Insurance Company.

Nationwide Retirement Solutions, Inc. and Nationwide Life Insurance Company (collectively "Nationwide") have endorsement relationships with the National Association of Counties, the International Association of Fire Fighters-Financial Corporation and the National Association of Police Organizations. More information about the endorsement relationships may be found online at www.nrsforu.com.

NRM-17453AO

CONSOLIDATED PLAN SUMMARY



Balance details

Activity	403(b)	401(a)	Totals
Previous Quarter Balance	\$11,376,358.13	\$28,391,572.92	\$39,767,931.05
Deposits	\$484,535.62	\$657,216.61	\$1,141,752.23
Dividends	\$2,311.68	\$5,273.24	\$7,584.92
Loan payments	\$5,347.71	\$0.00	\$5,347.71
Gain/Loss	\$1,085,429.74	\$2,590,816.44	\$3,676,246.18
Charges/Fees	-\$12,770.55	-\$31,202.86	-\$43,973.41
Withdrawals	-\$187,249.64	-\$192,124.70	-\$379,374.34
Current quarter end balance	\$12,751,651.01	\$31,416,278.41	\$44,167,929.42
Total Contributions YTD	\$877,604.76	\$1,431,441.81	\$2,309,046.57
Total Rollovers-In YTD	\$3,323.07	\$0.00	\$3,323.07
Number of Active Loans	18	0	18
Number of Defaulted Loans	6	0	6
Total Loan Balance	\$95,224.50	\$0.00	\$95,224.50
SDO Balance	\$0.00	\$0.00	\$0.00
ProAccount Balance	---	---	---

CONSOLIDATED PLAN SUMMARY



Participant demographics

Activity	403(b)	401(a)
Enrolled Participants	916	1,435
New Enrollments	96	96
Actively Deferring	671	988
Inactive	243	441
In Payout	2	6



Contributions and investments

Activity	403(b)	401(a)
Average Account Balance	\$14,025.00	\$21,893.00
Average Contribution	\$98.00	\$0.00
% of Employees with Increased Cont	6%	0%
% of Employees with auto increase	0%	---
Number of SDO Participant Accounts	0	0
SDO Account Balance	\$0.00	\$0.00
Number of ProAccount Participant Accounts	0	0
ProAccount Balance	---	---



Retirement readiness

Activity	403(b)	401(a)
Total enrolled participants	916	1,435
Enrolled participant with an online account	528	609
Participants with a retirement goal	231	260

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PLAN HEALTH REPORT

COMMUNITY ACTION PARTNERSHIP OF KERN 401(a) and 403(b) PLANS

as of 06/30/2025



EXECUTIVE SUMMARY

401(a) Plan Summary

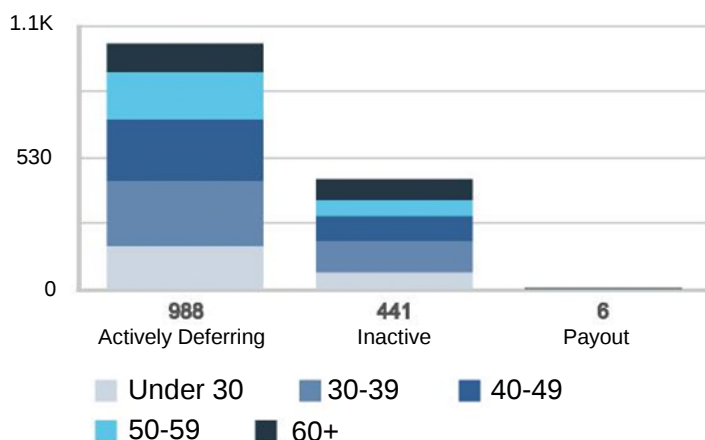
 TOTAL PARTICIPANT ACCOUNT BALANCE
\$31,416,278

How many are participating?



ENROLLED PARTICIPANTS

1,435



NEW ENROLLMENTS
(Calendar year to date)

96

How are they saving & investing?



WHAT YOUR PARTICIPANTS ARE CONTRIBUTING

AVERAGE ACCOUNT BALANCE

\$21,893

AVERAGE CONTRIBUTION

\$0

How many participants are prepared for retirement



Online engagement

1,435

TOTAL ENROLLED PARTICIPANTS

609 or 42%

ENROLLED PARTICIPANTS WITH AN ONLINE ACCOUNT

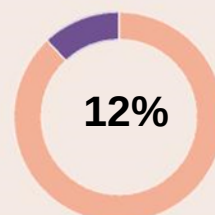


Retirement readiness

260 or 42%

OF THE PARTICIPANTS WITH AN ONLINE ACCOUNT, THE FOLLOWING HAVE A RETIREMENT GOAL

PARTICIPANTS 'ON TRACK' FOR RETIREMENT



PARTICIPANT DEMOGRAPHICS

How participants are engaged in the plan



ENROLLED PARTICIPANTS¹

1,435

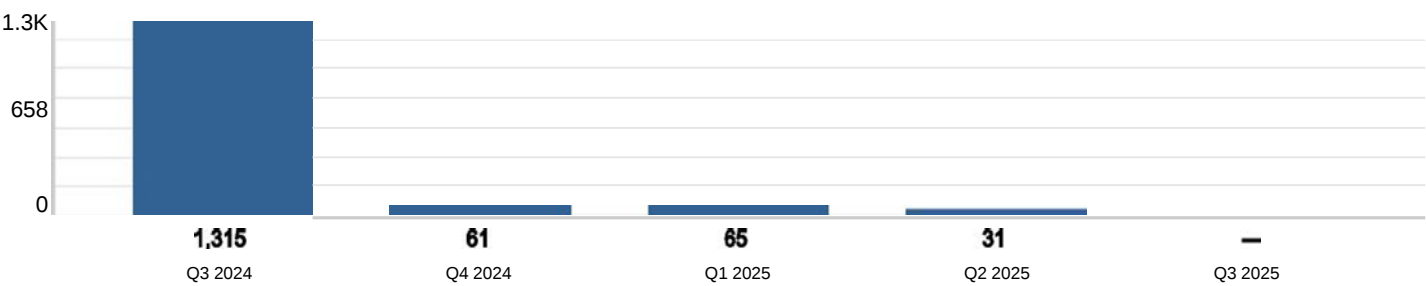


NEW ENROLLMENTS²

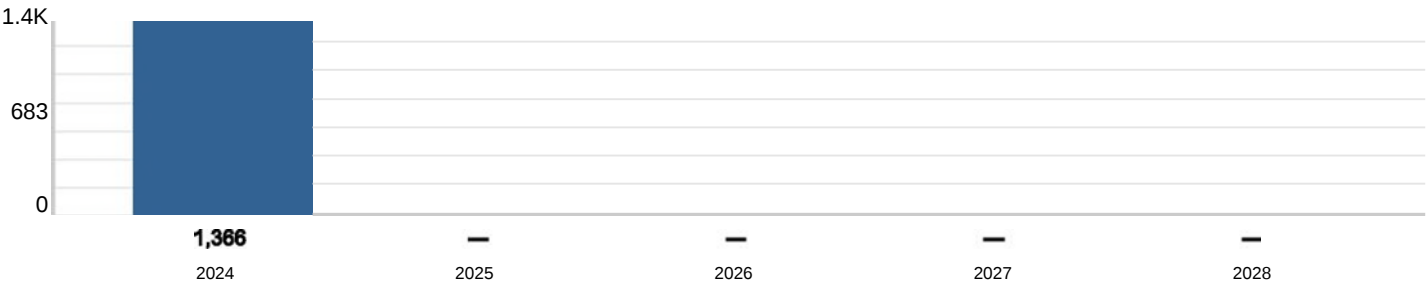
(Calendar year to date)

96

ENROLLMENT TRENDS (BY QUARTER)³



ENROLLMENT TRENDS (BY YEAR)³



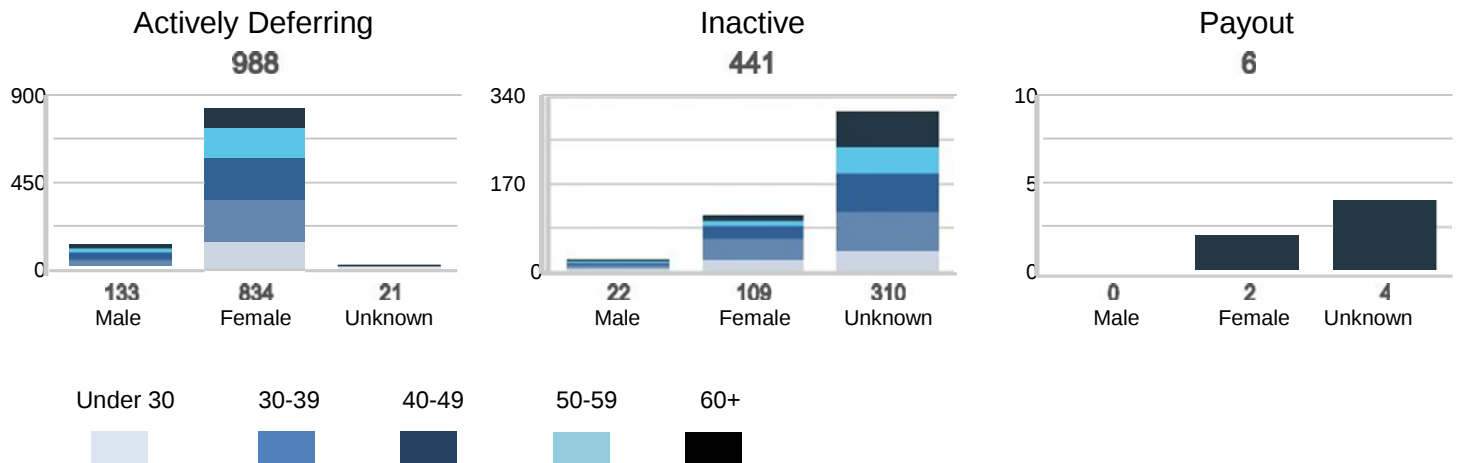
¹ Total number of enrolled participants in this plan.
² Participants who open and close their account within the calendar year, will not be counted in year-to-date enrollment numbers.
³ Total number of participants enrolled by quarter or by year.

PARTICIPANT DEMOGRAPHICS

How participants are engaged in the plan



Enrolled participant data ⁴



Actively Deferring			Inactive			Payout			
988			441			6			
Age	Male	Female	Unknown	Male	Female	Unknown	Male	Female	Unknown
Under 30	21	142	11	5	23	39	0	0	0
30 - 39	39	217	7	7	41	76	0	0	0
40 - 49	31	214	2	4	24	74	0	0	0
50 - 59	27	161	1	5	9	53	0	0	0
60+	15	100	0	1	12	68	0	2	4
Totals	133	834	21	22	109	310	0	2	4

⁵ Actively deferring - Participants with a balance, a contribution in the past 30 days and a status of employed.

Inactive - Participants with a balance, no contribution in the past 30 days and no status of payout.

Payout - Participants with a balance and a status of payout.

CONTRIBUTION & INVESTMENTS

What your participants are contributing

AVERAGE ACCOUNT BALANCE¹

\$21,893

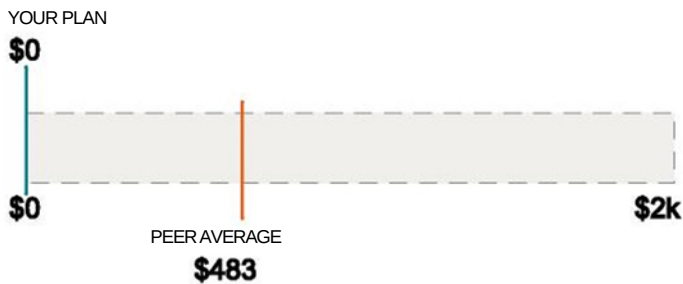


AVERAGE ACCOUNT BALANCE BY YEAR

This information will be available after a minimum of 2 years of data are collected.

AVERAGE CONTRIBUTION PER PAY PERIOD ¹

\$0



AVERAGE CONTRIBUTION BY YEAR

This information will be available after a minimum of 2 years of data are collected.

Balances & contributions by age & gender

Average account balance

Age	Male	Female	Unknown
Under 30	\$4,647	\$4,257	\$2,048
30 - 39	\$8,518	\$9,030	\$7,707
40 - 49	\$26,832	\$24,130	\$18,096
50 - 59	\$49,225	\$41,655	\$22,401
60+	\$23,641	\$62,769	\$23,219

Average annualized contributions

Male	Female	Unknown
\$0	\$0	\$0
\$0	\$0	\$0
\$0	\$0	\$0
\$0	\$0	\$0
\$0	\$0	\$0

¹ A peer group consists of NRS plans with similar assets. This peer group comparison includes cases with \$20 million - \$50 million.

What your participants are contributing

0% PARTICIPANTS WITH INCREASED CONTRIBUTIONS
(Calendar year to date)

0% PARTICIPANTS WITH AUTOMATIC CONTRIBUTION
INCREASE (calendar year to date)

2025 IRS limits Regular Limit \$70,000

How your participants are invested

ASSET ALLOCATION ¹

NUMBER OF ASSET CLASSES

1	2.2%
2	0.4%
3	0.4%
4	0.3%
5+	96.7%



ASSET DIVERSIFICATION ²

AVG. # ASSET CLASSES

4.9

PEER GROUP

4.7

RECOMMENDED

5



ProAccount

TOTAL PROACCOUNT BALANCE

\$0

PARTICIPANTS WITH PROACCOUNT

0

out of 1,435 total enrolled participants

AVG ACCOUNT BALANCE WITH
PROACCOUNT

\$0

¹ Percentage of participants by number of investment classes.

² Average number of asset classes - Average number of asset classes in which participants are invested.

Peer group - Average number of asset classes in which this peer group (cases with \$20 million - \$50 million) is invested.

Recommended number of asset classes - The number of asset classes in which a participant should be invested for ideal diversification.

RETIREMENT READINESS

How many participants are prepared for retirement



Online engagement

1,435

TOTAL ENROLLED PARTICIPANTS

609 or 42%

ENROLLED PARTICIPANTS WITH AN ONLINE ACCOUNT

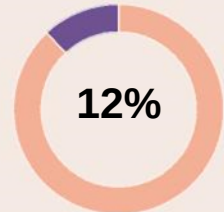


Retirement readiness

260 or 42%

OF THE PARTICIPANTS WITH AN ONLINE ACCOUNT, THE FOLLOWING HAVE A RETIREMENT GOAL 1

PARTICIPANTS 'ON TRACK' FOR RETIREMENT 2

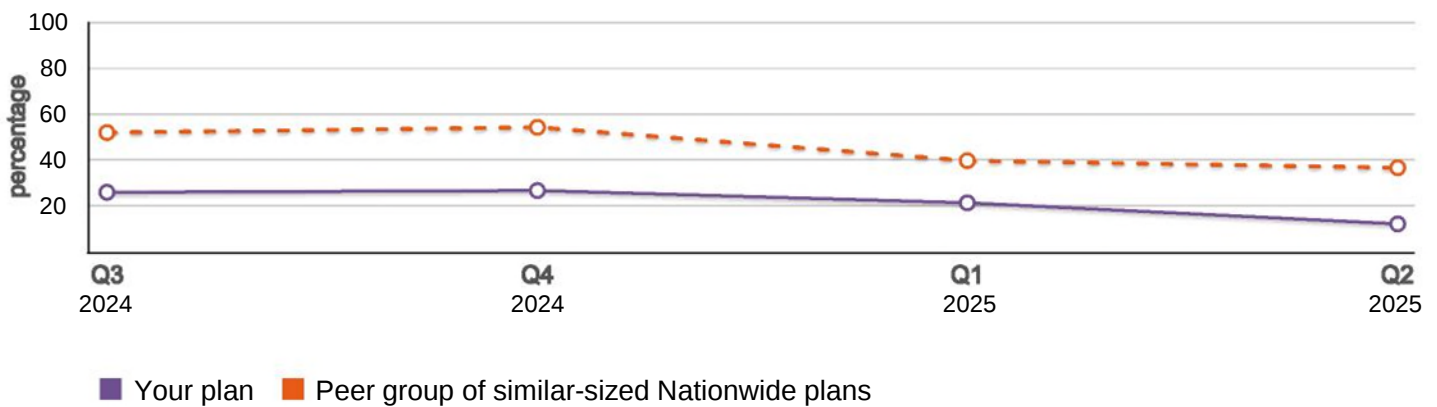


Participants who actively review their online account and use their retirement outlook tools are 4 times more likely to take action and save more for retirement.



Peer comparison

Retirement readiness peer comparison



NRM-17390AO

¹ Participants with a retirement goal from My Interactive Retirement Planner®.

² Participants with a retirement goal from My Interactive Retirement Planner® and a retirement readiness score of "on track" (.915 or higher).



Asset class totals

Asset class	2023	2024	2025 YTD	% of total
Mid cap	---	\$864,428.04	\$852,835.39	2.7%
Large cap	---	\$2,533,720.06	\$2,601,420.40	8.3%
Balanced	---	\$466,302.70	\$499,301.50	1.6%
Bonds	---	\$509,096.99	\$516,855.51	1.6%
Specialty	---	\$8,947.26	\$9,947.14	0.0%
Asset allocation	---	\$22,065,352.91	\$25,058,608.04	79.8%
International	---	\$313,104.64	\$386,917.30	1.2%
Small cap	---	\$383,747.75	\$365,400.18	1.2%
Fixed assets and cash	---	\$1,121,783.95	\$1,124,992.95	3.6%
Total	---	\$28,266,484.30	\$31,416,278.41	100%



Total contributions by asset class

Asset class	2023	2024	2025 YTD	% of total
Mid cap	---	\$849,032.43	\$10,210.37	0.7%
Large cap	---	\$2,451,546.37	\$28,154.06	2.0%
Balanced	---	\$498,279.63	\$8,914.11	0.6%
Bonds	---	\$521,049.39	\$10,350.34	0.7%
Specialty	---	\$9,239.48	\$599.52	0.0%
Asset allocation	---	\$22,634,253.22	\$1,334,969.13	93.3%
International	---	\$319,621.84	\$5,904.90	0.4%
Small cap	---	\$371,065.49	\$6,114.83	0.4%
Fixed assets and cash	---	\$1,160,346.74	\$26,224.55	1.8%
Total	---	\$28,814,434.59	\$1,431,441.81	100%

ASSET & FUND DETAILS

2025



Asset allocation

(as of 06/30/2025)

ASSET CLASS	YOUR PLAN	PEER GROUP	DIFFERENCE
Mid Cap	2.7%	5.2%	-2.5%
Large Cap	8.3%	20.4%	-12.1%
Balanced	1.6%	0.7%	0.9%
Bonds	1.6%	3.6%	-2.0%
Short Term	0.0%	6.5%	-6.5%
SDO	0.0%	0.7%	-0.7%
Specialty	0.0%	1.3%	-1.3%
Loan	0.0%	0.1%	-0.1%
Asset Allocation	79.8%	37.6%	42.2%
International	1.2%	5.1%	-3.9%
Small Cap	1.2%	2.6%	-1.4%
Fixed assets and cash	3.6%	16.2%	-12.6%

2024



Asset allocation

(as of 12/31/2024)

ASSET CLASS	YOUR PLAN	PEER GROUP	DIFFERENCE
Mid Cap	3.1%	3.9%	-0.8%
Large Cap	9.0%	19.2%	-10.2%
Balanced	1.6%	0.8%	0.8%
Bonds	1.8%	3.5%	-1.7%
Short Term	0.0%	7.3%	-7.3%
SDO	0.0%	0.8%	-0.8%
Specialty	0.0%	1.3%	-1.3%
Loan	0.0%	0.1%	-0.1%
Asset Allocation	78.1%	41.0%	37.1%
International	1.1%	4.0%	-2.9%
Small Cap	1.4%	2.4%	-1.0%
Fixed assets and cash	4.0%	15.7%	-11.7%

BALANCE DETAILS



Total account balance

Money source	Current value
Participant Assets	\$31,416,278.41
Rollover (Pre-Tax)	\$493,870.66
Employer Money Purchase	\$30,771,933.02
QNEC Qualified Non-Elect Contribution	\$150,474.73
Plan Forfeiture Assets	\$96,354.89
Employer Money Purchase	\$96,188.35
QNEC Qualified Non-Elect Contribution	\$99.38
Total Plan Assets	\$31,512,566.14



Contributions and transfers/rollovers-in

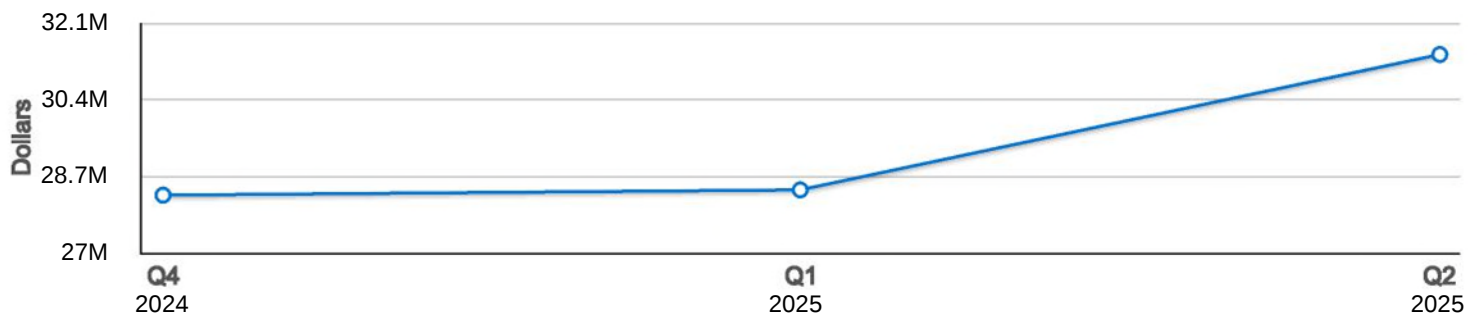
Type	Year to date
Contributions	\$1,431,441.81
Transfers/Rollovers-In	\$0
Total	\$1,431,441.81



Balance activity by quarter

Change in balance from last quarter

▲ 10.7%
FROM LAST QUARTER



EXECUTIVE SUMMARY

403(b) Plan Summary



TOTAL PARTICIPANT ACCOUNT BALANCE

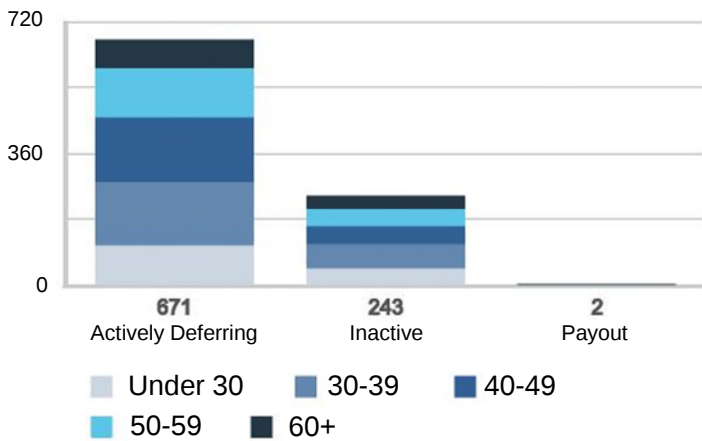
\$12,846,876

How many are participating?



ENROLLED PARTICIPANTS

916



NEW ENROLLMENTS
(Calendar year to date)

96

How are they saving & investing?



WHAT YOUR PARTICIPANTS ARE CONTRIBUTING

AVERAGE ACCOUNT BALANCE

\$14,025

AVERAGE CONTRIBUTION

\$98

How many participants are prepared for retirement



Online engagement

(as of 06/30/2025)

916

TOTAL ENROLLED PARTICIPANTS

528 or 57%

ENROLLED PARTICIPANTS WITH AN ONLINE ACCOUNT



Retirement readiness

(as of 06/30/2025)

231 or 43%

OF THE PARTICIPANTS WITH AN ONLINE ACCOUNT, THE FOLLOWING HAVE A RETIREMENT GOAL ¹

PARTICIPANTS 'ON TRACK' FOR RETIREMENT

12%

PARTICIPANT DEMOGRAPHICS

How participants are engaged in the plan



ENROLLED PARTICIPANTS ¹

916

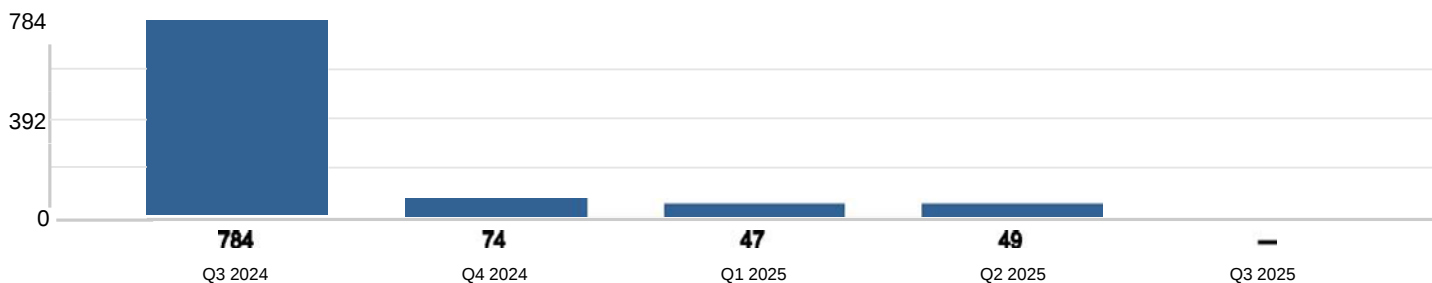


NEW ENROLLMENTS ²

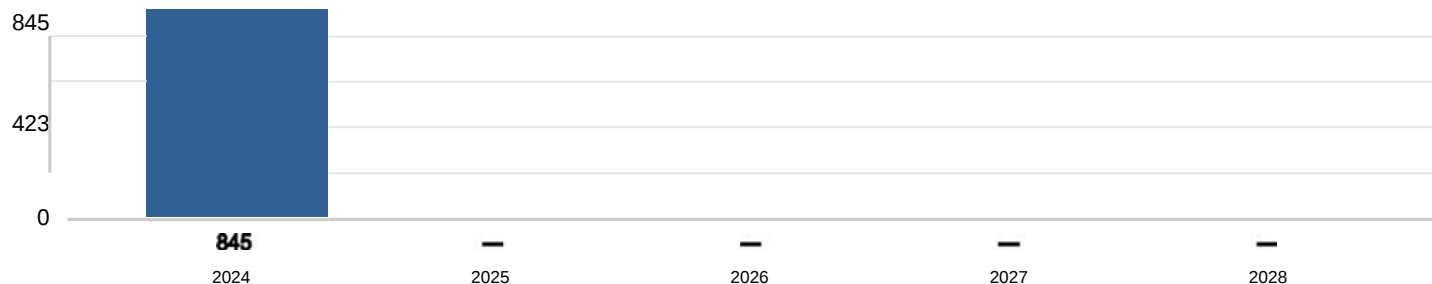
(Calendar year to date)

96

ENROLLMENT TRENDS (BY QUARTER) ³



ENROLLMENT TRENDS (BY YEAR) ³



¹ Total number of enrolled participants in this plan.

² Participants who open and close their account within the calendar year, will not be counted in year-to-date enrollment numbers.

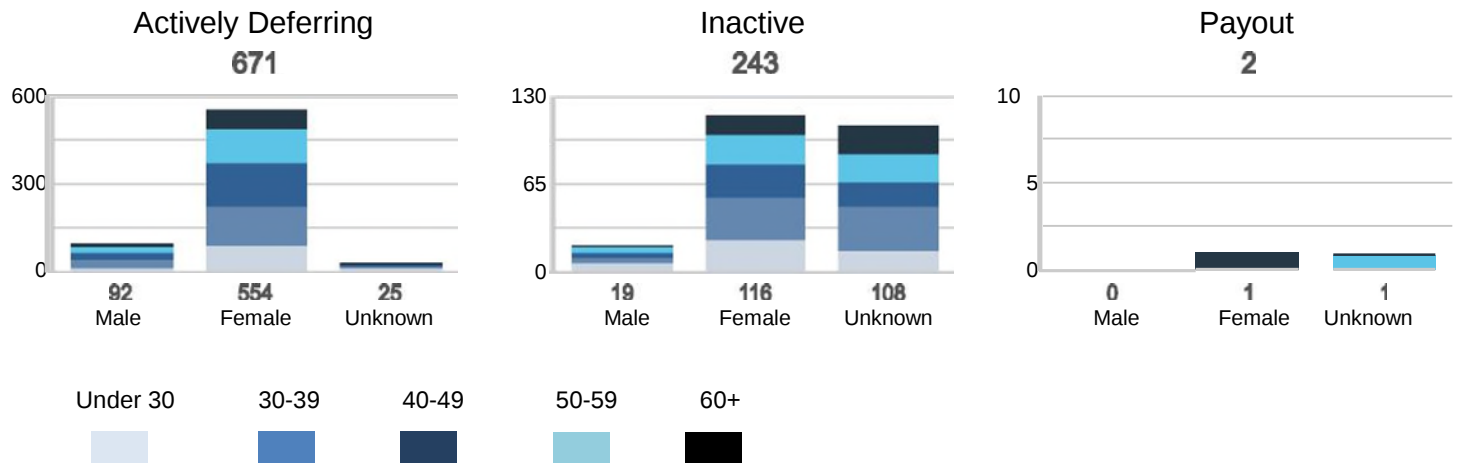
³ Total number of participants enrolled by quarter or by year.

PARTICIPANT DEMOGRAPHICS

How participants are engaged in the plan



Enrolled participant data ⁴



Actively Deferring 671			Inactive 243			Payout 2			
Age	Male	Female	Unknown	Male	Female	Unknown	Male	Female	Unknown
Under 30	9	85	12	6	23	15	0	0	0
30 - 39	29	138	10	4	31	33	0	0	0
40 - 49	24	151	2	4	26	18	0	0	0
50 - 59	17	113	1	5	22	21	0	0	1
60+	13	67	0	0	14	21	0	1	0
Totals	92	554	25	19	116	108	0	1	1

⁵ Actively deferring - Participants with a balance, a contribution in the past 30 days and a status of employed.

Inactive - Participants with a balance, no contribution in the past 30 days and no status of payout.

Payout - Participants with a balance and a status of payout.

CONTRIBUTIONS & INVESTMENTS

What your participants are contributing

AVERAGE ACCOUNT BALANCE 1

\$14,025

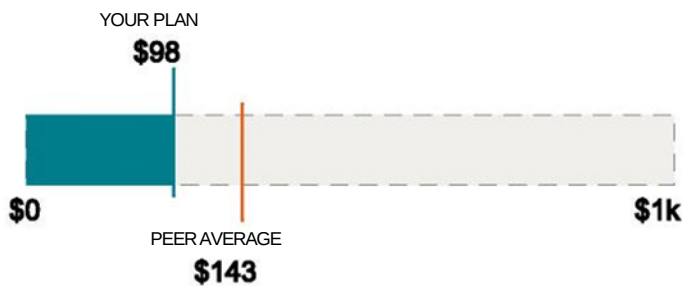


AVERAGE ACCOUNT BALANCE BY YEAR

This information will be available after a minimum of 2 years of data are collected.

AVERAGE CONTRIBUTION PER PAY PERIOD 1

\$98



AVERAGE CONTRIBUTION BY YEAR

This information will be available after a minimum of 2 years of data are collected.

Balances & contributions by age & gender

Average account balance

Age	Male	Female	Unknown
Under 30	\$2,217	\$3,149	\$5,508
30 - 39	\$11,215	\$5,657	\$3,379
40 - 49	\$22,392	\$13,417	\$13,637
50 - 59	\$44,426	\$16,965	\$15,988
60+	\$12,632	\$37,210	\$34,673

Average annualized contributions

Male	Female	Unknown
\$1,164	\$1,862	\$519
\$3,476	\$1,875	\$451
\$4,714	\$3,020	\$108
\$8,203	\$2,581	\$236
\$1,918	\$5,072	\$0

1 A peer group consists of NRS plans with similar assets. This peer group comparison includes cases with \$5 million - \$20 million.

CONTRIBUTION & INVESTMENTS

What your participants are contributing

6% PARTICIPANTS WITH INCREASED CONTRIBUTIONS
(Calendar year to date)

0% PARTICIPANTS WITH AUTOMATIC CONTRIBUTION
INCREASE (Calendar to date)

2025 IRS limits

Regular Limit \$23,500

60-63 Catch Up \$11,250

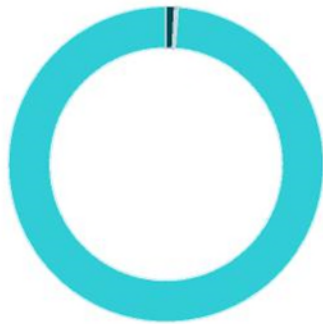
50+ Catch Up \$7,500

How your participants are invested

ASSET ALLOCATION ¹

NUMBER OF ASSET CLASSES

1	0.9%
2	0.1%
3	0.0%
4	0.2%
5+	98.8%



ASSET DIVERSIFICATION ²

AVG. # ASSET CLASSES

5.2

PEER GROUP

4.6

RECOMMENDED

5



ProAccount

TOTAL PROACCOUNT BALANCE

\$0

PARTICIPANTS WITH PROACCOUNT

0

out of 916 total enrolled participants

AVG ACCOUNT BALANCE WITH PROACCOUNT

\$0

¹ Percentage of participants by number of investment classes.

² Average number of asset classes - Average number of asset classes in which participants are invested.

Peer group - Average number of asset classes in which this peer group (cases with \$5 million - \$20 million) is invested.

Recommended number of asset classes - The number of asset classes in which a participant should be invested for ideal diversification.

RETIREMENT READINESS

How many participants are prepared for retirement



Online engagement

916

TOTAL ENROLLED PARTICIPANTS

528 or 57%

ENROLLED PARTICIPANTS WITH AN ONLINE ACCOUNT

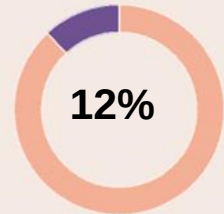


Retirement readiness

231 or 43%

OF THE PARTICIPANTS WITH AN ONLINE ACCOUNT, THE FOLLOWING HAVE A RETIREMENT GOAL ¹

PARTICIPANTS 'ON TRACK' FOR RETIREMENT ²

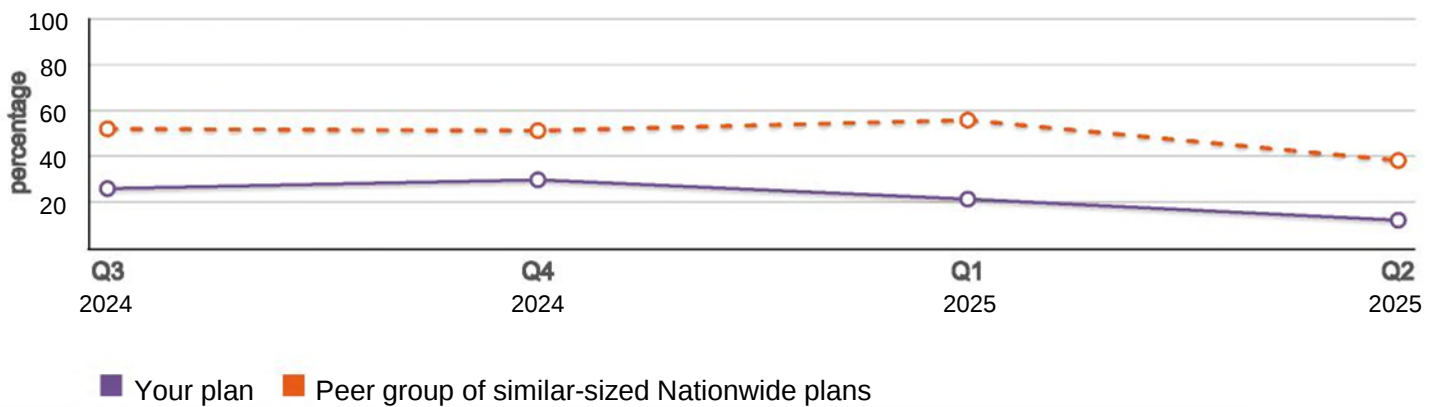


Participants who actively review their online account and use their retirement outlook tools are 4 times more likely to take action and save more for retirement.



Peer comparison

Retirement readiness peer comparison



NRM-17390AO

¹ Participants with a retirement goal from My Interactive Retirement Planner®.

² Participants with a retirement goal from My Interactive Retirement Planner® and a retirement readiness score of "on track" (.915 or higher).



Asset class totals

Asset class	2023	2024	2025 YTD	% of total
Mid cap	---	\$192,546.37	\$196,105.30	1.5%
Large cap	---	\$830,631.59	\$878,008.86	6.8%
Balanced	---	\$60,115.24	\$63,215.79	0.5%
Bonds	---	\$124,505.62	\$126,521.06	1.0%
Specialty	---	\$7,257.37	\$8,610.25	0.1%
Loan	---	\$79,376.05	\$95,224.50	0.7%
Asset allocation	---	\$9,440,125.65	\$10,921,686.74	85.0%
International	---	\$94,221.43	\$106,957.88	0.8%
Small cap	---	\$110,613.25	\$69,504.98	0.5%
Fixed assets and cash	---	\$376,450.00	\$381,040.15	3.0%
Total	---	\$11,315,842.57	\$12,846,875.51	100%



Total contributions by asset class

Asset Class	2023	2024	2025 YTD	% of total
Mid cap	---	\$173,243.48	\$4,202.01	0.5%
Large cap	---	\$764,941.61	\$30,810.21	3.5%
Balanced	---	\$60,013.33	\$42.08	0.0%
Bonds	---	\$109,423.13	\$4,391.55	0.5%
Specialty	---	\$7,509.23	\$205.19	0.0%
Asset allocation	---	\$9,568,340.64	\$816,416.10	92.7%
International	---	\$98,423.18	\$2,355.14	0.3%
Small cap	---	\$107,235.34	\$3,058.56	0.3%
Fixed assets and cash	---	\$382,834.84	\$19,446.99	2.2%
Total	---	\$11,271,964.78	\$880,927.83	100%

ASSET & FUND DETAILS

2025



Asset allocation

(as of 06/30/2025)

ASSET CLASS	YOUR PLAN	PEER GROUP	DIFFERENCE
Mid Cap	1.5%	3.8%	-2.3%
Large Cap	6.8%	18.1%	-11.3%
Balanced	0.5%	2.2%	-1.7%
Bonds	1.0%	4.5%	-3.5%
Short Term	0.0%	0.0%	0.0%
SDO	0.0%	0.3%	-0.3%
Specialty	0.0%	1.3%	-1.3%
Loan	0.7%	0.1%	0.6%
Asset Allocation	85.0%	52.8%	32.2%
International	0.8%	5.9%	-5.1%
Small Cap	0.5%	2.3%	-1.8%
Fixed assets and cash	3.0%	8.7%	-5.7%

2024



Asset allocation

(as of 12/31/2024)

ASSET CLASS	YOUR PLAN	PEER GROUP	DIFFERENCE
Mid Cap	1.7%	4.9%	-3.2%
Large Cap	7.3%	21.9%	-14.6%
Balanced	0.5%	3.1%	-2.6%
Bonds	1.1%	6.0%	-4.9%
Short Term	0.0%	0.0%	0.0%
SDO	0.0%	0.2%	-0.2%
Specialty	0.1%	1.2%	-1.1%
Loan	0.7%	0.2%	0.5%
Asset Allocation	83.4%	41.4%	42.0%
International	0.8%	6.6%	-5.8%
Small Cap	1.0%	3.2%	-2.2%
Fixed assets and cash	3.3%	11.4%	-8.1%



Total account balance

Money source	Current value
Participant assets	\$12,846,875.51
Salary Reduction	\$9,601,794.68
Rollover (Pre-Tax)	\$1,649,058.29
Rollover 457	\$70,641.52
Roth Contribution	\$1,365,869.77
Roth Rollover	\$63,079.14
QNEC Qualified Non-Elect Contribution	\$1,207.61
Loan balance	\$95,224.50
Plan forfeiture assets	\$35.72
Salary Reduction	\$0.47
Total plan assets	\$12,846,875.98

BALANCE DETAILS



Loan Details

Loan type	Number of loans	Principal value
Active Loans		
General purpose loan	18	\$81,779.88
Defaulted Loans*		
General purpose loan	6	\$13,444.62
Total	24	\$95,224.50
* Default amounts are included in Beginning and Ending Balance		



Contributions and transfers/rollovers-in

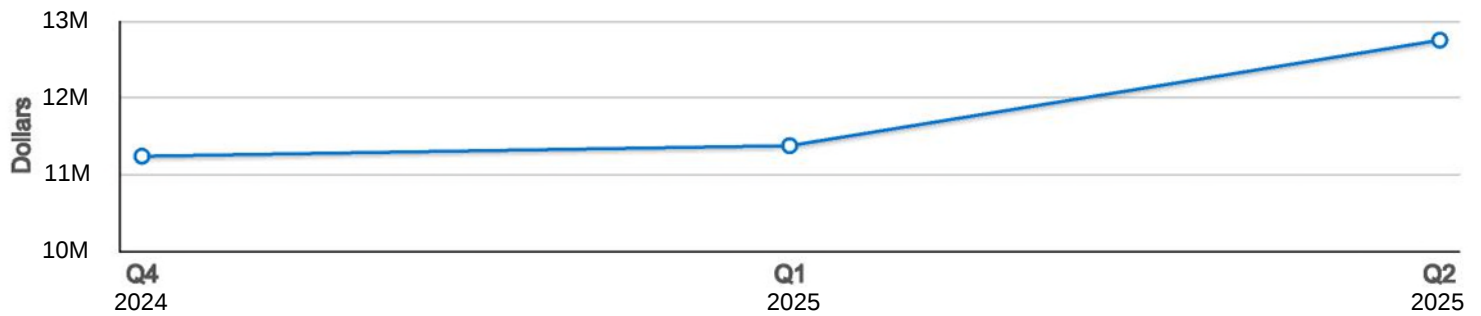
Type	Year to date
Contributions	\$877,604.76
Transfers/Rollovers-In	\$3,323.07
Total	\$880,927.83



Balance activity by quarter

Change in balance from last quarter

▲ 12.1%
FROM LAST QUARTER



Top opportunities to improve plan health



Encourage enrollment

Are you happy with your participation rate?
Schedule an enrollment workshop today



Suggest online account usage

Those who engage in their online account are 4x more likely to save more for retirement



Propose contribution increases

Anything can help. Talk with your participants about the benefits of saving now for a better tomorrow

Additional opportunities

How participants are engaged in the plan



Are your participants in the correct status based on their age?

Check in with participants who may not be in the correct status.

What your participants are contributing



Starting to save early is one of the best ways to prepare for retirement.

Contact your Nationwide representative to schedule a workshop with your participants under the age of 30 to help them understand the benefits of saving more now.



Are your female participants actively contributing?

Host a workshop for women eligible and enrolled in your plan. Nationwide's Women & Investing tools can help.



Incremental increases can go a long way.

Let your participants know how having an automatic annual contribution increase can help them reach their retirement goal.



Work with your Nationwide Retirement Specialist to help manage your loans.



Are those closer to retirement aware of catch-up contributions?

Let your participants know that catch-up contributions may help them reach their goal.

How your participants are invested



Are participants diversified enough?

Call your Nationwide retirement specialist and discuss your participants' asset diversification.

How many participants are prepared for retirement



How many participants are getting close to retirement?

Talk with your participants about which payout strategies may benefit them the most.



State of California-Health and Human Services Agency
DEPARTMENT OF COMMUNITY SERVICES AND DEVELOPMENT
2389 Gateway Oaks Drive, Suite 100, Sacramento, CA 95833
Telephone: (916) 576-7109 | Fax: (916) 263-1406
www.csd.ca.gov



March 6, 2025

Jeremy Tobias, Executive Director
Community Action Partnership of Kern, CAP Kern
JTobias@capk.org

VIA EMAIL ONLY

SUBJECT: CSBG CLOSE-OUT PACKAGE – CONTRACT 24F-3015

Dear Mr. Tobias:

The Department of Community Services and Development's ("CSD") Field Operations Unit ("FOU") has received your agency's Close-out Report for contract 24F-3015. My analysis of the Close-out information indicates the following:

CAA

- The agency fully expended the \$1,802,115 contract allocation.
- The agency reported **no** program income for the program year.
- The agency reported **no** interest for the program year.
- The agency reported purchasing **no** equipment for the program year.
- The programmatic reports associated with this contract have been reviewed and accepted.

Discretionary

- The agency fully expended the \$26,000 contract allocation.
- The agency reported **no** program income for the program year.
- The agency reported **no** interest for the program year.
- The agency reported purchasing **no** equipment for the program year. The programmatic reports associated with this contract have been reviewed and accepted.

FOU considers this contract closed and the Close-out Report has been forwarded to CSD's Financial Services Unit for processing. However, this contract is subject to a final review by CSD's Audit Unit. If you have any questions concerning this report, please call me at (916) 576-0941 or e-mail your comments to Andrea Vogler at Andrea.Vogler@csd.ca.gov.

Sincerely,

Andrea Vogler

Andrea Vogler
Field Operations Representative

CC: Wilmer Brown, Jr., Branch Chief



JASON WIMBLEY Director
2389 Gateway Oaks Drive, Suite 100
Sacramento, CA 95833
(916) 576-7109
www.csd.ca.gov

July 11, 2025

VIA ELECTRONIC MAIL ONLY

Jeremy Tobias, Executive Director
Community Action Partnership of Kern
jtobias@capk.org

SUBJECT: 2025 DESK REVIEW C-25-019

Dear Executive Director Tobias:

The Department of Community Services and Development (“CSD”) conducted a Monitoring Desk Review of the following CSBG contracts:

- 2025 CSBG Annual 25F-6015

2025 Desk Review Results:

For the 2025 program year, the results of this desk review demonstrate that your agency is in compliance with all contractual requirements covered, as well as applicable federal and state laws.

Thank you for your continued dedication and commitment to serve low-income individuals and families in your local area. If you have any questions concerning the monitoring review, please contact me at (916) 594-0941 or Andrea.Vogler@csd.ca.gov.

Sincerely,

Andrea Vogler
Associate Governmental Program Analyst

C: Stephanie Williams, Manager
Field Operations Unit

APPROVED

By Pui Tong at 12:12 pm, Feb 10, 2025

Pui Tong, MS RD
Public Health Nutrition Consultant
Women, Infants, and Children Division
California Department of Public Health

Submission Date: 1/10/2025
Resubmission Date: 1/24/2025

2024 Program Monitoring Corrective Action Plan

PMV Finding	Corrective Action Plan	Timeline	Monitoring
1. Our review of a sample of 20 WIC WISE participant certification records found one (1) record in which Medi-Cal Eligibility Data System (MEDS) Interface was selected as proof of residence and one (1) record was selected as proof of identity, but there was no indication that the required MEDS interface had occurred. In order to use MEDS Interface as proof of residency or identity, an interface with Medi-Cal Eligibility Data System (MEDS) must occur, and the user must verify that a member of the family is currently	Our local agency will retrain all supervisors. and staff. The team will be required to complete the new CDPH WIC LMS training “Determining WIC eligibility”. In addition, we will use a new training model and technique to support staff. WPPM Policy: WPPM 210-02, WPPM 210-06, WPPM 270-20	Retrain all supervisors at the eligibility training on the following dates • 1/17/25 • 1/24/25 Retrain all staff at the eligibility training on the following dates • 1/22/25 • 1/29/25 • 2/5/25 • 2/12/25	The Program Administrator, Program Manager, and Division Director will be responsible for in-person observations. Four (4) will be conducted per staff, per quarter until we meet 100% compliance then we will reduce observations to once per quarter, per staff. In addition, five (5) supervisors will be responsible for auditing (5) participant files per staff, per month. We will conduct 5 file audits until we meet 100% compliance then decrease to 2 files per staff per month. We will meet with individual staff if staff continue to make errors using (MEDS). Progressive disciplinary may be initiated for failure to comply with standard and policy. The expected outcome is 100% compliance.
2. Our review of participant records and observations of onsite sessions found additional policy violations related to adjunctive eligibility and income determination. • Our review of a sample of 20 WIC WISE participant certification records found four (4) records in which the Medi-Cal number used in the MEDS Interface was that of a different family member, which resulted in adjunctive eligibility not being documented correctly in WIC WISE. • Our review of onsite appointments found one (1) instance where the MC number used in the MEDS interface was that of a different family member. Staff must use deemed eligible infant to document infant adjunctive eligibility. • Our team noted one (1) instance onsite where staff overrides the MEDS interface data. Staff ran MEDS interface, information came back not eligible for participant but staff changed the adjunctive eligibility chart for MediCal to ‘yes’. • Our team noted one (1) instance onsite where staff used net income instead of gross income. WIC Policy requires gross income. • Our team noted one (1) instance onsite where staff used zero income without further probing of household’s current income. WIC Policy requires the full household income	Our local agency will retrain all supervisors and staff. The team will be required to complete the new CDPH WIC LMS training “Determining WIC eligibility”. In addition, we will use new training techniques and model to support staff. Training will include • Scenario reenactment • Pre/Post assessment concurrent with trainings dates • Additional training material aside from the LMS training WPPM Policy: WPPM 210-02, WPPM 210-03	Retrain all supervisors at the eligibility training on the following dates • 1/17/25 • 1/24/25 Retrain all staff at the eligibility training on the following dates • 1/22/25 • 1/29/25 • 2/5/25 • 2/12/25	The Program Administrator, Program Manager, and Division Director will be responsible for in-person observations. Four (4) will be conducted per staff, per quarter until we meet 100% compliance then we will reduce observations to once per quarter, per staff. In addition, five (5) supervisors will be responsible for auditing (5) participant files per staff, per month. We will conduct 5 file audits until we meet 100% compliance then decrease to 2 files per staff per month. We will meet with individual staff if staff continue to make errors using (MEDS). Progressive disciplinary may be initiated for failure to comply with standard and policy. The expected outcome is 100% compliance.

PMV Finding	Corrective Action Plan	Timeline	Monitoring
3. Our review of participant records and observations of onsite sessions found policy violations related to the administering of the Rights and Responsibilities document. • Our review of a sample of 20 WIC WISE participant certification records found one (1) record where the Know Your Rights and Responsibilities (R&R) form was not signed and present in WIC WISE. • Our review of onsite appointments found multiple staff did not read all the information in the signature box to the participant before the document was signed and did not offer a copy of the R&R form to the family representative /caretaker. This is a repeat finding	We will provide staff with isolated training for R&R procedures. We will develop a new procedure and tool to demonstrate to staff how to accurately complete R&R Trainings will include • Scenario reenactment • Pre/Post assessment concurrent with trainings date WPPM Policy: WPPM 260-40	R&R report is currently initiated everyday R&R training on • 3/19/25	The Program Administrator, Program Manager, and Division Director will be responsible for in-person observations. Four (4) observations will be conducted per staff, per quarter then we will reduce observations to once per quarter, per staff. The duration will be until 100% accuracy is retained. The expected outcome is 100% compliance due to this being a repeat finding. One supervisor is currently responsible for running the current R&R report daily. The report is run twice daily to ensure staff rectify the error on the same day. We will retrain all staff and meet with individual staff if a member of staff continues to miss the R&R. Progressive disciplinary may be initiated for failure to comply with standard and policy.
4. Our review of onsite appointments found one (1) instance where an in-person signature was not obtained for the Self Declaration Statement (SDS). An SDS must be created whenever any of the following choices are selected for verification of residency, income, and/or identity during certification or recertification: • Cash payment • Disaster Victim • Pregnant teen turned out of home • Homeless • Migrant • No Proof Provided • Remote/rural area with no mail delivery	All supervisors and staff will be required to complete the new CDPH WIC LMS training “Determining WIC eligibility” WPPM Policy: WPPM 210-03, WPPM 210- 06, WPPM 270-20, WPPM 1000-140	Retrain all supervisors on the LMS training “Determining WIC eligibility.” Supervision trainings will be completed on • 1/17/25 • 1/24/25 Retrain all staff using the LMS training “Determining WIC eligibility” on the following dates • 1/22/25 • 1/29/25 • 2/5/25 • 2/12/25 • Isolated SDS training on 1/29/25	The Program Administrator, Program Manager, and Division Director will be responsible for in-person observations. Four (4) observations will be conducted per staff, per quarter then we will reduce observations to once per quarter, per staff. In addition, five (5) supervisors will be responsible for auditing (5) participant files per staff, per month for 6 months until 100% accuracy then decrease to 2 files per staff per month. We will retrain staff or meet with individual staff if 100% compliance is not met. Progressive disciplinary may be initiated for failure to comply with standard and policy. The expected outcome is 100% compliance.

PMV Finding	Corrective Action Plan	Timeline	Monitoring
5. Our review of onsite appointments found that the required program orientation topic and assessment was inadequate in four (4) observations and in one (1) case incorrect. LA staff must assess the participant's understanding of WIC authorized food and use of the WIC card. More specifically, staff should cover all required topics to ensure the participant understands how to use WIC benefits and purchase WIC food.	WIC Training Coordinator and WIC Program Manager will be responsible for creating a new tool that will be added to the "Orientation to WIC" which is a pre-existing material that staff can use at orientation to assess participant's understanding of WIC authorized food and use of the WIC card. This tool will specifically address the orientation finding. In addition, staff will cover all required topics to ensure the participant understands how to use WIC benefits and purchase WIC food. WPPM Policy: WPPM 270-40	Retrain all staff at the orientation training on the following date 1/29/25	The Program Administrator, Program Manager, and Division Director will be responsible for in person observations. Four (4) observations will be conducted per staff, per quarter until 100% compliance, then we will reduce observations to once per quarter, per staff. We will retrain staff or meet with individual staff if 100% compliance is not met. Expected outcome is 100% compliance. Progressive disciplinary may be initiated for failure to comply with standard and policy.
6. Our review of participant records and observations of onsite sessions found policy violations related to the documentation of a Care Plan. - Our review of 20 WIC WISE participant certification records found one (1) record where staff documented the care plan one day late. The Care Plan must be completed by the end of day. - Our review of onsite appointments found one (1) instance in which the Care Plan did not meet required minimum standard. The assessment was missing.	Provide staff with an isolated training for care plan training will include - Scenario reenactment - Pre/Post assessment Concurrent with trainings dates. In addition, provide staff with job aid to assist with appropriate times to add the care plan while conducting an appointment WPPM Policy: WPPM 400-12	Retrain all staff at the care plan training on the following date 2/19/25	The Program Administrator, Program Manager, and Division Director will be responsible for in-person observations. Four (4) observations will be conducted per staff, per quarter until we meet 100% compliance then we will reduce observations to once per quarter, per staff. In addition, five (5) supervisors will be responsible for auditing (5) participant files per member of staff, per month. The duration of auditing files will be for 6 months until 100% accuracy is retained then decrease to 2 files per staff per month. We will retrain staff or meet with individual staff if 100% compliance is not met. The expected outcome is 100% compliance
7. Our review of onsite appointments found four (4) staff assigning inappropriate manual risk codes. An accurate indicator of nutritional risk is necessary for certification.	Will provide staff with several isolated trainings for risk codes. Trainings will include - Scenario reenactment - Pre/Post assessment concurrent with trainings date WPPM Policy: WPPM 200-01, 210-10, 210- 11, 21012, 210-13	Retrain all staff at the risk code trainings on the following dates 2/26/25 3/5/25 3/12/25 3/19/25	The Program Administrator, Program Manager, and Division Director will be responsible for in person observations. Four (4) observations will be conducted per staff, per quarter until we meet 100% compliance then we will reduce observations to once per quarter, per staff. We will retrain staff or meet with individual staff if 100% compliance is not met. The expected outcome is 100% compliance.



TAXPAYER SERVICES

DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
ATLANTA, GA 30308

Administrative Review Letter
May 19, 2025

Jeremy Tobias
Chief, Executive Officer
Community Action Partnership of Kern
1300 18th Street, Suite # 200
Bakersfield, CA 93301-4534

Re: VITA Grant - 25VITA0313

Dear Jeremy Tobias:

An administrative review was conducted by the Internal Revenue Service's Grant Program Office on **May 9, 2025**, with regards to your 2025 VITA Grant. The purpose of this review was to make an assessment of whether your grant funds are being used appropriately and effectively in compliance with the terms and conditions of your grant agreement. The review was also conducted to assist with any issues encountered due to administration of the grant.

An administrative review is not as extensive with regard to the verification of grant related funding and expenses. Therefore, it does not preclude reviews conducted by our Quality Program Office or the Treasury Inspector General for Tax Administration.

- ☒ The review showed your organization is in compliance with grant program guidelines and terms and conditions of your 2025 grant agreement.

Thank you for your cooperation during the review. If you have any questions regarding this matter, please contact Audrey White at Audrey.White@irs.gov or (470) 639-2834.

Sincerely,

Grant Peterson
Acting Chief , Grant Program Office
Stakeholder Partnerships, Education
and Communication

STATE OF CALIFORNIA
*Department
of
Community Services and Development*



April 22, 2025

Monitoring Report E-25-013D

The Department of Community Services and Development (CSD) is responsible for the oversight of the Department of Energy Weatherization Assistance Program (DOE WAP). Hence, CSD is required to monitor the activities of Community Action Partnership of Kern (CAPK) to ensure compliance with all contractual and statutory requirements.

INTRODUCTION

CSD conducted an in-house desk review of Community Action Partnership of Kern (CAPK) from Monday, March 24 to Friday, March 28, 2025. CSD reviewed the following CAPK Energy contract: DOE BIL 22P-7010. Darrell McCormick, Field Representative, conducted the review in accordance with CSD's Energy and Environmental Services Division's Monitoring Scope.

The purpose of the review is to ensure the Contractor meets the Administrative Requirements, Financial Requirements, Programmatic Requirements, Compliance Requirements, and other applicable requirements as prescribed in the contract and referenced therein (2 CFR §200.328; DOE WAP and DOE BIL Article 10.3).

This monitoring report contains the following sections:

- I. Administrative Requirements
- II. Financial Requirements
- III. Programmatic Requirements
- IV. Monitoring Summary
- V. Recommendations, Observations, and Findings

I. ADMINISTRATIVE REQUIREMENTS

The purpose of the Administrative Requirements review is to ensure that the Contractor is properly administering the Federal and/or State programs in accordance with CSD's contract requirements. The areas covered under the Administrative Requirements are Board Roster, By Laws, Resolution and Minutes; Internal Controls Requirements; Record Retention Requirements; Travel and per diem; Conflict of Interest; Procurement Standards; Use and Disposition of Vehicles and Equipment; Subcontracts; Complaint Management Policies and Procedures; Fair Hearing Process for Applications for Denial of Benefits by Contractor; and Fraud, Waste and Abuse.

Complaint Management Policies and Procedures

The purpose of this review is to ensure the agency has established policies and procedures for handling complaints, applicants are afforded an opportunity to register a complaint, the agency offers a reasonable remedy within the contract timeframes, and formal written complaints are documented.

“Contractor shall ensure that all formal complaints are documented and include the date, time, client name and address, and nature of the complaint and the actions undertaken by the Contractor to resolve the issue. For purposes of this section, “formal complaint” means a written complaint filed with the Contractor by the complainant.” 2022 DOE BIL WAP 4.11.2

“If the Contractor’s efforts did not result in a resolution, the Contractor may refer the complainant to CSD.” 2022 DOE BIL WAP 4.11.3

The agency submitted a copy of their Complaint Log for review. It was missing the following fields: time, format (i.e., written), address, and if complaint was referred to CSD. The CSD Field Representative shared an example of a complete tracking log and the agency provided a revised version with the required data.

The agency submitted a revised version of the Complaint Log, which satisfies the Observation and is considered closed. They shall also ensure staff are trained on the revised Log, update their Complaint Policies and Procedures, and if required, agency shall seek appropriate approval of the change.

II. FINANCIAL REQUIREMENTS

The purpose of the Financial Requirements review is to ensure that Contractor's financial management systems, including records documenting compliance with Federal and/or State statutes, regulations, and the terms and conditions of the Federal and/or State

award, must be sufficient to permit the preparation of reports required by general and program-specific terms and conditions; and the tracing of funds to a level of expenditures adequate to establish that such funds have been used according to the Federal and/or State statutes, regulations, and the terms and conditions of the Federal and/or State award. The areas covered under the Financial Requirements are Working Capital Advance and Major Purchase Advances; Allowable Costs; Reimbursement Guidelines; and Reporting Requirements.

Based on the CSD Field Representative's review, the CSD Field Representative did not identify any issues regarding Financial Requirements.

III. PROGRAMMATIC REQUIREMENTS

The purpose of the Programmatic Requirements review is to ensure that the Contractor is adhering to the programmatic requirements of the contract. The areas covered under the Programmatic Requirements are Program Standards and Regulatory Requirements; Service Priority Guidelines; Outreach and Intake Activity Guidelines; Client Education and Counseling Activities; Leveraging Activities; Record-Keeping Responsibilities; Weatherization Activity Guidelines; Quality Assurance; Training Requirements; Quality Control Inspectors Certification; Contractor Licensing; Special Licensing – Weatherization; Environmental Protection Agency (EPA) Certifications; and Mandatory Training.

Due to the DOE contract cycle ending June 30, 2025, there may be overlap in the files requested by the CSD Field Representative and CSD's third party inspector ConSol, in order to meet DOE inspection requirements. While issues may or may not have been identified during the CSD Field Representative's programmatic review, ConSol's review may identify issues of a more technical nature that will not be identified in this monitoring report, as it may fall outside of the scope of the CSD Field Representative's review. Therefore, any issues identified by ConSol on these same files (if applicable) will be identified in the inspection report issued by ConSol.

The CSD Field Representative requested a sampling of client files for review. Below is a summary of the number of client files requested, received, and reviewed:

Contract	Program	Number of Files Requested	Number of Files Received	Number of Files Reviewed
22P-7010	WX	5	5	5

Based on the CSD Field Representative's review, the CSD Field Representative did not identify any issues regarding eligibility.

For further information regarding the WX client file review, please see the Monitoring Report Addendum completed by the CSD Quality Assurance Inspection Unit (under separate cover).

IV. MONITORING SUMMARY

CSD appreciates the effort and collaboration with sending the requested documentation for review.

Thank you for your dedication and commitment to serve low-income individuals and families in your community. I look forward to working in partnership with you to develop innovative and effective programs as well as strengthen our capacity to improve the lives of those living in poverty and ultimately reduce poverty in California.

V. RECOMMENDATIONS, OBSERVATIONS, AND FINDINGS

Recommendations are offered by CSD as a suggestion for potential improvement of current processes, systems, or general business practices. Recommendations do not require a Corrective Action Plan response.

Observations are identified contractual noncompliance issues that are an identified 'Significant Deficiency' which is caused by a deficiency, or combination of deficiencies, in internal control that is less severe than a 'Material Weakness,' yet important enough to merit attention. An Observation does not require a Corrective Action Plan response; however, the agency must immediately remedy the issue of noncompliance within 90 calendar days from the issuance of the final monitoring report. Thus, if the agency fails to document the remediation of and/or forsakes to remedy an Observation by the specified timeframe, upon follow up the Observation may then be elevated to a Finding as it now carries material error.

Findings are identified contractual noncompliance issues that: (1) cause a financial impact; or (2) was a previously identified Observation and/or Finding that was not found to be remedied; or (3) is a Material Weakness caused by a deficiency or combination of deficiencies in internal control, such that there is a reasonable possibility of a material misstatement that will not be prevented or detected and corrected on a timely basis. Findings are considered material noncompliance of the contract, and any materials referenced therein. A material noncompliance is defined as any issue which carries

substantial financial, personnel, public, and/or agency/CSD ramifications; a material noncompliance may or may not preclude the agency from further performance. Findings require a Corrective Action Plan from the agency within 30 calendar days of the issuance of the final report outlining how the issue of noncompliance will be remedied, and other course of action as outlined in each topic. Findings will not be considered closed until the agency is able to demonstrate the issue has been completely resolved and has provided a sufficient response on how the issue will not reoccur.

OBSERVATION:

Observation 1: Complaint Management Policies and Procedures

Summary: The agency's Complaint Log was missing some required fields.

Reference: 2022 DOE BIL WAP 4.11.2 and 3

Action Required: The agency submitted a revised Complaint Log; this Observation is considered satisfied. The agency shall complete the additional guidance outlined in the section.

April 17, 2025

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

Commissioners

Brynn Carrigan
Chairperson

Debbie Wood
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Vivian Cao

Alternate Commissioners

Supervisor Jeff Flores

Maria Bermudez

Ana Mena, Psy.D

Amy Rutledge

Executive Director

Amy Travis

Re: 2020.2.06 – East Kern Family Resource Center

Dear Mr. Tobias:

This letter presents the findings of the annual administrative review for East Kern Family Resource Center. The primary objective of this review is to assess the program's compliance with the evaluation, fiscal, and contractual requirements outlined in the agreement. The summary below provides an analysis of fiscal year 2023-24 and an update on progress made during the first two quarters (Q1, Q2) of fiscal year 2024-25.

Program Summary

The analysis of quarterly reports verified the progress of performance measures, timeliness, program activities, and potential challenges outlined in the Program Executive Summary. Performance measures were evaluated against the quarterly target projections established by the program coordinator.

Performance Measure Review:

- Fiscal Year 2023-24:
 - Of the 10 performance measures listed in the Scope of Work-Evaluation Plan, 1 was not met:
 - 3.1.1. Center-Based Activities (76%)
- Fiscal Year 2024-25:
 - After reviewing Q1 and Q2 performance measures, there are no areas of concern.

Timeliness: The following items are tracked for timeliness throughout the fiscal year: Performance Measures, Program Executive Summary entries, and response to the Program Manager's feedback.

- Fiscal Year 2023-24:
 - All program entries and follow-up items were submitted on time.
- Fiscal Year 2024-25:
 - Of the 6 program entries and follow-up items required, 1 was not submitted on time.
 - Quarter 2: Program Executive Summary was entered on time but marked late because the final submit box was not checked.

Fiscal Summary

Annual compliance components were reviewed to ensure current documentation is on file. Quarterly invoices, Fiscal Executive Summary entries, and Sustainability entries were reviewed to document reliability, accuracy, and timeliness. Annual Audit reports were reconciled and summarized.

Fiscal Compliance Review:

- Fiscal Year 2023-24:
 - Of the 13 fiscal compliance items, 1 was not met:
 - Quarter 2: Fiscal compliance item – The invoice was adjusted.
- Fiscal Year 2024-25:
 - Of the 11 fiscal compliance items, 1 was not met:
 - Quarter 1: Fiscal compliance item – The invoice was adjusted.

Timeliness: The following items are tracked for timeliness throughout the fiscal year: Quarterly invoice submission, Fiscal Executive Summary entries, Sustainability, and the Annual Audit report.

- Fiscal Year 2023-24:
 - All fiscal items were submitted on time.
- Fiscal Year 2024-25:
 - All fiscal items were submitted on time for Q1 and Q2.

Recommendations

Fiscal Year 2023-24:

- No recommendations.

Fiscal Year 2024-25:

- No recommendations.

The reports are maintained on file and are available at your request. If you have any questions or comments regarding this correspondence, please contact your respective program or finance manager.

In closing, this annual administrative review highlights your dedication and impact in supporting young children and families in our community. Meaningful progress has been made in advancing early childhood development and family support services. We appreciate the ongoing commitment to aligning with First 5 Kern's vision to ensure that every child has the opportunity to thrive. We look forward to continued collaboration and furthering the positive impact in the year ahead.

Sincerely,



Amy Travis
Executive Director
First 5 Kern

cc: Anita Saavedra, Program Supervisor



5080 California Ave., Suite 200
Bakersfield, CA 93309
661.328.8888
661.475.8122 fax
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April 17, 2025

Jeremy T. Tobias, Chief Executive Officer
Community Action Partnership of Kern
1300 18th St. Suite 200
Bakersfield, CA 93301

Commissioners

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Amy Rutledge

Executive Director

Amy Travis

Re: 2020.2.18 – Oasis Family Resource Center

Dear Mr. Tobias:

This letter presents the findings of the annual administrative review for Oasis Family Resource Center. The primary objective of this review is to assess the program's compliance with the evaluation, fiscal, and contractual requirements outlined in the agreement. The summary below provides an analysis of fiscal year 2023-24 and an update on progress made during the first two quarters (Q1, Q2) of fiscal year 2024-25.

Program Summary

The analysis of quarterly reports verified the progress of performance measures, timeliness, program activities, and potential challenges outlined in the Program Executive Summary. Performance measures were evaluated against the quarterly target projections established by the program coordinator.

Performance Measure Review:

- Fiscal Year 2023-24:
 - All performance measure annual targets listed in the Scope of Work-Evaluation Plan were met.
- Fiscal Year 2024-25:
 - After reviewing Q1 and Q2 performance measures, there are no areas of concern.

Timeliness: The following items are tracked for timeliness throughout the fiscal year: Performance Measures, Program Executive Summary entries, and response to the Program Manager's feedback.

- Fiscal Year 2023-24:
 - All program entries and follow-up items were submitted on time.
- Fiscal Year 2024-25:
 - All program entries and follow-up items were submitted on time for Q1 and Q2.

Fiscal Summary

Annual compliance components were reviewed to ensure current documentation is on file. Quarterly invoices, Fiscal Executive Summary entries, and Sustainability entries were reviewed to document reliability, accuracy, and timeliness. Annual Audit reports were reconciled and summarized.

Fiscal Compliance Review:

- Fiscal Year 2023-24:
 - All fiscal compliance items were met.
- Fiscal Year 2024-25:
 - Of the 11 fiscal compliance items, 1 was not met:
 - Quarter 1: Fiscal compliance item – The invoice was adjusted.

Timeliness: The following items are tracked for timeliness throughout the fiscal year: Quarterly invoice submission, Fiscal Executive Summary entries, Sustainability, and the Annual Audit report.

- Fiscal Year 2023-24:
 - All fiscal items were submitted on time.
- Fiscal Year 2024-25:
 - All fiscal items were submitted on time for Q1 and Q2.

Recommendations

Fiscal Year 2023-24:

- No recommendations.

Fiscal Year 2024-25:

- No recommendations.

The reports are maintained on file and are available at your request. If you have any questions or comments regarding this correspondence, please contact your respective program or finance manager.

In closing, this annual administrative review highlights your dedication and impact in supporting young children and families in our community. Meaningful progress has been made in advancing early childhood development and family support services. We appreciate the ongoing commitment to aligning with First 5 Kern's vision to ensure that every child has the opportunity to thrive. We look forward to continued collaboration and furthering the positive impact in the year ahead.

Sincerely,



Amy Travis
Executive Director
First 5 Kern

cc: Eric Le Barbe, Program Supervisor
Freddy Hernandez, Director of Youth & Community Services