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

FUNDING AGREEMENT PERIOD
FY 2024-2025

AGENCY INFORMATION FORM

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

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

AGENCY IDENTIFICATION INFORMATION

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

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

MCAH 202412 BIH N/A AFLP N/A PEI N/A

Update Effective Date *(only required when submitting updates)* _____

Federal Employer ID#: 94-000513

Complete Official Agency Name: County of Humboldt, Department of Health and Human Services, Public Health

Business Office Address: 908 - 7th Street, Eureka, CA 95501

Agency Phone: 707-445-6210

Agency Fax: 707-268-8495

Agency Website: hhtps://humboldtgov.org/1013/Maternal-Child-Adolescent-Health

AGREEMENT FUNDING APPLICATION
POLICY COMPLIANCE AND CERTIFICATION

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

MCAH 202412 BIH N/A AFLP N/A PEI N/A

The undersigned hereby affirms that the statements contained in the Agreement Funding Application (AFA) are true and complete to the best of the applicant's knowledge.

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

Official authorized to commit the Agency to an MCAH Agreement

Name (Print): Sofia Pereira

Title: Director of Public Health

Original Signature:

Date:

MCAH/AFLP Director

Name (Print): Megan Blanchard

Title: Director of Public Health Nursing

Original Signature: Blanchard, Megan Digitally signed by Blanchard, Megan Date: 2024.06.12 09:29:23 -07'00'

Date:

MCAH Program

#	Contact	First Name	Last Name	Title	Address	Phone	Email Address	Program
1	AGENCY EXECUTIVE DIRECTOR	Sofia	Periera	Director of Public Health	529 I Street, Eureka, CA 95501	707-268-2121	spereira2@co.humboldt.ca.us	MCAH
2	MCAH DIRECTOR	Megan	Blanchard	Director of Public Health Nursing	908 - 7th Street, Eureka, CA 95501	707-362-1657	mblanchard@co.humboldt.ca.us	MCAH
3	MCAH COORDINATOR (Only complete if different from #2)	Angela	Winogradov	Supervising Public Health Nurse	908 - 7th Street, Eureka, CA 95501	707-441-5573	awinogradov@co.humboldt.ca.us	MCAH
4	MCAH FISCAL CONTACT	Morgan	Brannon	Administrative Analyst	507 F Street, Eureka, CA 95501	707-441-5530	phfiscal@co.humboldt.ca.us	MCAH
5	FISCAL OFFICER	Tami	Wandel	Budget Specialist	507 F Street, Eureka, CA 95501	707-382-2493	twandel@co.humboldt.ca.us	MCAH
6	CLERK OF THE BOARD or	Kathy	Hayes	Clerk of the Board	825 - 5th Street, Eureka, CA 95501	707-476-2396	khayes@co.humboldt.ca.us	MCAH
7	CHAIR BOARD OF SUPERVISORS	Rex	Bohn	Chair of the Board of Supervisors	825 - 5th Street, Eureka, CA 95501	707-476-2396	rbohn@co.humboldt.ca.us	MCAH
8	OFFICIAL AUTHORIZED TO COMMIT AGENCY	Sofia	Periera	Director of Public Health	529 I Street, Eureka, CA 95501	707-268-2121	spereira2@co.humboldt.ca.us	MCAH
9	SUDDEN INFANT DEATH SYNDROME (SIDS) COORDINATOR/CONTACT	Angela	Winogradov	Supervising Public Health Nurse	908 - 7th Street, Eureka, CA 95501	707-441-5573	awinogradov@co.humboldt.ca.us	SIDS
10	PERINATAL SERVICES COORDINATOR	Hava	Phillips	Senior Public Health Nurse	908 - 7th Street, Eureka, CA 95501	707-441-5987	hphillips@co.humboldt.ca.us	CPSP

BIH Program

#	Contact	First Name	Last Name	Title	Address	Phone	Email Address	Program
1	AGENCY EXECUTIVE DIRECTOR	N/A						BIH
2	BLACK INFANT HEALTH (BIH) COORDINATOR							BIH
3	BIH FISCAL CONTACT							BIH
4	FISCAL OFFICER							BIH
5	CLERK OF THE BOARD or							BIH
6	CHAIR BOARD OF SUPERVISORS							BIH
7	OFFICIAL AUTHORIZED TO COMMIT AGENCY							BIH

PEI

#	Contact	First Name	Last Name	Title	Address	Phone	Email Address	Program
1	AGENCY EXECUTIVE DIRECTOR	N/A						PEI
2	PERINATAL EQUITY INITIATIVE (PEI) COORDINATOR							PEI
3	PEI FISCAL CONTACT							PEI
4	FISCAL OFFICER							PEI
5	CLERK OF THE BOARD or							PEI
6	CHAIR BOARD OF SUPERVISORS							PEI
7	OFFICIAL AUTHORIZED TO COMMIT AGENCY							PEI

AFLP Program

#	Contact	First Name	Last Name	Title	Address	Phone	Email Address	Program
1	AGENCY EXECUTIVE DIRECTOR	N/A						AFLP
2	AFLP DIRECTOR							AFLP
3	AFLP COORDINATOR or SUPERVISOR/COORDINATOR							AFLP
4	AFLP FISCAL CONTACT							AFLP
5	FISCAL OFFICER							AFLP
6	CLERK OF THE BOARD or							AFLP
7	CHAIR BOARD OF SUPERVISORS							AFLP
8	OFFICIAL AUTHORIZED TO COMMIT AGENCY							AFLP