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

FUNDING AGREEMENT PERIOD FY 2025-2026

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.

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

AGENCY IDENTIFICATION INFORMATION

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

MIECHV CHVP 25-12

SGF EBHV CHVP SGF EBHV 25-12

SGF INNV 1.0 Select SGF INNV 1.0 Agreement

SGF INNV 2.0 Select SGF INNV 2.0 Agreement

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

Federal Employer ID#: **94-6000513**

FI$CAL ID#: **12414**

Complete Official Agency Name: **County of Humboldt**

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

Agency Phone: **707-445-6210**

Agency Fax: **707-268-8495**

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

AGREEMENT FUNDING APPLICATION POLICY COMPLIANCE AND CERTIFICATION

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

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.). 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 a CHVP Agreement

Name (Print): **Sofia Pereira** Title: **Director of Public Health** Original Signature:_____ Date:_____

Original Signature of MCAH Director

Name (Print): **Megan Blanchard** Title: **Director of Nursing, MCAH Directo** Original Signature: _____Date: _____

☒ **CHECK BOX if remittance address is the same as above**

NO **Has Remittance Address changed from previous Fiscal Year? If YES: Complete CDPH9083 (Item 13 on AFA Checklist)**

REMITTANCE ADDRESS	
ALL PAYMENTS FROM CDPH TO THE CONTRACTOR SHALL BE SENT TO THE FOLLOWING ADDRESS	
Contractor:	**County of Humboldt**
Attention: "Cashier"	**Cashier**
Address:	**908 7th Street, Eureka, CA 95501**
Contact Number:	**707-445-6210**
Email:	**PHFiscal@co.humboldt.ca.us**

Either party may make changes to the information above by giving written notice to the other party.

Said changes shall not require an amendment to this agreement but will require a new STD204 Payee Data Record or CDPH9083 Government Agency Taxpayer Form.

Always include this remittance address on your invoice.

MIECHV				AUTHORIZED TO SIGN?				
Contact	First Name	Last Name	Title	Budgets	Invoices	IF YES SELECTED, SIGN	Phone	Email Address
AGENCY EXECUTIVE DIRECTOR	Connie	Beck	Director of Health and Human Services	NO	NO		707-441-5400	cbeck@co.humboldt.ca.us
MCAH DIRECTOR	Megan	Blanchard	Director of Nursing	YES	YES		707-362-1657	mblanchard@co.humboldt.ca.us
PROJECT COORDINATOR	Kathryn	O'Malley	Supervising Public Health Nurse	NO	NO		707-476-4981	komalley@co.humboldt.ca.us
FISCAL OFFICER	Tami	Wandel	Budget Specialist	YES	YES		707-382-2493	twandel@co.humboldt.ca.us
FISCAL CONTACT	Jesse	James	Administrative Analyst	NO	NO		707-441-5442	jjames2@co.humboldt.ca.us
CLERK OF THE BOARD or				Select Yes	Select Yes			
CHAIR BOARD OF SUPERVISORS	Michelle	Bushnell	Supervisor/Chairperson	NO	NO		707-476-2392	mbushnell@co.humboldt.ca.us
OFFICIAL AUTHORIZED TO COMMIT AGENCY	Sofia	Pereira	Director of Public Health	YES	YES		707-268-2121	sperieira2@co.humboldt.ca.us
ADDITIONAL CONTACTS								
				Select Ye	Select Ye			
				Select Ye	Select Ye			

SGF EBHV				AUTHORIZED TO SIGN?				
Contact	First Name	Last Name	Title	Budgets	Invoices	IF YES SELECTED, SIGN	Phone	Email Address
AGENCY EXECUTIVE DIRECTOR	Connie	Beck	Director of Health and Human Services	NO	NO		707-441-5400	cbeck@co.humboldt.ca.us
MCAH DIRECTOR	Megan	Blanchard	Director of Nursing	YES	YES		707-362-1657	mblanchard@co.humboldt.ca.us
PROJECT COORDINATOR	Kathryn	O'Malley	Supervising Public Health Nurse	NO	NO		707-476-4981	komalley@co.humboldt.ca.us
FISCAL OFFICER	Tami	Wandel	Budget Specialist	YES	YES		707-382-2493	twandel@co.humboldt.ca.us
FISCAL CONTACT	Jesse	James	Administrative Analyst	NO	NO		707-441-5442	jjames2@humboldt.ca.us
CLERK OF THE BOARD or				Select Ye	Select Ye			
CHAIR BOARD OF SUPERVISORS	Michelle	Bushnell	Supervisor/Chair person	NO	NO		707-476-2392	mbushnell@co.humboldt.ca.us
OFFICIAL AUTHORIZED TO COMMIT AGENCY	Sofia	Pereiera	Director of Public Health	YES	YES		707-268-2121	spereira2@co.humboldt.ca.us
ADDITIONAL CONTACTS								
				Select Ye	Select Ye			
				Select Ye	Select Ye			

SGF INNV 1.0				AUTHORIZED TO SIGN?				
Contact	**First Name**	**Last Name**	**Title**	**Budgets**	**Invoices**	**IF YES SELECTED, SIGN**	**Phone**	**Email Address**
AGENCY EXECUTIVE DIRECTOR				Select Y	Select Y			
MCAH DIRECTOR				Select Y	Select Y			
PROJECT COORDINATOR				Select Y	Select Y			
FISCAL OFFICER				Select Y	Select Y			
FISCAL CONTACT				Select Y	Select Y			
CLERK OF THE BOARD or				Select Y	Select Y			
CHAIR BOARD OF SUPERVISORS				Select Y	Select Y			
OFFICIAL AUTHORIZED TO COMMIT AGENCY				Select Y	Select Y			
ADDITIONAL CONTACTS								
				Select Y	Select Y			
				Select Y	Select Y			

SGF INNV 2.0				AUTHORIZED TO SIGN?				
Contact	**First Name**	**Last Name**	**Title**	**Budgets**	**Invoices**	**IF YES SELECTED, SIGN**	**Phone**	**Email Address**
AGENCY EXECUTIVE DIRECTOR				Select Ye	Select Ye			
MCAH DIRECTOR				Select Ye	Select Ye			
PROJECT COORDINATOR				Select Ye	Select Ye			
FISCAL OFFICER				Select Ye	Select Ye			
FISCAL CONTACT				Select Ye	Select Ye			
CLERK OF THE BOARD or				Select Ye	Select Ye			
CHAIR BOARD OF SUPERVISORS				Select Ye	Select Ye			
OFFICIAL AUTHORIZED TO COMMIT AGENCY				Select Ye	Select Ye			
ADDITIONAL CONTACTS								
				Select Ye	Select Ye			
				Select Ye	Select Ye			