



**AMENDMENT NUMBER ONE
TO
CONTRACT MA-012-23010452
BETWEEN THE COUNTY OF ORANGE
AND
ORANGE COUNTY'S UNITED WAY DBA ORANGE COUNTY UNITED WAY
FOR
CALFRESH EXPANSION SERVICES**

This Amendment to Contract No. MA-012-23010452, hereinafter referred to as "Amendment 1" is made and entered into upon execution of all necessary signatures, effective as of July 1, 2023, and made and entered into between the County of Orange, a political subdivision of the State of California, hereinafter referred to as "County" and Orange County's United Way dba Orange County United Way, DUNS# 076064914, a non-profit corporation in the State of California, with a place of business at 18012 Mitchell South, Irvine, CA 92614-6008, hereinafter referred to as "Subrecipient," with County and Subrecipient sometimes referred to as "Party," or collectively as "Parties."

RECITALS

WHEREAS, County and People for Irvine Community Health dba 2-1-1 Orange County entered into Contract No. MA-012-23010452, hereinafter referred to as "original Contract," for CalFresh Expansion Services, commencing November 8, 2022 through September 30, 2023, in the amount not to exceed \$67,626; and

WHEREAS, People for Irvine Community Health dba 2-1-1 Orange County informed County that People for Irvine Community Health dba 2-1-1 Orange County desires to assign the Contract to Subrecipient; and

WHEREAS, Paragraph I. Assignment, of the Contract requires County's express written consent to any assignment of the Contract; and

WHEREAS, County, Subrecipient, and People for Irvine Community Health dba 2-1-1 Orange County are concurrently herewith entering into an Assignment, Assumption and Consent that assigns the Contract, and all rights, duties, and obligations thereunder, from People for Irvine Community Health dba 2-1-1 Orange County to Subrecipient, effective July 1, 2023; and

WHEREAS, Parties desire to enter into this Amendment 1 for the purpose of updating Subrecipient's name and certain obligations and information within the Contract as outlined below; and

NOW, THEREFORE, in consideration of the mutual obligations set forth herein, both Parties mutually agree to amend as follows:

1. Name Change: All references to People for Irvine Community Health dba 2-1-1 Orange County are deleted in their entirety and replaced with Orange County's United Way dba Orange County United Way.
2. The portion of Paragraph 31. Notices, of the Contract pertaining to for People for Irvine Community Health dba 2-1-1 Orange County is hereby amended and replaced in its entirety as with Subrecipient's information, as follows:

For Subrecipient:

Orange County's United Way dba Orange County United Way
18012 Mitchell South
Irvine, CA 92614-6008

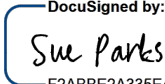
3. Attachment F – Federal Award Identification, is hereby replaced with Attachment F-1.
4. Exhibit 1 – Drug Free Workplace Certification, is hereby replaced with Exhibit 1-1.
5. Exhibit 2 – Certification Regarding Debarment, Suspension, Ineligibility and Voluntary exclusion Lower Tier Covered Transactions, is hereby replaced with Exhibit 2-1.
6. Exhibit 3 – Certification Regarding Lobbying, Certification for Contracts, Grants, Loans and Cooperative Agreements, is hereby replaced with Exhibit 3-1.
7. Exhibit 4 – Instructions for Completion of SF-LLL Disclosure of Lobbying Activities, is hereby replaced with Exhibit 4-1.
8. Exhibit 5 – Reimbursement Policy Status Form, is hereby replaced with Exhibit 5-1.
9. Exhibit 7 – California Civil Rights Laws Certification, is hereby replaced with Exhibit 7-1.

Except as otherwise expressly set forth herein, all terms and conditions contained in the original Contract, including any amendments/modifications, are hereby incorporated herein by this reference as if fully set forth herein and shall remain in full force and effect.

THE REMAINDER OF THIS PAGE IS INTENTIONALLY LEFT BLANK

IN WITNESS WHEREOF, the Parties hereto have executed this Amendment 1 on the dates with their respective signatures:


***ORANGE COUNTY'S UNITED WAY DBA ORANGE COUNTY UNITED WAY**

By:  Sue Parks
F2ABBE2A335E480...

Name: Sue Parks
(Print)

Title: President

Dated: 8/16/2023

By:  Emilee Tello
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Name: Emilee Tello
(Print)

Title: Chief Financial Officer

Dated: 8/16/2023

*For Subrecipients that are corporations, signature requirements are as follows: 1) One signature by the Chairman of the Board, the President or any Vice President; and 2) One signature by the Secretary, any Assistant Secretary, the Chief Financial Officer or an Assistant Treasurer.

For Subrecipients that are not corporations, the person who has authority to bind the Subrecipient to a Contract, must sign on one of the lines above.

COUNTY OF ORANGE

A Political Subdivision of the State of California

By: _____
Deputized Purchasing Agent
OC Community Resources

Dated: _____

APPROVED AS TO FORM

Office of the County Counsel Orange
County, California

 John Cleveland
74000D32EE65437...
DEPUTY COUNTY COUNSEL

8/16/2023

Dated: _____

Attachment F-1

1. Federal Award Identification

- A. **Subrecipient Name:** Orange County's United Way dba Orange County United Way
- B. **Subrecipient's Dun & Bradstreet Number (DUNS):** 076064914
- C. **Subrecipient's SAM Unique Entity Identifier (UEI):** TWL3WEV59TH4
- D. **Federal Award Identification Number (FAIN):** TBD
- E. **Federal Award Date:** 2022-2023
- F. **Subaward Period of Performance:** Upon final County execution to September 30, 2023
- G. **Total Amount of Federal Funds Obligated by the Action:** \$ 29,389

ALN	FAIN	Award Date	Formula Funds	Amount
10.561	TBD	2022	CalFresh Expansion	\$ 7,347
10.561	TBD	2023	CalFresh Expansion	\$ 22,042
TOTAL:				\$ 29,389

- H. **Total Amount of Federal Funds Obligated to the Subrecipient:** \$ 29,389
- I. **Total Amount of the Federal Award:** \$ 29,389
- J. **Federal Award Project Description:** State Administrative Matching Grants for the Supplemental Nutrition Assistance Program
- K. **Federal Awarding Agency:** United States Department of Agriculture, Food and Nutrition Service
- L. **Name of Pass Through Entity (PTE):** California Department of Aging and County of Orange Office on Aging
- M. **Contact Information for the Awarding Official:** Claudia Harris, Director (714) 480-6465, Claudia.Harris@occr.ocgov.com
- N. **Assistance Listing Number (ALN) and Name:** #10.561 State Administrative Matching Grants for the Supplemental Nutrition Assistance Program.
- O. **Whether Award is R&D:** No
- P. **Indirect Cost Rate for the Federal Award:** 10%

Exhibit 1-1**DRUG FREE WORKPLACE CERTIFICATION**

Orange County's United Way dba Orange County United Way

Company/Organization Name

The Contractor or grant recipient named above hereby certifies compliance with Government Code 8355 in matters relating to providing a drug-free workplace. The above named Contractor will:

1. Publish a statement notifying employees that unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance is prohibited in the person's or organization's workplace and specifying the actions to be taken against employees for violations of the prohibitions, as required by Government Code Section 8355(a).
2. Establish a Drug Free Awareness Program as required by Government Code Section 8355(b), to inform employees about all of the following:
 - A. The dangers of drug abuse in the workplace,
 - B. The person's or organization's policy of maintaining a drug-free workplace,
 - C. Any available drug counseling, rehabilitation and employee assistance programs, and
 - D. Penalties that may be imposed upon employees for drug abuse violations
3. Provide as required by Government code Section 8355I that every employee who works on the proposed contract or grant
 - A. Will receive a copy of the company's drug-free policy statement described in paragraph (1) above, and
 - B. Will agree to abide by the terms of the company's statement as a condition of employment in the contract or grant.

CERTIFICATION

I, the official named below, hereby swear that I am duly authorized legally to bind the contractor or grant recipient to the above described certification.

Sue Parks

Emilee Tello

Official's Name

8/16/2023

8/16/2023

Orange

Date Executed

Executed in the County of Orange

Sue Parks

President

Emilee Tello

Chief Financial Officer

Contractor or Grantee Recipient Signature and Title

Exhibit 2-1

**CERTIFICATION REGARDING
DEBARMENT, SUSPENSION, INELIGIBILITY AND VOLUNTARY EXCLUSION
LOWER TIER COVERED TRANSACTIONS**

This certification is required by the regulations implementing Executive Order 12549, Debarment and suspension, 29 CFR Part 98.510, Participants' responsibilities. The regulations were published as Part VII of the May 26, 1988 Federal Register (pages 19160-19211)

(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS FOR CERTIFICATION)

- (1) The contractor or grant recipient of Federal assistance funds certifies, by submission of this exhibit document, that 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.
- (2) Where the contractor or grant recipient of Federal assistance funds is unable to certify to any of the statements in this certification, the contractor or grant recipient shall attach an explanation to this exhibit document.

Sue Parks

Emilee Tello

Name

President

Chief Financial Officer

Title

DocuSigned by:

DocuSigned by:

Sue Parks

Emilee Tello

8/16/2023

8/16/2023

Authorized Signature

Date

Exhibit 2-1**DEBARMENT AND SUSPENSION CERTIFICATION - Instructions for Certification**

1. By signing and submitting this exhibit document, the contractor or grant recipient of Federal assistance funds is providing the certification as set out below.
2. The certification in the clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the contractor or grant recipient of Federal assistance funds knowingly rendered an erroneous certification in addition to other remedies available to the Federal Government, the Department of Labor (DOL) may pursue available remedies, including suspension and/or debarment.
3. The contractor recipient of Federal assistance funds shall provide immediate written notice to the County of Orange/Workforce Investment Board to which this certification document is submitted if at any time the contractor or grant recipient of Federal assistance funds learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
4. The contractor or grant recipient of Federal assistance funds agrees by submitting this certification document that, should the covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the DOL.
5. The contractor or grant recipient of Federal assistance funds further agrees by submitting this certification document that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transactions," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
6. The contractor or grant recipient in a covered transaction may rely upon a certification of a contractor or grant recipient in a lower tier covered transaction that it is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. The contractor or grant recipient may decide the method and frequency by which it determines the eligibility of its principals.
7. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of the contractor or grant recipient is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
8. Except for transactions authorized under paragraph 5 of these instructions, if the contractor or grant recipient in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the DOL may pursue available remedies, including suspension and/or debarment.

**Exhibit 3-1
Page 1 of 1****CERTIFICATION REGARDING LOBBYING
CERTIFICATION FOR CONTRACTS, GRANTS, LOANS,
AND COOPERATIVE AGREEMENTS**

The undersigned certifies, to the best of his or her knowledge and belief, that:

- (1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
- (2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.
- (3) The undersigned shall require that the language of this certification be included in the award documents for all* subawards at all tiers (including subcontracts, subgrants and contracts under grants, loans, and cooperative agreements) and that all* subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10, 000 and not more than \$100,000 for each such failure.

Orange County's United Way dba Orange County United Way

Grantee/Contractor Organization

Sue Parks

Emilee Tello

Name

President

Chief Financial Officer

Title

DocuSigned by:

Sue Parks

DocuSigned by:

Emilee Tello

Authorized Signature

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*Note: In these instances, "All," in the Final Rule is expected to be clarified to show that it applies to covered contract/grant transactions over \$100,000 (per OMB).

Exhibit 4-1

INSTRUCTIONS FOR COMPLETION OF SF-LLL DISCLOSURE OF LOBBYING ACTIVITIES

This disclosure form shall be completed by the reporting entity, whether subawardee or prime Federal recipient at the initiation or receipt of a covered Federal action, or a material change to a previous filing, pursuant to title 31 U.S.C. section 1352. The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action. Use the SF LLL-A Continuation sheet for additional information if the space on the form is inadequate. Complete all items that apply for both the initial filing and material change report. Refer to the implementing guidance published by the Office of Management and Budget for additional information.

1. Identify the type of covered Federal action for which lobbying is and has been secured to influence the outcome of a covered action.
2. Identify the status of the covered Federal action.
3. Identify the appropriate classification of this report. If this is a follow up report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered Federal action.
4. Enter the full name, address, city, state and zip code of the reporting entity. Include congressional district, if known. Check the appropriate classification of the reporting entity that designates if it is, or expects to be a prime or subaward recipient. Identify the tier of the subawardee, e. g. the first subawardee of the prime is the 1st tier. Subawards include but are not limited to subcontracts, subgrants and contract awards under grants.
5. If the organization filing the report, in item 4 checks "Subawardee", then enter the full name, address, city, state, and zip code of the prime Federal recipient. Include congressional district, if known.
6. Enter the name of the Federal agency making the award or loan commitment. Include at least one organizational level below agency name, if known. For example, Department of Transportation, United States Coast Guard.
7. Enter the Federal program name or description for the covered Federal action (item 1). If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grants, cooperative agreements, loans and loan commitments.
8. Enter the most appropriate Federal identifying number available for the Federal action identified in item 1 (e. g. Request for Proposal (RFP) number; Invitation for Bid (IFB) number; grant announcement number the contract, grant, or loan award number; the application proposal control number assigned by the Federal agency). Include prefixes, e.g., "RFP DE 90 09."
9. For a covered Federal action where there has been an award or loan commitment by the Federal agency, enter the Federal amount of the award/loan commitment for the primary entity identified in item 4 or 5.
10.
 - (a) Enter the full name, address, city, state and zip code of the lobbying entity engaged by the reporting entity identified in item 4 to influence the covered Federal action.
 - (b) Enter the full names of the individual(s) performing services, and include full address if different from 10 (a). Enter Last Name, First Name, and Middle Initial (MI).
11. Enter the amount of compensation paid or reasonably expected to be paid by the reporting entity (item 4) to the lobbying entity (item 10). Indicate whether the payment has been made (actual) or will be made (planned). Check all boxes that apply. If this is a material change report enter the cumulative amount of payment made or planned to be made.
12. Check the appropriate box(es). Check all boxes that apply. If payment is made through an in kind contribution, specify the nature and value of the in kind payment.
13. Check the appropriate box(es). Check all boxes that apply. If other, specify nature.
14. Provide a specific and detailed description of the services that the lobbyist has performed, or will be expected to perform, and the date(s) of any services rendered. Include all preparatory and related activity, not just time spent in actual contact with Federal officials. Identify the Federal official(s) or employee(s) contacted and the officer(s), employee(s), or Member(s) of Congress that were contacted.
15. Check whether or not a SF LLL A Continuation Sheet(s) is attached.
16. The certifying official shall sign and date the form, print his/her name, title, and telephone number.

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348 0046) Washington D.C., 20503.

not applicable

Exhibit 4-1**DISCLOSURE OF LOBBYING ACTIVITIES**

Complete this form to disclose activities pursuant to 31 U.S.C 1352

1. Type of Federal Actions: a. contract b. grant c. cooperative agreement d. loan e. loan guarantee f. loan insurance	2. Status of Federal Actions: a. bid/offer/application b. initial award c. post-award	3. Report Type: a. initial filing b. material change For material change only: Year: _____ Quarter: _____ Date of last report: _____
4. Name and Address of Reporting Entity Prime Subawardee Tier _____ if known Congressional District, if known:	5. If Reporting Entity in No. 4 is a Subawardee: Enter Name and Address of Prime: Congressional District, if known:	
6. Federal Department / Agency:	7. Federal Program Name/Description	
8. Federal Action Number, if known:	9. Award Amount, if known: \$	
10a. Name and Address of Lobbying Entity (if individual, last name, first name, MI): (attach Continuation Sheets SF-LLL-A, if necessary)	10b. Individual Performing Services (including address if different from No. 10a) (last name, first name, MI):	
11. Amount of Payment (check all that apply): \$ Actual Planned	13. Type of Payment (check all that apply) a. retainer b. one-time free c. commission d. contingent fee e. deferred f. other specify: _____	
12. Form of Payment (check all that apply): a. cash b. in-kind: specify: nature: _____ value: _____		
14. Enter Description of Services performed or to be Performed and date(s) of Service, including officer(s), employee(s), or Member(s) contacted, for Payment indicated on item 11:		
15. Continuation sheet(s) SF-LLL-A attached: <input type="checkbox"/> Yes <input type="checkbox"/> No		
16. Information requested through this form authorized by Title 31 U.S.C. Section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semiannually and will be available for public inspection. An person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.		
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Signature: <u>Sue Parks</u> <small>F2ABBE2A335E480...</small> Print Name: Sue Parks Title: President Telephone No: 9492636169 Date: 8/16/2023 </div> <div style="width: 45%;"> Signature: <u>Emilee Tello</u> <small>DAA4A4D855C4427</small> Print Name: Emilee Tello Title: Chief Financial Officer Date: 8/16/2023 </div> </div>		

Exhibit 4-1

DISCLOSURE OF LOBBYING ACTIVITIES
CONTINUATION SHEET
Approved by OMS - 0348-0046

Reporting Entity:_____

_____Page_____of_____

BILLING CODES 3410-01 -C; 6450-01-C; 6890-01 ;6025-01-C; 7510-01-C , 35 1 0-FE-C; 8120-01 -C; 4710-24-C, 6116-01 -C,



**Subject: OC Community Resources
Contract Reimbursement Policy**

Effective: July 1, 2010
Revised: January 17, 2020

PURPOSE:

This policy contains updated fiscal documentation requirements for contract reimbursement for OC Community Services and OC Housing & Community Development. The procedures provide instructions for submitting reimbursement demand letter or invoice.

REFERENCES:

Executed County Board of Supervisors approved contract
Budget included in contract or presented as an attachment
48 CFR Part 31 Contract Cost Principles and Procedures
24 CFR Parts 85, 570.502, 570.201, 576.21, 576.51 and 576.61: For OC Housing & Community Development Contracts only.
2 CFR Part 200 Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (Uniform Guidance)

BACKGROUND:

The executed Board of Supervisors approved contract is the authorization for all aspects of payment, including the maximum amount to be paid, the payee, and the scope of services and work. Payments are made in strict accordance with the contract terms. Allowable costs are identified in referenced Uniform Guidance and Code of Federal Regulations (CFR).

ATTACHMENTS:

Reimbursement Policy Status Form (RPS-1)

POLICY:

Contractor is responsible for the submission of accurate claims. This reimbursement policy is intended to ensure that the Contractor is reimbursed based on the code or codes that correctly describe the services provided. This information is intended to serve only as a general reference resource regarding OC Community Services' and OC Housing & Community Development's reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, OC Community Services and OC Housing & Community Development may use reasonable discretion in interpreting and applying this policy to services provided in a particular case. Other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy. These factors may include, but are not limited to: legislative mandates and County directives. OC Community Services and OC Housing & Community Development may modify this reimbursement policy at any time by publishing a new version of the policy. However, the information presented in this policy is accurate and current as of the date of publication.

Cost incurred by Contractor must be substantiated and incurred during the contract period. Total of all reimbursements cannot exceed the amount of the contract. Cost must be allowable under applicable Code of Federal Regulations (CFR) or Uniform Guidance. All supporting documentation for reimbursement must be submitted with demand letter or invoice. If contract

requires matching contribution, documentation substantiating contribution match must be submitted with demand letter or invoice.

At any time, based on County's business needs and/or Contractor's performance, the County may designate Contractor to submit abbreviated or comprehensive documentation, as identified in the respective sections. Upon designation, Contractor will be notified, in writing via Reimbursement Policy Status Form, of which requirements are in full force. When Contractor is required to submit comprehensive documentation, in addition to the items identified in the Abbreviated Documentation Requirements Section, Contractor must also provide the documentation identified in the Comprehensive Documentation Requirements Section.

PROCEDURES:

Abbreviated Documentation Requirements

Compile and submit:

1. Supporting documentation includes, but is not limited to:
 - a. General ledger/expense transaction report
 - b. Payroll register or labor distribution report
 - c. Payroll allocation plan
 - d. Personnel Documentation
 - e. Benefit plan and calculation of benefit
 - f. Employer-employee contract for non-customary benefits (if applicable)
 - g. Pre-approval documentation for equipment purchases equal to or greater than \$5,000
2. The following is required with the first month's invoice only:
 - a. Cost allocation plan for rent, utilities, etc.
 - b. Indirect rate approved by cognizant agency (if applicable)
3. Summary of leveraged resources (if applicable)
4. Demand letters must contain the following certification (if required by Contract):

"By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31 Sections 3729-3730 and 3801-3812)"
5. Grantee Performance Report (if required by Contract)
6. Supporting documentation shall be on single-sided sheets
7. Please redact employees' Social Security Number from payroll reports
8. Demand letter or invoice, along with supporting documentation shall be submitted to:

OC Community Resources Accounting
601 N. Ross St., 6th Floor
Santa Ana, CA 92701

Comprehensive Documentation Requirements

In addition to abbreviated documentation, compile and submit:

9. Purchase orders, invoices, and receipts
10. Cashed checks
11. Check register
12. Consultant/sub-contractor invoices (with description of services)
13. Travel expense documentation: mileage reimbursement, hotel bill, meal reimbursement

ACTION:

Distribute this policy to all appropriate staff

INQUIRIES: Inquiries may be directed to OCCR Accounts Payable at: OCCRAccountsPayable@occr.ocgov.com



Reimbursement Policy Status Form

Per OC Community Resources Contract Reimbursement Policy, in regards to the Contract # listed herein, Contractor is designated with the Documentation Status of Abbreviated unless Comprehensive is checked below. If the contractor’s designation should change to Abbreviated, a new status form shall be approved. All related documentation requirements are in full force, until further notice.

Contractor: Orange County’s United Way dba Orange County United Way

Effective Date: Upon final execution by County

Contract #: MA-012-23010452

Documentation Status: ☒ **Abbreviated** ☐ **Comprehensive**

Program Authorization by:

Print Name

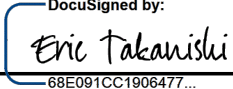
Signed by: _____

Date: [Click here to enter text.](#)

Auditor Controller Authorization by:

Eric Takanishi

Print Name

Signed by:  _____
68E091CC1906477...

Date: 8/22/2023 [Click here to enter text.](#)

Two signatures are required to implement the form.

Distribution:

- Contractor
- Auditor Controller
- Contract File
- Program File





STATE OF CALIFORNIA
 CALIFORNIA DEPARTMENT OF AGING
CALIFORNIA CIVIL RIGHTS LAWS CERTIFICATION
 CDA 9026 (NEW 04/2018)

Pursuant to Public Contract Code section 2010, a person that submits a bid or proposal to, or otherwise proposes to enter into or renew a contract with, a state agency with respect to any contract in the amount of \$100,000 or above shall certify, under penalty of perjury, at the time the bid or proposal is submitted or the contract is renewed, all of the following:

1. **CALIFORNIA CIVIL RIGHTS LAWS**: For contracts executed or renewed after January 1, 2017, the contractor certifies compliance with the Unruh Civil Rights Act (Section 51 of the Civil Code) and the Fair Employment and Housing Act (Section 12960 of the Government Code); and
2. **EMPLOYER DISCRIMINATORY POLICIES**: For contracts executed or renewed after January 1, 2017, if a Contractor has an internal policy against a sovereign nation or peoples recognized by the United States government, the Contractor certifies that such policies are not used in violation of the Unruh Civil Rights Act (Section 51 of the Civil Code) or the Fair Employment and Housing Act (Section 12960 of the Government Code).

CERTIFICATION

I, the official named below, certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.											
Contractor Name (Printed): Orange County's United Way dba Orange Co		Federal ID Number: 330047994									
By (Authorized Signature): 		DocuSigned by: 									
DAA4A4D855C4427...		F2ABBE2A335E400...									
Printed Name and Title of Person Signing: Emilee Tello Chief Financial Officer Sue Parks President											
Date Executed: 8/16/2023 8/16/2023		Executed in the County and State of: Orange County, California									
Indicate all California Department of Aging contracts your organization participates in: <table style="width: 100%; margin-top: 10px;"> <tr> <td><input type="checkbox"/> Area Plan (AP)</td> <td><input type="checkbox"/> Financial Alignment (FA)</td> </tr> <tr> <td><input type="checkbox"/> HICAP (HI)</td> <td><input type="checkbox"/> MIPPA (MI)</td> </tr> <tr> <td><input type="checkbox"/> MSSP (MS)</td> <td><input type="checkbox"/> SNAP-Ed (SP)</td> </tr> <tr> <td><input type="checkbox"/> Title V (TV)</td> <td></td> </tr> </table>				<input type="checkbox"/> Area Plan (AP)	<input type="checkbox"/> Financial Alignment (FA)	<input type="checkbox"/> HICAP (HI)	<input type="checkbox"/> MIPPA (MI)	<input type="checkbox"/> MSSP (MS)	<input type="checkbox"/> SNAP-Ed (SP)	<input type="checkbox"/> Title V (TV)	
<input type="checkbox"/> Area Plan (AP)	<input type="checkbox"/> Financial Alignment (FA)										
<input type="checkbox"/> HICAP (HI)	<input type="checkbox"/> MIPPA (MI)										
<input type="checkbox"/> MSSP (MS)	<input type="checkbox"/> SNAP-Ed (SP)										
<input type="checkbox"/> Title V (TV)											