

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

**FUNDING AGREEMENT PERIOD**  
**FY 2019-2020**

**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**

201917	<a href="#">MCAH</a>	<a href="#">BIH</a>	<a href="#">AFLP</a>
--------	----------------------	---------------------	----------------------

Update Effective Date: \_\_\_\_\_ (only required when submitting updates)

Federal Employer ID#:	94-6000825
-----------------------	------------

Complete Official Agency Name:	Lake County Health Services
--------------------------------	-----------------------------

Business Office Address:	922 Bevins Ct, Lakeport, Ca 95453
--------------------------	-----------------------------------

Agency Phone:	707-263-1090
---------------	--------------

Agency Fax:	707-262-4280
-------------	--------------

Agency Website:	<a href="http://health.co.lake.ca.us">health.co.lake.ca.us</a>
-----------------	--

	CONTACT	FIRST NAME	LAST NAME	TITLE	ADDRESS	PHONE	EMAIL ADDRESS
1	AGENCY EXECUTIVE DIRECTOR	Denise	Pomeroy	Health Services Director	922 Bevins Court, Lakeport, CA 95453	(707) 263-1090	denise.pomeroy@lakecountyca.gov
2	MCAH DIRECTOR	Carolyn	Holladay	Director of Nurses	922 Bevins Court, Lakeport, CA 95453	(707) 263-1090	carolyn.holladay@lakecountyca.gov
3	MCAH COORDINATOR (Only complete if different from #2)	Emillie	Feenan	Public Health Nurse III	922 Bevins Court, Lakeport, CA 95453	(707) 263-1090	emillie.feenan@lakecountyca.gov
4	MCAH FISCAL CONTACT	Josefine	Chester	Fiscal Officer	922 Bevins Court, Lakeport, CA 95453	(707) 263-1090	josefine.chester@lakecountyca.gov
5	FISCAL OFFICER	Josefine	Chester	Fiscal Officer	922 Bevins Court, Lakeport, CA 95453	(707) 263-1090	josefine.chester@lakecountyca.gov
6	CLERK OF THE BOARD or	Carol	Huchingson	County Administrative	922 Bevins Court, Lakeport, CA 95453	(707) 263-2371	carol.huchingson@lakecountyca.gov
7	CHAIR BOARD OF SUPERVISORS	Tina	Scott	Chair of the Board	922 Bevins Court, Lakeport, CA 95453	(707) 263-2368	tina.scott@lakecountyca.gov
8	OFFICIAL AUTHORIZED TO COMMIT AGENCY	Denise	Pomeroy	Health Services Director	922 Bevins Court, Lakeport, CA 95453	(707) 263-1090	denise.pomeroy@lakecountyca.gov
9	FETAL INFANT MORTALITY REVIEW (FIMR) COORDINATOR	N/A					
10	SUDDEN INFANT DEATH SYNDROME (SIDS) COORDINATOR/CONTACT	Emillie	Feenan	Public Health Nurse III	922 Bevins Court, Lakeport, CA 95453	(707) 263-1090	emillie.feenan@lakecountyca.gov
11	PERINATAL SERVICES COORDINATOR	Vacant					

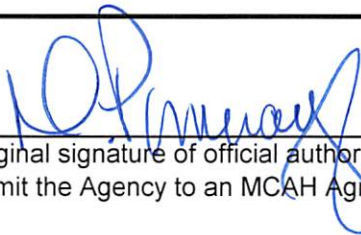
## AGREEMENT FUNDING APPLICATION POLICY COMPLIANCE AND CERTIFICATION

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

201917 <u>MCAH</u>	## <u>BIH</u>		# <u>AFLP</u>
--------------------	---------------	--	---------------

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.



Original signature of official authorized to  
commit the Agency to an MCAH Agreement

Health Services Director

Title

Denise Pomeroy  
Name (Print)

6/10/19

Date



Original signature of MCAH/AFLP Director

MCAH Director

Title

Carolyn Holladay  
Name (Print)

6/2/19

Date