

TULARE COUNTY AGREEMENT NO. _____

COUNTY OF TULARE
HEALTH & HUMAN SERVICES AGENCY
SERVICES AGREEMENT

THIS AGREEMENT ("Agreement") is entered into as of _____ between the **COUNTY OF TULARE**, a political subdivision of the State of California ("COUNTY"), and **TULARE COUNTY SUPERINTENDENT OF SCHOOLS** ("CONTRACTOR"). COUNTY and CONTRACTOR are each a "Party" and together are the "Parties" to this Agreement, which is made with reference to the following:

- A. COUNTY wishes to retain the services of CONTRACTOR for the purpose of providing Welfare-To-Work services to CalWORKs clients determined eligible by Tulare County Health and Human Services Agency, TulareWORKs.
- B. CONTRACTOR has the experience and qualifications to provide the services COUNTY requires pertaining to the TulareWORKs program; and
- C. CONTRACTOR is willing to enter into this Agreement with COUNTY upon the terms and conditions set forth herein.

THE PARTIES AGREE AS FOLLOWS:

- 1. **TERM:** This Agreement becomes effective as of October 1, 2019 and expires at 11:59 PM on September 30, 2020 unless earlier terminated as provided below, or unless the Parties extend the term by a written amendment to this Agreement.
- 2. **SERVICES:** See attached **Exhibit A**
- 3. **PAYMENT FOR SERVICES:** See attached **Exhibit B**
- 4. **INSURANCE:** Before approval of this Agreement by COUNTY, CONTRACTOR must file with the Clerk of the Board of Supervisors evidence of the required insurance as set forth in the attached **Exhibit C**.
- 5. **GENERAL AGREEMENT TERMS AND CONDITIONS:** COUNTY'S "General Agreement Terms and Conditions" are hereby incorporated by reference and made a part of this Agreement as if fully set forth herein. COUNTY'S "General Agreement Terms and Conditions" can be viewed at <http://tularecountycounsel.org/default/index.cfm/public-information/>
- 6. **ADDITIONAL EXHIBITS:** CONTRACTOR shall comply with the terms and conditions of the Exhibits listed below and identified with a checked box, which are by this reference made a part of this Agreement. Complete Exhibits D, E, F, G, G-1, and H can be viewed at <http://tularecountycounsel.org/default/index.cfm/public-information/>

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<input checked="" type="checkbox"/>	Exhibit D	Health Insurance Portability and Accountability Act (HIPAA) Business Associate Agreement
<input checked="" type="checkbox"/>	Exhibit E	Cultural Competence and Diversity
<input checked="" type="checkbox"/>	Exhibit F	Information Confidentiality and Security Requirements
<input type="checkbox"/>	Exhibit G	Contract Provider Disclosures (<u>Must be completed by Contractor and submitted to County prior to approval of agreement.</u>)
<input type="checkbox"/>	Exhibit G1	National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care
<input checked="" type="checkbox"/>	Exhibit H	Additional terms and conditions for federally-funded contracts
<input type="checkbox"/>	Exhibit ____	[Insert name of any other exhibit needed and attach]

7. NOTICES: (a) Except as may be otherwise required by law, any notice to be given must be written and must be either personally delivered, sent by facsimile transmission or sent by first class mail, postage prepaid and addressed as follows:

COUNTY:

Tulare County Health and Human Services Agency
Contracts Unit
5957 South Mooney Blvd
Visalia, CA 93277

Phone No: 559-624-8000
Fax No: 559-713-3718

With a Copy to:

COUNTY ADMINISTRATIVE OFFICER
2800 W. Burrel Ave.
Visalia, CA 93291
Phone No.: 559-636-5005
Fax No.: 559- 733-6318

CONTRACTOR:

Tulare County Superintendent of Schools
626 N. Akers
Visalia, CA 93291

Phone No: 559-730-2737
Fax No: 559-737-4074

(b) Notice personally delivered is effective when delivered. Notice sent by facsimile transmission is deemed to be received upon successful transmission. Notice sent by first class mail will be deemed received on the fifth calendar day after the date of mailing. Either Party may change the above address by giving written notice under this section.

8. AUTHORITY: CONTRACTOR represents and warrants to COUNTY that the individual(s) signing this Agreement on its behalf are duly authorized and have legal capacity to sign this Agreement and bind

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CONTRACTOR to its terms. CONTRACTOR acknowledges that COUNTY has relied upon this representation and warranty in entering into this Agreement.

9. **COUNTERPARTS:** The Parties may sign this Agreement in counterparts, each of which is an original and all of which taken together form one single document.

THE PARTIES, having read and considered the above provisions, indicate their agreement by their authorized signatures below.

TULARE COUNTY SUPERINTENDENT OF SCHOOLS

Date: AUG 07 2019

By [Signature]

Print Name TIM A. HIRE

Title SUPERINTENDENT

Date: 8-7-19

By [Signature]

Print Name Fernie Marroquin

Title Asst. Superintendent

[Pursuant to Corporations Code section 313, County policy requires that contracts with a **Corporation** be signed by both (1) the chairman of the Board of Directors, the president or any vice-president (or another officer having general, operational responsibilities), and (2) the secretary, any assistant secretary, the chief financial officer, or any assistant treasurer (or another officer having recordkeeping or financial responsibilities), unless the contract is accompanied by a certified copy of a resolution of the corporation's Board of Directors authorizing the execution of the contract. Similarly, pursuant to California Corporations Code section 17703.01, County policy requires that contracts with a **Limited Liability Company** be signed by at least two managers, unless the contract is accompanied by a certified copy of the articles of organization stating that the LLC is managed by only one manager.]

COUNTY OF TULARE

Date: _____

By _____

Chairman, Board of Supervisors

ATTEST: MICHAEL C. SPATA
County Administrative Officer/Clerk of the Board
of Supervisors of the County of Tulare

By _____

Deputy Clerk

Approved as to Form
County Counsel

By [Signature]

Deputy

Matter # 20191186

SERVICES FOR EDUCATION & EMPLOYMENT (SEE)
STATEMENT OF WORK
October 1, 2019 THROUGH September 30, 2020

THIS STATEMENT OF WORK IS BETWEEN THE COUNTY OF TULARE HEALTH AND HUMAN SERVICES AGENCY (HHSA)/TULAREWORKS (TW) AND TULARE COUNTY SUPERINTENDENT OF SCHOOLS- SERVICES FOR EDUCATION & EMPLOYMENT (SEE), HEREINAFTER REFERRED TO AS CONTRACTOR.

CONTRACTOR will provide the following services to all Welfare to Work (WTW) referred participants:

Referrals: CONTRACTOR shall accept all referrals from HHSA/TW District Offices. It is anticipated that priority will be given to job ready participants who are near their CalWORKs 48 Month Time Clock and those identified on the Work Participation Rate (WPR) List.

Intake: Upon receipt of the HHSA/TW referral, CONTRACTOR staff will "register" the individual as a WTW participant.

Outreach and Recruitment: CONTRACTOR shall attend WTW Orientation sessions conducted at designated TW District Offices at the discretion of TW District Office management. An orientation schedule will be developed by HHSA/TW staff and given to the CONTRACTOR.

Orientation: CONTRACTOR staff shall provide program orientation and screen participants for appropriateness for WTW services through a brief initial assessment. This assessment provides a participant-centered evaluation of basic skills, education, work history, occupational skills, general employability, interests, aptitudes, and supportive service needs. CONTRACTOR shall create and maintained a physical and electronic file containing all necessary program, right-to-work documentation as well as case notes.

Initial Assessment: An initial assessment will be conducted by CONTRACTOR on the first day of attendance. CONTRACTOR can review an initial assessment, such as Comprehensive Adult Student Assessment System (CASAS) and other assessment information, as available from HHSA/TW. Additional information will be gathered through a combination of testing tools to include documentation provided by HHSA/TW.

Enrollment: The participant becomes enrolled into CONTRACTOR programs at the time participant has completed their first week of participation.

Participant Served: An individual becomes a "participant served" at the point participant is provided with WTW program services. CONTRACTOR will document the program services in the Monthly Activity Form.

Participants that cannot be counted as a carryover into the new contract year include; termed participants; participants in unsubsidized employment/direct placement; participants that have not been placed or termed in the last six months.

Expectations/Outcomes: CONTRACTOR will ensure that each month at least 75% of the participants are meeting the required hours of participation as specified below for the Work Participation Rate (WPR).

Monthly Participation Requirement: October 2019 to September 2020

2019-2020

	Carry In	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
Enrollments:	10	15	21	31	40	48	59	65	80	93	103	118	125
Job Search:	7	10	14	20	26	31	38	42	52	60	67	77	81
Subsidized Employment:	3	5	7	10	13	16	19	21	26	31	34	39	41
Unsubsidized Employment:	0	3	4	6	7	9	11	12	14	17	19	21	23
Meeting WPR (75%):	8	11	16	23	30	36	44	49	60	70	77	89	94

TulareWORKs will refer a minimum of 125 referrals in FY 2019-2020.

Hours of Participation-The number of required hours is 20, 30 or 35 average hours per week in an activity and will be specified on the referral form. The average is defined as:

1. An average of 20 hours per week for a single-parent household with a child under the age of six (6) years old. An average is estimated at 22 hours per week.
2. An average of 30 hours per week is estimated at 32 hours per week for a single-parent household with no child under the age of six (6) years old.
3. An average of 35 hours is estimated at 38 hours per week for a two (2) parent household.

CONTRACTOR shall submit participant monthly progress/attendance reports for all WTW participants served during the report month.

CONTRACTOR shall track all participant activity, including participants that obtain unsubsidized employment.

CONTRACTOR will submit an invoice/payment request in a format provided by HHSA/TW that will include an itemized listing of all reimbursable expenses. In addition to the invoice, CONTRACTOR will provide a Monitoring Report, supplied by HHSA/TW, with a listing of all WTW participants referred and or served during the month and which includes the following minimum information:

- The specific activity in which they are enrolled/participating.
- An indicator whether the participant met the required hours of participation.
- The enrollment date.
- The subsidized/unsubsidized employment site as applicable.
- Term date, reason for term, and follow up engagement efforts prior to termination.

Monitoring and Monthly Invoices shall be submitted by the 10th of the month, following the month of service.

The 1907 TW (Change in Circumstances Form) is a document which enables communication between CONTRACTOR staff and HHSA/TW staff. A 1907 TW is to be submitted within 48 hours whenever there has been a change in the participants' status. Some examples include but are not limited to:

- Participant's start date with the CONTRACTOR.
- Date participant returned to HHSA/TW and the reason (s) why.
- Start date of any employment activity such as subsidized employment unsubsidized employment, unpaid work experience, and/or direct placement.
- Average number of hours/week.
- Hourly Rate of pay.
- End date of employment or other activity and why.
- Efforts made to re-engage participant prior to termination due to lack of performance/participation and outcome.
- Start and stop dates for any other activities or workshops the CONTRACTOR offers.

CONTRACTOR records are to be maintained specifying when each participant, for whom hours were reported, became enrolled and began participation and when (if) his or her participation ended (due to activity ending, no longer participating, etc).

CONTRACTOR records are to be maintained showing how many hours per week each referred participant was scheduled to participate in activities.

CONTRACTOR shall provide case records for participants showing them referred and participating in that activity. If participants are assigned/enrolled CONTRACTOR shall maintain and link the participants' specific schedules and hours of weekly participation to individual participant case records.

CONTRACTOR shall notify the HHSA/TW staff via the 1907 TW within 5 working days if a participant is not complying with the program activity (e.g. Job Search, Subsidized and/or Unsubsidized Employment, etc.).

CONTRACTOR shall provide monthly Activity Attendance Reports (form 1930 TW) to the HHSA/TW staff. Form shall be submitted to HHSA/TW by the 5th working day of the following month.

Primary WTW Participant Activities:

Of the 22 or 32 weekly participation hours, at least 20 hours must be in a primary WTW activity. Of the 38 weekly participation hours, at least 30 hours must be in a primary WTW activity, which includes:

- Unsubsidized employment.
- Subsidized private or public sector employment that leads to unsubsidized employment.
- Paid or Unpaid Work Experience. Fair Labor Standards Act calculation will apply.
- On-the-Job Training (OJT)-partial subsidy that leads towards unsubsidized employment.
- Vocational education and training as approved by HHSA/TW.
- Job search and job readiness.

Secondary WTW Activities:

The following activities may be allowed pending HHSA/TW approval. These activities include:

- Adult Basic Education (General Education Diploma, English as a Second Language).
- Job skills training directly related to employment.
- Education directly related to employment.
- Mental Health treatment services.
- Satisfactory progress in secondary school or in a course of study leading to GED certificate.
- Substance abuse treatment.
- Domestic abuse services.

Job Readiness/Job Search: CONTRACTOR shall provide a four-week mandatory course. However, placement may occur before the end of the four (4) weeks. Weekly training will consist of fifteen hours of in-house, supervised training and up to twenty (20) highly accountable supervised job search hours. During the in-house workshop, the participant will gain job search skills while at the same time learn about soft skills for employment. Curriculum shall include, but not be limited to, resume writing; interviewing techniques, leadership development (Challenge Course), sexual harassment, safety training, workplace ethics and other skills that will assist participants in finding and retaining employment and problem resolution of various employment barriers.

Employment Activities: The participants can take several paths to unsubsidized employment, as follows:

Unpaid Work Experience: Participants are placed in unpaid temporary positions in the public sector (community service). During this activity,

participants will learn important job skills while continuing to seek unsubsidized employment. The CONTRACTOR acts as the employer in Community Service/Work Experience activities.

Unsubsidized Job Placement: Though the Subsidized Employment worksite may be considered a "transitional job" businesses are intended to retain participants in positions sufficient to meet work participation hours. This activity will maximize the employment emphasis of CONTRACTOR strategy to serve HHSA/TW participants.

Subsidized Employment: Participants are placed in paid temporary positions in the public or private sector. CONTRACTOR intends to meet performance outcomes utilizing a combination of subsidized employment and work experience. Participants will be hired at the California Minimum Wage. The positions will be subsidized for approximately 180 hours.

The expectation is for the employer to hire the subsidized employment participant into unsubsidized employment whenever possible.

Unsubsidized Employment: Participants will have secured employment after utilizing their subsidized training funds. CONTRACTOR will monitor our participant's progress for three months.

Direct Placement: Participants will have secured employment without utilizing subsidized funds. CONTRACTOR will monitor participant's progress for three months.

CONTRACTOR agrees to comply with all labor law requirements including the provisions of AB 1522 Sick Leave Act of 2014, as applicable to participants in subsidized and unsubsidized employment.

CONTRACTOR shall monitor the job site to ensure that the participants are performing within the scope of the job as outlined in the site agreement and that the participants attain positive work habits.

Job Retention and Support Services: All supportive service payments for child care, transportation, and other ancillary expenses will be approved and provided by HHSA/TW.

Case Management and In-depth Assessment: Included in this category are case management efforts to provide outreach to eligible participants (i.e. existing Workforce Innovation and Opportunity Act participants). In-depth assessments will be necessary once a WTW participant has been served.

Follow-Up Services/Retention Period: CONTRACTOR shall complete the follow-up services with participants who are placed in unsubsidized employment. The follow-up must be conducted every thirty (30) days for three (3) months from the day the participant is placed in unsubsidized employment. CONTRACTOR shall verify the participant remains in unsubsidized employment and report updates to HHSA/TW via the monthly monitoring report.

CONTRACTOR shall notify HHSA/TW via the 1907 TW if participants are not meeting Work Participation Rate (WPR) hours. At the end of three (3) months from the day the participant is placed in unsubsidized employment, CONTRACTOR shall stop reporting on these participants and terminate them from the monitoring report. CONTRACTOR shall also notify HHSA/TW staff via the 1907 TW that the participant has been terminated from the CONTRACTOR.

Reports: CONTRACTOR shall provide reports and files as requested by HHSA/TW to monitor the program activities.

HHSA/TW will assist with the following services:

- Outreach and Recruitment.
- Eligibility determination.
- Intake: Information to determine eligibility for this program.

Meetings: CONTRACTOR and HHSA/TW will hold meetings to discuss outcomes & concerns. Both parties agree to meet on an as needed basis or at least quarterly, to go over program issues as necessary or to engage in a network setting to look at best practice options. Either party can schedule a meeting, when needed. Quarterly meetings will be scheduled by HHSA/TW.

CONFIDENTIALITY: CONTRACTOR and its subcontractors shall safeguard all confidential information in accordance with Welfare and Institutions Code, Section 10850 and 45 CFR section 205.50, and shall inform its employees that violation of such statutory provisions may constitute a misdemeanor. No reports, information, documents or any other materials given to, or prepared by CONTRACTOR, or to which CONTRACTOR has access by way of this Agreement, shall be made available to any individual, or entity other than COUNTY, without the express prior written consent of the COUNTY.

CONTRACTOR shall maintain NONDISCRIMINATION IN STATE AND FEDERALLY ASSISTED PROGRAMS Sections 10553 and 10554, Welfare and Institutions Code; Section 51, California Civil Code; Sections 4450 and 11135, California Government Code; Title II of the American with Disabilities Act of 1990, Public Law (P.L.) 101-336; 42 USCA 2000d; and Title VI of the Civil Rights Act of 1964, P.L. 88-352.

DISPLACEMENT CLAUSE: CONTRACTOR agrees that no currently employed worker shall be displaced by any participant, including partial displacement, such as a reduction in the hours of non-overtime work, wages, or employment benefits.

- a. No participant shall be employed or job opening filled:
- 1) When any other individual is on layoff from the same or any substantially equivalent job, or;
 - 2) When the employer has terminated any regular employee without cause or otherwise reduced its workforce with the intention of filling the vacancy so created by hiring a participant whose wages are subsidized.

Service Provider: Tulare County Office of Education/SEE Co.

Contract Name: HHSA Welfare to Work 10/01/19 - 9/30/20

HHSAAWTW BUDGET DETAIL - PROPOSAL PER CONTRACT

#	Classification	10/1/19 - 6/30/20	7/1/20- 9/30/20	Total Program Funds	% of Total
1	Staff Salaries	102,319.00	34,106.00	136,425.00	32.08%
2	Staff Fringe Benefits	71,138.00	23,712.00	94,850.00	22.30%
3	Staff Travel	1,500.00	500.00	2,000.00	0.47%
4	Facilities and Communication	26,677.00	8,892.00	35,569.00	8.36%
5	Office Supplies	2,250.00	750.00	3,000.00	0.71%
6	Equipment and Furniture			0.00	0.00%
7	OST			0.00	0.00%
8	Paid Work Experience			0.00	0.00%
9	Subsidized Employment + Benefits	84,623.00	28,207.00	112,830.00	26.53%
10	Supportive Services	0.00	0.00	0.00	0.00%
11	Other Operating Exp and Svcs.	10,489.00	3,496.00	13,985.00	3.29%
	Retention Services	0.00	0.00	0.00	0.00%
	Indirect Costs	19,943.00	6,648.00	26,591.00	6.25%
	Hard/Software Tracking Participants				0.00%
	VTR Hospitality Training				0.00%
	Job Readiness participant cost (\$94.176)				
	Total Costs	\$ 318,939.00	\$ 106,311.00	\$ 425,250.00	100.00%

TCOE/SEE
Proposed Invoice Schedule
October 1, 2019 - September 30, 2020

Month	Invoice Date	Invoice Amount
October 2019	November 12, 2019	29,000.00
November 2019	December 10, 2019	36,109.00
December 2019	January 10, 2020	40,137.00
January 2020	February 11, 2020	32,000.00
February 2020	March 11, 2020	31,000.00
March 2020	April 10, 2020	32,000.00
April 2020	May 10, 2020	34,000.00
May 2020	June 10, 2020	35,000.00
June 2020	July 10, 2020	28,098.00
July 2020	August 12, 2020	43,134.00
August 2020	September 10, 2020	41,833.00
September 2020	October 10, 2020	42,939.00
Total		\$425,250.00

NON-PROFESSIONAL SERVICES (EXHIBIT C)
INSURANCE REQUIREMENTS

CONTRACTOR shall provide and maintain insurance for the duration of this Agreement against claims for injuries to persons and damage to property which may arise from, or in connection with, performance under the Agreement by the CONTRACTOR, his agents, representatives, employees and subcontractors, if applicable.

A. Minimum Scope & Limits of Insurance

1. Commercial General Liability coverage of \$1,000,000 on an occurrence basis, including products and completed operations, property damage, bodily injury and personal & advertising injury (occurrence Form CG 00 01). If a general aggregate applies, either the general aggregate limit shall apply separately to this project/location (ISO CG 25 03 or 25 04) or the general aggregate limit must be no less than \$2,000,000.
2. Insurance Services Office Form Number CA 00 01 covering Automobile Liability, (any auto) of no less than \$1,000,000 per accident for bodily injury and property damage. If an annual aggregate applies it must be no less than 2,000,000.
3. Workers' Compensation insurance as required by the State of California, with Statutory Limits, and Employer's Liability Insurance with limit of no less than \$1,000,000 per accident for bodily injury or disease.

B. Specific Provisions of the Certificate

1. If any of the required insurance is written on a claims made form, the retroactive date must be before the date of the contract or the beginning of the contract work and must be maintained and evidence of insurance must be provided for at least three (3) years after completion of the contract work.
2. CONTRACTOR must submit endorsements to the General Liability reflecting the following provisions:
 - a. *The COUNTY OF TULARE, its officers, agents, officials, employees and volunteers are to be covered as additional insureds as respects: liability arising out of work or operations performed by or on behalf of the Contractor including materials, parts, or equipment furnished in connection with such work or operation.*
 - b. *For any claims related to this project, the CONTRACTOR's insurance coverage shall be primary insurance as respects the COUNTY, its officers, agents, officials, employees and volunteers. Any insurance or self-insurance maintained by the COUNTY, its officers, agents, officials, employees or volunteers shall be excess of the CONTRACTOR's insurance and shall not contribute with it.*
 - c. *Each insurance policy required by this agreement shall provide that coverage shall not be canceled, except with written notice to the COUNTY.*
 - d. *CONTRACTOR hereby grants to COUNTY a waiver of any right to subrogation which any insurer of the CONTRACTOR may acquire against the COUNTY by virtue of the payment of any loss under such insurance. CONTRACTOR agrees to obtain any endorsement that may be necessary to affect this waiver of subrogation, but this provision applies regardless of whether or not the COUNTY has received a waiver of subrogation endorsement from the insurer.*

3. The Workers' Compensation policy shall be endorsed with a waiver of subrogation in favor of the COUNTY for all work performed by the CONTRACTOR, its employees, agents and subcontractors. CONTRACTOR waives all rights against the COUNTY and its officers, agents, officials, employees and volunteers for recovery of damages to the extent these damages are covered by the workers compensation and employers liability.
- C. Deductibles and Self-Insured Retentions
Deductibles and Self-insured retentions must be declared and any deductible or self-insured retention that exceeds \$100,000 will be reviewed by the COUNTY Risk Manager for approval.
- D. Acceptability of Insurance
Insurance must be placed with insurers with a current rating given by A.M. Best and Company of no less than A-:VII and a Standard & Poor's rating (if rated) of at least BBB and from a company approved by the Department of Insurance to conduct business in California. Any waiver of these standards is subject to approval by the County Risk Manager.
- E. Verification of Coverage
Prior to approval of this Agreement by the COUNTY, the CONTRACTOR shall file with the submitting department, certificates of insurance with original endorsements effecting coverage in a form acceptable to the COUNTY. Endorsements must be signed by persons authorized to bind coverage on behalf of the insurer. The COUNTY reserves the right to require certified copies of all required insurance policies at any time.

WAIVERS:

I represent and attest that I am a person authorized to make representations on behalf of the CONTRACTOR, and represent the following:

(mark X if applicable)

☐ Automobile Exemption: I certify that _____ does not own nor use vehicles in the performance of the agreement for which this insurance requirement is attached.

☐ Workers' Compensation Exemption: I certify that _____ is not required to carry workers' compensation coverage or has filed an exemption with the State of California as required by law.

I acknowledge and represent that we have met the insurance requirements listed above.

Print Name Tim A. Hire Date: 8/7/19

Contractor Name Tulare County Superintendent of Schools

Signature [Signature]