



**Erica Pan, MD, MPH**  
Director and State Public Health Officer

**Gavin Newsom**  
Governor

March 4, 2025

San Bernardino County  
Heather Wellons-Blum, RD  
1505 South D Street, Suite 203  
San Bernardino, CA 92408

Unique Entity Identifier: PD18A8XKE7B6

Dear Heather Wellons-Blum:

**Federal Fiscal Year (FFY) 2026 - 2028 Funding Award Letter**

The California Department of Public Health/Women, Infants and Children (CDPH/WIC) Division is pleased to award your agency funding for Federal Fiscal Year (FFY) 2026-28 WIC Program. This funding is from the United States Department of Agriculture (USDA), also referred to as the USDA – Food and Nutrition Service.

The legal authority for the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) is found in United States Code (U.S.C.) Title 42 §1786: Special Supplemental Nutrition Program for Women, Infants and Children. In addition, the Code of Federal Regulations (CFR) Part 246-Special Supplemental Nutrition Program for Women, Infants and Children provides the regulations that govern the actions of federal agencies and recipients of this funding.

The USDA – Food and Nutrition Service, Assistance Listing (ALN) numbers, are the following:

- 10.557 WIC Special Supplemental Nutrition Program for Women, Infants and Children
  - WIC Nutrition Services and Administration (NSA)
  - WIC Nutrition Services Special Project (NSA Special Project)
- 10.578 WIC Breastfeeding Peer Counseling Grant
  - WIC Breastfeeding Peer Counseling (BFPC) Program
- 10.572 Commodity Assistance Program (CAP)



CDPH Women, Infants and Children (WIC) Division  
3901 Lennane Drive, Sacramento, CA 95834  
MS 8600 • P.O. Box 997375 • Sacramento, CA 95899-7375  
(800) 852-5770 • [www.wicworks.ca.gov](http://www.wicworks.ca.gov)



San Bernardino County  
March 4, 2025

- CAP Farmers Market Administration, referred to here as WIC Farmers' Market Nutrition Program (FMNP)

The amount of funding being awarded to your local agency is listed in the table by funding source.

Description of Funding	FFY 2026 (Year 1)	FFY 2027 (Year 2)	FFY 2028 (Year 3)
Nutrition Services and Administration (NSA) Base Funding	\$13,005,325	\$13,005,325	\$13,005,325
NSA Special Project Funding	\$351,859	\$336,372	\$336,372
<b>Total Contracted Funding for FFY 2026 - 2028</b>	<b>\$13,357,184</b>	<b>\$13,341,697</b>	<b>\$13,341,697</b>

The total funding details in the FFY 2026-28 Caseload and Funding spreadsheet, can be found here: [LASS/Contract Administration](#).

Next Steps:

1. Begin discussions with your leadership and fiscal staff on how you plan to allocate these funds and any other changes you need to make for your program.
2. Review WIC Information Notice (WIN) 2025-09, announcing the release of the FFY 2026 - 2028 three-year application and contract package.
3. Plan to attend the FFY 2026 - 2028 Contract webinar on March 13, 2025 at 10:00am. The webinar invitation was sent to directors on February 27, 2025.
4. Plan time to work on your FFY 2026 - 2028 contract package so that it can be submitted no later than **April 11, 2025**.

We appreciate your continuing commitment to the WIC Program. For questions, please contact your Contract Manager, Meghann Harrison at [Meghann.Harrison@cdph.ca.gov](mailto:Meghann.Harrison@cdph.ca.gov).

Sincerely,



Ja Lo, MSW, Chief  
Local Services Branch  
Women, Infants and Children Division

**REQUIRED DOCUMENT CHECKLIST**

October 1, 2025 – September 30, 2028

For Local Government Agencies, complete the "Local Gov't" column. For Non-Profit Agencies, complete the "Non-Profit" column. Check the box for each attachment/document that is included with your Contract Application package.

Attachments 7, 8, 9 and 10 are not required unless applicable to your Contract Application package. A field containing no box indicates that the attachment/document is not applicable to your organization type; therefore, it is not required with the submission of your package.

Attach #	Attachment/Document Title	Local Gov't	Non-Profit	State Use Only Rec'd By (Initials)
1	Required Documents Checklist	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2	Certification of Contract Application Package	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3	Agency Information	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4	Budget Plan	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
5	Justification of Staffing Levels	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6	Certification of Indirect Cost Rate	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
7	Justification of Fringe Benefit Rate of 50% or More (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	
8	Justification of Bilingual Pay (if applicable)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
9	Justification of Additional Pay (if applicable)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
10	Request for Authorization to Subcontract (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	
11	Civil Rights Report	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
12	Languages Spoken by Participants and Staff	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
13	Summary of Direct Participant Service Sites	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
14	Frequency of Invoice Submission	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	Indirect Cost Rate Approval Letter	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	Parent Agency Organizational Chart	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WIC Program Organizational Chart	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

**REQUIRED DOCUMENT CHECKLIST**

October 1, 2025 – September 30, 2028

Attach #	Attachment/Document Title	Local Gov't	Non-Profit	State Use Only Rec'd By (Initials)
	Board of Directors Roster		<input type="checkbox"/>	
	Proof of 501(c)(3) (Certification from IRS of Non-Profit Status)		<input type="checkbox"/>	
	Darfur Contracting Act (DGS PD 1) <i>(if applicable)</i>		<input type="checkbox"/>	
	Contractor Certification Clause (CCC)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	CA Civil Rights Laws Attachment (DGS OLS 04)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	Government Agency Taxpayer ID Form (CDPH 9083)	<input checked="" type="checkbox"/>		
	Payee Data Record (STD 204)		<input type="checkbox"/>	
	Payee Data Record Supplement (STD 205) <i>(if applicable)</i>		<input type="checkbox"/>	
	Certificate of Insurance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

**CERTIFICATION OF CONTRACT APPLICATION PACKAGE**

October 1, 2025 – September 30, 2028

I, Dawn Rowe, as the person who can legally bind the Agency and Certify the Contract Application package, hereby affirm the following:

- The statements contained in the Contract Application package, and all the supporting documents, are true and accurate, to the best of my knowledge.
- The WIC local agency will comply with all applicable fiscal, administrative and operational requirements as outlined in Federal and State regulations, statutes, policies and procedures, and other communications from the California Department of Public Health, Women, Infants, and Children Division (CDPH/WIC Division).
- The Contract Application package and executed contract, along with all the supporting documentation submitted to the CDPH/WIC Division are public documents, open to public inspections, and any revisions must be made in writing to the CDPH/WIC Division.
- The WIC local agency will spend at least the minimum required amount of allocated funds on nutrition education activities, as described in Exhibit A, Scope of Work, Provision 14.
- The WIC local agency will spend at least the minimum required amount of allocated funds on breastfeeding promotion and support-related activities, as described in Exhibit A, Scope of Work, Provision 15.
- The WIC local agency will maintain the required current certificate of insurance, as described in Exhibit E, Additional Provisions, Provision 2 of the contract.
- If the WIC local agency is a Non-Profit organization, the Non-Profit status is current.

I certify that I have the authority to request a Contract Agreement for the following agency:

San Bernardino County

Legal Name of Local Agency

**AGENCY INFORMATION**

October 1, 2025 – September 30, 2028

<b>A</b>	<b>Agency's Legal Name</b>	Full Legal Name ( <i>do not abbreviate</i> ) San Bernardino County		
<b>B</b>	<b>Type of Organization</b>	<input checked="" type="checkbox"/> Local Government <input type="checkbox"/> Private Non-Profit	Unique Entity Identifier (UEI) #: PD18A8XKE7B6 (12-character alphanumeric ID)	Assistance Listings Number (ALN) #: 10.557 Federal Employers' ID #:95-6002748
<b>C</b>	<b>Parent Agency's Physical Street Address</b>	Physical Street Address 451 E. Vanderbilt Way Suite 200 City, State, and Zip Code San Bernardino, CA 92408		
<b>D</b>	<b>Parent Agency's Mailing Address</b>	Mailing Address ( <i>if different than street address</i> ) City, State, and Zip Code		
<b>E</b>	<b>Parent Agency's Shipping Address</b>	Shipping Address ( <i>if different than mailing address</i> ) City, State, and Zip Code		
<b>F</b>	<b>Remittance Mailing Address</b>	Attention ( <i>contract will reflect "Cashier" unless otherwise listed below</i> ) Mailing Address ( <i>address where payments should be sent</i> ) 451 E. Vanderbilt Way Suite 200 City, State, and Zip Code San Bernardino, CA 92408 Email Address ( <i>must match email address listed on current STD204/CDPH9083</i> )		
<b>G</b>	<b>Additional Addressees for Executed Contract</b> ( <i>if applicable</i> )	Email Address ( <i>will be used for Cc on email to WIC Director</i> ) Email Address ( <i>will be used for Cc on email to WIC Director</i> )		
<b>H</b>	<b>Certification of Package</b>	Authorized Representative's Printed Name ( <i>person who can legally bind the agency and certify the package</i> ) Dawn Rowe Title and Credentials Chair, Board of Supervisors Physical Street Address 385 N. Arrowhead Avenue, Fifth Floor City, State, and Zip Code San Bernardino, CA 92415		

## AGENCY INFORMATION

October 1, 2025 – September 30, 2028

<b>I</b>	<b>Contract Signature</b>	Authorized Signatory's Printed Name <i>(person who can legally bind the agency and sign the contract)</i>	
		Dawn Rowe	
		Title and Credentials	
		Chair, Board of Supervisors	
<b>J</b>	<b>Agency Director</b> <i>(CEO or Highest Public Health Director/Officer)</i>	Physical Street Address	
		385 N. Arrowhead Ave, Fifth Floor	
		City, State, and Zip Code	
		San Bernardino, CA 92415	
<b>K</b>	<b>WIC Director</b>	Name	
		Joshua Dugas, MBA, REHS	
		Title and Credentials	
		Director of Public Health	
		Physical Street Address	
		451 E. Vanderbilt Way Suite 400	
		City, State, and Zip Code	
		San Bernardino, CA 92408	
Mailing Address <i>(if different)</i>		Telephone #:	
		(909) 387-9146	
Email Address		Fax #:	
Joshua.Dugas@dph.sbcounty.gov		(909) 387-6228	
<b>K</b>	<b>WIC Director</b>	Name	
		Heather Wellons-Blum, RD	
		Title and Credentials	
		Program Manager, Registered Dietitian	
		Physical Street Address	
		1505 S. D Street Suite 203	
		City, State, and Zip Code	
		San Bernardino, CA 92408	
Mailing Address <i>(if different)</i>		Telephone #:	
		(909) 388-5663	
Email Address		Fax #:	
hblum-wellons@dph.sbcounty.gov		(909) 381-0218	

**AGENCY INFORMATION**

October 1, 2025 – September 30, 2028

<b>L</b>	<b>Nutrition Education Coordinator</b>	Name	
		Kayla Knight, MPH, RDN	
		Title and Credentials	
		Interim Nutrition Education Coordinator/Lead Dietitian	
		Physical Street Address	
		1505 S. D Street Suite 203	
		City, State, and Zip Code	
San Bernardino, CA 92408			
Mailing Address ( <i>if different</i> )		Telephone #:	
		(909) 486-9083	
Email Address		Fax #:	
kayla.knight@dph.sbcounty.gov		(909) 381-0218	
<b>M</b>	<b>Breastfeeding Coordinator</b>	Name	
		Deborah Bryan, DTR, CLS	
		Title and Credentials	
		Breastfeeding Coordinator	
		Physical Street Address	
		1505 S. D Street Suite 203	
		City, State, and Zip Code	
San Bernardino, CA 92408			
Mailing Address ( <i>if different</i> )		Telephone #:	
		(909) 388-5668	
Email Address		Fax #:	
Deborah.Bryan@dph.sbcounty.gov		(909) 381-0218	
<b>N</b>	<b>Primary Local Vendor Liaison Contact</b>	Name	
		LaChe Baines	
		Title and Credentials	
		Local Vendor Liaison (LVL) and Outreach Coordinator	
		Physical Street Address	
		1505 S. D Street Suite 203	
		City, State, and Zip Code	
San Bernardino, CA 92408			
Mailing Address ( <i>if different</i> )		Telephone #:	
		(909) 388-5666	
Email Address		Fax #:	
LaChe.Baines@dph.sbcounty.gov		(909) 381-0218	

**AGENCY INFORMATION**  
October 1, 2025 – September 30, 2028

<b>O</b>	<b>National Voter Registration Act Coordinator</b>	Name	
		Josephine Ortiz	
		Title and Credentials	
		Training Coordinator, Nutritionist	
		Physical Street Address	
		1505 S. D Street Suite 203	
		City, State, and Zip Code	
San Bernardino, CA 92408			
Mailing Address (if different)		Telephone #:	
		(909) 388-5678	
Email Address		Fax #:	
Josephine.Ortiz@dph.sbcounty.gov		(909) 381-0218	
<b>P</b>	<b>Outreach Coordinator</b>	Name	
		LaChe Baines	
		Title and Credentials	
		Local Vendor Liaison (LVL) and Outreach Coordinator	
		Physical Street Address	
		1505 S. D Street Suite 203	
		City, State, and Zip Code	
San Bernardino, CA 92408			
Mailing Address (if different)		Telephone #:	
		(909) 388-5666	
Email Address		Fax #:	
LaChe.Baines@dph.sbcounty.gov		(909) 381-0218	
<b>Q</b>	<b>Staff Training Coordinator</b>	Name	
		Josephine Ortiz	
		Title and Credentials	
		Training Coordinator, Nutritionist	
		Physical Street Address	
		1505 S. D Street Suite 203	
		City, State, and Zip Code	
San Bernardino, CA 92408			
Mailing Address (if different)		Telephone #:	
		(909) 388-5678	
Email Address		Fax #:	
Josephine.Ortiz@dph.sbcounty.gov		(909) 381-0218	

**AGENCY INFORMATION**

October 1, 2025 – September 30, 2028

<b>R</b>	<b>Civil Rights Coordinator</b> <i>(if applicable)</i>	Name	
		Ken Johnston	
		Title and Credentials	
		Public Health Division Chief	
		Physical Street Address	
		451 E. Vanderbilt Way Suite 400	
		City, State, and Zip Code	
San Bernardino, CA 92408			
Mailing Address <i>(if different)</i>		Telephone #:	
		(909) 387-6469	
Email Address		Fax #:	
ken.johnston@dph.sbcounty.gov		( ) -	
<b>S</b>	<b>Farmers' Market Nutrition Program Local Agency Coordinator</b> <i>(if applicable)</i>	Name	
		Title and Credentials	
		Physical Street Address	
		City, State, and Zip Code	
		Mailing Address <i>(if different)</i>	
		Telephone #:	
		( ) -	
Email Address		Fax #:	
		( ) -	
<b>T</b>	<b>Information Technology Point of Contact</b>	Name	
		Ryan Mendez	
		Title and Credentials	
		Business Systems Analyst II	
		Physical Street Address	
		451 E. Vanderbilt Way Suite 200	
		City, State, and Zip Code	
San Bernardino, CA 92408			
Mailing Address <i>(if different)</i>		Telephone #:	
		(909) 841-5917	
Email Address		Fax #:	
ryan.mendez@dph.sbcounty.gov		( ) -	

**AGENCY INFORMATION**  
October 1, 2025 – September 30, 2028

<b>U</b>	<b>SERVICES PROVIDED</b>
	<p>Check the appropriate box describing the relative availability of health and administrative services to be made available at your WIC local agency to all WIC participants:</p> <p><input type="checkbox"/> Public or private nonprofit health agency that will provide ongoing, routine pediatric and obstetric care and administrative services.</p> <p><input type="checkbox"/> Public or private nonprofit health or human service agency that will enter into a written agreement with another agency for either ongoing, routine pediatric and obstetric care or administrative services.</p> <p><input type="checkbox"/> Public or private nonprofit health agency that will enter into a written agreement with private physicians, licensed by the State, to provide ongoing, routine pediatric and obstetric care to a specific category of participants (women, infants, or children).</p> <p><input type="checkbox"/> Public or private nonprofit human service agency that will enter into a written agreement with private physicians, licensed by the State, to provide ongoing, routine pediatric and obstetric care.</p> <p><input checked="" type="checkbox"/> Public or private nonprofit health or human service agency that will provide ongoing, routine pediatric and obstetric care through referral to a health provider.</p> <p><i>Authority: 7 CFR 246.5 (d)(1)</i></p>

**AGENCY INFORMATION**

October 1, 2025 – September 30, 2028

**V LIST OF THE FIVE HIGHEST COMPENSATED OFFICERS**

Report the Name, Title and Total Annual Compensation of the five (5) most highly compensated officers of the proposed parent agency if one or more of the following conditions apply:

1. The parent agency in the preceding fiscal year received 80 percent or more of its annual gross revenues in Federal awards.
2. The parent agency received \$25 million or more in annual gross revenue in its preceding fiscal year, from (a) Federal procurement contracts and subcontracts, and (b) Federal grants, subgrants, and cooperative agreements; and the amount so received amounted to 80 percent or more of its annual gross revenues.
3. The public does not have access to information about the grantee's executive compensation through periodic reports filed with the Securities and Exchange Commission under the Securities Exchange Act of 1934 or with the Internal Revenue Service under the Internal Revenue Code of 1986.

Check if not applicable to your organization ☒

*Authority: 2 CFR Part 170, Appendix A, Section 1.b.*

Name	Title	Total Annual Compensation
		\$
		\$
		\$
		\$
		\$

Exhibit B, Attachment I  
Budget Detail  
October 1, 2025 - September 30, 2028

PERSONNEL	WIC Position Title	Exhibit A SOW #	Exhibit A Attach I	Minimum Base Annual Salary	Maximum Base Annual Salary	Year 1 10/1/2025 - 9/30/2026		Year 2 10/1/2026 - 9/30/2027		Year 3 10/1/2027 - 9/30/2028	
						FTE	Budgeted Amount	FTE	Budgeted Amount	FTE	Budgeted Amount
	Accountant/Auditor (2)	2, 3, 12-15		62,163	77,704	0.40	24,896	0.40	25,487	0.40	26,124
	Administrative Supervisor (2)	20, 22		77,976	107,474	0.70	64,354	0.70	65,963	0.70	67,612
	IT Support (2)	8, 12, 18, 20, 21		48,123	78,671	1.00	48,123	1.00	49,567	0.50	35,361
	Business Systems Analyst III (2)	8, 12, 18, 20, 21		134,175	167,719	0.40	53,670	0.40	55,072	0.20	27,508
	Fiscal Specialist (2)	2, 3, 12, 16-18		69,760	87,200	1.00	68,780	1.00	71,504	1.00	74,228
	Health Education Assistant / Local Vendor Liaison (1) (2)	1-3, 5-10, 12	1-5	77,942	97,942	2.00	155,884	2.00	159,751	2.00	163,617
	Local Vendor Liaison / Outreach Coordinator (2)	1-3, 5-10, 12	4-7	68,311	85,388	1.00	68,311	1.00	70,019	1.00	71,728
	WIC Nutrition Assistant (1) (2)	1-3, 5-10, 12	1-5	47,457	68,426	0.70	33,219	0.70	34,191	0.70	35,162
	Nutrition Education Coordinator (2)	1-3, 5-10, 12	1-4, 7	64,449	98,435	1.00	64,449	1.00	66,060	1.00	67,671
	Training Coordinator (2)	1-3, 5-10, 12	1-4, 7	71,364	89,205	1.00	71,364	1.00	73,148	1.00	74,932
	Regional Breastfeeding Liaison (1) (2)	1-3, 5-10, 12	4, 5, 10	79,133	98,916	1.00	79,133	1.00	81,507	1.00	83,880
	Breastfeeding Coordinator (2)	1-3, 5-10, 12	4, 5, 7	79,016	98,770	1.00	79,016	1.00	80,991	1.00	82,964
	Dietitian (1) (2)	1-3, 5-10, 12	1-5	79,877	98,435	5.00	401,362	5.00	411,417	5.00	421,472
	Office Assistant III (1) (2)	1-3, 6, 8, 9, 12, 17	3-5	57,395	76,228	2.00	114,790	2.00	117,060	2.00	119,330
	WIC Director (2)	1-22	4, 5	112,715	165,293	1.00	143,768	1.00	148,533	1.00	153,298
	Program Specialist (2)	2, 3, 6, 8, 9, 12		65,164	81,656	1.00	65,164	1.00	66,783	0.20	14,027
	Program Coordinator (2)	1-22	4-7	123,068	154,294	2.00	246,872	2.00	253,044	2.00	259,216
	Administrative Assistant (2)	22	4	69,235	86,543	2.00	138,470	2.00	141,832	1.50	115,591
	Warehouse Support (2)	2, 3, 8, 9, 12	3	53,977	67,472	0.80	43,182	0.80	44,262	0.50	28,046
	Site Supervisor (1) (2)	22	1-5	50,168	73,536	12.00	501,272	12.00	516,305	12.00	531,338
	Supervising Dietitian (1) (2)	1-12, 18, 20, 22	1-5, 7	89,321	113,865	4.00	357,284	4.00	366,216	4.00	375,148
	Media Specialist (2)	2, 3, 6, 12	5	73,897	92,372	0.50	36,949	0.50	37,873	0.30	24,675
	Data Analyst (2)	3, 8, 12	5	78,748	95,935	0.50	38,374	0.50	39,333	0.20	17,085
	Lead Dietitian (2)	1-3, 5-10, 12	1-5, 7	82,193	102,742	1.00	82,193	1.00	84,248	1.00	86,303
						0.00	-	0.00	-	0.00	-
						0.00	-	0.00	-	0.00	-
						0.00	-	0.00	-	0.00	-
	Overtime (1)						5,000		5,000		5,000
	Salaries and Wages						6,378,630		6,361,846		6,371,294
	Total FTE					112.30		109.30		104.50	
	Fringe Benefits (1)					46.36%	2,955,737	46.36%	2,949,351	46.36%	2,953,731
							9,331,357		9,311,197		9,325,025
	TOTAL PERSONNEL										
	OPERATING										
	General Expenses (5)	5-7, 17-21, 23, 25	1-10				595,278		614,083		587,951
	Travel (5)	8	1-10				30,000		30,000		30,000
	Training	4, 5, 7, 17, 21, 23	1-10				5,000		5,000		5,000
	Outreach/Media/Promotion	17	1-10				10,000		10,000		10,000
	Facility Costs (See Exhibit B, Attach II for breakdown) (2)	11, 23	1-10				1,698,924		1,711,344		1,741,212
	TOTAL OPERATING						2,339,203		2,399,427		2,374,163
	CAPITAL EXPENDITURES (6) (Unit Cost of \$5,000 or More)										
	Equipment (9)	6, 17, 18, 20, 21	1-10				43,000		-		-
	Vehicle (9)	8, 17, 18, 19	1-10				-		-		-
	TOTAL CAPITAL EXPENDITURES						43,000		-		-
											43,000



**Exhibit B, Attachment II  
Facility Costs  
October 1, 2025 - September 30, 2028**

Total Facility Costs:				Year 1 Total		Year 2 Total		Year 3 Total
\$ 5,151,480				\$ 1,698,924		\$ 1,711,344		\$ 1,741,212
Site Street Address, City, State & Zip Code	Type of Space (i.e., Clinic or Satellite Site, Admin, Training Center, Warehouse, Storage)	Total Square Footage	Total Cost of Site Per Month	Total Site Cost Per Year	Total Cost of Site Per Month	Total Site Cost Per Year	Total Cost of Site Per Month	Total Site Cost Per Year
2035 N D St, San Bernardino, CA 92405	Clinic Site	4000	15,716	188,592	16,038	192,456	16,452	197,424
9507 Arrow Rte, Bdg 7 Ste A Rancho Cucamonga, 91730	Clinic Site	3700	8,101	97,212	8,342	100,104	8,530	102,360
850 E Foothill Blvd Rialto, 92376	Clinic Site	3614	6,505	78,060	6,700	80,400	6,901	82,812
6527 Desert Queen Ave, Twentynine Palms, 92277	Clinic Site	3214	3,716	44,592	4,245	50,940	4,363	52,356
1505 South D Street, San Bernardino, 92415	Site	9374	19,655	235,860	20,294	243,528	20,903	250,836
15247 11th St, Ste. 700, Victorville, 92395	Clinic Site	3903	8,839	106,068	9,104	109,248	9,377	112,524
1140 E. Cooley Drive, Colton, 92324	Storage	825	179	2,148	184	2,208	190	2,280
800 E. Lugonia Ave, Suite K, Redlands 92374	Clinic Site	3000	6,331	75,972	6,687	80,244	5,525	66,300
322 S. Waterman Ave, San Bernardino, 92408	Storage	1910	1,228	14,736	1,094	13,128	1,127	13,524
1535 E. Highland Ave, San Bernardino, 92404	Clinic Site	3313	8,439	101,268	8,275	99,300	8,523	102,276
9161 Sierra Ave, Suite 104, Fontana, 92335	Clinic Site	5793	24,502	294,024	25,224	302,688	25,919	311,028
56357 Pima Trail, Yucca Valley, 92284	Clinic Site	776	1,877	22,524	1,985	23,820	2,045	24,540
150 E. Holt Blvd, Ontario 91761	Clinic Site	4828	12,898	154,776	13,572	162,864	13,965	167,580
301 East Mountain View Ave, Suite A, Barstow, 92311	Clinic Site	1493	1,089	13,068	1,111	13,332	1,133	13,596
290 E. "O" Street, Colton, 92324	Clinic Site	2000	6,052	72,624	6,173	74,076	6,173	74,076
Bldg. 1317, Inner Loop & Goldstone, Room 9, Ft. Irwin, 92310	Clinic Site	1225	-	-	-	-	-	-
14135 Main Street, Hesperia, 92345	Clinic Site	4646	16,450	197,400	13,584	163,008	13,975	167,700
	0 0	0	-	-	-	-	-	-
	0 0	0	-	-	-	-	-	-
	0 0	0	-	-	-	-	-	-

## JUSTIFICATION OF STAFFING LEVELS

October 1, 2025 – September 30, 2028

WIC local agencies shall ensure sufficient and qualified staff is available to administer an efficient and effective WIC Program including, but not limited to, the functions of nutrition education, breastfeeding promotion and support, certification, food delivery, fiscal reporting, monitoring, and training. Refer to the "Staffing Standards" outlined in the Exhibit A, Scope of Work (SOW).

Provide a written justification below explaining how your staffing levels will meet the WIC Program requirements detailed in the Exhibit A, SOW, and the Exhibit A, Attachment I, Statement of Work. Include how the number of Registered Dietitians and other staff is sufficient to provide client and nutrition services, including the development and the implementation of the Nutrition Services Plan.

### Written Justification

For the new contract period FFY 26-28, our agency has budgeted Health Services Assistants (WIC Nutrition Assistants - WNA) to perform direct services, per the requirements detailed in the Exhibit A, SOW, and the Exhibit A, Attachment I, Statement of Work. Due to a funding reduction and increased salary costs, FTEs for this classification are reduced to a total of 70 in Year 1, 67 in Year 2 and a total of 65 in Year 3.

Our agency has budgeted a total of 7 Registered Dietitians/Pre-Registered Dietitians/Nutritionists. All provide direct services to high-risk participants. Of the 7, one is assigned to also serve as the Nutrition Education Coordinator and one serves as the Training Coordinator. We have one Lead Dietitian who currently serves as the interim Nutrition Education Coordinator and also assists with direct services, training, and quality assurance.

In order to provide all of the other required services and complete the requirements detailed in the Exhibit A, Scope of Work and Exhibit A, Attachment I, Statement of Work Services to be Performed, including the development and implementation of the Nutrition Services Plan (NSP), our staffing includes a Program Manager/WIC Director, two Program Coordinators, a .7 FTE for an Administrative Supervisor, four Supervising Nutritionists, a Health Education team consisting of two Health Education Specialists II's (one serving as the Regional Breastfeeding Liaison (RBL) and one serving as the Breastfeeding Coordinator, one Health Education Specialist I serving as the Local Vendor Liaison (LVL)/Outreach Coordinator), and two Health Education Assistants to assist with direct service delivery and in-person vendor visits for a total of 176 stores. Additional support staff are also employed to carry out the necessary requirements outlined in the scope of work. These positions consist of a .4 FTE for an Accountant/Auditor, 1.0 FTE for IT support, a .4 FTE for a Business Systems Analyst III, one Fiscal Specialist, two Office Assistant IIIs, one Program Specialist, two Administrative Assistants, a .8 FTE for Warehouse Support, a .5 FTE for a Media Specialist and a .5 FTE for a Statistical Analyst. In Year 3, FTE reductions for the following positions are necessary due to allocated funding: IT Support .50, Business Systems Analyst III .20, Program

## JUSTIFICATION OF STAFFING LEVELS

October 1, 2025 – September 30, 2028

Specialist .20, Administrative Assistant 1.5, Warehouse Support .50, Media Specialist .30, and Data Analyst .20.

In Year 1, 4 staff serve, respectively, on the following state committees: Education, Breastfeeding, Outreach, and WIC WISE.

**The WIC Training Coordinator serves as the San Bernardino County WIC NVRA Coordinator.**

**The Civil Rights Coordinator is not a WIC grant funded position. This position is held by the Division Chief, Compliance Officer for the San Bernardino County Department of Public Health.**

Position Title	Description/Comments	FTE	Staff Count	BFPC	RBL
		Individual/person count (i.e. 1 FTE can have 2 persons in position)		Checked indicates "Yes" position works in BFPC and/or RBL role(s)	
Accountant/Auditor	Analyzes and evaluates financial records; submits monthly invoices and the Report of Actual Expenditures (RAE); monitors/tracks required minimum expenditure; assists with compliance and operational audits; prepares budget/reports.	.40	1	<input type="checkbox"/>	<input type="checkbox"/>
Administrative Supervisor	Assists with budget preparation/monitoring; supervises Fiscal Specialist and Office Assistant IIIs; prepares state approval requests and coordinates program purchases/ordering supplies; reviews/monitors lease costs and facility work orders.	.70	1	<input type="checkbox"/>	<input type="checkbox"/>
IT Support	Automated Systems Analyst I (.90 FTE) and Automated Systems Tech (.20 FTE) – Provides technical IT support/troubleshooting for staff; assist with project implementation (i.e.	1.0	2	<input type="checkbox"/>	<input type="checkbox"/>

## JUSTIFICATION OF STAFFING LEVELS

October 1, 2025 – September 30, 2028

	automated distribution, website, etc.).				
Business Systems Analyst III	Identifies, analyzes, tests, and documents complex business solutions for program application and IT needs. Ensures reporting, tagging, annual inventorying, and proper disposal of all equipment; serves as the IT POC. Ensures appropriate infrastructure and security to maintain an appropriate network as outlined for IT support in Exhibit A Scope of Work.	.40	1	<input type="checkbox"/>	<input type="checkbox"/>
Fiscal Specialist	Processes payments/invoices/billings, etc.; assists with LA ordering; reviews accounting documents such as invoices, requisitions, purchase orders, bills, claims, etc.; obtains required bids from vendors.	1.0	1	<input type="checkbox"/>	<input type="checkbox"/>
Health Education Assistant/Local Vendor Liaison	Provides WIC site support by providing direct services to participants; serves as a member of the LVL team; assists with breastfeeding/outreach/nutrition education, and special events.	2.0	2	<input type="checkbox"/>	<input type="checkbox"/>
Local Vendor Liaison/Outreach Coordinator	Classification: Health Education Specialist I; Coordinates LVL grocery store technical assistance visits/educational activities and outreach events for the agency; teaches Food Package Module for WIC Training School; completes Annual Public Outreach Announcement (APOA); supports special projects.	1.0	1	<input type="checkbox"/>	<input type="checkbox"/>
WIC Nutrition Assistant	Classification: Health Services Assistant (HSA)	70	70	<input type="checkbox"/>	<input type="checkbox"/>

## JUSTIFICATION OF STAFFING LEVELS

October 1, 2025 – September 30, 2028

	<p>FTE reduction due to decrease in funding and increased salary costs</p> <p>Year 1: 70</p> <p>Year 2: 67</p> <p>Year 3: 65</p> <p>Provides direct services for WIC participants in compliance with WIC policies; answers phones, screens applicants, determines eligibility, performs certification and recertification of participants, develops care plans, provides nutrition/breastfeeding participant-centered education, issues WIC cards/food packages/benefits, issue pumps, provides referrals.</p>				
Nutrition Education Coordinator	<p>Classification: Dietitian; Trains staff on quarterly education classes and provides appropriate materials; prepares LA Developed Education Contacts Review form for NSP; coordinates National Nutrition Month activities; supports special projects.</p>	1.0	1	<input type="checkbox"/>	<input type="checkbox"/>
Training Coordinator/Nutritionist	<p>Classification: Nutritionist; <b>This position serves as the LA NVRA Coordinator</b>; Oversees tracking for all required state training; facilitates/coordinates WIC Training School for new staff; LA Subject Matter Expert on state LMS; assists with high-risk counseling for participants.</p>	1.0	1	<input type="checkbox"/>	<input type="checkbox"/>
Regional Breastfeeding Liaison	<p>Classification: Health Education Specialist II; Responsible for RBL Action plan development/</p>	1.0	1	<input type="checkbox"/>	<input checked="" type="checkbox"/>

## JUSTIFICATION OF STAFFING LEVELS

October 1, 2025 – September 30, 2028

	implementation; coordinates with community partners for consistent breastfeeding messaging/support; LA Subject Matter Expert for website updates/maintenance and communication/presentation reviews/branding.				
Breastfeeding Coordinator	Classification: Health Education Specialist II; Responsible for overseeing the breastfeeding portion of the NSP; staff training on breastfeeding promotion, policies, referrals, and pumps; tracks agency breastfeeding rates; manages LA pump inventory; coordinates/promotes annual Community Baby Shower celebration for National Breastfeeding Month.	1.0	1	<input type="checkbox"/>	<input type="checkbox"/>
Office Assistant III	Answers participant calls, schedules appointments, oversees Verification of Certification documentation; assists with facility issues; orders office supplies; processes staff travel/mileage claims.	2.0	2	<input type="checkbox"/>	<input type="checkbox"/>
WIC Director	Classification: Program Manager; Responsible for overseeing all aspects of the WIC program and ensuring LA compliance with state requirements; caseload management and priority setting; responsible for fiscal audits; oversees budget/purchasing; PMV and NSP preparations, including QA; participates in leadership meetings/trainings/conferences; serves as primary liaison between	1.0	1	<input type="checkbox"/>	<input type="checkbox"/>

<b>JUSTIFICATION OF STAFFING LEVELS</b> October 1, 2025 – September 30, 2028					
	state/WIC/county/community organizations.				
Program Specialist	Analyzes, recommends and develops policies/procedures to ensure compliance; assist with special projects and quality assurance.	1.0	1	<input type="checkbox"/>	<input type="checkbox"/>
Program Coordinator	Serves as back-up for the WIC Director; caseload management and priority setting; oversees site and program operations; assists with budget, hiring, compliance, ordering approvals; Responsible for NSP development/monitoring (including QA) and PMV preparations; participates in leadership meetings/trainings/conferences.	2.0	2	<input type="checkbox"/>	<input type="checkbox"/>
Administrative Assistant	Assists WIC Director/Program Coordinators with hiring, safety, staff communications/ personnel processing/filing, and meeting coordination; assists Training Coordinator with staff tracking/training compliance and Breastfeeding Coordinator with pump inventory.	2.0	2	<input type="checkbox"/>	<input type="checkbox"/>
Warehouse Support	Store Specialist .40 FTE Storekeeper .20 FTE Storekeeper .20 FTE; Oversees LA storage, pick-up/delivery of supplies and provides inventory records/ documentation and recommendations.	.80	3		
Site Supervisor	Classification: Supervising Health Services Assistant; Supervises site WNAs; responsible for clinic flow/safety; conducts team meetings; ensures compliance with WIC policies/procedures;	12	12		

## JUSTIFICATION OF STAFFING LEVELS

October 1, 2025 – September 30, 2028

	communicates facility/staffing issues to Supervising Dietitian; participates in leadership meetings/trainings/conferences.				
Media Specialist	Responsible for marketing the WIC program; coordinates county approvals for social media, presentations, flyers, etc.; assists with website/SharePoint; serves as event coordinator/photographer/videographer as needed.	.50	1		
Data Analyst	Classification: Statistical Analyst; Conducts statistical analysis for complex projects to measure and project the effect of, and need for major programs/program changes; runs requested program reports; assists with WRAD data access; assists with WIC breastfeeding resources dashboard.	.50	1		
Lead Dietitian	Supervises and trains other LA dietitians and serves as a resource for them; oversees and trains dietetic interns, students, volunteers; supports high-risk calls; LA Subject Matter Expert for Therapeutic Formula management; assists with special projects; participates in leadership meetings/trainings/conferences.	1.0	1		
Dietitian	Classifications: Dietitian, Pre-Registered Dietitian, Nutritionist; Conducts nutritional assessments, provides nutritional high-risk counseling/education for participants (including Therapeutic Formula and WIC Eligible Nutritionals), develops individual nutrition education	5.0	5		

## JUSTIFICATION OF STAFFING LEVELS

October 1, 2025 – September 30, 2028

	plans to address nutritional needs, makes appropriate referrals.				
Supervising Dietitian	Supervises multiple WIC sites/staff (including Dietitians and WNAs); assists with PMV and NSP compliance (including QA); oversees Zoom classes/training/documentation; serves as a trainer for all staff meetings and WIC Training School modules; reviews/approves orders; participates in hiring and attends leadership meetings/trainings/conferences.	4.0	4		

**CERTIFICATION OF INDIRECT COST RATE**

October 1, 2025 – September 30, 2028

List the Indirect Cost Rate (ICR) percentage(s) that you will be using for the contract with the California Department of Public Health, Women, Infants and Children Division (CDPH/WIC Division). See 2 CFR 200.414 Indirect (F&A) costs for further information.

**Legal Name of Local Agency:**

San Bernardino County

**Non-Profit Agencies with an Approved Rate:**

Non-Profit Agencies that have an approved rate from their Federal cognizant agency may charge their approved rate or may elect to charge less than the approved rate. A copy of the ICR approval letter from the Federal cognizant agency is required with the package.

Complete the following with the percentage and methodology listed in the ICR approval letter:

\_\_\_\_\_ Percent of ☐ Total Personnel Costs ☐ Total Direct Costs

The ICR percentage(s) listed below must match the percentage(s) listed in Attachment 4.

Year 1: \_\_\_\_\_ Year 2: \_\_\_\_\_ Year 3: \_\_\_\_\_

**Non-Profit Agencies without an Approved Rate:**

Non-Profit Agencies that do not have a current negotiated (including provisional) rate may elect to charge the de minimis rate of 15% of modified total direct costs (MTDC), which may be used indefinitely. However, this rate must be used consistently for all Federal awards until such time they choose to negotiate a rate.

Check the box below to confirm your agency is eligible and is electing to charge the 15% (or less) de minimis rate based on MTDC (Total Personnel Costs + Total Operating Expenses + Subcontracts up to \$25,000). To determine eligibility, see 2 CFR 200.414, paragraph (f).

☐ 15% (or less) de minimis rate of MTDC (option 3 on the drop-down list on Attachment 4)

The ICR percentage(s) listed below must be 15% or less and match the percentage(s) listed in Attachment 4.

Year 1: \_\_\_\_\_ Year 2: \_\_\_\_\_ Year 3: \_\_\_\_\_

**Local Government Agencies:**

Local Government Agencies may charge their rate approved by CDPH or may elect to charge less than its approved rate. A copy of the ICR approval letter from CDPH is required with the package.

Complete the following with the percentage and methodology listed in the ICR approval letter:

19.43 Percent of ☒ Total Personnel Costs ☐ Total Direct Costs

The ICR percentage(s) listed below must match the percentage(s) listed in Attachment 4.

Year 1: 17.614 Year 2: 17.614 Year 3: 17.614

## **JUSTIFICATION OF BILINGUAL PAY**

October 1, 2025 – September 30, 2028

Bilingual Pay should be included in the WIC Position's budgeted amount on the Exhibit B, Budget Detail worksheet, not in their Minimum and Maximum Base Annual Salary range. Footnote number 1 (i.e., ①) should be placed by each WIC Position Title receiving this pay.

If Bilingual Pay is included in your Personnel Line Item, provide a written justification for each WIC Position Title receiving this pay. Attach a copy of the union contract, or other official documentation (i.e., board approval, HR documentation, etc.) from your organization, and indicate the applicable page number(s) in your justification below.

Bilingual pay is provided to selected staff to ensure translation services are provided to participants who speak Spanish, Chinese-Mandarin and Vietnamese. Behind English, Spanish is the language most spoken among the participant population served in San Bernardino County. Providing translation services, specifically for this language, is necessary to ensure smooth clinic operations and customer service. In addition to Spanish translation services, one WIC Nutrition Assistant is compensated to provide translation services to our Vietnamese population and one WIC Nutrition Assistant is compensated to provide translation services to our Mandarin population. The following classifications provide direct services and warrant bilingual compensation:

Heath Education Assistant  
 WIC Nutrition Assistants  
 Regional Breastfeeding Liaison  
 Office Assistant IIIs  
 Site Supervisors  
 Nutritionists/Dietitians and Pre-Registered Dietitians  
 Supervising Dietitians

(General MOU Pg. 8)

[General MOU 2023-2027.pdf](#)

(Professional MOU Pg. 11)

[Professional Unit MOU 2024 2028.pdf](#)

## JUSTIFICATION OF ADDITIONAL PAY

October 1, 2025 – September 30, 2028

Additional Pay is compensation provided above the base salary range for a position; this does not include step increases, as those should fall within the Minimum and Maximum Base Annual Salary ranges provided. Additional Pay includes Longevity, Retention, Differential, Cost of Living Adjustment (COLA) and/or any other categories of additional pay (must be described below) that are approved by the Parent Agency. Additional Pay should be included in the WIC Position's budgeted amount on the Exhibit B, Budget Detail worksheet, not in their Minimum and Maximum Base Annual Salary range. Footnote number 2 (i.e., ②) should be placed by each WIC Position Title receiving this pay.

If Additional Pay is included in your Personnel Line Item, provide a written justification for each WIC Position Title receiving this pay. Attach a copy of the union contract, or other official documentation (i.e., board approval, HR documentation, etc.) from your organization, and indicate the applicable page number(s) in your justification below.

All positions noted below will receive COLA increases. Additionally, some positions could be eligible for Additional Pay/Longevity during the contract cycle. Please reference the following MOUs for further detail.

(General MOU Pgs. 33-34/Professionnal MOU Pg. 64), Cost of Living Adjustment (COLA) (General MOU Pg. 126-127/Professional MOU Pgs. 70-71), Longevity Pay (General MOU Pg. 33-34/Professional MOU Pg. 16), and an equity adjustment for the Supervising Dietitians and Program Manager. [General MOU 2023-2027.pdf](#), [General MOU Salary Tables 2025-2027.pdf](#), [Professional Unit MOU 2024 2028.pdf](#), [Side Letter Equity Adjustment Supervising Dietitians PH Program Manager.pdf](#),

Accountant/Auditor

Administrative Supervisor

IT Support

Business Systems Analyst III

Fiscal Specialist

Health Education Assistant / Local Vendor Liaison

Local Vendor Liaison / Outreach Coordinator

WIC Nutrition Assistant

Nutrition Education Coordinator

Training Coordinator

Regional Breastfeeding Liaison

Breastfeeding Coordinator

Office Assistant III

WIC Director

## **JUSTIFICATION OF ADDITIONAL PAY**

October 1, 2025 – September 30, 2028

Program Specialist

Program Coordinator

Administrative Assistant

Warehouse Support

Site Supervisor

Media Specialist

Data Analyst

Lead Dietitian

Dietitian

Supervising Dietitian

**CIVIL RIGHTS REPORT**

October 1, 2025 – September 30, 2028

Per Federal requirements, local agencies must ensure that all applicants/participants are served equally, and shall not be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under the WIC Program based on the following categories: race, color, national origin, sex, age, disability, and reprisal or retaliation for prior civil rights activity.

Has the local agency had any civil rights complaints filed against it by a participant, or experienced any other civil rights issues in the past three years?

Yes ☐ No ☒

If yes, has the local agency corrected all past substantiated civil rights problems or noncompliance situations?

Yes ☐ No ☐ N/A ☒

If no, please explain:

## LANGUAGES SPOKEN BY PARTICIPANTS AND STAFF

October 1, 2025 – September 30, 2028

1. In the table below, list all of the languages (other than English) spoken by participants, the total number of participants speaking each language, the percentage of total caseload speaking each language, and the number of Full-Time Equivalent (FTE) WIC Positions fluent in each language.

Languages Spoken	# of Participants	% of Total Caseload	FTE Fluent in Language
American Sign Language	34	<1 %	0
Arabic	49	<1 %	0
Bengali	2	<1 %	0
Cambodian	1	<1 %	0
Chinese-Cantonese	8	<1 %	0
Chinese-Mandarin	62	<1 %	1
Dari	13	<1 %	0
Farsi	13	<1 %	0
French	3	<1 %	0
Haitian-Creole	1	<1 %	0
Hindi (Indian)	25	<1 %	0
Indonesian	6	<1 %	0
Japanese	1	<1 %	0
Korean	2	<1 %	0
Nepali/Nepalese	2	<1 %	0
Pashto	1	<1 %	0
Punjabi (Indian)	16	<1 %	0
Russian	3	<1 %	0
Spanish	7391	15 %	66

<b>LANGUAGES SPOKEN BY PARTICIPANTS AND STAFF</b> October 1, 2025 – September 30, 2028			
Thai	1	<1 %	0
Tigrinian	1	<1 %	0
Ukranian	1	<1 %	0
Urdu	4	<1 %	0
Vietnamese	38	<1 %	1
Other	4	<1 %	0
		%	
		%	
		%	
		%	
		%	
		%	
		%	
		%	
		%	

1. Explain how your local agency will meet the needs of non-English speaking participants/applicants who require translation/interpretation services when bilingual WIC staff are not available.

Our agency uses Asian American, on a fee for service basis, to provide translation/interpretation services for our participants when bilingual staff are unavailable or do not speak the appropriate language.

# SUMMARY OF DIRECT PARTICIPANT SERVICE SITES

October 1, 2025 - September 30, 2028

Local Agency Legal Name Contract Number Telephone Number Total Caseload				WIC Site Info				Type of WIC Site (Place an X where applicable)				Service Availability (Refer to the WPPM 180-10 for program accessibility requirements to ensure each site is in compliance)				Area Served by WIC Site				
San Bernardino County 25-10704 909-388-5663 52,610																				
WIC Site Number	WIC Site Name, Address, Staff Phone # and Client Phone #	WIC Office & Admin	WIC Office	Full-time	Part-time	Days(s) and Hours of Operation (Indicate if closed or open during lunch)	# of Staff During Normal Work Day	Meals Extended Hours Requirement (Enter N/A only if 3 or fewer staff and/or Part- time site)	City and Zip Codes Served	County of the "City and Zip Codes Served" - #1	Approx. Caseload for County #1	County of the "City and Zip Codes Served" - #2	Approx. Caseload for County #2	Total Caseload						
001	Bartow WIC 301 E Mountain View Ave Suite A, Bartow, CA 92311 1-800-472-2321/909-252-5170		X		X	Mon. 7:30 AM- 5:00 PM Tue. 7:30 AM- 5:00 PM Wed. 7:30 AM- 5:00 PM Closed 1st 4 Thursdays Fri. 7:30 AM- 4:00 PM (Open every other Friday) Sat. Closed	4	N/A	Ft. Irwin, Bartow/Hinkley, Newberry Springs, Helendale/92 310- 92312 92365, 92342	SAN BERNARDINO	1578			1578						
002	WIC Administration 1505 South D St., San Bernardino, CA 92408 1-800-472-2321/909-252-5170	X		X		Mon. 7:30 AM- 5:00 PM (open for lunch) Tue. 7:30 AM- 5:00 PM (open for lunch) Wed. 7:30 AM- 5:00 PM (open for lunch) Thur. 7:30 AM- 5:00 PM (open for lunch) Fri. 7:30 AM- 4:00 PM (open for lunch) Sat. Closed	32	YES	All cities in San Bernardino County	SAN BERNARDINO	2104			2104						
003	Foothill WIC 850 E Foothill Blvd, Rialto, CA 92376 1-800-472-2321/909-252-5170		X	X		Mon. 7:30 AM- 5:00 PM (open for lunch) Tue. 7:30 AM- 5:00 PM (open for lunch) Wed. 7:30 AM- 5:00 PM (open for lunch) Thur. 8:30 AM- 5:00 PM (open for lunch) Fri. 7:30 AM- 4:00 PM (open for lunch) Sat. Closed	8	YES	Rialto, Colton, Bloomington, Fontana/92376, 92324, 92316, 92337	SAN BERNARDINO	4735			4735						
005	Ontario WIC 150 E Holt Blvd, Ontario, CA 91761 1-800-472-2321/909-252-5170		X	X		Mon. 7:30 AM- 5:00 PM (open for lunch) Tue. 7:30 AM- 5:00 PM (open for lunch) Wed. 7:30 AM- 5:00 PM (open for lunch) Thur. 8:30 AM- 5:00 PM (open for lunch) Fri. 7:30 AM- 4:00 PM (open for lunch) Sat. Closed	7	YES	Ontario, Chino, Montclair, Upland /91761, 91710, 91758, 91761- 64, 91784, 91786	SAN BERNARDINO	3683			3683						
006	Redlands WIC 800 E Lugonia Ave, Ste K, Redlands, CA 92374 1-800-472-2321/909-252-5170		X	X		Mon. 7:30 AM- 5:00 PM (open for lunch) Tue. 7:30 AM- 5:00 PM (open for lunch) Wed. 7:30 AM- 5:00 PM (open for lunch) Thur. 8:30 AM- 5:00 PM (open for lunch) Fri. 7:30 AM- 4:00 PM (open for lunch) (Open every other Friday) Sat. Closed	7	YES	Redlands, Yucaipa, Highland/92374, 92399, 92346	SAN BERNARDINO	3157			3157						

Local Agency Legal Name	San Bernardino County
Contract Number	25-10204
Telephone Number	909-388-5663
Total Caseload	52,610

WIC Site Info			Type of WIC Site (Place an X where applicable)			Service Availability (Refer to the WPPM 330-10 for program accessibility requirements to ensure each site is in compliance)			Area Served by WIC Site					
WIC Site Number	WIC Site Name, Address, Staff Phone # and Client Phone #	WIC Office & Admin	WIC Office	Full-time	Part-time	Days(s) and Hours of Operation (Indicate if closed or open during lunch)	# of Staff During Normal Work Day	Meets Extended Hours Requirement (Enter N/A only if 3 or fewer staff and/or Part- time site)	City and Zip Codes Served	County of the "City and Zip Codes Served" - #1	Approx. Caseload for County #1	County of the "City and Zip Codes Served" - #2	Approx. Caseload for County #2	Total Caseload Total Approx. Caseload for WIC Site (#1 + #2)
009	Yucca Valley WIC 56357 Pima Trail, Yucca Valley, CA 92284 1-800-472-2321/909-252-5170		X		X	Mon. Open some Mondays 8:15 AM- 4:30 PM Tue. CLOSED Wed. 8:15 AM- 4:30 PM Thur. CLOSED Fri. 8:15 AM- 3:30 PM (Open every other Friday) Sat. Closed	4	N/A	Yucca Valley, Joshua Tree/92284-92286	SAN BERNARDINO	526			526
010	Twentynine Palms WIC 6527 Desert Queen Ave, Twentynine Palms, CA 92277 1-800-472-2321/909-252-5170		X		X	Mon. Open some Mondays 7:30 AM- 5:00 PM Tue. 7:30 AM- 5:00 PM Wed. Closed Thur. 7:30 AM- 5:00 PM Fri. Closed Sat. Closed	4	N/A	Twentynine Palms, Joshua Tree/92277- 92278	SAN BERNARDINO	1052			1052
012	Hesperia WIC 14135 Main Street, Hesperia, CA 92345 1-800-472-2321/909-252-5170		X	X		Mon. 7:30 AM- 5:00 PM (open for lunch) Tue. 7:30 AM- 5:00 PM (open for lunch) Wed. 7:30 AM- 5:00 PM (open for lunch) Thur. 8:30 AM- 5:00 PM (open for lunch) Fri. 7:30 AM- 4:00 PM (open for lunch) Sat. Closed	11	YES	Hesperia, Apple Valley, Big Bear, Lucerne Valley, Phelan, Pinon Hills, Victorville, Adelanto/92344- 92345, 92308, 92315, 92356, 92371, 92372, 92392, 92301	SAN BERNARDINO	5787			5787
013	Colton WIC 230 E. O St. Colton, CA 92324 1-800-472-2321/909-252-5170		X	X		Mon. 7:30 AM- 5:00 PM (open for lunch) Tue. 7:30 AM- 5:00 PM (open for lunch) Wed. 7:30 AM- 5:00 PM (open for lunch) Thur. 8:30 AM- 5:00 PM (open for lunch) Fri. 7:30 AM- 4:00 PM (open for lunch) (Open every other Friday) Sat. Closed	5	YES	Colton/92324	SAN BERNARDINO	2651			2651
021	Ft. Irwin WIC Room 9 Inner Loop-Goldstone, Fort Irwin, CA 92310 1-800-472-2321/909-252-5170		X		X	Mon. Closed Tue. Closed Wed. Closed 1st 4 Thurs. 8:30 AM- 4:00 PM Closed during 11:30-12:30 PM Fri. Closed Sat. Closed	4	N/A	Ft. Irwin, Barrow/92310- 92311	SAN BERNARDINO	526			526
025	Fontana WIC 9161 Sierra Ave., Ste. 104, Fontana, CA 92335 1-800-472-2321/909-252-5170		X	X		Mon. 7:30 AM- 5:00 PM (open for lunch) Tue. 7:30 AM- 5:00 PM (open for lunch) Wed. 7:30 AM- 5:00 PM (open for lunch) Thur. 8:30 AM- 5:00 PM (open for lunch) Fri. 7:30 AM- 4:00 PM (open for lunch) Sat. Closed	12	YES	Fontana/92335	SAN BERNARDINO	7365			7365



**FREQUENCY OF INVOICE SUBMISSION**

October 1, 2025 – September 30, 2028

Please select your organization's invoice submission frequency. If bi-weekly is selected, justification must be included.

Invoice Frequency	
Bi-Weekly	<input type="checkbox"/>
Monthly	<input checked="" type="checkbox"/>
Quarterly	<input type="checkbox"/>

Justification for bi-weekly submission:



ERICA PAN, MD, MPH, FAAP,  
FIDSA  
Director & State Health Officer

State of California—Health and Human Services Agency  
California Department of Public Health



GAVIN NEWSOM  
Governor

January 31, 2025

Paul Chapman  
Chief Financial Officer  
San Bernardino County  
451 E. Vanderbilt Way  
San Bernardino, CA 92408

Dear Paul Chapman:

Thank you for submitting your Indirect Cost Rate (ICR) documentation to the California Department of Public Health (CDPH). CDPH is excited to have a standardized process that allows each Local Health Department (LHD) to use the negotiated ICR for all contracts, unless the ICR is otherwise designated by state or federal statutes, regulations, or specific grant guidelines, with CDPH.

For Fiscal Year (FY) 2025-2026, CDPH has accepted the documentation you have provided and, on a one-year basis, will approve your ICR proposal as follows:

**19.43% calculated based on Salaries, Wages and Fringe Benefits**

Please note, the rate you provided was approved up to the maximum allowed by CDPH policy (up to 25% for ICR calculated based on Salaries, Wages and Fringe Benefits and up to 15% for ICR calculated based on Allowable Total Direct Costs).

We look forward to working with you to document your approved ICR in CDPH contracts with a start date of July 1, 2025 or later.

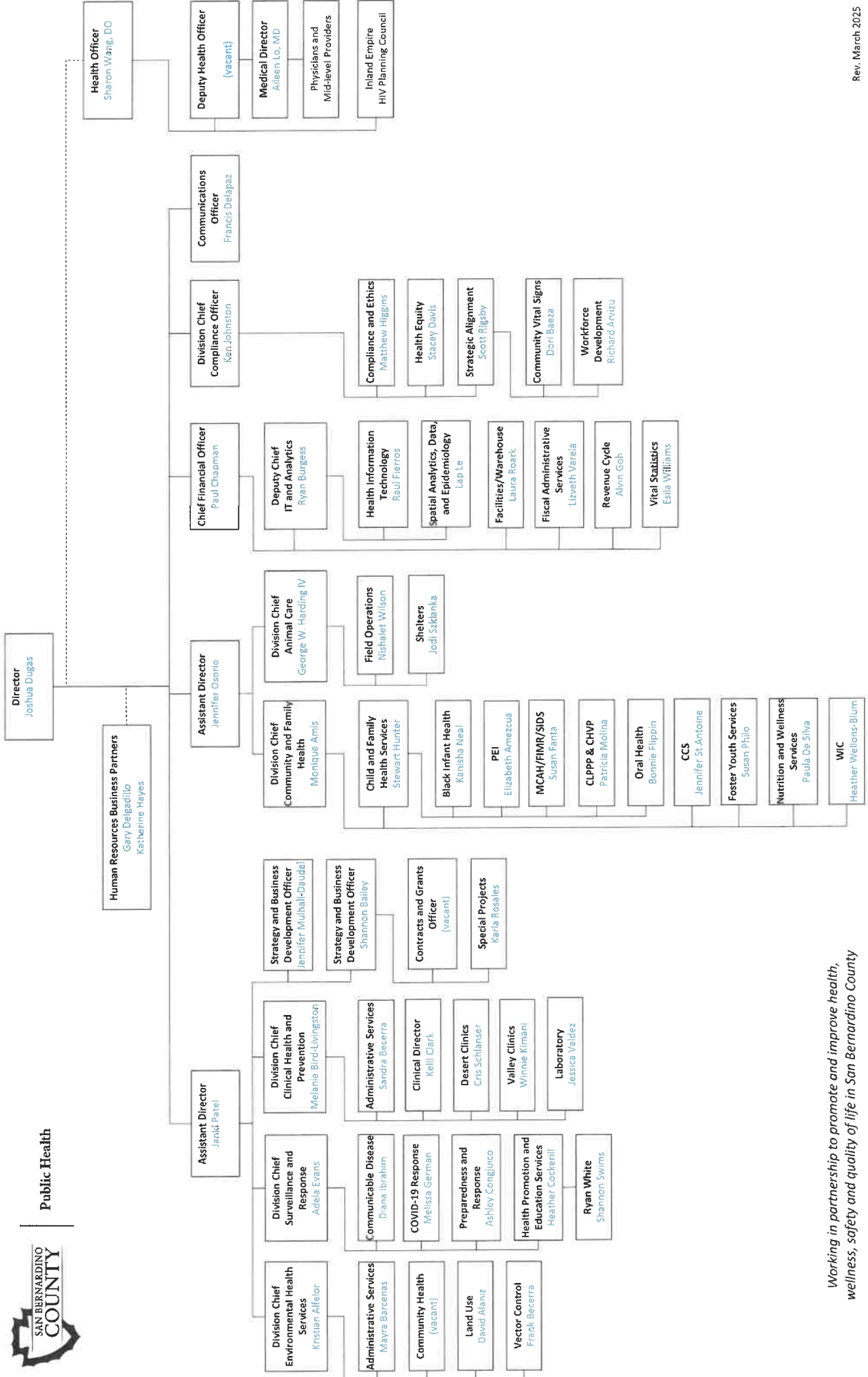
If you have any questions, contact CDPH at [CDPH-ICR-Mailbox@cdph.ca.gov](mailto:CDPH-ICR-Mailbox@cdph.ca.gov).

Sincerely,

Luz Lunetta, Accounting Reporting Section Chief  
California Department of Public Health



Public Health



Working in partnership to promote and improve health, wellness, safety and quality of life in San Bernardino County




# Contractor Certification Clauses

CCC 04/2017

## CERTIFICATION

I, the official named below, CERTIFY UNDER PENALTY OF PERJURY that I am duly authorized to legally bind the prospective Contractor to the clause(s) listed below. This certification is made under the laws of the State of California.

Contractor/Bidder Firm Name (Printed)	Federal ID Number
San Bernardino County	95-6002748
By (Authorized Signature)	
	
Printed Name and Title of Person Signing	
Dawn Rowe, Chair, Board of Supervisors	
Date Executed	Executed in the County of
MAY 20 2025	San Bernardino

## CONTRACTOR CERTIFICATION CLAUSES

1. **STATEMENT OF COMPLIANCE:** Contractor has, unless exempted, complied with the nondiscrimination program requirements. (Gov. Code §12990 (a-f) and CCR, Title 2, Section 11102) (Not applicable to public entities.)

2. **DRUG-FREE WORKPLACE REQUIREMENTS:** Contractor will comply with the requirements of the Drug-Free Workplace Act of 1990 and will provide a drug-free workplace by taking the following actions:

a. Publish a statement notifying employees that unlawful manufacture, distribution, dispensation, possession or use of a controlled substance is prohibited and specifying actions to be taken against employees for violations.

b. Establish a Drug-Free Awareness Program to inform employees about:

- 1) the dangers of drug abuse in the workplace;
- 2) the person's or organization's policy of maintaining a drug-free workplace;
- 3) any available counseling, rehabilitation and employee assistance programs; and,
- 4) penalties that may be imposed upon employees for drug abuse violations.

c. Every employee who works on the proposed Agreement will:

- 1) receive a copy of the company's drug-free workplace policy statement; and,

2) agree to abide by the terms of the company's statement as a condition of employment on the Agreement.

Failure to comply with these requirements may result in suspension of payments under the Agreement or termination of the Agreement or both and Contractor may be ineligible for award of any future State agreements if the department determines that any of the following has occurred: the Contractor has made false certification, or violated the certification by failing to carry out the requirements as noted above. (Gov. Code §8350 et seq.)

3. NATIONAL LABOR RELATIONS BOARD CERTIFICATION: Contractor certifies that no more than one (1) final unappealable finding of contempt of court by a Federal court has been issued against Contractor within the immediately preceding two-year period because of Contractor's failure to comply with an order of a Federal court, which orders Contractor to comply with an order of the National Labor Relations Board. (Pub. Contract Code §10296) (Not applicable to public entities.)

4. CONTRACTS FOR LEGAL SERVICES \$50,000 OR MORE- PRO BONO REQUIREMENT: Contractor hereby certifies that Contractor will comply with the requirements of Section 6072 of the Business and Professions Code, effective January 1, 2003.

Contractor agrees to make a good faith effort to provide a minimum number of hours of pro bono legal services during each year of the contract equal to the lessor of 30 multiplied by the number of full time attorneys in the firm's offices in the State, with the number of hours prorated on an actual day basis for any contract period of less than a full year or 10% of its contract with the State.

Failure to make a good faith effort may be cause for non-renewal of a state contract for legal services, and may be taken into account when determining the award of future contracts with the State for legal services.

5. EXPATRIATE CORPORATIONS: Contractor hereby declares that it is not an expatriate corporation or subsidiary of an expatriate corporation within the meaning of Public Contract Code Section 10286 and 10286.1, and is eligible to contract with the State of California.

6. SWEATFREE CODE OF CONDUCT:

a. All Contractors contracting for the procurement or laundering of apparel, garments or corresponding accessories, or the procurement of equipment, materials, or supplies, other than procurement related to a public works contract, declare under penalty of perjury that no apparel, garments or corresponding accessories, equipment, materials, or supplies furnished to the state pursuant to the contract have been laundered or produced in whole or in part by sweatshop labor, forced labor, convict labor, indentured labor under penal sanction, abusive forms of child labor or exploitation of children in sweatshop labor, or with the benefit of sweatshop labor, forced labor, convict labor, indentured labor under penal sanction, abusive forms of child labor or exploitation of children in sweatshop labor. The contractor further declares under penalty of perjury that they adhere to the Sweatfree Code of Conduct as set forth on the California Department of Industrial Relations website located at [www.dir.ca.gov](http://www.dir.ca.gov), and Public Contract Code Section 6108.

b. The contractor agrees to cooperate fully in providing reasonable access to the contractor's records, documents, agents or employees, or premises if reasonably

required by authorized officials of the contracting agency, the Department of Industrial Relations, or the Department of Justice to determine the contractor's compliance with the requirements under paragraph (a).

7. DOMESTIC PARTNERS: For contracts of \$100,000 or more, Contractor certifies that Contractor is in compliance with Public Contract Code section 10295.3.

8. GENDER IDENTITY: For contracts of \$100,000 or more, Contractor certifies that Contractor is in compliance with Public Contract Code section 10295.35.

## **DOING BUSINESS WITH THE STATE OF CALIFORNIA**

The following laws apply to persons or entities doing business with the State of California.

1. CONFLICT OF INTEREST: Contractor needs to be aware of the following provisions regarding current or former state employees. If Contractor has any questions on the status of any person rendering services or involved with the Agreement, the awarding agency must be contacted immediately for clarification.

Current State Employees (Pub. Contract Code §10410):

1). No officer or employee shall engage in any employment, activity or enterprise from which the officer or employee receives compensation or has a financial interest and which is sponsored or funded by any state agency, unless the employment, activity or enterprise is required as a condition of regular state employment.

2). No officer or employee shall contract on his or her own behalf as an independent contractor with any state agency to provide goods or services.

Former State Employees (Pub. Contract Code §10411):

1). For the two-year period from the date he or she left state employment, no former state officer or employee may enter into a contract in which he or she engaged in any of the negotiations, transactions, planning, arrangements or any part of the decision-making process relevant to the contract while employed in any capacity by any state agency.

2). For the twelve-month period from the date he or she left state employment, no former state officer or employee may enter into a contract with any state agency if he or she was employed by that state agency in a policy-making position in the same general subject area as the proposed contract within the 12-month period prior to his or her leaving state service.

If Contractor violates any provisions of above paragraphs, such action by Contractor shall render this Agreement void. (Pub. Contract Code §10420)

Members of boards and commissions are exempt from this section if they do not receive payment other than payment of each meeting of the board or commission, payment for preparatory time and payment for per diem. (Pub. Contract Code §10430 (e))

2. LABOR CODE/WORKERS' COMPENSATION: Contractor needs to be aware of the provisions which require every employer to be insured against liability for Worker's Compensation or to undertake self-insurance in accordance with the provisions, and

Contractor affirms to comply with such provisions before commencing the performance of the work of this Agreement. (Labor Code Section 3700)

3. AMERICANS WITH DISABILITIES ACT: Contractor assures the State that it complies with the Americans with Disabilities Act (ADA) of 1990, which prohibits discrimination on the basis of disability, as well as all applicable regulations and guidelines issued pursuant to the ADA. (42 U.S.C. 12101 et seq.)

4. CONTRACTOR NAME CHANGE: An amendment is required to change the Contractor's name as listed on this Agreement. Upon receipt of legal documentation of the name change the State will process the amendment. Payment of invoices presented with a new name cannot be paid prior to approval of said amendment.

5. CORPORATE QUALIFICATIONS TO DO BUSINESS IN CALIFORNIA:

a. When agreements are to be performed in the state by corporations, the contracting agencies will be verifying that the contractor is currently qualified to do business in California in order to ensure that all obligations due to the state are fulfilled.

b. "Doing business" is defined in R&TC Section 23101 as actively engaging in any transaction for the purpose of financial or pecuniary gain or profit. Although there are some statutory exceptions to taxation, rarely will a corporate contractor performing within the state not be subject to the franchise tax.

c. Both domestic and foreign corporations (those incorporated outside of California) must be in good standing in order to be qualified to do business in California. Agencies will determine whether a corporation is in good standing by calling the Office of the Secretary of State.

6. RESOLUTION: A county, city, district, or other local public body must provide the State with a copy of a resolution, order, motion, or ordinance of the local governing body which by law has authority to enter into an agreement, authorizing execution of the agreement.

7. AIR OR WATER POLLUTION VIOLATION: Under the State laws, the Contractor shall not be: (1) in violation of any order or resolution not subject to review promulgated by the State Air Resources Board or an air pollution control district; (2) subject to cease and desist order not subject to review issued pursuant to Section 13301 of the Water Code for violation of waste discharge requirements or discharge prohibitions; or (3) finally determined to be in violation of provisions of federal law relating to air or water pollution.


8. PAYEE DATA RECORD FORM STD. 204: This form must be completed by all contractors that are not another state agency or other governmental entity.


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:

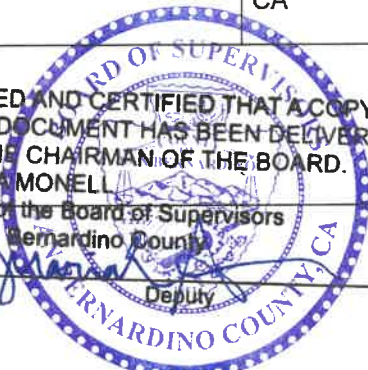
1. **CALIFORNIA CIVIL RIGHTS LAWS:** For contracts executed or renewed after January 1, 2017, the contractor certifies compliance with the Unruh Civil Rights Act (Section 51 of the Civil Code) and the Fair Employment and Housing Act (Section 12960 of the Government Code); and
2. **EMPLOYER DISCRIMINATORY 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.

Proposer/Bidder Firm Name (Printed)	Federal ID Number
San Bernardino County	95-6002748
By (Authorized Signature)	
	
Printed Name and Title of Person Signing	
Dawn Rowe, Chair, Board of Supervisors	
Executed in the County of	Executed in the State of
San Bernardino	CA
Date Executed	
MAY 20 2025	

SIGNED AND CERTIFIED THAT A COPY OF  
THIS DOCUMENT HAS BEEN DELIVERED  
TO THE CHAIRMAN OF THE BOARD.  
LYNNA MONELL  
Clerk of the Board of Supervisors  
of San Bernardino County  
By  Deputy



**Submit****GOVERNMENT AGENCY TAXPAYER ID FORM**

The principal purpose of the information provided is to establish the unique identification of the government entity.

**Instructions:** You may submit one form for the principal government agency and all subsidiaries sharing the same TIN. Subsidiaries with a different TIN must submit a separate form. Fields bordered in red are required. Please print the form to sign prior to submittal. You may email the form to: [GovSuppliers@cdph.ca.gov](mailto:GovSuppliers@cdph.ca.gov) or fax it to (916) 650-0110, or mail it to the address above.

Principal  
Government  
Agency Name

San Bernardino County

Remit-To  
Address (Street  
or PO Box)

451 E. Vanderbilt Way, Suite #200

City:

San Bernardino

State: CA

Zip Code+4: 92408

Government  
Type:☐

City

☒

County

☐

Special District

☐

Federal

☐

Other (Specify)

Federal  
Employer  
Identification  
Number  
(FEIN)

95-6002748

List other subsidiary Departments, Divisions or Units under your principal agency's jurisdiction who share the same FEIN and receives payment from the State of California.

FI\$Cal ID#  
(if known)Dept/Division/Unit  
NameComplete  
AddressFI\$Cal ID#  
(if known)Dept/Division/Unit  
NameComplete  
AddressFI\$Cal ID#  
(if known)Dept/Division/Unit  
NameComplete  
AddressFI\$Cal ID#  
(if known)Dept/Division/Unit  
NameComplete  
Address

Contact Person

Lizveth Varela

Title

Administrative Manager

Phone number

909-387-6769

E-mail address:

lizveth.varela@dph.sbcounty.gov

Signature

Lizveth Varela

Digitally signed by Lizveth Varela  
Date: 2024.09.16 16:03:33 -07'00'

Date

9/12/2024



WHITNEY J. FIELDS  
Director of Risk Management

**San Bernardino County**  
**RISK MANAGEMENT DEPARTMENT**  
222 West Hospitality Lane, Third Floor  
San Bernardino, CA 92415-0016

**CERTIFICATE OF INSURANCE  
OR SELF-INSURANCE**

In the event of cancellation of the self-insurance programs or policies designated below, it is the intent of the San Bernardino County to mail 30 days' prior notice thereof to:

California Department of Public Health  
1616 Capitol Avenue, Suite 74.262  
MS 1802, PO Box 997377  
Sacramento, CA 95899

As respects Agreement 22-795 (State Agreement No. 22-10281) between San Bernardino County Department of Public Health, Women, Infants, and Children Nutrition Program (WIC) and the California Department of Public Health (CDPH) for the period of October 1, 2022 through September 30, 2025. This was approved by the Board on September 13, 2022, Item 45.

San Bernardino County certifies that the following self-insurance programs or policies are in force:

TYPE OF COVERAGE	COMPANY AND POLICY NO.	POLICY PERIOD	LIMITS OF LIABILITY	
			Bodily Injury	Property Damage
Comprehensive General Liability Incl. Auto Liability	<i>Self-Insured</i>	7/1/2024 - 7/1/2025	\$3,000,000.00 Combined Single Limits	
Workers' Compensation	<i>Self-Insured</i>	7/1/2024 - 7/1/2025	\$2,000,000	

This Certificate is not valid unless countersigned by an authorized representative of the San Bernardino County, Risk Management Department. The State of California, its officers, agents, employees, and servants are included as additional insured, but only insofar as the operations under this Agreement are concerned.

cc: Dominic Corraera, Program Coordinator  
Department of Public Health  
Meghann Harrison, CDPH

April 30, 2025

Date

Authorized Representative