



NEEDS ASSESSMENT

AGENCY NAME: County of San Bernardino - DPH- Black Infant Health Program

501(C)3 NUMBER: **EIN:** 95-6002748 PHONE NUMBER: (909) 387-6470

ADDRESS: 351 N. Mt. View Ave., 2nd Floor CITY: San Bernardino ZIP 92415-0010

E-MAIL: elizabeth.sneed-berrie@dph.sbcounty.gov

DAYS/TIMES OF OPERATION: Monday - Friday 8:00 a.m. - 5:00 p.m.

ZIP CODES OF CITIES YOU SERVE: 92401 thru 92411, 92376, 92346, 92335, 92337

_____, _____, _____, _____, _____, _____

INCOME LEVELS (1-8 PERSONS)

ABOVE 80% AMI _____%

VERY LOW 31-50% AMI 40%

LOW 51-79% AMI 50 %

EXTREMELY LOW 30% OR LESS AMI 10%

ETHNICITY

ASIAN _____%

BLACK _____ 80%

CAUCASION _____%

HISPANIC _____%

PACIFIC ISLANDER _____%

NATIVE AMERICA _____%

MULTI-RACIAL _____ 20%

UNKNOWN _____%

POPULATION SERVED

TARGET POPULATION: Pregnant and Parenting African-American Families

CHILDREN SERVE BY AGE:

Infant – 4 Years 11 Months_____75%

5 Years – 12 Years 11 Months_____20%

13 Years – 18 Years_____5%

ADULTS SERVED:

Homeless Served_____%

SERVICES PROVIDED:

Educational group intervention and case management services to help pregnant and parenting women in learning strategies to reduce stress and decrease infant mortality rates.

FEE/CHARGING FOR SERVICES: YES_____/ NO_X_____

AREAS OF NEED: Any infant products that will assist pregnant and parenting moms

BACKPACKS_____ SCHOOL SUPPLIES _____

HYGIENE KITS _____ SHOES _____

CLOTHING:

INFANTS_____X TODDLERS_____X_____

CHILDREN_____ LARGE SIZE CHILDRENS _____

TEENS _____

CHRISTMAS DISTRIBUTION ONLY: YES _____ / NO _____

OTHER: _____

**Santa Claus, Inc. of Greater San Bernardino
Youth Enrichment Services (Yes!)
Memorandum of Understanding (MOU)**

This "Memorandum of Understanding (MOU) is hereby entered into by **SANTA CLAUS, INC. AND YOUTH ENRICHMENT SERVICES ("SCI/YES!")** and County of San Bernardino, Department of Public Health (DPH) to receive donated products from "**SCI/Yes!**" in accordance with the provisions contained herein.

NOW, THEREFORE, in consideration of the mutual promises and conditions contained herein, "**SCI/Yes!**" and DPH hereby agree as follows:

GENERAL

- "**SCI/Yes!**" will provide overstock products that enhance life and opportunities for needy children.
- When a product is available for pick up "**SCI/Yes!**" will provide as much detailed information as is available to the receiving nonprofit, school or school district designated contact.
- Nonprofit, school, or school district will consider whether to accept any product from "**SCI/Yes!**" on a case by case basis after receipt of detailed product information.
- Absolutely no product donations from **SCI/Yes!** shall be sold, bartered or traded for donations of any kind.
- EIN #, School, or District # must be provided for services. 95-6002748

PUBLICITY

- DPH will provide "**SCI/Yes!**" with feedback in the form of social media, letters, testimonies, pictures, or any available data after each donation. Failure to do so may result in cancellation of services.
- "**SCI/Yes!**" reserves the right to provide social media, pictures, showing distributions of donations that are made to its nonprofit, school, or school district partners, keeping in mind that no pictures of children or parent recipients will be used without express agreement by signed "release" forms.
- Nothing in this "Agreement" shall be deemed to create a partnership, joint venture, or ownership interest by one party in the other.

Signed By:

Santa Claus, Inc.
Sandra Lourenco, YES Program Director

Printed Name/Title

Date

County of San Bernardino
(Name of Nonprofit, School, or School District, etc.)

DPH Representative
Elizabeth Sneed-Berrie, Public Health Program Coordinator

Printed Name/Title

Date

Curt Hagman, Chairman, Board of Supervisors

Printed Name/Title

Date

Santa Claus Inc. of Greater San Bernardino Code of Conduct

Santa Claus, Inc. is a community based organization dedicated to providing services for families in need through its Holiday Distribution Program and its Youth Enrichment Services (YES!) year round programs. Christmas items are provided for underprivileged children in the SCI regular service areas of Colton, Highland, Rialto, Redlands, and San Bernardino. Youth Enrichment Services (YES!) provides essential year round services throughout the regular service areas and the extended service areas of Ontario, Montclair, Fontana, Yucaipa, and the high desert.

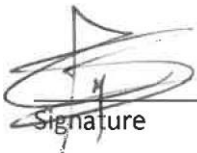
Participation by volunteers, staff, and recipients of the program services of Santa Claus, Inc. is subject to the observance of the organization's policies and procedures. Any participant, volunteer, staff, or recipient who violates the Santa Claus, Inc. Code of Conduct may be subject to discipline, up to and including removal from the organization or its services.

- Abusive language towards a staff member, volunteer, or recipient.
- Possession or use of alcoholic beverages or illegal drugs on the Santa Claus, Inc. property
** Alcoholic beverages may be served to guests at the Santa Claus, Inc. Open House or at designated events held at the Santa Claus, Inc. warehouse.
- Bringing dangerous or unauthorized materials such as explosives, firearms, weapons, or other similar items onto the Santa Claus, Inc. property.
- Discourtesy or rudeness to a fellow volunteer, staff member, or to a recipient of the services of Santa Claus, Inc.
- Verbal, physical, or visual harassment of a staff member, volunteer, or recipient.
- Actual or threatened violence toward any individual or group.
- Conduct endangering the life, safety health, or well-being of others.
- Failure to follow any agency policies or procedures.
- Bullying or taking unfair advantage of any participant.
- Failure to cooperate with a supervisor or another person or authority.
- Removing items from warehouse that are the property of Santa Claus, Inc., i.e. donated items and/or purchased items. If a staff member or volunteer wants an item or items a request will be made to the department director. The department director will take the item(s) out of inventory and will suggest an appropriate donation for the item(s) to be made to the organization. The Executive Director will have discretion to set donation amounts for large donated items.

I have received, read and understand the Confidentiality Agreement. I agree to abide by the rules described above and understand that I may be removed as a volunteer, staff member, or recipient of services if I violate any of the rules of Santa Claus, Inc.

Elizabeth Sneed-Berrie, Program Coordinator

Name



Signature

10/19/2020

Date



Santa Claus Inc./Youth Enrichment Services (Yes!) Program Participation Agreement

This Santa Claus Inc./Youth Enrichment Services (Yes!) Program (SCI/Yes!) Program Participation Agreement is entered into by and between Santa Claus, Inc. a California Nonprofit Corporation, and County of San Bernardino, Department of Public Health (DPH), (Organization).

Affirmation of SCI/Yes! Master Donation Acceptance Agreement

The Organization represents that it is, and at all times will be, in compliance with the "SCI/Yes!" guide lines as stated in the Program Participation Agreement and MOU between the parties. In addition, the receiving "Organization" acknowledges and agrees that its participation in the "SCI/Yes!" program is subject to all stated terms and understands that "SCI/Yes!" reserves the right at any time by its sole discretion to terminate services for any "Organization" not following the terms and conditions of participation in the signed Program Participation Agreement and MOU.

The following must be on file with SCI/Yes! before services are rendered:

- 2020/2021 Signed copy of Program Participation Agreement
- 2020/2021 Needs Assessment Form
- Signed copy of Memorandum of Understanding (MOU)
- EIN or tax exempt nonprofit, school or school district number

Due to an anticipated increase in demand for services in 2020/2021, ALL documentation must be returned to Debra Willis, P. O. Box 2642, San Bernardino, California 92406, no later than June 15, 2020 for your nonprofit, school, or school district to be added to the SCI/Yes! list of recipients for 2020/2021. There will be no exceptions.

County of San Bernardino, Department of Public Health (DPH)
Name of Organization

Date Signed

Signature of Representative of the Organization

Elizabeth Sneed-Berrie, Public Health Program Coordinator
Printed Name and Title

Santa Claus, Inc./Youth Enrichment Services (Yes!)

Signature of Representative of SCI/Yes!

Date Signed

Sandra Lourenco, YES Program Director
Printed Name and Title

Organization, School, or School District Member Application

GENERAL INFORMATION:

Organization, School, or School District: County of San Bernardino –DPH-Black Infant Health Program

EIN# or School/District ID#: 95-6002748

Business Address 351 N. Mt. View Ave., 2nd Floor

City San Bernardino State Ca Zip Code 92415-0010

Phone (909) 387-6470 Website https://wp.sbcounty.gov/dph/programs/fhs/bih/

*Main Contact Name Elizabeth Sneed-Berrie

Contact Title Program Coordinator *Contact Phone (909) 387-6481

*Contact E-mail elizabeth.sneed-berrie@dph.sbcounty.gov

Chief Executive's Name _____ Chief Executive's Phone _____

Chief Executive E-Mail _____

Estimated Number of Clients served per month 40

Estimated ages of clients served 16 – 50; Childbearing age

Mission Statement

To improve African-American infant and maternal health, as well as decrease Black-White health inequities and social inequities for women and infants.

Does your organization operate a thrift/restore or host sale events? Yes _____ No X

Is your organization a 501(C)(3) _____ Faith Based _____ School/District _____ Public Health X

REQUIREMENTS:

Your organization, school, or district must submit all required documentation with a completed member application. Your application will be denied if it is not complete.

- Completed Application, MOU, and Need Assessment Form
- 501(C)(3) Certification from IRS