

BOS NOTICE OF INTENT

THIS FORM SERVES AS NOTIFICATION OF THE COUNTY’S INTENT TO MEET ASSURANCES FOR THE CAPIT/CBCAP/PSSF PROGRAMS.

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| <b>CAPIT/CBCAP/PSSF PROGRAM FUNDING ASSURANCES</b>               |  |
| <b>FOR _____ COUNTY</b>  |  |
| <b>PERIOD OF PLAN (MM/DD/YY): _____ THROUGH (MM/DD/YY) _____</b> |  |

**DESIGNATION OF ADMINISTRATION OF FUNDS**

The County Board of Supervisors designates \_\_\_\_\_ as the public agency to administer CAPIT and CBCAP.

**W&I Code Section 16602 (b)** requires that the local Welfare Department administer the PSSF funds. The County Board of Supervisors designates \_\_\_\_\_ as the local welfare department to administer PSSF.

**FUNDING ASSURANCES**

The undersigned assures that the Child Abuse Prevention, Intervention and Treatment (CAPIT), Community Based Child Abuse Prevention (CBCAP), and Promoting Safe and Stable Families (PSSF) funds will be used as outlined in state and federal statute<sup>1</sup>:

- Funding will be used to supplement, but not supplant, existing child welfare services;
- Funds will be expended by the county in a manner that will maximize eligibility for federal financial participation;
- The designated public agency to administer the CAPIT/CBCAP/PSSF funds will provide to the OCAP all information necessary to meet federal reporting mandates;
- Approval will be obtained from the California Department of Social Services (CDSS), Office of Child Abuse Prevention (OCAP) prior to modifying the service provision plan for CAPIT, CBCAP and/or PSSF funds to avoid any potential disallowances;
- Compliance with federal requirements to ensure that anyone who has or will be awarded funds has not been excluded from receiving Federal contracts, certain subcontracts, certain Federal financial and nonfinancial assistance or benefits.


In order to continue to receive funding, please sign and return the Notice of Intent with the County’s System Improvement Plan to:

California Department of Social Services  
Office of Child Abuse Prevention  
744 P Street, MS 8-11-82  
Sacramento, California 95814

|  |       |
|--|-------|
| _____  | _____ |
| County Board of Supervisors Authorized Signature | Date  |
| _____  | _____ |
| Print Name                                       | Title |

<sup>1</sup> Fact Sheets for the CAPIT, CBCAP and PSSF Programs outlining state and federal requirements can be found at: <http://www.cdss.ca.gov/inforesources/OCAP/Funding>

APPROVED AS TO FORM  
OFFICE OF COUNTY COUNSEL

  
\_\_\_\_\_  
Date: February 12, 2025