

**CALIFORNIA SEXUALLY TRANSMITTED DISEASES BRANCH
STD PROGRAM MANAGEMENT**

Awarded By

THE CALIFORNIA DEPARTMENT OF PUBLIC HEALTH, hereinafter “Department”

TO

County of San Bernardino, hereinafter “Grantee”

Implementing the project, “Congenital Syphilis Prevention,” hereinafter “Project”

AMENDED GRANT AGREEMENT NUMBER 18-10700, A2

The Department amends this Grant and the Grantee accepts and agrees to use the Grant funds as follows:

AUTHORITY: The Department has authority to grant funds for the Project under Health and Safety Code (HSC), Section 131085(a).

PURPOSE FOR AMENDMENT: The purpose of the Grant amendment is to:

This amendment changes the grant term end date from 01/31/26 to 02/28/26. This amendment also adds additional funding to allow the Grantee to continue performing more of the same services as identified in Exhibit A, Scope of Work (SOW) and to reimburse the Grantee accordingly. The amendment will also replace Exhibit B in its entirety.

Amendments are shown as: Text additions are displayed in **bold and underline**. Text deletions are displayed as strike through text (i.e., ~~Strike~~).

AMENDED GRANT AMOUNT: This amendment is to increase the grant by \$100,000 and is amended to read: ~~\$980,000 (Nine Hundred Eighty Thousand Dollars)~~ **\$1,080,000 (One Million Eighty Thousand Dollars)**.

AMENDED TERM OF GRANT: The term of this Grant shall be amended to read as January 1, 2019 and terminates on ~~January 31, 2026~~ **February 28, 2026**. No funds may be requested or invoiced for work performed or costs incurred after the end date.

Exhibit A NOTIFICATION LETTER, AMENDED FUNDING ALLOCATIONS, SCOPE OF WORK

Note: Once the Grant Amendment has been fully executed, a request for modifications/changes thereafter to the existing grant activities can be made by written notice by either party and must be approved by CDPH. This process does not require a formal amendment but must be agreed to by both parties in writing. Copies must be maintained by both parties. Such modifications/changes must be made 30 days prior to implementation. A written amendment is required when there is an increase or decrease in funding or a change in the term of the agreement.

Exhibit B BUDGET DETAIL AND PAYMENT PROVISIONS

PROJECT REPRESENTATIVES. The Project Representatives during the term of this Grant will be:

California Department of Public Health	Grantee: County of San Bernardino
Name: Alexia McGonagle, Chief <u>Assistant Branch Chief</u> Business Operations Support Section STD Control Branch	Name: Ashley Congjuico <u>DPH Contracts and Grants Unit</u> Interim Program Manager
Address: P.O. Box 997377, MS 7320	Address: 451 E. Vanderbilt Way, Suite 400 <u>3rd Floor</u>
City, ZIP: Sacramento, CA 95899-7377	City, ZIP: San Bernardino, CA 92408 <u>92415</u>
Phone: (916) 445-9860	Phone: (909) 841-5909 <u>N/A</u>
E-mail: Alexia.McGonagle@cdph.ca.gov	E-mail: ashley.congjuico@dph.sbcounty.gov <u>DPHGrants@dph.sbcounty.gov</u>

Direct all inquiries to:

California Department of Public Health, STD Control Branch	Grantee: County of San Bernardino
Attention: Christine Johnson, Grant Manager	Attention: Cynthia Turk <u>Diana Ibrahim</u> Program Coordinator <u>Public Health Program Manager</u>
Address: P.O. Box 997377, MS 7320	Address: 451 E. Vanderbilt Way, Suite 400 <u>4th Floor</u>
City, Zip: Sacramento, CA 95899-7377	City, Zip: San Bernardino, CA 92408 <u>92415</u>
Phone: (279) 667-0478	Phone: (909) 495-7012 <u>387-6314</u>
E-mail: Christine.Johnson@cdph.ca.gov	E-mail: cynthia.turk@dph.sbcounty.gov <u>diana.ibrahim@dph.sbcounty.gov</u>

All payments from CDPH to the Grantee; shall be sent to the following address:

Remittance Address
Grantee: County of San Bernardino
Attention: "Cashier": Eric Patrick <u>Lizveth Varela</u>
Address: 451 E. Vanderbilt Way, Suite 200
City, Zip: San Bernardino, CA 92408
Phone: (909) 387-6630 <u>6769</u>
E-mail: eric.patrick@dph.sbcounty.gov lizveth.varela@dph.sbcounty.gov

Either party may make changes to the Project Representatives, or remittance address, by giving a written notice to the other party, said changes shall not require an amendment to this agreement but must be maintained as supporting documentation. Note: Remittance address changes will require the Grantee to submit a completed CDPH 9083 Governmental Entity Taxpayer ID Form or STD 204 Payee Data Record Form and the STD 205 Payee Data Supplement which can be requested through the CDPH Project Representatives for processing.

All other terms and conditions of this Grant shall remain the same.

IN WITNESS THEREOF, the parties have executed this Grant on the dates set forth below.

Executed By:

Date:

Dawn Rowe, Chair
Board of Supervisors
County of San Bernardino
385 North Arrowhead Avenue
San Bernardino, CA 92415

Date:

Javier Sandoval, Chief
Contracts Management Unit
California Department of Public Health
1616 Capitol Avenue, Suite 74.262
P.O. Box 997377, MS 1800-1804
Sacramento, CA 95899-7377

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

Gavin Newsom
Governor

NOTIFICATION LETTER

DATE: SEPTEMBER 15, 2025

TO: CONGENITAL SYPHILIS PREVENTION GRANTEES

SUBJECT: SECOND EXTENSION OF CONGENITAL SYPHILIS PREVENTION FUNDING

The California Department of Public Health (CDPH), Sexually Transmitted Disease Control Branch (STDCB), is pleased to announce that additional funding is available for recipients of the Congenital Syphilis Prevention (CSP) grant. In addition, a second extension has been granted to allow more time to fully utilize the funds.

Use of CSP Grant Funds

The additional funding must be used to support ongoing CSP and related control activities. As a reminder, the scope of the grant activities has been revised to provide greater flexibility in how funds may be utilized. A copy of the revised grant activities document is attached for reference.

This additional funding is made possible through a cooperative agreement from the Centers for Disease Control and Prevention (CDC). Key details of the federal award are provided below, and a copy of the notice is also attached.

- **Federal Grant Award Name:** Strengthening STD Prevention and Control for Health Departments (PCHD)
- **Federal Grant Award Number:** NH25PS005127
- **Assistance Listing Number (CFDA) Number:** 93.977

Due to the funding increase and extended timeline, it is necessary to amend existing CSP grant agreements. These amendments will:

- Extend the grant agreement end date from January 31, 2026 to February 28, 2026
- Add additional funding

With this amendment, the grant term date will have an effective period of January 1, 2019 through February 28, 2026. Please note that the newly awarded funds must be expended during the period of July 1, 2025 through February 28, 2026.

Below is an updated funding chart reflecting the amended grant award amounts.

Grant Number	Local Health Jurisdiction	Current Funding Amounts	Additional Funding	Final Grant Award Amounts
			(07/01/2025 - 02/28/2026)	
18-10698	Fresno (declined funding)	\$980,000	\$0.00	\$980,000
18-10699	Kern	\$980,000	\$100,000	\$1,080,000
20-10720	Long Beach	\$400,000	\$100,000	\$500,000
20-10721	Riverside	\$400,000	\$30,000	\$430,000
20-10722	Sacramento (declined funding)	\$400,000	\$0.00	\$400,000
18-10700	San Bernardino	\$980,000	\$100,000	\$1,080,000
18-10701	San Joaquin	\$920,000	\$100,000	\$1,020,000
18-10702	Stanislaus	\$560,000	\$100,000	\$660,000
Total Funding:		\$5,620,000	\$530,000	\$6,150,000

CDPH has initiated the amendment process. **In an effort to expedite the approval process, we request that the following items be submitted no later than Monday, September 22, 2025, via email to STDLHJContracts@cdph.ca.gov with a cc to Christine.Johnson@cdph.ca.gov.** Please note that no funds are secured until the amendment is fully executed.

- **Updated LHJ Program Contact Information**
- **Revised Budget Narratives** for the period July 1, 2025 – February 28, 2026, which should include both the remaining unspent funds and the additional funding amounts as outlined in the chart above.

Please note: Budget revisions for this performance period must be submitted by **Friday, October 3, 2025**, to allow time for review and approval.

If you have any questions, please feel free to contact Christine Johnson by e-mail at Christine.Johnson@cdph.ca.gov.

Sincerely,

A handwritten signature in dark ink, appearing to read 'K. Jacobson', with a long horizontal flourish extending to the right.

Kathleen Jacobson, MD
Branch Chief
STD Control Branch

Attachment

cc: Rachel Piper, Chief, Contracts and Purchasing Unit
Jessica Frasure, Chief, Program Development Section, STD Control Branch
Jasmin Delgado, Local Capacity Building Unit Chief, STD Control Branch
Danelle Del Rincon, Southern California Regional Capacity Building Coordinator,
STD Control Branch
Cary Escovedo, Bay Area Regional Capacity Building Coordinator,
STD Control Branch
Emily Gordis, Central Inland California Regional Capacity Building Coordinator,
STD Control Branch
Julia Hankin, Northern Regional Capacity Building Coordinator,
STD Control Branch

Exhibit A
Scope of Work

1. Service Overview

The Grantee will implement evidence-based public health activities to proactively address the rise in congenital syphilis (CS) cases within the local health jurisdiction.

Key strategic targets for CS prevention and control include: robust case management for pregnant people with syphilis and CS cases; conducting Morbidity and Mortality Reviews of CS cases to identify missed opportunities for prevention; collaborating with CDPH program staff on a quality improvement project aimed at improving health department syphilis processes; partnering with correctional facilities to implement syphilis screening in jails; and providing education to priority prenatal care providers and birthing hospitals to enhance screening and treatment practices.

Effective January 1, 2023, the Scope of Work (aka grant activities) has been revised to expand syphilis and STI screening and prevention services in local emergency departments and jail settings as well as new optional activities for the Grantee to implement using this funding. These four new optional activities include: providing syphilis testing and prevention with integrated testing for HIV, HCV, chlamydia, gonorrhea, and mpox vaccination; providing incentives to clients to encourage testing, treatment, and follow-up appointments; implementing a social marketing campaign; and to propose an innovative and impactful activity to increase client testing or prenatal services for at risk populations.

2. Service Location

The services shall be performed at applicable facilities within the local health jurisdiction.

3. Service Hours

The services shall be primarily provided Monday through Friday, from 8:00 a.m. to 5:00 p.m. and include evenings, weekends, and holidays as needed.

4. Services to be Performed

Activities	Performance Indicators/Deliverables <i>*Indicators that CDPH will monitor.</i>	Timeline
A. Conduct comprehensive case management for pregnant people with syphilis and infants exposed to or infected with syphilis (e.g., assist women throughout pregnancy and ensure their infants receive appropriate evaluation and treatment for syphilis and linkage to needed health and social services): 1. Follow pregnant people with syphilis until delivery and document birth outcome.	<ul style="list-style-type: none">Number of pregnant people with syphilis who receive case management.Description of collaboration with local MCAH or other programs providing case management for high-risk pregnant women with syphilis and their infantsProportion of pregnant females with syphilis with pregnancy status documented (not missing or unknown).*	01/01/19 – 12/31/23 01/31/26 <u>2/28/26</u>

Exhibit A
Scope of Work

Activities	Performance Indicators/Deliverables <i>*Indicators that CDPH will monitor.</i>	Timeline
<ol style="list-style-type: none"> 2. Link pregnant people with syphilis to prenatal care and other services, as appropriate, throughout pregnancy. 3. Confirm all neonates potentially exposed to syphilis are evaluated with a quantitative RPR and have a comprehensive physical examination for evidence of CS, per CDC STD Treatment Guidelines, and are appropriately treated. 4. Follow neonates potentially exposed to syphilis to confirm and document follow-up quantitative RPR testing, until tests become nonreactive. 5. Collaborate with local Maternal, Child & Adolescent Health (MCAH) program to determine if pregnant people with syphilis and their infants are eligible for existing MCAH case management programs and ensure non-duplicated case management for high-risk pregnant women across STD and MCAH programs. 	<ul style="list-style-type: none"> • Proportion of pregnant syphilis cases (all stages) with documentation of pregnancy outcome, either from the pregnant case's clinical tab or via linkage with a CS case report form.* • Proportion of pregnant syphilis cases who did not deliver a baby with CS (CS Prevention Ratio).* • Proportion of congenital syphilis cases (confirmed and probable) treated with at least 10 days of IV penicillin.* • Proportion of congenital syphilis cases (stillbirth, confirmed, and probable) with appropriate infant clinical evaluation per CDC recommendations.* • Proportion of congenital syphilis cases (confirmed and probable) with appropriate infant treatment per CDC recommendations.* 	
<p>B. Partner with program staff at CDPH to identify and implement at least one quality improvement (QI) project to improve outcomes related to congenital syphilis prevention.</p>	<ul style="list-style-type: none"> • Description of collaborative QI project(s)* • Description of QI project(s) associated outcomes* 	<p>01/01/19 – 12/31/23 01/31/26 <u>2/28/26</u></p>
<p>C. Maintain CS Morbidity and Mortality (M&M) Review Boards:</p> <ol style="list-style-type: none"> 1. Analyze all CS cases and prepare for discussion. 2. Coordinate monthly meetings to conduct M&M case review with key staff, leadership, and partners. 3. Prepare follow-up action plan after each meeting and ensure follow-through of action items identified. 4. Collaborate with local MCAH to determine if congenital syphilis cases are eligible to be included in existing Fetal Infant Mortality Reviews (FIMR) and share resources between CS M&M review boards & FIMR. 	<ul style="list-style-type: none"> • Meeting frequency • Description of staff in attendance • Number of cases reviewed • Proportion of cases reviewed • Description of local criteria used for case selection • Number of missed opportunities identified • Description of missed opportunities identified • Number of action items identified • Description of action items identified • Number of follow-up items conducted • Description of collaboration with local MCAH program on congenital syphilis case reviews 	<p>01/01/19 – 12/31/23 01/31/26 <u>2/28/26</u></p>

Exhibit A
Scope of Work

Activities	Performance Indicators/Deliverables <i>*Indicators that CDPH will monitor.</i>	Timeline
<p>D. Strengthen partnerships with local correctional settings or emergency departments to enhance syphilis case finding.</p> <ol style="list-style-type: none"> 1. Enhance awareness of correctional staff regarding syphilis and CS increases, highlighting links to correctional setting. 2. Implement routine syphilis screening for females of childbearing age booked into local jail facilities. 3. Implement routine syphilis screening for males booked into local jail facilities. 4. Collaborate with emergency departments funded through Bridge/PHI to ensure successful implementation of routine screening and treatment for syphilis, HIV, HCV. 	<ul style="list-style-type: none"> • Data elements delineated in the data dictionary for syphilis screening and treatment activities • Proportion of females of childbearing age who are screened for syphilis in jail facility* • Proportion of females of childbearing age who are positive for syphilis in jail facility* • Proportion of females of childbearing age who are identified to be new syphilis infections via matching to surveillance data* • Proportion of females of childbearing age who are treated for syphilis in jail facility* • Treatment timeliness and adequacy among females of childbearing age in jail facility* • Proportion of females partially treated in the correctional facility that complete treatment outside facility • Number of EDs collaborating with LHJ • Description of how the LHJ is collaborating with the ED 	<p>01/01/19 – 12/31/23 01/31/26 <u>2/28/26</u></p>
<p>E. Enhance awareness and the quality of care for syphilis and CS in high priority prenatal care clinics and birthing hospitals.</p> <ol style="list-style-type: none"> 1. Collaborate with STDCB in the development of a provider engagement and targeted evaluation plan. 2. Implement provider engagement, including but not limited to provider detailing, in-service or grand rounds presentations, and/or clinical trainings. 3. Evaluate the activities through mechanisms such as monitoring surveillance outcomes pre-post intervention and surveying providers to assess changes in knowledge and practice. 4. Collaborate with local MCAH program to include Comprehensive Perinatal Services Program (CPSP) providers in provider engagement efforts. 	<ul style="list-style-type: none"> • Number of providers engaged • Description of provider selection criteria • Type of providers visited • Goals and objectives of training/detailing • Reported change in provider knowledge/practices • Description of collaboration with local MCAH program on provider engagement efforts • Proportion of females with timely and adequate syphilis treatment, pre-post intervention* 	<p>01/01/19 – 12/31/23 01/31/26 <u>2/28/26</u></p>

Exhibit A
Scope of Work

Activities	Performance Indicators/Deliverables <i>*Indicators that CDPH will monitor.</i>	Timeline
F. Participate in syphilis and congenital syphilis prevention forums, trainings, and web meetings in order to build capacity and enhance cross-jurisdictional communication.	<ul style="list-style-type: none"> Attendance of at least one representative at annual, statewide in-person meetings (e.g., Syphilis Summit, joint meetings with Maternal, Child and Adolescent Health partners)* Number of cross-jurisdictional communications (e.g., informal meetings, work group meetings)* 	01/01/19 – 12/31/23 01/31/26 <u>2/28/26</u>
OPTIONAL ACTIVITY: G. Increase access to syphilis testing and prevention (e.g., doxy-PEP) for people at risk for syphilis (may also integrate testing for HIV, HCV, chlamydia, gonorrhea, and mpox vaccination for people at risk for syphilis).	<ul style="list-style-type: none"> Number of tests ordered by gender identity/sex at birth Number/percent of positive tests, by STI and gender identity/sex at birth Where possible, number/percent of people with positive tests who received treatment, by STI and gender identity/sex at birth Average time to treatment from diagnosis by STI and gender identity/sex at birth 	01/01/23 – 01/31/26 <u>2/28/26</u>
OPTIONAL ACTIVITY: H. Provide client incentives to increase access to testing, treatment, follow-up/enhanced case management activities, partner services activities, and/or prenatal care visits (e.g., transportation vouchers/tokens, food vouchers, gift cards, hygiene kits).	<ul style="list-style-type: none"> Number and type of incentive provided through electronic tracking sheets to ensure appropriate utilization of incentives, as needed per CDPH guidelines. Number/percent of incentive resulting in successful access to care for any of the following testing, treatment, or follow-up (where feasible) 	01/01/23 – 01/31/26 <u>2/28/26</u>
OPTIONAL ACTIVITY: I. Implement a social marketing campaign to increase awareness of syphilis, prenatal and family planning services available for people at risk for syphilis.	<ul style="list-style-type: none"> Description of social marketing campaign Campaign reach and engagement 	01/01/23 – 01/31/26 <u>2/28/26</u>
OPTIONAL ACTIVITY: J. Other innovative and impactful approaches that increase access to syphilis prevention, testing, treatment, or prenatal services among populations at risk for syphilis.	<ul style="list-style-type: none"> Please provide indicators for 'other innovative approach' 	01/01/23 – 01/31/26 <u>2/28/26</u>

Exhibit A
Scope of Work

5. Summary of Required Reports and Data

Frequency	¹ Timeframe	² Deadline	Activities	Report Recipient
Annual *	01/01/2019 – 12/31/2019	01/31/2020	A-FJ	STDLHJContracts@cdph.ca.gov
CDPH/STD Control Branch will provide reporting template.	01/01/2020 – 12/31/2020	01/31/2021		
	01/01/2021 – 12/31/2021	01/31/2022		
	01/01/2022 – 12/31/2022	01/31/2023		
	01/01/2023 – 12/31/2023	01/31/2024		
	01/01/2024 – 01/31/2025	02/28/2025		
	02/01/2025 – 01/31/2026 <u>02/28/2026</u>	03/02/2026 <u>04/30/26</u>		

¹ Timeframe dates are subject to change and will not require an amendment to the grant agreement.

² Deadline dates are subject to change and will not require an amendment to the grant agreement.

Exhibit B
Budget Detail and Payment Provisions

1. Invoicing and Payment

- A. Upon completion of project activities as provided in Exhibit A, and upon receipt and approval of the invoices, the State agrees to reimburse the Grantee for activities performed and expenditures incurred in accordance with the total amount of this agreement.
- B. Invoices shall include the Grant Number and shall be submitted electronically not more frequently than quarterly in arrears to STDLHJInvoices@cdph.ca.gov.

Alternate submittal method is to e-mail invoices to the CDPH Grant manager identified in the CDPH 1229 Grant Agreement.

C. Invoices shall:

- 1) Be prepared on the electronic invoice template provided by CDPH and must be signed by an authorized official, employee or agent certifying that the expenditures claimed represent activities performed and are in accordance with Exhibit A.
- 2) Bear the Grantee's name as shown on the Grant.
- 3) Identify the billing and/or performance period covered by the invoice.
- 4) Itemize costs for the billing period in the same or greater level of detail as indicated in this Grant. Subject to the terms of this Grant, reimbursement may only be sought for those costs and/or cost categories expressly identified as allowable and approved by CDPH.

- D. Invoices must be submitted no more than forty-five (45) calendar days after the end of each quarter unless a later or alternate deadline is agreed to in writing by the program Grant Manager.

- E. Amount awarded under this Grant is identified in the CDPH 1229 **A** Grant Agreement.

2. Budget Contingency Clause

- A. It is mutually agreed that if the Budget Act of the current year and/or any subsequent years covered under this Agreement does not appropriate sufficient funds for the program, this Agreement shall be of no further force and effect. In this event, the State shall have no liability to pay any funds whatsoever to Grantee or to furnish any other considerations under this Agreement and Grantee shall not be obligated to fulfill any provisions of this Agreement.
- B. If funding for any fiscal year is reduced or deleted by the Budget Act for purposes of this program, the State shall have the option to either cancel this Agreement with no liability occurring to the State or offer an agreement amendment to Grantee to reflect the reduced amount.

Exhibit B
Budget Detail and Payment Provisions

3. Prompt Payment Clause

Payment will be made in accordance with, and within the time specified in, Government Code Chapter 4.5, commencing with Section 927.

4. Timely Submission of Final Invoice

- A. A final undisputed invoice shall be submitted for payment no more than forty-five (45) calendar days following the expiration or termination date of this Grant, unless a later or alternate deadline is agreed to in writing by the program grant manager. Said invoice should be clearly marked "Final Invoice", indicating that all payment obligations of the State under this Grant have ceased and that no further payments are due or outstanding.
- B. The State may, at its discretion, choose not to honor any delinquent final invoice if the Grantee fails to obtain prior written State approval of an alternate final invoice submission deadline.

5. Travel and Per Diem Reimbursement

- A. Any reimbursement for necessary travel and per diem shall, unless otherwise specified in this Agreement, be at the rates currently in effect, as established by the California Department of Human Resources ([Cal HR](#)). If the Cal HR rates change during the term of the Agreement, the new rates shall apply upon their effective date and no amendment to this Agreement shall be necessary. No travel outside the State of California shall be reimbursed without prior authorization from the CDPH. Verbal authorization should be confirmed in writing. Written authorization may be in a form including fax or email confirmation.

6. Use of Funds / Supplanting

These funds shall be used to supplement and enhance existing local STI program activities and services and shall not supplant local funding. These funds shall not replace existing services and activities, prevent the addition of new services and activities, and shall not be used to duplicate reimbursement of costs and services received from local funds or other sources. Supplanting of funds is defined (for the purposes of this agreement) as using local assistance award monies to "replace" or "take the place of" existing local funding. For example, reductions in local funds cannot be offset by the use of any dollars for the same purpose.

7. Proper Use of Funds

- A. The funds for this grant agreement may be used for:
 - 1) Local health jurisdiction staff and other relevant staff (listed in the budget as in-kind support) to support STI prevention and control activities.

Exhibit B
Budget Detail and Payment Provisions

- 2) Out-of-state travel to conferences and meetings. Travel costs may include travel and per diem for funded staff to attend conferences, or other national forums as relevant. Prior written approval for out-of-state travel must be obtained from STDCB and shall not exceed five (5) percent of the total annual budget of this grant agreement.
 - 3) In-state travel to support local capacity building. This includes training course fees, travel, and per diem to support enhancement of knowledge, skills, and abilities of Disease Intervention Workforce (e.g., Principles, Practices, and Pathways to Disease Intervention (3PDI), Phlebotomy, Cultural Humility), or other staff essential to STI prevention and control.
 - 4) STI test kits and other testing supplies.
 - 5) STI treatment (i.e., Cefixime, Azithromycin, Bicillin, Ceftriaxone, Doxycycline, Doxy-PEP).
 - 6) STD prevention supplies (e.g., male and female condoms, lubricant, oral barriers, etc.)
 - 7) Provider education materials.
 - 8) Client education materials.
- B. The funds for this grant agreement may be used for the following items, with supportive justification, tracking, and reporting of outcomes:
- 1) Incentives such as low value gift cards (e.g., Walmart, Safeway, transportation vouchers), and/or other STI-related incentives.
 - a. Client incentives, such as low value gift cards, may be approved as Behavioral Modification Materials (BMM). BMMs are provided to program participants to motivate and/or reinforce positive behavior and/or involvement in STI control and prevention activities. The value of the incentive is limited to \$50.00 of merchandise per person per intervention (e.g., client attendance for syphilis treatment at \$25.00 for each Bicillin injection).
 - b. Current CDPH approvals require the BMM to be justified with scientific proof of behavior change, and be accompanied by a targeted distribution plan, incentive tracking log, and reporting of incentive distribution.
 - c. Incentives cannot be used for the purchase of alcohol, tobacco, firearms, lottery tickets or drug or cannabis products.
 - d. There is no prepayment for incentives. The Grantee will only be reimbursed for the total cost of incentives distributed during each quarter.
 - e. The use of incentives must comply with the provisions in Exhibit H, STD Local Assistance Funds – Standards and General Terms and Conditions.
 - 2) The Grantee is responsible for the possession, security (e.g., will keep the BMMs in a secure location), and accountability of the BMMs. The Grantee will prepare a log sheet that will track and identify each of the BMMs, value, transfer date, and recipient. CDPH reserves the right to conduct audit of such log sheet on a once per year basis and agrees to provide prior notification to the Grantee within a reasonable time frame for the scheduling of said audit.
- C. The funds for this grant agreement cannot be used for:

Exhibit B
Budget Detail and Payment Provisions

- 1) Stuff We All Get (SWAG) - The purchase of free promotional items for health promotion events including but not limited to pens, mugs, t-shirts, posters, key chains, or bumper stickers. This provision is in accordance with the California State Constitution, Article 16, section 6, which prohibits any gifting of public funds.
- 2) Individual prizes or high value incentives (e.g., iPads, iPhones) for health promotion competitions.
- 3) Cash incentives paid to an individual.
- 4) Scholarships paid to an individual or a school on behalf of an individual.
- 5) Food (e.g., sponsored lunch or dinner at provider education sessions, brown bag lunches, buffets at screening events).
- 6) Construction, renovation, improvement, or repair of property.
- 7) The purchase, lease, or other support of county vehicles or mobile testing units.

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