

THE INFORMATION IN THIS BOX IS NOT A PART OF THE CONTRACT AND IS FOR COUNTY USE ONLY



Contract Number

20-632

SAP Number

## Inland Counties Emergency Medical Agency

Department Contract Representative  
Telephone Number

Thomas G. Lynch  
(909) 388-5823

Contractor

State of California, Department of  
Public Health - Emergency  
Preparedness Office

Contractor Representative

Melissa Relles, Assistant Deputy  
Director  
Emergency Preparedness Office

Telephone Number

Contract Term

March 28, 2020 to June 30, 2021

Original Contract Amount

\$56,127

Amendment Amount

Total Contract Amount

\$56,127

Cost Center

1110002686

This COVID-19 HPP Supplemental Funding from the State of California - Department of Public Health will be directly funded by CDPH to ICEMA, in the amount of \$56,127 for patient coordination and transportation planning as a multi-county Local Emergency Medical Services Agency, to do the same work as the single local emergency medical services agencies, for the period of March 28, 2020 to June 30, 2021.

### FOR COUNTY USE ONLY

Approved as to Legal Form

  
John Tubbs II, Deputy County Counsel


Date 8/17/20

Reviewed for Contract Compliance

▶

Date

Reviewed/Approved by Department

  
Thomas G. Lynch, EMS Administrator

Date 8-17-2020



SONIA Y. ANGELL, MD, MPH  
State Public Health Officer & Director

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



GAVIN NEWSOM  
Governor

July 7, 2020

Ron Holk  
HPP Coordinator  
Inland County Emergency Medical Agency  
1425 South D Street  
San Bernardino, CA 92415

**Authority:**  
*Coronavirus Preparedness and  
Response Supplemental Appropriations  
Act 2020*

*Coronavirus Aid, Relief, and Economic  
Security (CARES) Act*

Dear Ron Holk:

**COVID-19 HPP Supplemental Funding  
Award Number COVID-19-6002 Inland County Emergency Medical Agency**

This letter covers COVID-19 HPP Supplemental reimbursement information for the period of March 28, 2020 through June 30, 2021. The Emergency Preparedness Office (EPO) is allocating \$56,127 to ICEMA in order to support the health care preparedness and response activities of hospitals, health systems, and health care workers on the front lines of this pandemic. This funding should support health care coalitions (HCCs) and other health care entities to prepare them to identify, isolate, assess, transport, and treat patients with COVID-19 or persons under investigation (PUIs) for COVID-19, and to prepare those entities for future special pathogen disease outbreaks.

Your Agency may use discretion to allocate this funding to support hospitals and other health care entities to train workforces, expand telemedicine and the use of virtual healthcare, procure supplies and equipment, and coordinate effectively across regional, state and jurisdictional, and local health care facilities to respond to COVID-19 in the following capabilities (Attachment 1 – Work Plan):

- Health Care and Medical Response Coordination
- Medical Surge

Additionally, your Local Health Department/Local HPP Entity should fund their Local Emergency Medical Agency (LEMSA) a minimum of \$43,175 for their patient coordination and transportation planning. The five multi-county LEMSAs will be directly funded by CDPH at \$56,127 to do the same work as the single county LEMSAs. (Attachment 2 – Funding Table).

EPO will reimburse your Agency within three business days of invoice receipt. In order to receive your allocation, please complete and submit your invoice (Attachment 3 – Invoice) as soon as possible to: [LHBTProg@cdph.ca.gov](mailto:LHBTProg@cdph.ca.gov).

CDPH Emergency Preparedness Office • 1615 Capitol Avenue, Suite 73.373, MS 7002 •  
Sacramento, CA 95814  
(916) 650-6416 • (916) 650-6420 FAX  
Internet Address: [www.cdph.ca.gov](http://www.cdph.ca.gov)



July 7, 2020  
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**Please Submit the following to EPO:**

1. Invoice requesting reimbursement at your Agency's full allocation. Use the attached COVID-19 HPP Supplemental Invoice. Submit your invoice to: [LHBTProg@cdph.ca.gov](mailto:LHBTProg@cdph.ca.gov).
2. By July 24, 2020, submit a spend plan (Attachment 4 – Spend Plan) to: [LHPTProg@cdph.ca.gov](mailto:LHPTProg@cdph.ca.gov).
  - Personnel supported with this funding should not duplicate efforts across other federal grants; exceed 1.0 FTE across all funding sources; and salary is kept below \$189k as required by the funder.
  - Please maintain any supporting documentation for expenditures against this funding.
3. By July 24, 2020, submit a work plan (Attachment 1 – Work Plan) to: [LHBTProg@cdph.ca.gov](mailto:LHBTProg@cdph.ca.gov).
4. On a quarterly basis, beginning in October 2020, submit an expenditure report (Attachment 4) and work plan progress report (Attachment 1).

Thank you for the time your Agency has and will continue to invest in this response. I am hopeful that with additional funding your Agency will have the adequate resources for an appropriate response. If you have any questions or need further clarification, please contact your assigned EPO Contract Manager directly.

Sincerely,



Melissa Rellas  
Assistant Deputy Director  
Emergency Preparedness Office  
California Department of Public Health

**COVID- 19  
HPP INVOICE**

California Department of Public Health  
Emergency Preparedness Office

Date: \_\_\_\_\_

Email Scanned Copy to: [LHBTProg@cdph.ca.gov](mailto:LHBTProg@cdph.ca.gov)

Award Number: COVID-19-6002

County Name/Address (to send warrant)

Check if remittance address changed since last Invoice

Inland Counties Emergency Medical Agency

1425 South D Street

San Bernardino, CA 92415

Contract Term: 03/28/2020 - 06/30/2021

Billing Period: 03/28/2020 - 06/30/2021

EPO Invoice Number: 2060COVIDS

Telephone: \_\_\_\_\_

FI\$Cal ID #: 12066

COVID-19 Allocation	County Request	Remaining Balance	Unexpended Balance (5)
\$ 56,127.00	\$ -	\$ 56,127.00	
<b>Total Amount Due:</b>	\$ -		

I certify that this claim is in all respects true, correct, supportable by available documentation, and in compliance with all terms/conditions, laws, and regulations governing its payment.

**Gary McBride, Chief Executive Officer**

Printed Name and Title of Authorized Representative

Signature and Date of Authorized Representative

*[Handwritten Signature]* 7/28/20

EPO Use Only	
Service Location:	Please Pay:

application, related documents, and certifications and is eligible to receive this payment. The application, related documents,

\_\_\_\_\_  
Signature  
Melissa Relles, Assistant Deputy Director  
Emergency Preparedness Office  
California Department of Public Health