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

SAN BERNARDINO COUNTY

Contract Number

SAP Number
N/A

Department of Public Health

Department Contract Representative	Michael Shin, HS Contracts
Telephone Number	(909) 386 - 8146
Contractor	California Department of Public Health
Contractor Representative	Hilary Moise
Telephone Number	(619) 518 - 9855
Contract Term	September 30, 2021 – June 30, 2022
Original Contract Amount	Non-Financial
Amendment Amount	$0
Total Contract Amount	$0
Cost Center	N/A

Briefly describe the general nature of the contract:

Amendment No. 2 of Non-Financial Memorandum of Understanding, agreement No. 21-194, with the California Department of Public Health (CDPH) for Emergency Medical and Health Disaster Assistance relating to Case Investigation and Contact Tracing in San Bernardino County for COVID-19. Extending the period for an additional nine months from September 30, 2021, for a total term of December 27, 2020 through June 30, 2022.

FOR COUNTY USE ONLY

Approved as to Legal Form	Reviewed for Contract Compliance	Reviewed/Approved by Department
►	►	►
Adam Ebright, County Counsel	Cheryl Adams, Deputy Executive Officer	Joshua Dugas, Director
Date 1/24/22	Date	Date 1/25/22

Contract #_____

AMENDMENT TO
the Memorandum of Understanding between the
California Department of Public Health and San Bernardino County
for Emergency Medical and Health Disaster Assistance relating to
Case Investigation and Contact Tracing in San Bernardino County for COVID-19

This Amendment ("Amendment") is made and entered into by and between the San Bernardino County ("County") and the California Department of Public Health ("CDPH"), hereinafter jointly referred to as "Parties" and each individually as a "Party."

WHEREAS, the Parties entered into a Memorandum of Understanding ("MOU") to deploy State of California ("State") employees, through the State's mutual aid system, to assist the County with investigation and contact tracing efforts to contain the spread of COVID-19, and the MOU is dated for reference purposes December 15,2020 and assigned State contract number 20-10933

WHEREAS, the Parties desire to amend the MOU in accordance with the amendment provision in the MOU;

NOW THEREFORE, Parties agree to amend the MOU as follows:

1. Amendment to Section 1. The term end date of this Agreement is hereby amended to **June 30, 2022**.

2. Pursuant to the terms of the MOU, the MOU is hereby amended to reflect the modifications listed in this Amendment. Except as provided herein, all terms and conditions of the MOU shall remain unchanged and in full force and effect.

3. The Effective Date for this Amendment shall be the date of the last signature, unless the term of the MOU had already expired on that date. In that case, the Effective Date will be the day before the MOU was set to expire.

IN WITNESS WHEREOF, each Party has caused this Amendment to be subscribed on its behalf by its respective duly authorized officers, on the day, month and year noted.

[Remainder of page left intentionally blank.
Signature page to follow.]

SAN BERNARDINO COUNTY

Leonard X. Hernandez Date
Chief Executive Officer

CALIFORNIA DEPARTMENT OF PUBLIC HEALTH

Angela Salas Date
Chief
Contract Management Services Section

Approved as to Form for County:

Adam Ebright 1/10/22
Deputy County Counsel

County of San Bernardino
DELEGATED AUTHORITY – DOCUMENT REVIEW FORM

This form is for use by any department or other entity that has been authorized by Board of Supervisors/Directors action to execute grant applications, awards, amendments or other agreements on their behalf. All documents to be executed under such delegated authority must be routed for County Counsel and County Administrative Office review prior to signature by designee.

Note: This process should NOT be used to execute documents under a master agreement or template, or for construction contract change orders. Contact your County Counsel for instructions related to review of these documents.

Complete and submit this form, along with required documents proposed for signature, via email to the department's County Counsel representative and Finance Analyst. If the documents proposed for signature are within the delegated authority, the department will submit the requisite hard copies for signature to the County Counsel representative. Once County Counsel has signed, the department will submit the signed documents in hard copy, as well as by email, to CAO Special Projects Team for review. If approved, the department will be provided routing instructions as well as direction to submit one set of the executed documents to the Clerk of the Board within 30 days.

For detailed instructions on submission requirements, reference Section 7.3 of the Board Agenda Item Guidelines as the Delegation of Authority does not eliminate the document submission requirements.

Department/Agency/Entity: **Public Health**

Contact Name: **Joshua Dugas** Telephone: **(909) 387-6222**

Agreement No.: 21-194 Amendment No.: 2 Date of Board Item **12-14-2021** Board Item No.: **72**

Name of Contract Entity/Project Name: **CDPH MOU Emergency Medical & Health Disaster Assistance to CICT for COVID-19**

Explanation of request/Special Instructions:

Under the extended authority delegated to the CEO on 12/14/21 (Item No.72) by the Board, Public Health is requesting approval of the Amendment No. 2 of Non-Financial Memorandum of Understanding, agreement No. 21-194, with the California Department of Public Health (CDPH) for Emergency Medical and Health Disaster Assistance relating to Case Investigation and Contact Tracing in San Bernardino County for COVID-19. Extending the period for an additional nine months from September 30, 2021, for a total term of December 27, 2020 through June 30, 2022. The MOU will be subject to ratification by the Board at a next available Board meeting.

Immediate approval of the Amendment No.2 of this MOU will continue partnership with CDPH to perform contact tracing work to support the State's response to the COVID-19 pandemic.

Insert check mark that the following required documents are attached to this request:

☒ **Documents proposed for signature (Note: For contracts, include a signed non-standard contract coversheet for contracts not submitted on a standard contract form).**

☒ **Board Agenda item that delegated the authority**

Department Routed to County Counsel	County Counsel Name: Adam Ebright	Date Sent: 11/15/21
Reviewing County Counsel Use Only	Review Date 1/5/2022 Signature	**Determination:** x Within Scope of Delegated Authority ___ Outside Scope of Delegated Authority

County of San Bernardino

DELEGATED AUTHORITY – DOCUMENT REVIEW FORM

CAO-Special Projects Use Only	Review Date 1/31/2022 Signature Pamela Williams	**Disposition:** ___Route for signature to: ___Chair ___CEO ___Department ___Return to Department for preparation of agenda item