

Contract Number
SAP Number
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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	\$156,974		
Amendment Amount	6 200 to		
Total Contract Amount	\$156,974		
Cost Center	1110002686		

This is COVID-19 HPP Supplemental Funding from the State of California - Department of Public Health, in the amount of \$156,974, to support and prepare health care coalitions and other health care entities to identify, isolate, assess, transport, and treat patients with COVID-19 or persons under investigation for COVID-19, for the period of March 28, 2020 to June 30, 2021.

FOR COUNTY USE ONLY		
Approved as lo Legal Form	Reviewed for Contract Compliance	Reviewed/Approved by Department
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John Jubbs II, Deputy County Counsel		Thomas G. Lynch, EMS Administrator
Date 8/17/20	Date	_ Date 8-17-2020



State Public Health Officer & Director

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



July 7, 2020

Ron Holk **HPP Coordinator** Inland County Emergency Medical Agency (ICEMA) 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-19-3602 ICEMA

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 \$156,974 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 LEMSA's 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.



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: <u>LHBTProg@cdph.ca.gov</u>.
- 2. By July 24, 2020, submit a spend plan (Attachment 4 Spend Plan) to: 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.
- On a quarterly basis, beginning in October 2020, submit an expenditure report (Attachment
 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 Relles

Assistant Deputy Director

Emergency Preparedness Office

California Department of Public Health

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COVID- 19 HPP INVOICE

California Department of Public Health Emergency Preparedness Office			Date				
Email Scanned Copy to: LHBTProg@cdph.ca	aov	County Name/A	ddress (to send v	en romané)			
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Award Number: COVID-19-3602		Inland Counties Emergency Medical Agency (SB) 1425 South D Street					
		San Bernardino, CA 92415					
Contract Term: 03/28/2020 - 06/30/2021 Billing Period: 03/28/2020 - 06/30/2021		Telephone:					
EPO Invoice Number: 2036COVID	S	FI\$Cal ID #:	12066				
	2017						
	COVID-19 Allocation	County Request	Remaining Balance	Unexpended Balance (5)			
	\$ 156,974.00	\$ -	\$ 156,974.00				
Total Amount Due		s -					
I certify that this claim is in all respects true,							
correct, supportable by available documentation, and in compliance with all terms/conditions, laws, Printed Name and Title of Authorized Representative							
and in compliance with all terms/conditions, laws,	Printed Name and	Title of Authorized	d Representative				
and regulations governing its payment.							
~ Mass 7/28/20							
	Signature and Da	te of Authorized Re	presentative				
		EPO Use Only					
	Service Location:		Please Pay:				
	application, related docume	nts, and certifications and is	eligible to receive this paym	ent. The application, related documents,			
	Signature Melissa Relles, Assista Emergency Preparedr California Department	ess Office					