

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



Contract Number

23-513

SAP Number

## Inland Counties Emergency Medical Agency

Department Contract Representative  
Telephone Number

Daniel Muñoz  
(909) 388-5823

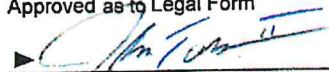
Contractor  
Contractor Representative  
Telephone Number  
Contract Term  
Original Contract Amount  
Amendment Amount  
Total Contract Amount  
Cost Center

California Dept. of Public Health  
Jeannie Galarpe  
July 1, 2022 – June 30, 2027  
\$2,970,554  
1110002686

This is an agreement to accept a grant award from the California Department of Public Health, Emergency Preparedness Office for the Hospital Preparedness Program in the amount of \$2,970,554 to improve and enhance community and healthcare system preparedness for medical and public health emergencies during the period of July 1, 2022 through June 30, 2027.

### FOR COUNTY USE ONLY

Approved as to Legal Form



John Tubbs II, Deputy County Counsel

Date 6/6/23

Non-Standard Contract Coversheet

Reviewed for Contract Compliance

►

Date

Reviewed/Approved by Department

►

Daniel Muñoz, Interim EMS Administrator

Date

Revised 3/14/19

**2022-23 to 2026-27 CDC Public Health Emergency Preparedness (PHEP), State General Fund (GF) Pandemic Influenza, ASPR Hospital Preparedness Program (HPP) Funding**

**Awarded By**

**THE CALIFORNIA DEPARTMENT OF PUBLIC HEALTH, hereinafter “Department”  
TO**

**Inland Counties Emergency Medical Agency, hereinafter “Grantee”**

**Implementing the CDC Public Health Emergency Preparedness (PHEP), State General Fund (GF) Pandemic Influenza, ASPR Hospital Preparedness Program (HPP),”  
hereinafter “Project”**

**GRANT AGREEMENT NUMBER 22-10676**

The Department awards 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 the California Health and Safety Code, Sections 101315 to 101319.

**PURPOSE:** The Department shall award this Grant Agreement to and for the benefit of the Grantee; the purpose of the Grant is to provide funding for public health and medical emergency preparedness goals and objectives in accordance with the Centers for Disease Control and Prevention (CDC) #5NU90TP922005-04-00 Public Health Emergency Preparedness (PHEP), the Assistant Secretary for Preparedness and Response (ASPR) Hospital Preparedness Program (HPP), State General Fund (GF) Pandemic Influenza, and CDPH guidance.

**GRANT AMOUNT:** The maximum amount payable under this Grant Agreement shall not exceed the amount of \$2,970,554

**TERM OF GRANT AGREEMENT:** The term of the Grant shall begin on July 1, 2022 and terminates on June 30, 2027. No funds may be requested or invoiced for services performed or costs incurred after June 30, 2027.

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

**California Department of Public Health**

Attention: Nathan Blair

1615 Capital Avenue

Sacramento, CA 95814

(916) 650-6416

nathan.blair@cdph.ca.gov

**Grantee: Inland Counties Emergency  
Medical Agency**

Attention: Daniel Munoz

1425 South D Street

San Bernardino, 92415-0060

(909)388-5822

demis.cano@cao.sbcounty.gov

Direct all inquiries to the following representatives:

**California Department of Public Health,  
Emergency Preparedness Office**

Attention: Edmund Kwong

1615 Capital Avenue

Sacramento, 95814

(916) 650-6416

Edmund.kwong@cdph.ca.gov

**Grantee: Inland Counties Emergency  
Medical Agency**

Attention: Daniel Munoz

1425 South D Street

San Bernardino, 92415-0060

(909)388-5822

demis.cano@cao.sbcounty.gov

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

**Remittance Address**

**Grantee: Inland Counties Emergency  
Medical Agency**

Attention: Daniel Munoz

1425 South D Street

San Bernardino, 92415-0060

(909)388-5822

demis.cano@cao.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.

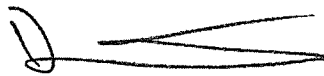
**STANDARD GRANT PROVISIONS.** The Grantee must adhere to all Exhibits listed and any subsequent revisions. The following Exhibits are attached hereto or attached by reference and made a part of this Grant Agreement:

- Exhibit A SCOPE OF WORK
- Exhibit B BUDGET DETAIL AND PAYMENT PROVISIONS
- Exhibit B Attachment 1 Advance Payment Provisions
- Exhibit C STANDARD GRANT CONDITIONS
- Exhibit D REQUEST FOR APPLICATIONS  
Including all the requirements and attachments contained therein
- Exhibit E ADDITIONAL PROVISIONS
- Exhibit F FEDERAL TERMS AND CONDITIONS

**GRANTEE REPRESENTATIONS:** The Grantee(s) accept all terms, provisions, and conditions of this grant, including those stated in the Exhibits incorporated by reference above. The Grantee(s) shall fulfill all assurances and commitments made in the application, declarations, other accompanying documents, and written communications (e.g., e-mail, correspondence) filed in support of the request for grant funding. The Grantee(s) shall comply with and require its subgrantee's to comply with all applicable laws, policies, and regulations.

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

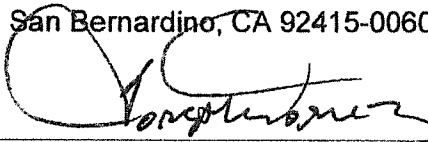
Date: 6.15.23



Daniel Munoz  
Inland Counties Emergency Medical Agency  
1425 South D Street  
San Bernardino, CA 92415-0060

Date: 6/29/2023

for



Jeannie Galarpe, Chief *Joseph Torrez*  
Contracts Management Services Section  
California Department of Public Health  
1616 Capitol Avenue, Suite 74.262  
P.O. Box 997377, MS 1800- 1804  
Sacramento, CA 95899-7377