



Contract Number

22-197 A-3

SAP Number

4400019256

Department of Public Health

Department Contract Representative	<u>Rebecca Saucedo</u>
Telephone Number	<u>(909) 725-5426</u>
Contractor	<u>Reach Out</u>
Contractor Representative	<u>Diana Fox</u>
Telephone Number	<u>(951) 951-1647</u>
Contract Term	<u>March 15, 2022 – May 31, 2026</u>
Original Contract Amount	<u>\$1,000,000</u>
Amendment Amount	<u>\$0</u>
Total Contract Amount	<u>\$1,000,000</u>
Cost Center	<u>930029100</u>
Grant Number (if applicable)	<u>N/A</u>

IT IS HEREBY AGREED AS FOLLOWS:

AMENDMENT NO. 3:

It is hereby agreed to amend Contract No. 22-197, effective March 25, 2025, as follows:

SECTION I. DEFINITIONS, Removal of Definition O

SECTION III. CONTRACTOR GENERAL RESPONSIBILITIES, Amend Paragraph C, H, P (4.), DD (3.), and DD (4.) to read as follows:

- C. Without the prior written consent of the Director of DPH or Purchasing Agent, this Contract is not assignable by Contractor either in whole or in part.
- H. Contractor agrees not to enter into any subcontracts for work contemplated under this Contract without first obtaining written approval from the Director of DPH through the Contracts and Grants Unit. The County may withhold such consent in its sole discretion.
- P. (4.) Report actual, suspected or potential breaches of PII immediately to the Public Health Privacy and Security Officer via email at: privacy@dph.sbcounty.gov

- DD. (3.) Civil Rights Compliance – The Contractor shall develop and maintain internal policies and procedures to assure compliance with each factor outlined by state regulation. These policies must be developed into a Civil Rights Plan, which is to be on file with the County Contracts and Grants Unit within thirty (30) days of awarding of the Contract. The Plan must address prohibition of discriminatory practices, accessibility, language services, staff development and training, dissemination of information, complaints of discrimination, compliance review, and duties of the Civil Rights Liaison. Upon request, the County shall supply a sample of the Plan format. The Contractor shall be monitored by the County for compliance with provisions of its Civil Rights Plan. Contractor is required to maintain and provide a current Civil Rights Plan for the duration of the Contract and submit the Assurance of Compliance form (Attachment D) annually. Additionally, the Contractor shall submit to County an Assurance of Compliance with the California Department of Social Services Nondiscrimination in State and Federally Assisted Programs Statement annually.
- DD. (4.) (g.) Upon request, Contractor will provide County of Public Health evidence of adherence to requirements listed above.

SECTION V. FISCAL PROVISIONS, Removal of Paragraph I, and Amend Paragraph D, to read as follows:

- E. San Bernardino County Department of Public Health
ATTN: COVID Equity
451 E. Vanderbilt Way, 4th Floor
San Bernardino, CA 92415

SECTION VII. TERM, Amend Section VII. Term to read as follows:

This Contract is effective as of March 15, 2022 and is extended from the original expiration date of May 31, 2023, to expire May 31, 2026, but may be terminated earlier in accordance with the provisions of this Contract.

SECTION IX. EARLY TERMINATION, Amend Paragraph A to read as follows:

- A. The County may terminate the Contract immediately under Section V, Paragraph A, if funds are not available to the County, and under the provisions of Section VII, Paragraph C, Item 5 of the Contract. In addition, the Contract may be terminated without cause by the County by serving a written notice to the Contractor thirty (30) days in advance of termination. The Director of DPH is authorized to exercise the County's rights with respect to any termination of this Contract.

SECTION X. GENERAL PROVISIONS, Amend Paragraph A to read as follows:

A. County: (Contract Information)
San Bernardino County
Contracts and Grants Unit
451 E. Vanderbilt Way, 3rd Floor
San Bernardino, CA 92415

County: (Program and Fiscal Information)
San Bernardino County
Department of Public Health, COVID Equity
Attn: Program Manager
451 E. Vanderbilt Way, 4th Floor
San Bernardino, CA 92415

ATTACHMENTS:

Attachment C – Replace with revised Attachment C - Complaint and Grievance Procedure

Attachment F – Replace with revised Attachment F - Program Budget – Reach Out (Attached).

All other terms and conditions of Contract 22-197 remain in full force and effect.

This Contract may be executed in any number of counterparts, each of which so executed shall be deemed to be an original, and such counterparts shall together constitute one and the same Contract. The parties shall be entitled to sign and transmit an electronic signature of this Contract (whether by facsimile, PDF or other email transmission), which signature shall be binding on the party whose name is contained therein. Each party providing an electronic signature agrees to promptly execute and deliver to the other party an original signed Contract upon request.

SAN BERNARDINO COUNTY

► 
 Dawn Rowe, Chair, Board of Supervisors

Dated: MAR 25 2025

SIGNED AND CERTIFIED THAT A COPY OF THIS DOCUMENT HAS BEEN DELIVERED TO THE CHAIRMAN OF THE BOARD


 Lynna Monell
 Clerk of the Board of Supervisors
 San Bernardino County
 Deputy



Reach Out

(Print or type name of corporation, company, contractor, etc.)

By ► 
 Diana Fox (Mar 7, 2025 12:39 PST)
 (Authorized signature - sign in blue ink)

Name Diana Fox
 (Print or type name of person signing contract)

Title Executive Director
 (Print or Type)

Dated: 03/07/2025

Address On File

FOR COUNTY USE ONLY

Approved as to Legal Form
 ► 
 Adam Ebright, Deputy County Counsel
 Date 03/10/2025

Reviewed for Contract Compliance
 ► _____
 Date _____

Reviewed/Approved by Department
 ► 
 Joshua Dugas, Director of Public Health
 Date 03/10/2025

Agency Name: Reach Out

Service Area: West End and Morongo Basin

Term: Marah 15th 2022-May 31st 2026

12/30/2024

Budget Category**Budget**

Personnel		
Program Director		\$ 98,403
Asst Director		\$ 65,987
Dir, Learning & Eval		\$ 11,565
Evaluation Associate		\$ 6,573
Program Director-HWF		\$ 31,762
Program Coordinator		\$ 22,117
Outreach Specialists		\$ 177,423
Program Manager		\$ 88,580
Comm & Mktg		\$ 17,927
Prog Supp Spec		\$ 21,781
	Total Personnel (w/o Benefits)	\$ 542,118
	Total Fringe Benefits	\$ 103,813
	Total Personnel	\$ 645,931
Supplies and Other		
Supplies: Meetings costs for town halls, workshops, presentations, and community educational meetings		\$ 10,000
Supplies: General office supplies, communications, technology, staff hiring costs		\$ 15,000
Supplies: Vaccination incentives: Incentives offered will include small items of approximately up to \$25/item. No gift cards will be purchased.		\$ 73,662
Printing/Copying: allocated copier charges/signage/brochures		\$ 6,500
Rent: calculated per FTE, other facility costs		\$ 10,052
Other: Travel - Mileage @ IRS rate of .655/mile, <u>067 as of Jan 2024</u>		\$ 8,500
Other: NIC Conference support		\$ 20,000
Other: CHW Stipends		\$ 105,165
Other: Advertising/Marketing (placements, social media boosts, website)		\$ 8,000
Other: Data Reporting and Computer Support		\$ 7,600
	Total Salaries & Wages	\$ 542,118
	Total Fringe Benefits	\$ 103,813
	Total Supplies and Other	\$ 264,479
	Administration	\$ 89,590
	Total Budget	\$ 1,000,000



Public Health

COMPLAINT AND GRIEVANCE PROCEDURE

INSTRUCTIONS: THE CUSTOMER IS TO READ AND RECEIVE THE TOP PORTION OF THIS FORM. THE BOTTOM PORTION OF THE FORM IS TO BE SIGNED BY SERVICE RECIPIENT AND PLACED IN THE CONTRACTOR'S RECORDS.

If you believe you have been discriminated against, or that there has been a violation of any laws or regulations, or if you have a problem regarding services received, you have the right to file a complaint or tell us your grievance.

The following procedures are to be followed when filing a complaint or grievance.

STEP ONE:

Write down your complaint or grievance and talk to the service provider. Keep a copy for yourself and write down the date you talked to the service provider.

- If answered or resolved at this step, nothing further is required.
- If no answer or resolution within 10 calendar days, proceed with Step Two.

STEP TWO:

Send a copy of your written complaint or grievance to the DPH Contract Analyst. If you would like a response, include your name, address and telephone number. Your personal information and your complaint and grievance details will be kept confidential.

DPH Administration,
ATTN: Contract and Grants Unit
451 E. Vanderbilt Way
San Bernardino, CA 92415

You will be contacted within 10 calendar days if you have provided contact information.

Please note: Each of these steps must be completed in the sequence shown.

..... **Detach here**

COMPLAINT AND GRIEVANCE PROCEDURE CERTIFICATION

This certifies I have read, understood, and received the Complaint and Grievance Procedures.

Client Signature

Date



Public Health

COMPLAINT AND GRIEVANCE PROCEDURE

THIS INFORMING NOTICE IS TO BE DISPLAYED IN CLEAR VIEW IN AREAS WHERE CLIENT WILL OBTAIN THE DIRECT SERVICE OR AS DELINEATED IN THE CORRESPONDING COUNTY CONTRACT. CLIENT IS TO BE PROVIDED A COPY OF THIS PROCEDURE UPON REQUEST.

If you believe you have been discriminated against, or that there has been a violation of any laws or regulations, or if you have a problem regarding the services you received, you have the right to file a complaint or tell us your grievance.

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DPH Administration, Contracts and Grants Unit
Attn: Contract Analyst
451 E. Vanderbilt Way
San Bernardino, CA 92415

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Please note: Each of these steps must be completed in the sequence shown.



Public Health

PROCEDIMIENTO PARA DENUNCIAS Y QUEJAS

INSTRUCCIONES: EL CLIENTE DEBE leer y recibir la parte superior de este formulario. La parte inferior del formulario debe ser firmado por el recipiente del servicio y colocarlo en los archivos del contratista.

Si cree que ha sido discriminado o que, habido una violación de leyes o regulaciones, o si tiene un problema con respecto a los servicios que recibió, usted tiene el derecho de presentar una denuncia o informarnos de su queja.

Se deben seguir los siguientes procedimientos al presentar una denuncia o queja.

PRIMER PASO:

Escriba su denuncia o queja por escrito y hable con el proveedor de servicios. Guarde una copia para usted y escriba la fecha en que habló con el proveedor de servicios.

- Si en este paso recibió respuesta o resolvió el problema, no se requiere hacer nada más.
- Si no hay respuesta o resolución dentro de los 10 días calendarios, siga al Segundo Paso.

SEGUNDO PASO:

Mande una copia de su denuncia o queja por escrito al DPH Analista de Contratos. Si desea una respuesta, incluya su nombre, dirección y número de teléfono. Su información personal y los detalles de su denuncia o queja se mantendrán confidencial.

DPH Administration,
ATTN: Contracts and Grants Unit
451 E. Vanderbilt Way
San Bernardino, CA 92415

Será contactado dentro de 10 días calendarios si ha proporcionado su información de contacto.

Por favor note: Cada uno de estos pasos deben ser completados en la orden que se indica.

..... **Separar aquí.**

CERTIFICACIÓN DEL PROCEDIMIENTO PARA DENUNCIAS Y QUEJAS

Esto certifica que he leído, entendido, y he recibido el Procedimiento para Denuncias y Quejas.

Firma del Cliente

Fecha



Public Health

PROCEDIMIENTO PARA DENUNCIAS Y QUEJAS

ESTE AVISO INFORMATIVO DEBE MOSTRARSE EN VISTA CLARA EN AREAS DONDE EL CLIENTE RECIBIRÁ SERVICIO DIRECTO O COMO ESTÁ DELINEADO EN EL CONTRATO DEL CONDADO CORRESPONDIENTE. AL CLIENTE SE LE PROPORCIONARÁ UNA COPIA DE ESTE PROCEDIMIENTO CUANDO LO PIDA.

Si cree que ha sido discriminado, o que habido una violación de leyes o regulaciones, o si tiene un problema con respecto a los servicios que recibió, usted tiene el derecho de presentar una denuncia o informarnos de su queja.

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ATTN: Contracts and Grants Unit
451 E. Vanderbilt Way
San Bernardino, CA 92415

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