

**California HIV Prevention Grant Program**  
**Awarded By**  
**THE CALIFORNIA DEPARTMENT OF PUBLIC HEALTH, hereinafter “Department”**  
**TO**  
**County of San Bernardino, hereinafter “Grantee”**  
**Implementing the project, “Enhanced Integration”, hereinafter “Project”**  
**GRANT AGREEMENT NUMBER 22-10792**

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 Health and Safety Code, Section 131085b.

**PURPOSE:** The Department shall award this Grant Agreement to and for the benefit of the Grantee; the purpose of the Grant is to provide activities from the Office of AIDS, HIV Prevention Strategies in OA’s PS18-1802 guidance: Enhanced Integration: Guide to HIV Prevention and Surveillance:

- Strategy 1 – Strengthen disease investigation infrastructure
- Strategy 2 – Expand and provide navigation services
- Strategy 3 – Expand Access to syringe services for people who inject drugs

**GRANT AMOUNT:** The maximum amount payable under this Grant Agreement shall not exceed \$697,132.00.

**TERM OF GRANT AGREEMENT:** The term of the Grant shall begin on January 1, 2023 and terminates on December 31, 2023. No funds may be requested or invoiced for services performed or costs incurred after December 31, 2023.

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

| <b>California Department of Public Health</b>                                                             | <b>County of San Bernardino</b>                                                                                    |
|-----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|
| Jesse Peck, HIV Prevention Branch Chief<br><br>Telephone: (916) 449-5825<br>Email: jesse.peck@cdph.ca.gov | Dawn Rowe, Chair, Board of Supervisors<br><br>Telephone: (909) 387-4855<br>Email: supervisor.rowe@bos.sbcounty.gov |

Direct all inquiries to the following representatives:

| <b>California Department of Public Health</b>                                                                                                       | <b>County of San Bernardino</b>                                                                                                             |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|
| Catherine Cortez, Program Adviser<br><br>1616 Capitol Avenue, Suite 616, MS 7700<br>Sacramento, CA 95814<br><br>Email: catherine.cortez@cdph.ca.gov | Heather Cockerill, Program Manager<br><br>340 N. Mountain View Avenue<br>San Bernardino, CA 92415<br><br>Email: hcockerill@dph.sbcounty.gov |

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

| <b>Remittance Address</b>                                                                                                                                                                                               |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| County of San Bernardino<br>Cashier – Eric Patrick, Administrative Manager<br><br>451 E. Vanderbilt Way, Suite 200<br>San Bernardino, CA 92408<br><br>Telephone: (909) 387-6630<br>Email: eric.patrick@dph.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 following Exhibits are attached hereto or attached by reference and made a part of this Grant Agreement:

|            |                                               |
|------------|-----------------------------------------------|
| EXHIBIT A  | LETTER OF AWARD                               |
| EXHIBIT AI | HIV PREVENTION GRANT ALLOCATIONS              |
| EXHIBIT B  | BUDGET DETAIL AND PAYMENT PROVISIONS          |
| EXHIBIT C  | STANDARD GRANT CONDITIONS                     |
| EXHIBIT D  | ADDITIONAL PROVISION                          |
| EXHIBIT E  | FEDERAL TERMS AND CONDITIONS                  |
| EXHIBIT F  | INFORMATION PRIVACY AND SECURITY REQUIREMENTS |
| EXHIBIT G  | CONTRACTOR'S RELEASE                          |

\* In Exhibit C, #15, the statement “the Request for Applications (Exhibit D) and the Grant Application (Exhibit A)” shall now read “the Letter of Award (Exhibit A).” |

**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, declaration s, 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: \_\_\_\_\_  
| | Dawn Rowe, Chair, Board of Supervisors  
County of San Bernardino  
385 N. Arrowhead Avenue, Fifth Floor  
San Bernardino, CA 92415-0110  
  
| |

Date: \_\_\_\_\_  
| | Javier Sandoval, Chief  
Contracts Management Unit  
California Department of Public Health  
1616 Capitol Avenue, Suite 74.262  
P.O. Box 997377, MS 1800- 1804  
Sacramento, CA 95899-7377