

## **CALIFORNIA SEXUALLY TRANSMITTED DISEASES PROGRAM**

### **STD Program Management**

#### **Awarded By**

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

**TO**

**County of San Bernardino, hereinafter “Grantee”**

**Implementing the “STD Program Management and Collaboration Project,” hereinafter  
“Project”**

#### **AMENDED GRANT AGREEMENT NUMBER 19-10969, A01**

The Department amends 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 131085(a).

**PURPOSE FOR AMENDMENT:** The purpose of the Grant amendment is to: Increase the Grant amount for Fiscal Year (FY) 2021 (07/01/2021-06/30/2022); to allow the Grantee to continue performing more of the same services as identified in Exhibit A and to reimburse the Grantee accordingly.

**Amendments** are shown as: Text additions are displayed in **bold and underline**. Text deletions are displayed as strike through text (i.e., ~~Strike~~).

**AMENDED GRANT AMOUNT:** This amendment is to increase the grant for **FY 2021** by **\$272,852** and is amended to read: The maximum amount payable under this Grant shall not exceed ~~One Million, One Hundred Sixty Thousand, Two Hundred Seventy Dollars (\$1,160,270)~~ **One Million, Four Hundred Thirty-Three Thousand, One Hundred Twenty-Two Dollars (\$1,433,122).**

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

<b>California Department of Public Health</b>	Grantee: <b>County of San Bernardino</b>
Name: <del>Karlo Estacio</del> <b><u>Alexia McGonagle</u></b> Chief, Business Operations Support Section	Name: <del>Susan Strong, NP</del> <b><u>Diana Ibrahim, MPH</u></b> Program Manager
Address: P.O. Box 997377, MS 7320	Address: 351 North Mountain View
City, ZIP: Sacramento, Ca 95899-7377	City, ZIP: San Bernardino, CA 92415
Phone: (916) 552-9820	Phone: <del>(909) 387-6797</del> <b><u>(909) 665-2797</u></b>
Fax: (916) 440-5106	Fax: (909) 387-6377
E-mail: <del>Karlo.Estacio@cdph.ca.gov</del> <b><u>Alexia.McGonagle@cdph.ca.gov</u></b>	E-mail: <del>Susan.Strong@dph.sbcounty.gov</del> <b><u>diana.ibrahim@dph.sbcounty.gov</u></b>

Direct all inquiries to:

<b>California Department of Public Health, STD Control Branch</b>	<b>Grantee: County of San Bernardino</b>
Attention: <del>May Otow</del> <b><u>Adriana Cervantes</u></b> Grant Manager	Attention: <del>Susan Strong, NP</del> <b><u>Diana Ibrahim, MPH</u></b> Program Manager
Address: P.O. Box 997377, MS 7320	Address: 351 North Mountain View
City, Zip: Sacramento, Ca 95899-7377	City, ZIP: San Bernardino, CA 92415
Phone: (916) 552-9788	Phone: <del>(909) 387-6797</del> <b><u>(909) 665-2797</u></b>
Fax: <del>(916) 636-6454</del> <b><u>(916) 636-6755</u></b>	Fax: (909) 387-6377

E-mail: <a href="mailto:May.Otow@cdph.ca.gov">May.Otow@cdph.ca.gov</a> <a href="mailto:Adriana.Cervantes@cdph.ca.gov">Adriana.Cervantes@cdph.ca.gov</a>	E-mail: <a href="mailto:Susan.Strong@dph.sbcounty.gov">Susan.Strong@dph.sbcounty.gov</a> <a href="mailto:diana.ibrahim@dph.sbcounty.gov">diana.ibrahim@dph.sbcounty.gov</a>
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All payments from CDPH to the Grantee; shall be sent to the following address:

<b>Remittance Address</b>
Grantee: County of San Bernardino
Attention "Cashier": Paul Chapman
Address: 172 W. 3 <sup>rd</sup> Street, 6 <sup>th</sup> Floor
City, ZIP: San Bernardino, CA 92415
Phone: (909) 387-6630
Fax: (909) 387-6886
E-mail: <a href="mailto:paul.chapman@dph.sbcounty.gov">paul.chapman@dph.sbcounty.gov</a>

All other terms and conditions of this Grant shall remain the same.

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

Executed By:

Date:

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Curt Hagman  
Chairman, Board of Supervisors  
County of San Bernardino  
385 North Arroyo Avenue, Fifth Floor  
San Bernardino, CA 92415

Date:

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~~Joseph Torrez, Chief~~  
**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

# Contractor Certification Clauses

CCC 04/2017

## CERTIFICATION

I, the official named below, CERTIFY UNDER PENALTY OF PERJURY that I am duly authorized to legally bind the prospective Contractor to the clause(s) listed below. This certification is made under the laws of the State of California.

Contractor/Bidder Firm Name (Printed)	Federal ID Number
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By (Authorized Signature)

Printed Name and Title of Person Signing

Date Executed	Executed in the County of
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## CONTRACTOR CERTIFICATION CLAUSES

1. STATEMENT OF COMPLIANCE: Contractor has, unless exempted, complied with the nondiscrimination program requirements. (Gov. Code §12990 (a-f) and CCR, Title 2, Section 11102) (Not applicable to public entities.)

2. DRUG-FREE WORKPLACE REQUIREMENTS: Contractor will comply with the requirements of the Drug-Free Workplace Act of 1990 and will provide a drug-free workplace by taking the following actions:

a. Publish a statement notifying employees that unlawful manufacture, distribution, dispensation, possession or use of a controlled substance is prohibited and specifying actions to be taken against employees for violations.

b. Establish a Drug-Free Awareness Program to inform employees about:

- 1) the dangers of drug abuse in the workplace;
- 2) the person's or organization's policy of maintaining a drug-free workplace;
- 3) any available counseling, rehabilitation and employee assistance programs; and,
- 4) penalties that may be imposed upon employees for drug abuse violations.

c. Every employee who works on the proposed Agreement will:

- 1) receive a copy of the company's drug-free workplace policy statement; and,

2) agree to abide by the terms of the company's statement as a condition of employment on the Agreement.

Failure to comply with these requirements may result in suspension of payments under the Agreement or termination of the Agreement or both and Contractor may be ineligible for award of any future State agreements if the department determines that any of the following has occurred: the Contractor has made false certification, or violated the certification by failing to carry out the requirements as noted above. (Gov. Code §8350 et seq.)

3. NATIONAL LABOR RELATIONS BOARD CERTIFICATION: Contractor certifies that no more than one (1) final unappealable finding of contempt of court by a Federal court has been issued against Contractor within the immediately preceding two-year period because of Contractor's failure to comply with an order of a Federal court, which orders Contractor to comply with an order of the National Labor Relations Board. (Pub. Contract Code §10296) (Not applicable to public entities.)

4. CONTRACTS FOR LEGAL SERVICES \$50,000 OR MORE- PRO BONO REQUIREMENT: Contractor hereby certifies that Contractor will comply with the requirements of Section 6072 of the Business and Professions Code, effective January 1, 2003.

Contractor agrees to make a good faith effort to provide a minimum number of hours of pro bono legal services during each year of the contract equal to the lesser of 30 multiplied by the number of full time attorneys in the firm's offices in the State, with the number of hours prorated on an actual day basis for any contract period of less than a full year or 10% of its contract with the State.

Failure to make a good faith effort may be cause for non-renewal of a state contract for legal services, and may be taken into account when determining the award of future contracts with the State for legal services.

5. EXPATRIATE CORPORATIONS: Contractor hereby declares that it is not an expatriate corporation or subsidiary of an expatriate corporation within the meaning of Public Contract Code Section 10286 and 10286.1, and is eligible to contract with the State of California.

6. SWEATFREE CODE OF CONDUCT:

a. All Contractors contracting for the procurement or laundering of apparel, garments or corresponding accessories, or the procurement of equipment, materials, or supplies, other than procurement related to a public works contract, declare under penalty of perjury that no apparel, garments or corresponding accessories, equipment, materials, or supplies furnished to the state pursuant to the contract have been laundered or produced in whole or in part by sweatshop labor, forced labor, convict labor, indentured labor under penal sanction, abusive forms of child labor or exploitation of children in sweatshop labor, or with the benefit of sweatshop labor, forced labor, convict labor, indentured labor under penal sanction, abusive forms of child labor or exploitation of children in sweatshop labor. The contractor further declares under penalty of perjury that they adhere to the Sweatfree Code of Conduct as set forth on the California Department of Industrial Relations website located at [www.dir.ca.gov](http://www.dir.ca.gov), and Public Contract Code Section 6108.

b. The contractor agrees to cooperate fully in providing reasonable access to the contractor's records, documents, agents or employees, or premises if reasonably

required by authorized officials of the contracting agency, the Department of Industrial Relations, or the Department of Justice to determine the contractor's compliance with the requirements under paragraph (a).

7. DOMESTIC PARTNERS: For contracts of \$100,000 or more, Contractor certifies that Contractor is in compliance with Public Contract Code section 10295.3.

8. GENDER IDENTITY: For contracts of \$100,000 or more, Contractor certifies that Contractor is in compliance with Public Contract Code section 10295.35.

## **DOING BUSINESS WITH THE STATE OF CALIFORNIA**

The following laws apply to persons or entities doing business with the State of California.

1. CONFLICT OF INTEREST: Contractor needs to be aware of the following provisions regarding current or former state employees. If Contractor has any questions on the status of any person rendering services or involved with the Agreement, the awarding agency must be contacted immediately for clarification.

Current State Employees (Pub. Contract Code §10410):

1). No officer or employee shall engage in any employment, activity or enterprise from which the officer or employee receives compensation or has a financial interest and which is sponsored or funded by any state agency, unless the employment, activity or enterprise is required as a condition of regular state employment.

2). No officer or employee shall contract on his or her own behalf as an independent contractor with any state agency to provide goods or services.

Former State Employees (Pub. Contract Code §10411):

1). For the two-year period from the date he or she left state employment, no former state officer or employee may enter into a contract in which he or she engaged in any of the negotiations, transactions, planning, arrangements or any part of the decision-making process relevant to the contract while employed in any capacity by any state agency.

2). For the twelve-month period from the date he or she left state employment, no former state officer or employee may enter into a contract with any state agency if he or she was employed by that state agency in a policy-making position in the same general subject area as the proposed contract within the 12-month period prior to his or her leaving state service.

If Contractor violates any provisions of above paragraphs, such action by Contractor shall render this Agreement void. (Pub. Contract Code §10420)

Members of boards and commissions are exempt from this section if they do not receive payment other than payment of each meeting of the board or commission, payment for preparatory time and payment for per diem. (Pub. Contract Code §10430 (e))

2. LABOR CODE/WORKERS' COMPENSATION: Contractor needs to be aware of the provisions which require every employer to be insured against liability for Worker's Compensation or to undertake self-insurance in accordance with the provisions, and

Contractor affirms to comply with such provisions before commencing the performance of the work of this Agreement. (Labor Code Section 3700)

3. AMERICANS WITH DISABILITIES ACT: Contractor assures the State that it complies with the Americans with Disabilities Act (ADA) of 1990, which prohibits discrimination on the basis of disability, as well as all applicable regulations and guidelines issued pursuant to the ADA. (42 U.S.C. 12101 et seq.)

4. CONTRACTOR NAME CHANGE: An amendment is required to change the Contractor's name as listed on this Agreement. Upon receipt of legal documentation of the name change the State will process the amendment. Payment of invoices presented with a new name cannot be paid prior to approval of said amendment.

5. CORPORATE QUALIFICATIONS TO DO BUSINESS IN CALIFORNIA:

a. When agreements are to be performed in the state by corporations, the contracting agencies will be verifying that the contractor is currently qualified to do business in California in order to ensure that all obligations due to the state are fulfilled.

b. "Doing business" is defined in R&TC Section 23101 as actively engaging in any transaction for the purpose of financial or pecuniary gain or profit. Although there are some statutory exceptions to taxation, rarely will a corporate contractor performing within the state not be subject to the franchise tax.

c. Both domestic and foreign corporations (those incorporated outside of California) must be in good standing in order to be qualified to do business in California. Agencies will determine whether a corporation is in good standing by calling the Office of the Secretary of State.

6. RESOLUTION: A county, city, district, or other local public body must provide the State with a copy of a resolution, order, motion, or ordinance of the local governing body which by law has authority to enter into an agreement, authorizing execution of the agreement.

7. AIR OR WATER POLLUTION VIOLATION: Under the State laws, the Contractor shall not be: (1) in violation of any order or resolution not subject to review promulgated by the State Air Resources Board or an air pollution control district; (2) subject to cease and desist order not subject to review issued pursuant to Section 13301 of the Water Code for violation of waste discharge requirements or discharge prohibitions; or (3) finally determined to be in violation of provisions of federal law relating to air or water pollution.

8. PAYEE DATA RECORD FORM STD. 204: This form must be completed by all contractors that are not another state agency or other governmental entity.



**Submit****GOVERNMENT AGENCY TAXPAYER ID FORM**

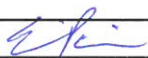
The principal purpose of the information provided is to establish the unique identification of the government entity.

**Instructions:** You may submit one form for the principal government agency and all subsidiaries sharing the same TIN. Subsidiaries with a different TIN must submit a separate form. Fields bordered in red are required. Please print the form to sign prior to submittal. You may email the form to: [GovSuppliers@cdph.ca.gov](mailto:GovSuppliers@cdph.ca.gov) or fax it to (916) 650-0100, or mail it to the address above.

Principal Government Agency Name	County of San Bernardino		
Remit-To Address (Street or PO Box)	351 North Mountain View Avenue		
City:	San Bernardino	State: CA	Zip Code+4: 92415-0010
Government Type:	<input type="checkbox"/> City	<input checked="" type="checkbox"/> County	Federal Employer Identification Number (FEIN) <input type="text" value="95-6002748"/>
	<input type="checkbox"/> Special District	<input type="checkbox"/> Federal	
	<input type="checkbox"/> Other (Specify)	<input type="text"/>	

List other subsidiary Departments, Divisions or Units under your principal agency's jurisdiction who share the same FEIN and receives payment from the State of California.

FI\$Cal ID# (if known)	<input type="text"/>	Dept/Division/Unit Name	Public Health	Complete Address	351 N. Mountain Ave., San Bernardino, CA 92415-0010
FI\$Cal ID# (if known)	<input type="text"/>	Dept/Division/Unit Name	<input type="text"/>	Complete Address	<input type="text"/>
FI\$Cal ID# (if known)	<input type="text"/>	Dept/Division/Unit Name	<input type="text"/>	Complete Address	<input type="text"/>
FI\$Cal ID# (if known)	<input type="text"/>	Dept/Division/Unit Name	<input type="text"/>	Complete Address	<input type="text"/>

Contact Person	Eric Patrick	Title	Administrative Manager
Phone number	909-387-6205	E-mail address	<a href="mailto:eric.patrick@dph.sbcounty.gov">eric.patrick@dph.sbcounty.gov</a>
Signature			Date
			6/14/21