

Contract Number

SAP Number

Inland Counties Emergency Medical Agency

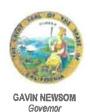
Department Contract Representative	Thomas G. Lynch			
Telephone Number	(909) 388-5823			
Contractor	State of California, Department of			
	Public Health - Emergency			
	Preparedness Office			
Contractor Representative	Melissa Relles, Assistant Deputy Director			
	Emergency Preparedness Office			
Telephone Number				
Contract Term	March 28, 2020 to June 30, 2021			
Original Contract Amount	\$156,974			
Amendment Amount				
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 entitles 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.

Approved as to Legal Form	Reviewed for Contract Compliance	Reviewed/Approved by Department
John Tubbs II, Deputy County Counsel	<u> </u>	· Truffe
9/13/5		Thomas G. Lynch, EMS Administrator
Date 0/1//20	Date	_ Date 8-1+-2020



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



State Public Health Officer & Director

July 7, 2020

Ron Holk HPP Coordinator Inland County Emergency Medical Agency (ICEMA) 1425 South D Street San Bernardino, CA 92415

Dear Ron Holk:

COVID-19 HPP Supplemental Funding Award Number COVID-19-3602 ICEMA Authority:
Coronavirus Preparedness and
Response Supplemental Appropriations
Act 2020

Coronavirus Ald, Relief, and Economic Security (CARES) Act

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.
- 4. On a quarterly basis, beginning in October 2020, submit an expenditure report (Attachment 4) 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

Jelissa Relles

COVID- 19 HPP INVOICE

California Department of Public Health			Date:			
Emergency Preparedness Office Email Scanned Copy to: LHBTProg@cdph.ca.gov Award Number: COVID-19-3602		County Name/Address (to send warrant) [] Check if remittance address changed since last Invoice Inland Counties Emergency Medical Agency (SB) 1425 South D Street San Bernardino, CA 92415				
Contract Term: 03/28/2020 - 06/3 Billing Period: 03/28/2020 - 06/3 EPO Invoice Number: 2036COVIDS	30/2021	Telephone: FI\$Cal ID #:	12066			
	COVID-19 Allocation	County Request	Remaining Balance	Unexpended Balance (5)		
	\$ 156,974.00	\$ -	\$ 156,974.00			
Total Amount Due:		\$ -				
and regulations governing its payment.	Printed Name and	thief Executive Office of Authorized	d Representative	28/20		
	EPO Use Only					
	Service Location:		Please Pay:			
,	application, related documents, and certifications and is eligible to receive this payment. The application, related documents,					
	Signature Melissa Relles, Assist Emergency Preparedi California Department	ness Office				