

CERTIFICATION FOR RECEIPT OF REALIGNMENT BACKFILL FUNDS PURSUANT TO  
PROVISION 3 OF ITEM 9210-110-0001 OF THE BUDGET ACT OF 2020

I, Leonard X. Hernandez, am the chief executive or authorized designee of County of San Bernardino, and I certify that:

1. I have the authority on behalf of County of San Bernardino to request payment from the State of California ('State') pursuant to Provision 3 of Item 9210-110-0001 of the Budget Act of 2020.
2. I understand the State will rely on this certification as a material representation in making a direct payment to County of San Bernardino, but may redirect funds as specified in Provision 3 of Item 9210-110-0001 if it determines, in consultation with the California Department of Public Health and the Governor's Office of Emergency Services, that the county has for the preceding month erroneously certified compliance with, or failed to maintain compliance with, that provision.
3. County of San Bernardino's proposed uses of the funds provided under Provision 3 of Item 9210-110-0001 of the Budget Act of 2020 will be used only for costs that:
  - a. Would have otherwise been funded via state-local Realignment revenues.
  - b. Prioritize support for health and human services, entitlement programs, and programs that serve vulnerable populations.
4. County of San Bernardino agrees to do all of the following as a condition of receipt of funds:
  - a. Adhere to federal guidance and the state's stay-at-home requirements and other health requirements as directed in gubernatorial Executive Order N-33-20, any subsequent Executive Orders or statutes, and all California Department of Public Health orders, directives, and guidance in response to COVID-19 emergency.
  - b. Adhere to following conditions:
    - i. The county has at least 15 staff per 100,000 people in the county who are trained and available for contact tracing, the ability to isolate positive cases (and quarantine the contacts of positive cases) and to shelter residents who are experiencing homelessness in the case of an outbreak, the ability to test at least 1.5 per 1,000 residents daily, have testing sites close to where most residents live, and have evidence of a county plan to contain the virus.
    - ii. The county is committed to actively participating in the state's Blueprint for A Safer Economy and re-institution of non-pharmaceutical interventions (NPIs) as advised by the state. Each county has been tiered based on its case and positive test rates. Consistent with the county's responsibilities under its designated tier, the county should demonstrate that it has undertaken efforts to investigate the sources of disease transmission, developed an action plan including timelines, and is ready to reinstitute NPIs as needed based on the data.

- c. Certify that the county has not adopted an ordinance or resolution inconsistent with the public health orders, guidance, or other directives.
- d. Use the funds in accordance with Provision 3 of Item 9210-110-0001 of the Budget Act of 2020.

By: Leonard X. Hernandez

Signature: 

Title: Chief Executive Officer, County of San Bernardino

Date: 10/20/2020

The completed certification must be submitted by email to:

[CountyGFAllocations@dof.ca.gov](mailto:CountyGFAllocations@dof.ca.gov)

Certifications must be received by no later than 11:59 p.m. Pacific Daylight Time on the 1<sup>st</sup> of the month from October 2020 through June 2021. Certifications received after that time will be disallowed. The subject line of the email shall only contain the name of the county (e.g. County of xxx).



## County of San Bernardino DELEGATED AUTHORITY – DOCUMENT REVIEW FORM

This form is for use by any department or other entity that has been authorized by Board of Supervisors/Directors action to execute grant applications, awards, amendments or other agreements on their behalf. All documents to be executed under such delegated authority must be routed for County Counsel and County Administrative Office review prior to signature by designee.

**Note: This process should NOT be used to execute documents under a master agreement or template, or for construction contract change orders. Contact your County Counsel for instructions related to review of these documents.**

Complete and submit this form, along with required documents proposed for signature, via email to the department's County Counsel representative and Finance Analyst. If the documents proposed for signature are within the delegated authority, the department will submit the requisite hard copies for signature to the County Counsel representative. Once County Counsel has signed, the department will submit the signed documents in hard copy, as well as by email, to CAO Special Projects Team for review. If approved, the department will be provided routing instructions as well as direction to submit one set of the executed documents to the Clerk of the Board within 30 days.

**For detailed instructions on submission requirements, reference Section 7.3 of the Board Agenda Item Guidelines as the Delegation of Authority does not eliminate the document submission requirements.**

Department/Agency/Entity: Finance and Administration

Contact Name: Amanda Trussell Telephone: 387-4773

Agreement No.: \_\_\_\_\_ Amendment No.: \_\_\_\_\_ Date of Board Item 10/26/20 Board Item No.: 31



Name of Contract Entity/Project Name: Certification for Receipt of Realignment

**Explanation of request/Special Instructions:**

Approve Certification for Receipt of Realignment Backfill funds, certifying the County's compliance with the State's COVID-19 public health orders and use of funding received from the State of California Department of Finance to support realignment programs and authorize the Chief Executive Officer to sign the certification for receipt of realignment backfill funds for November 2020.

**Insert check mark that the following required documents are attached to this request:**

- Documents proposed for signature (Note: For contracts, include a signed non-standard contract coversheet for contracts not submitted on a standard contract form).
- Board Agenda item that delegated the authority

<b>Department Routed to County Counsel</b>	County Counsel Name: Michelle Blakemore	Date Sent:
<b>Reviewing County Counsel Use Only</b>	Review Date <u>10-30-2020</u>   Signature	<b>Determination:</b> <input checked="" type="checkbox"/> Within Scope of Delegated Authority <input type="checkbox"/> Outside Scope of Delegated Authority
<b>CAO-Special Projects Use Only</b>	Review Date <u>10-30-20</u>   Signature	<b>Disposition:</b> <input checked="" type="checkbox"/> Route for signature to: ____ Chair <input checked="" type="checkbox"/> CEO ____ Department <input type="checkbox"/> Return to Department for preparation of agenda item