



**Contract Number**

22-795 A-3

**SAP Number**

## Department of Public Health

<b>Department Contract Representative</b>	<u>Dominic Correra</u>
<b>Telephone Number</b>	<u>(909) 832-0975</u>
<b>Contractor</b>	<u>California Department of Public Health</u>
<b>Contractor Representative</b>	<u>Meghann Harrison</u>
<b>Telephone Number</b>	<u>(279) 667-0379</u>
<b>Contract Term</b>	<u>10/1/2022 through 9/30/2025</u>
<b>Original Contract Amount</b>	<u>\$41,741,301</u>
<b>Amendment Amount</b>	<u></u>
<b>Total Contract Amount</b>	<u>\$41,741,301</u>
<b>Cost Center</b>	<u>9300061000</u>
<b>Grant Number (if applicable)</b>	<u>800240</u>

**Briefly describe the general nature of the contract:** Amendment No. 3 to Agreement No. 22-795 (State Agreement No. 22-10281) with the California Department of Public Health, for the Women, Infants, and Children Nutrition Program, reallocates funds from personnel salary savings to operating costs, with no change to the agreement amount of \$41,741,301 or the term of October 1, 2022 through September 30, 2025.

**FOR COUNTY USE ONLY**

Approved as to Legal Form



Adam Ebright, Deputy County Counsel

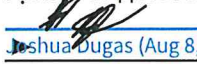
Date 08/08/2024

Reviewed for Contract Compliance



Date \_\_\_\_\_

Reviewed/Approved by Department

  
Joshua Dugas (Aug 8, 2024 15:51 PDT)

Joshua Dugas, Director

Date 08/08/2024



TOMÁS J. ARAGÓN, MD, DrPH  
Director and State Public Health Officer

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



GAVIN NEWSOM  
Governor

**Date:** July 22, 2024

**TO:** San Bernardino County

**FROM:** California Department of Public Health (CDPH)

**SUBJECT:** Contract # 22-10281 A02

Please find the above-referenced Contract Agreement between the California Department of Public Health and San Bernardino County, attached for your review and signature.

**IMPORTANT:** The Agreement is an Adobe Acrobat PDF document with "READ ONLY" attributes. Please do not alter this Agreement for any reason. If you encounter any problems or find that a correction is needed, please contact your Contract Manager immediately.

To approve this Agreement, submit one (1) electronic copy (**do not mail in hard copies**) of each document listed below to the following mailbox: [LocalContracts@cdph.ca.gov](mailto:LocalContracts@cdph.ca.gov). Please title the email Subject line: Signed Agreement for 22-10281 A02 (San Bernardino).

- One (1) signed copy of the Standard Agreement - Amendment (STD 213A). This document can be signed electronically or physically signed, scanned and returned via email.
- One (1) signed copy of the Board Resolution/Order/Motion, ordinance or other similar document authorizing execution of the Agreement and any signatory designees.

In an effort to expedite this Contract Agreement through the approval process, we request that the items listed above be returned no later than **three weeks from the date of this letter**, in order to avoid disruption in services. Failure to sign and submit the required forms by the date indicated will result in delayed approval of your Agreement.

Please contact your Contract Manager if you have any questions or will need additional time to return the signed documents.



CDPH Women, Infants and Children (WIC) Division  
3901 Lennane Drive, MS 8600, Sacramento, CA 95834  
P.O. Box 997375, MS 8600, Sacramento, CA 95899-7375  
(916) 928-8500 | [www.wicworks.ca.gov](http://www.wicworks.ca.gov)



San Bernardino County

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July 22, 2024

Thank you,

*Contract and Procurement Support Unit*

Attachments

CONFIDENTIALITY NOTICE: This communication along with its contents may contain confidential and/or legally privileged information. It is solely for the use of the intended recipient(s). Unauthorized interception, review, use or disclosure is prohibited and may violate applicable laws including the Electronic Communications Privacy Act. If you are not the intended recipient, please contact the sender and destroy all copies of the communication.

II. Exhibit A, Scope of Work, Provision 4 has been revised as follows:

**4. Project Representatives**

A. The project representatives during the term of this agreement will be:

<b>California Department of Public Health</b>	<b>San Bernardino County</b>
Meghann Harrison, Contract Manager Telephone: <del>916-928-8577</del> <b>279-667-0379</b> E-mail: Meghann.harrison@cdph.ca.gov	Joshua Dugas, MBA, REHS, Director of Public Health Telephone: 909-387-9146 E-mail: Joshua.dugas@dph.sbcounty.gov

B. Direct all inquiries to:

<b>California Department of Public Health</b>	<b>San Bernardino County</b>
CDPH/WIC Division Attention: Meghann Harrison, Contract Manager Local Services Branch 3901 Lennane Drive Sacramento, CA 95834  Telephone: <del>916-928-8577</del> <b>279-667-0379</b> E-mail: Meghann.harrison@cdph.ca.gov	Attention: Heather Wellons-Blum, <b>RD</b> , Program Manager, Registered Dietitian 1505 S. D Street, Suite 203 San Bernardino, CA 92408  Telephone: <del>909-388-5663</del> <b>909-388-5669</b> E-mail: hblum-wellons@dph.sbcounty.gov

C. All payments from CDPH to the Contractor; shall be sent to the following address:

Remittance Address
Federal ID #: 95-6002748
FISCAL ID #:
Contractor: San Bernardino County
Attention: <del>Cashier</del> <b>Paul Chapman, CFO</b>
Address: 451 E. Vanderbilt Way, STE 200, San Bernardino, CA 92408
Contract Number: 22-10281 A04 <b>A02</b>
Email: Eric.Patrick@dph.sbcounty.gov

D. Either party may make changes to the information above by giving written notice to the other party. Said changes shall not require an amendment to this agreement but will require a new CDPH 9083 Governmental Entity Taxpayer ID Form or STD 204 Payee Data Record form. The completed form must be submitted to the Contract Manager for processing.

III. Exhibit B, Attachment I, Budget Detail has been replaced in its entirety.

IV. Exhibit B, Attachment II, Facility Costs has been replaced in its entirety.



Address, City, State & Zip Code	Type of Space (i.e., Clinic or Satellite Site, Admin, Training Center, Warehouse, Storage)	Total Square Footage	Total Cost of Site Per Month	Year 1 Total		Year 2 Total		Year 2 Amended Total		Total Cost of Site Per Month	Total Cost of Site Per Month Adj.	Amended Total Cost of Site Per Month	Total P
				Total Site Cost Per Year	Amended Total Cost of Site Per Month	Total Site Cost Per Year	Amended Total Site Costs Per Year	Total Site Cost Per Year	Amended Total Site Costs Per Year				
5,218,140				\$ 1,740,384	\$ 1,686,564	\$ 1,795,824							\$
A 92405	Clinic Site	4000	13,661	163,932	13,830	793	14,623	165,960	175,476	14,003	792	14,795	
ncho Cucamonga, 91730	Clinic Site	3700	8,935	107,220	8,235	(134)	8,101	98,820	97,212	8,399	(298)	8,101	
	Clinic Site	3614	6,120	73,440	6,241	(3)	6,238	74,892	74,856	6,365	80	6,445	
ynine Palms, 92277	Clinic Site	3214	4,026	48,312	4,083	132	4,215	48,996	50,580	4,143	131	4,274	
rdino, 92415	Administrative Site	9374	19,043	228,516	19,424	(662)	18,762	233,088	225,144	19,812	(1,050)	18,762	
osed 5/4/2023)	Clinic Site	2769	4,871	58,452	-	-	-	-	-	-	-	-	
o 92408	Clinic Site	4173	11,183	134,196	11,371	891	12,262	136,452	147,144	11,563	(10,541)	1,022	
ille, 92395	Clinic Site	3903	8,766	105,192	8,939	(173)	8,766	107,268	105,192	9,117	(222)	8,895	
324	Storage	825	252	3,024	254	84	338	3,048	4,056	256	87	343	
dlands 92374	Clinic Site	3000	5,814	69,768	5,921	502	6,423	71,052	77,076	6,018	515	6,533	
ardino, 92408	Storage	1910	869	10,428	886	145	1,031	10,632	12,372	904	127	1,031	
ardino, 92404	Clinic Site	3313	8,715	104,580	8,883	132	9,015	106,596	108,180	9,047	9	9,056	
lana, 92335	Clinic Site	5793	21,209	254,508	20,694	2,826	23,510	248,208	282,120	20,997	3,049	24,046	
92284	Clinic Site	776	1,743	20,916	1,778	36	1,814	21,336	21,768	1,813	63	1,876	
uite A, Barstow, 92311	Clinic Site	4828	10,634	127,608	10,820	2,809	13,629	129,840	163,548	11,009	2,906	13,915	
	Clinic Site	1493	1,042	12,504	837	300	1,137	10,044	13,644	837	300	1,137	
	Clinic Site	2000	5,386	64,632	5,386	819	6,205	64,632	74,460	5,386	819	6,205	
one, Room 9, Ft. Irwin, 92310	Clinic Site	1225	-	-	-	-	-	-	-	-	-	-	
345	Clinic Site	4646	12,763	153,156	12,975	608	13,583	155,700	162,996	13,194	531	13,725	

**STANDARD AGREEMENT - AMENDMENT**

STD 213A (Rev. 4/2020)

CHECK HERE IF ADDITIONAL PAGES ARE ATTACHED 1 PAGES

AGREEMENT NUMBER <b>22-10281</b>	AMENDMENT NUMBER <b>A02</b>	Purchasing Authority Number
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1. This Agreement is entered into between the Contracting Agency and the Contractor named below:

CONTRACTING AGENCY NAME  
California Department of Public Health

CONTRACTOR NAME  
San Bernardino County

2. The term of this Agreement is:

START DATE  
October 1, 2022

THROUGH END DATE  
September 30, 2025

3. The maximum amount of this Agreement after this Amendment is:  
\$ 41,741,301.00 Forty-One Million Seven Hundred Forty-One Thousand Three Hundred One Dollars

4. The parties mutually agree to this amendment as follows. All actions noted below are by this reference made a part of the Agreement and incorporated herein:

I. This amendment shifts funds in fiscal years 2 and 3 to accommodate anticipated expenses.

All other terms and conditions shall remain the same.

IN WITNESS WHEREOF, THIS AGREEMENT HAS BEEN EXECUTED BY THE PARTIES HERETO.

**CONTRACTOR**

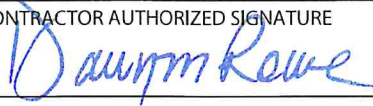
CONTRACTOR NAME (if other than an individual, state whether a corporation, partnership, etc.)

San Bernardino County

CONTRACTOR BUSINESS ADDRESS  
351 North Mountain View Avenue

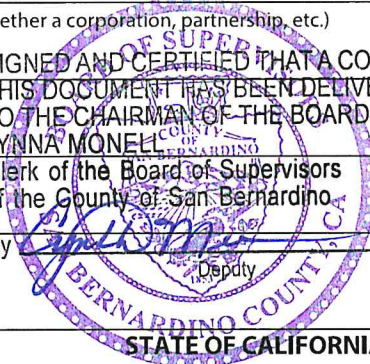
PRINTED NAME OF PERSON SIGNING  
Dawn Rowe

CONTRACTOR AUTHORIZED SIGNATURE



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 of the County of San Bernardino

By  Deputy



CITY San Bernardino	STATE CA	ZIP 92415
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TITLE  
Chair, Board of Supervisors

DATE SIGNED  
AUG 20 2024

CONTRACTING AGENCY NAME  
California Department of Public Health

CONTRACTING AGENCY ADDRESS  
1616 Capitol Avenue, Suite 74.262, MS 1802, PO Box 997377

PRINTED NAME OF PERSON SIGNING  
Joseph Torrez

CONTRACTING AGENCY AUTHORIZED SIGNATURE

CITY Sacramento	STATE CA	ZIP 95899
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TITLE  
Chief, Contracts Management Unit

DATE SIGNED

CALIFORNIA DEPARTMENT OF GENERAL SERVICES APPROVAL

EXEMPTION (If Applicable)