



**Contract Number**  
18-95 A-3

**SAP Number**  
N/A

## Department of Public Health

<b>Department Contract Representative</b>	Jenny Hernandez
<b>Telephone Number</b>	909-387-6864
 <b>Contractor</b>	 California Department of Public Health
<b>Contractor Representative</b>	Michael Fortunka
<b>Telephone Number</b>	510-412-1571
<b>Contract Term</b>	July 1, 2017 through June 30, 2022
<b>Original Contract Amount</b>	\$3,397,084
<b>Amendment Amount</b>	\$19,484,950
<b>Total Contract Amount</b>	\$22,882,034
<b>Cost Center</b>	93310

**Briefly describe the general nature of the contract:** Amended grant award agreement, Amendment No. 3 to County Agreement No. 18-95 (State Agreement No. 17-10343 A03), effective July 1, 2021, from the California Department of Public Health for Immunization Local Assistance funding for continued support of COVID-19 vaccination planning and implementation and countywide immunization services, increasing the award amount by \$19,484,950, from \$3,397,084 to \$22,882,034, with no change to the total period of July 1, 2017 through June 30, 2022.

### FOR COUNTY USE ONLY

Approved as to Legal Form

Adam Ebright, Deputy County Counsel

Date 1/31/22

Reviewed for Contract Compliance

Date

Reviewed/Approved by Department

Joshua Dugas, Director

Date 1/31/22

## CALIFORNIA IMMUNIZATION PROGRAM

Awarded By

THE CALIFORNIA DEPARTMENT OF PUBLIC HEALTH, hereinafter “Department”

TO

San Bernardino County, hereinafter “Grantee”

Implementing the project, “To assist local health departments (LHDs) in preventing and controlling vaccine-preventable diseases (VPDs) in the local health jurisdiction (LHJ),” hereinafter “Project”

### AMENDED GRANT AGREEMENT NUMBER 17-10343, A03

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 120325-120380, which requires immunizations against childhood diseases prior to school admittance and Federal Grant numbers 6 NH23IP922612-02-02, 6 NH23IP922612-02-03, and 6 NH23IP922612-02-04.

**PURPOSE FOR AMENDMENT:** The purpose of the Grant amendment is to increase funding in the amount of \$19,484,950 for FY2021-22 to allow the Grantee to continue performing the same services identified in Exhibit A, Grant Application, and provide more of the same Coronavirus Disease 2019 services in response to the CARES ACT.

**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 by \$19,484,950 and is amended to read: **\$22,882,034 (Twenty-Two Million Eight Hundred Eighty-Two Thousand Thirty-Four Dollars)** ~~\$3,397,084 (Three Million Three Hundred Ninety-Seven Thousand Eighty-Four Dollars)~~.

Exhibit B – Budget Detail and Payment Provisions, paragraph 4.A. is hereby replaced as shown below.

#### 4. Amounts Payable

A. The amounts payable under this Grant shall not exceed ~~\$3,397,084~~ **\$22,882,034**.

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

<b>California Department of Public Health, Immunization Branch</b>	<b>Grantee: San Bernardino County</b>
Name: Noemi Marin	Name: Diana Ibrahim, Program Manager
Address: 850 Marina Bay Pkwy., Bldg. P, 2 <sup>nd</sup> Floor	Address: 351 North Mountain View, Ave., Room 104
City, ZIP: Richmond, CA 94804	City, ZIP: San Bernardino, CA 92415-0010
Phone: (510) 620-3737	Phone: (909) 387-6268
Fax: (510) 620-3774	Fax: (909) 387-6377
E-mail: <a href="mailto:noemi.marin@cdph.ca.gov">noemi.marin@cdph.ca.gov</a>	E-mail: <a href="mailto:diana.ibrahim@dph.sbcounty.gov">diana.ibrahim@dph.sbcounty.gov</a>

Direct all inquiries to:

<b>California Department of Public Health, Immunization Branch</b>	<b>Grantee: San Bernardino County</b>
Attention: Robina Escalada	Attention: Diana Ibrahim, Program Manager
Address: 850 Marina Bay Pkwy., Bldg. P, 2 <sup>nd</sup> Floor	Address: 351 North Mountain View, Ave., Room 104
City, Zip: Richmond, CA 94804	City, Zip: San Bernardino, CA 92415-0010
Phone: (510) 620-3729	Phone: (909) 387-6268
Fax: (510) 620-3774	Fax: (909) 387-6377
E-mail: <a href="mailto:robina.escalada@cdph.ca.gov">robina.escalada@cdph.ca.gov</a>	E-mail: <a href="mailto:diana.ibrahim@dph.sbcounty.gov">diana.ibrahim@dph.sbcounty.gov</a>

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

<b>Remittance Address</b>
<b>Grantee: San Bernardino County</b>
Attention "Cashier":
Address: 351 North Mountain View, Ave.
City, Zip: San Bernardino, CA 92415-0010
Phone: (909) 387-6797
Fax:
E-mail:

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 the agreement. 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 which can be requested through the CDPH Project Representatives for processing.

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:

FEB 08 2022



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

Date:

\_\_\_\_\_  
Joseph Torrez, Chief  
Contracts Management Unit  
California Department of Public Health  
1616 Capitol Avenue, Suite 74.262, MS 1802  
P.O. Box 997377  
Sacramento, CA 95899-7377

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 \_\_\_\_\_

