

## FY 2021 - 2023 PEI GRANT FUNDING CHECKLIST

Agency Name: County of San Bernardino  
 Agreement #: 21-10230

	<p style="text-align: center;">Please check the box next to all submitted documents.  <u>All documents must be submitted by email using the required naming convention on page 2.</u></p>	
<input checked="" type="checkbox"/>	1.	<u>Agency Information Form</u> with signature (PDF)
<input checked="" type="checkbox"/>	2.	<u>Budget Template</u> submit for two years, list all staff (by position) and costs (including projected salaries and benefits, operating and ICR). Multiple tabs for completion include Summary Page, Detail Pages, and Justifications. Personnel must be consistent with the Duty Statements and Organizational Charts (Excel)
<input checked="" type="checkbox"/>	3.	<u>*Duty Statements (DS)</u> for all staff (numbered according to the Personnel Detail Page and Organization Chart) listed on the budget
<input checked="" type="checkbox"/>	4.	<u>*Organization Chart(s)</u> of the applicable programs, identifying all staff positions on the budget including their Line Item # and its relationship to other services for women and children, the local health officer and overall agency
<input checked="" type="checkbox"/>	5.	<u>Scope of Work (SOW)</u> documents for all applicable programs (PDF/Word)
<input checked="" type="checkbox"/>	6.	<u>Equipment Purchased and Inventory Disposition</u> – Forms CDPH 1203 and CDPH 1204
<input type="checkbox"/>	7.	<u>Subcontractor (SubK) Agreement Packages</u> submit Subcontract Agreement Transmittal Form, brief explanation of the award process, subcontractor agreement or waiver letter, and budget with detailed Justifications (required for all SubKs \$5,000 or more) (Word)
<input checked="" type="checkbox"/>	8.	<u>*Board Resolution</u>
<input checked="" type="checkbox"/>	9.	<u>Government Agency Taxpayer ID Form (CDPH 9083)</u>

**\*=Agency provides documentation**

**MATERNAL, CHILD & ADOLESCENT HEALTH DIVISION  
AGENCY INFORMATION FORM (AIF)**

<input checked="" type="checkbox"/> <b>Annual</b>	<b>FY: 21-22</b>	<b>Program:</b> <i>PEI</i>	<b>Contract # 21-10230</b>
<input type="checkbox"/> <b>Change</b>	<b>Check information changes below:</b>		<b>Effective Date: 7/1/2021</b>
<b>Official Agency Name and Address</b>			
Agency Name: <b>County of San Bernardino</b>			
<input type="checkbox"/>	Address: <b>351 N. Mt. View Ave., 3rd Floor</b>		
<input type="checkbox"/>	City: <b>San Bernardino</b>		Zip: <b>92415-0010</b>
<input type="checkbox"/>	Phone: (Direct Line): <b>909-387-9146</b>	Extension:	Fax: <b>909-387-6228</b>
Counties Served:			
<b>Executive Director:</b> <i>(authorized to sign grant agreements)</i> <input checked="" type="checkbox"/> <b>Authorized to sign Budget &amp; Invoices</b>			
<input type="checkbox"/>	Name: <b>Curt Hagman, Board of Supervisors Chairman</b>		
<input type="checkbox"/>	E-mail: <b>SupervisorHagman@sbcounty.gov</b>	Authorizing Signature:	
<input type="checkbox"/>	Address: <b>385 N. Arrowhead Ave., 5th Floor</b>		
<input type="checkbox"/>	City: <b>San Bernardino</b>		Zip: <b>92415-0130</b>
<input type="checkbox"/>	Phone: (Direct Line): <b>909-387-4866</b>	Extension:	Cell (Optional): Fax: <b>909-387-4554</b>
<b>Project Director:</b> <input checked="" type="checkbox"/> <b>Authorized to sign Budget &amp; Invoices</b>			
<input type="checkbox"/>	Name: <b>Monique Amis</b>	<input checked="" type="checkbox"/> <b>Project Contact Person</b>	
<input type="checkbox"/>	E-mail: <b>Monique.Amis@dph.sbcounty.gov</b>	Authorizing Signature:	
<input type="checkbox"/>	Address: <b>351 N. Mt. View Ave., 3rd Floor</b>		
<input type="checkbox"/>	City: <b>San Bernardino</b>		Zip: <b>92415-0010</b>
<input type="checkbox"/>	Phone: (Direct Line): <b>909-387-6218</b>	Extension:	Cell (Optional): Fax: <b>909-387-6228</b>
<b>Project Coordinator:</b> <input type="checkbox"/> <b>Authorized to sign Budget &amp; Invoices</b>			
<input type="checkbox"/>	Name: <b>Elizabeth Sneed-Berrie</b>	<input checked="" type="checkbox"/> <b>Project Contact Person</b>	
<input type="checkbox"/>	E-mail: <b>Elizabeth.Sneed-Berrie@dph.sbcounty.gov</b>	Authorizing Signature:	
<input type="checkbox"/>	Address: <b>351 N. Mt. View, 2nd Floor</b>		
<input type="checkbox"/>	City: <b>San Bernardino</b>		Zip: <b>92415-0010</b>
<input type="checkbox"/>	Phone: (Direct Line): <b>(909) 387-6481</b>	Extension:	Cell (Optional): Fax: <b>(909) 387-6471</b>
<b>Fiscal Officer:</b> <input checked="" type="checkbox"/> <b>Authorized to sign Budget &amp; Invoices</b>			
<input type="checkbox"/>	Name: <b>Paul Chapman</b>		
<input type="checkbox"/>	E-mail: <b>Paul.Chapman@dph.sbcounty.gov</b>	Authorizing Signature:	
<input type="checkbox"/>	Address: <b>351 N. Mt. View Ave., 3rd Floor</b>		
<input type="checkbox"/>	City: <b>San Bernardino</b>		Zip: <b>92415-0010</b>
<input type="checkbox"/>	Phone: (Direct Line): <b>909-387-6222</b>	Extension:	Cell (Optional): Fax: <b>909-387-6228</b>
<b>Fiscal Contact:</b> <input type="checkbox"/> <b>Authorized to sign Budget &amp; Invoices</b>			
<input type="checkbox"/>	Name: <b>Stewart Hunter</b>		
<input type="checkbox"/>	E-mail: <b>SHunter@dph.sbcounty.gov</b>	Authorizing Signature:	
<input type="checkbox"/>	Address: <b>606 E. Mill St., 2nd Floor</b>		
<input type="checkbox"/>	City: <b>San Bernardino</b>		Zip: <b>92415-0011</b>
<input type="checkbox"/>	Phone: (Direct Line): <b>(909) 383-3044</b>	Extension:	Cell (Optional): Fax: <b>(909) 383-3023</b>

**Names To Be Removed**

Name:	Title:	E-mail:
Name:	Title:	E-mail:

**Annual Update:** Annual update must be e-mailed to the Program Consultant and Contract Manager at the beginning of each fiscal year. Signature of persons authorized to sign budget and invoices and Invoice Cover Letter is only required on faxed copy.

**Change:** Agency information changes must be noted on this form and immediately faxed or e-mailed to the Program Consultant and Contract Manager. Check box (es) to indicate agency information changes, since last submission.

**Project Contact Person:** Please identify only one Project Contact Person per agency, responsible for on-going communication with the Program Consultant and Contract Manager.

**Additional Staff Form (ASF):** For additional staff not listed on AIF.

**Exhibit B, Attachment I**  
**Budget (Year 1)**  
**(07/01/21 through 06/30/22)**

**Personnel**

<u>Position Title and Number of each</u>	<u>Annual Salary</u>	<u>FTE %</u>	<u>Annual Cost</u>
1. Accountant III	\$ 72,103	5%	\$ 3,606
2. Administrative Supervisor I	\$ 88,494	15%	\$ 13,275
3. Automated Systems Analyst I	\$ 68,512	1%	\$ 686
4. Automated Systems Technician	\$ 54,159	1%	\$ 542
5. Public Health Division Chief	\$ 119,563	1%	\$ 1,196
6. Public Health Epidemiologist	\$ 76,099	5%	\$ 3,805
7. Fiscal Assistant	\$ 43,010	1%	\$ 431
8. Fiscal Specialist	\$ 47,953	1%	\$ 480
9. Health Education Specialist II	\$ 61,881	1%	\$ 619
10. Media Specialist I	\$ 68,050	5%	\$ 3,403
11. Public Health Nurse Manager	\$ 116,666	10%	\$ 11,667
12. Office Assistant II	\$ 38,330	15%	\$ 5,750
13. Public Health Nurse II	\$ 95,596	1%	\$ 956
14. Public Health Program Coordinator	\$ 91,972	50%	\$ 45,986
15. Program Specialist I	\$ 68,858	65%	\$ 44,758
16. Secretary I	\$ 44,594	2%	\$ 892
17. Social Service Practitioner	\$ 65,085	1%	\$ 651
18. Supervising Office Assistant	\$ 52,080	1%	\$ 521
<b>Total Salaries</b>			<b>\$ 139,224</b>
<b>Fringe Benefits (51.66% of Total Salaries)</b>			<b>\$ 71,924</b>
<b>Total Salaries and Fringe Benefits</b>			<b>\$ 211,148</b>

**Operating Expenses**

Travel (mileage, airfare, per diem, lodging, parking, toll bridge fees, taxicab fares and car rental)	\$ 3,474
Training (any non-state sponsored training requires prior program consultant approval)	\$ 4,870
Rental Space (\$1.854 per sq ft x 87 sq ft for 12 mos = \$1,936)	\$ 1,936
General Expenses (office supplies, telephone, postage, Communications, photocopying, curriculum and software)	\$ 41,977
<b>Total Operating</b>	<b>\$ 52,257</b>

**Capital Expense (major equipment >\$5,000)**

	\$ 0
<b>Total Capital Expense</b>	<b>\$ 0</b>

**Other Costs****Subawardee Costs**

Subcontracts for Fatherhood Engagement, Doula services, Home Visitation, engagement with medical providers/OB/GYN for referral of eligible women, Faith-based organizations - <b>To be determined</b>	\$ 628,347
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Media Awareness Campaign	\$	50,000
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<b>Total Other Costs</b>	<b>\$</b>	<b>678,347</b>
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<b>Indirect Costs (18.261% of Total Salaries and Fringe Benefits)</b>	<b>\$</b>	<b>38,558</b>
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<b>Total Costs</b>	<b>\$</b>	<b>980,310</b>
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\*Incentives - gift cards must not be used for Alcohol or Tobacco products and an agreement with the vendor must be made indicating that any unredeemed value will be returned to the funded agency within an agreed upon and reasonable timeframe.

**Exhibit B, Attachment II**  
**Budget (Year 2)**  
**(07/01/22 through 06/30/23)**

**Personnel**

<u>Position Title and Number of each</u>	<u>Annual Salary</u>	<u>FTE %</u>	<u>Annual Cost</u>
1. Accountant III	\$ 74,266	5%	\$ 3,714
2. Administrative Supervisor I	\$ 91,149	15%	\$ 13,673
3. Automated Systems Analyst I	\$ 70,567	1%	\$ 706
4. Automated Systems Technician	\$ 55,784	1%	\$ 558
5. Public Health Division Chief	\$ 123,150	1%	\$ 1,232
6. Public Health Epidemiologist	\$ 78,382	5%	\$ 3,920
7. Fiscal Assistant	\$ 44,300	1%	\$ 444
8. Fiscal Specialist	\$ 49,391	1%	\$ 494
9. Health Education Specialist II	\$ 63,737	1%	\$ 638
10. Media Specialist I	\$ 70,091	5%	\$ 3,505
11. Public Health Nurse Manager	\$ 120,166	10%	\$ 12,017
12. Office Assistant II	\$ 39,480	15%	\$ 5,922
13. Public Health Nurse II	\$ 98,464	1%	\$ 985
14. Public Health Program Coordinator	\$ 94,731	50%	\$ 47,366
15. Program Specialist I	\$ 70,924	65%	\$ 46,101
16. Secretary I	\$ 45,932	2%	\$ 919
17. Social Service Practitioner	\$ 67,038	1%	\$ 671
18. Supervising Office Assistant	\$ 53,642	1%	\$ 537
<b>Total Salaries</b>			<b>\$ 143,402</b>
<b>Fringe Benefits (51.66% of Total Salaries)</b>			<b>\$ 74,082</b>
<b>Total Salaries and Fringe Benefits</b>			<b>\$ 217,484</b>

**Operating Expenses**

Travel (mileage, airfare, per diem, lodging, parking, toll bridge fees, taxicab fares and car rental)	\$ 4,989
Training (any non-state sponsored training requires prior program consultant approval)	\$ 4,900
Rental Space (\$1.910 per sq ft x 87 sq ft for 12 mos = \$1,994)	\$ 1,994
General Expenses (office supplies, telephone, postage, Communications, photocopying, curriculum and software)	\$ 37,645
<b>Total Operating</b>	<b>\$ 49,528</b>

**Capital Expense (major equipment >\$5,000)**

	\$ 0
<b>Total Capital Expense</b>	<b>\$ 0</b>

**Other Costs**

Subawardee Costs	
Subcontracts for Fatherhood Engagement, Doula services, Home Visitation,	\$ 623,583
Media Awareness Campaign	\$ 50,000

<b>Total Costs</b>	<b>\$ 980,310</b>
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**DEPARTMENT OF PUBLIC HEALTH  
COUNTY OF SAN BERNARDINO  
Family Health Services Section  
PERINATAL EQUITY INITIATIVE**

***ACCOUNTANT III*  
DUTY STATEMENT**

Budget Row 1

**JOB DESCRIPTION**

Under general direction, prepares budgets, invoices, projections, and other fiscal reports/summaries in support of the Perinatal Equity Initiative, and performs related duties, as requested.

**Job Duties**

Prepare annual budgets, periodic invoices, and projections of expenditures and revenues for the Perinatal Equity Initiative (PEI).

Analyze and make recommendations in the development of fiscal procedures and various program and subcontractor budgets for PEI; justify and present budgets and expenditure plans; maintain records for PEI purchases.

Participate in various meetings and present requested and independently gathered fiscal data to assist PEI management in making budgetary and operational decisions.

**DEPARTMENT OF PUBLIC HEALTH  
COUNTY OF SAN BERNARDINO  
Family Health Services Section  
PERINATAL EQUITY INITIATIVE**

***ADMINISTRATIVE SUPERVISOR I*  
DUTY STATEMENT**

Budget Row 2

**JOB DESCRIPTION**

The Administrative Supervisor supervises a staff providing fiscal and administrative support to the Family Health Service Section; conducts special studies of fiscal, administrative and operational activities; and recommends, develops, and establishes indicated modifications, as required.

**Job Duties**

Supervise a unit providing fiscal and administrative support functions for the Perinatal Equity Initiative, including assignment and review of work; evaluation of work performance; and participation in selection and discipline of staff.

Plan and coordinate studies of administrative and operational activities, fiscal operations, and budget preparation and monitoring for PEI; equipment purchase and usage; staffing patterns and work flow; and space utilization. Develop reports and recommendations for appropriate action based on an analysis of gathered data by Accountant III, Supervising Office Assistant II/III, Fiscal Specialist, Fiscal Assistant, and others.

Recommend and establish an external and internal contract compliance system for PEI subcontractors, including interpretation of contract terms and monitoring adherence to same; recommend solutions to contractual problems; review procurement process and bid proposals and agreements.

Research availability and requirements for grants; prepare grant applications and all subsequent follow-up; recommend and monitor procedures for grant implementation.

Develop and recommend various fiscal and operational policies and procedures for PEI; develop written procedures to implement adopted policy or to clarify and describe standard practices; design or improve forms to expedite procedures; and coordinate the publication and dissemination of same.

Review present and pending legislation to determine its effect on services to clients and departmental/section organization; present associated recommendations in verbal or written form.

As applicable, attend cultural competency and diversity training to improve the ability to serve high-risk and/or low-income populations.

Participate in department and section required training, including driver awareness, care of the back, and public health accreditation.



**DEPARTMENT OF PUBLIC HEALTH  
COUNTY OF SAN BERNARDINO  
Family Health Services Section  
PERINATAL EQUITY INITIATIVE**

***AUTOMATED SYSTEMS ANALYST I / AUTOMATED SYSTEMS TECHNICIAN  
DUTY STATEMENT***

Budget Rows 3, 4

**JOB DESCRIPTION**

Provides automated systems support, including installation and maintenance of computers, printers, and peripherals; ensures network and database security, and performs troubleshooting functions (diagnosis and resolution).

**Job Duties**

Conduct procedural, informational, and functional analyses for automated systems supporting the Perinatal Equity Initiative (e.g., Scorecard, Compyle).

Interact and consult with Clear Impact, the vendor for PEI systems Scorecard and Compyle, to assist with integration of the software with County networks and systems.

Ensure automated databases supporting PEI continually provide statistical and quantitative data for the purposes of quality assurance/improvement and program management.

Assess automated systems to identify concerns that may adversely impact accurate data collection, collation, storage, and reporting by PEI.

As necessary, interact with County Information and Technology Department (ITD) staff and hardware/software vendors (e.g., Clear Impact) regarding the automated systems needs of PEI; prepare detailed specifications; evaluate equipment and software capabilities; perform cost/benefit analysis; make recommendations to management.

Instruct and train organizational personnel on data processing operations, establish local procedures for adhering to computer and data security systems; resolve data processing service complaints between organizational users and ITD.

**DEPARTMENT OF PUBLIC HEALTH  
COUNTY OF SAN BERNARDINO  
Family Health Services Section  
PERINATAL EQUITY INITIATIVE**

***PUBLIC HEALTH DIVISION CHIEF  
DUTY STATEMENT***

Budget Row 5

**JOB DESCRIPTION**

The Public Health Division Chief (Division Chief) provides executive oversight for the Family Health Services Section, which is the organizational unit that administers the Perinatal Equity Initiative (PEI) within the Department of Public Health. The Division Chief supervises the Public Health Nurse Manager.

**Job Duties**

Provide capstone administrative management for the Perinatal Equity Initiative (PEI), including planning, implementation, evaluation of service delivery, and maintenance of fidelity for PEI service delivery models.

Lead PEI staff to successfully complete scope of work activities and deliverables in the achievement of positive health outcomes for the clients and community served by PEI.

Ensure overall compliance with MCAH Division, PEI, and model-specific requirements in order to implement high-quality services that impact the health and welfare of the PEI service delivery population.

Assist in resolving issues related to subcontractor performance, compliance, or corrective action, as necessary.

Promote awareness of PEI goals and services during collaborative meetings with community partners and stakeholders, healthcare providers, and state/local government entities for the purpose of expanding the number of families and children that will benefit from the program.

Resolve exception-level challenges involving service delivery, quality assurance, contract compliance, personnel, and fiscal/budget matters related to PEI.

**DEPARTMENT OF PUBLIC HEALTH  
COUNTY OF SAN BERNARDINO  
Family Health Services Section  
PERINATAL EQUITY INITIATIVE**

***PUBLIC HEALTH EPIDEMIOLOGIST  
DUTY STATEMENT***

Budget Row 6

**JOB DESCRIPTION**

The Public Health Epidemiologist (Epidemiologist) under the direction of the Public Health Nurse Manager/MCAH Director conducts epidemiological studies, analysis of services and gaps in services, and evaluation of data and outcomes related to the Perinatal Equity Initiative (PEI) populations.

**Job Duties**

Collaborate with the PEI Coordinator to plan, develop, and assist with the development of health care implementation strategies for the Perinatal Equity Initiative (PEI), with an evaluation component to address identified health needs, access to care, quality and cost-effectiveness of the health care delivery system, and availability of services.

Analyze primary, secondary, and related maternal and child health data sets to identify and prioritize health needs and adverse findings of general and specific PEI populations.

Work with skilled professional medical professionals to investigate, analyze and monitor PEI health status indicators.

Review and monitor fetal, infant and child morbidity and mortality reports, including abstracting data from medical records and interviewing family members.

Conduct studies/analyses to determine best practice standards and strategies for improving maternal, infant, and child health outcomes.

Assist in develop of performance measures and evaluation tools to measure PEI outcomes. Consult with the PEI Coordinator regarding the PEI Results Based Accountability and Turning the Curve processes. As necessary, interact with vendor Clear Impact regarding use of its Scorecard and Compyle software systems for collecting, monitoring, analyzing, and reporting program data.

Evaluate and analyze health trends and hazards that contribute to poor pregnancy and child health outcome; recommend epidemiological strategies and interventions to improve the health of women, infants, and children.

**DEPARTMENT OF PUBLIC HEALTH  
COUNTY OF SAN BERNARDINO  
Family Health Services Section  
PERINATAL EQUITY INITIATIVE**

***FISCAL ASSISTANT  
DUTY STATEMENT***

Budget Row 7

**JOB DESCRIPTION**

Under direct supervision of the Supervising Office Assistant, the Fiscal Assistant (FA) prepares fiscal documents, time sheet forms, travel reimbursement claims, invoices, and provides related support and clerical functions for the Perinatal Equity Initiative (PEI).

**Job Duties**

Provide telephone reception duties and interface with community-based organizations to refer callers for Perinatal Equity Initiative (PEI) services, Medi-Cal, and supportive services, including well-child and specialty health care.

Review PEI employee travel reimbursement forms for accuracy, collate forms and support documentation, and submit claims to the Department of Public Health's Fiscal and Administrative Services (FAS) unit for processing and payment.

Prepare invoices for PEI for review by the Fiscal Specialist and approval by supervisory staff prior to submission to FAS. Ensures all required documentation and transmittal forms accompany invoices.

Prepare requisitions for PEI travel, printing and Quick Copy services, and other products and services.

Collect price quotations for products and services to be purchased for PEI. Ensure Purchasing Department procedures for procurement are followed for all purchases.

Under direction, maintain databases to track invoices, travel claims and related data.

Maintain inventory of equipment and resources, as applicable.

Provide general clerical and telephone reception support, as necessary.

Participate in department and section required training, including driver awareness, care of the back, and public health accreditation.

**DEPARTMENT OF PUBLIC HEALTH  
COUNTY OF SAN BERNARDINO  
Family Health Services Section  
PERINATAL EQUITY INITIATIVE**

***FISCAL SPECIALIST*  
DUTY STATEMENT**

Budget Row 8

**JOB DESCRIPTION**

Under direct supervision of the Supervising Office Assistant, the Fiscal Specialist (FS) prepares and reviews fiscal documents, fiscal reports, time sheet forms, travel reimbursement claims, invoices, and provides related support functions.

**Job Duties**

Serve in a lead capacity to review documentation and reports prepared by the Fiscal Assistant.

Review Perinatal Equity Initiative (PEI) employee travel reimbursement forms for accuracy, collate forms and support documentation, and submit claims to the Department of Public Health's Fiscal and Administrative Services (FAS) unit for processing and payment.

Prepare and review invoices and other fiscal documentation for prior to supervisory review and approval prior to submission to FAS. Ensure all required documentation and transmittal forms accompany invoices.

Prepare and review requisitions for travel, printing and Quick Copy services for PEI, and other products and services.

Review and analyze price quotations for products and services to be purchased for PEI.

Ensure Purchasing Department procedures for procurement are followed for all purchases.

Develop and maintain databases to track invoices, travel claims and related data.

Prepare and maintain inventory of equipment and resources, as applicable.

Perform other duties, as assigned.

Participate in department and section required training, including driver awareness, care of the back, and public health accreditation.

**DEPARTMENT OF PUBLIC HEALTH  
COUNTY OF SAN BERNARDINO  
Family Health Services Section  
PERINATAL EQUITY INITIATIVE**

***HEALTH EDUCATION SPECIALIST II*  
DUTY STATEMENT**

Budget Row 9

**JOB DESCRIPTION**

The Health Education Specialist II develops and distributes educational resources through various media to promote family, community, and health system awareness of perinatal inequities that lead to African-American maternal and infant morbidity and mortality and health activities that contribute to health and well-being.

**Job Duties**

Establish and build effective working relationships with representatives of various media and social/community influencers to disseminate key Perinatal Equity Initiative (PEI) messages and keep PEI in the public's consciousness.

Collaborate with the PEI Coordinator and Media Specialist I to implement a Public Health Awareness campaign to engage the community and to raise awareness regarding Black preterm birth rates, health inequities, Black maternal and infant mortality rates, and the promotion of health activities that contribute to health and well-being.

At the direction of the PEI Coordinator, liaise with the PEI/Black Infant Health Community Advisory Board to communicate the status of PEI service delivery and collaborate on identification of critical community health needs and potential interventions.

**DEPARTMENT OF PUBLIC HEALTH  
COUNTY OF SAN BERNARDINO  
Family Health Services Section  
PERINATAL EQUITY INITIATIVE**

***MEDIA SPECIALIST I*  
DUTY STATEMENT**

Budget Row 10

**JOB DESCRIPTION**

The Media Specialist I will promote family, community, and health system awareness of perinatal inequities that lead to African-American maternal and infant morbidity and/or mortality and health activities that contribute to health and well-being.

**Job Duties**

Conduct surveys of health care providers and their clients to capture and record perception of health care customer service provided and received/experienced.

Assist in designing, developing, and disseminating customer service related materials and tools for the Perinatal Equity Initiative (PEI) based on analysis of survey responses from health care providers and clients.

Prepare and conduct trainings and/or technical support sessions for health care providers serving African American clients, including Child Health and Disability Prevention Program, Comprehensive Perinatal Services Program, and other medical practices, related to topical and relevant issues, including implicit bias, cultural competency, and best practice customer service methods.

Conduct surveys of PEI Community Advisory Committee members and Public Awareness Campaign stakeholders for their input on effective messaging related to perinatal inequities and maternal/infant health.

Establish and build effective working relationships with representatives of various media and social/community influencers to disseminate key PEI messages and keep PEI in the public's consciousness.

Collaborate on a plan with the PEI Coordinator to implement a Public Health Awareness campaign to engage the community and to raise awareness regarding Black preterm birth rates, health inequities, Black maternal and infant mortality rates, and the promotion of health activities that contribute to health and well-being.

Prepare news releases, bulletins, videos, radio and television messaging, brochures, paid social media, and various print media for public dissemination, including preparation of content for the Family Health Services webpage; collate or develop data, graphs, and/or charts for public presentations.

Identify and consult with social influencers within the African-American community and engage them to disseminate PEI messaging to their market audience residing in San Bernardino County.

Collaborate with faith-based organizations to identify "elder" social influencers as resources for community referrals, basic health information, and referrals to Black Infant Health and PEI services.

Identify agencies that actively promote selected health observance and recognition days (e.g., Infant Mortality Day, Lead Poisoning Prevention Week) and mutually collaborate to promote the observance/recognition.

**DEPARTMENT OF PUBLIC HEALTH  
COUNTY OF SAN BERNARDINO  
Family Health Services Section  
PERINATAL EQUITY INITIATIVE**

***PUBLIC HEALTH NURSE MANAGER (MCAH Director)*  
DUTY STATEMENT**

Budget Row 11

**JOB DESCRIPTION**

The Public Health Nurse Manager (also, the MCAH Director) manages the MCAH-related programs in the Family Health Services Section (FHS) of the Department of Public Health. FHS is responsible for the administration of the Perinatal Equity Initiative (PEI), including program planning and development, fiscal administration, compliance with PEI guidelines and requirements, personnel management, and provider/community engagement. Through subordinate and staff, the Public Health Nurse Manager oversees all staff assigned to PEI.

**Job Duties**

Represent the Perinatal Equity Initiative (PEI) within the community while serving on task forces, planning bodies, and committees.

Participate in multi-disciplinary meetings to review and discuss health-related issues, program implementation, coordination, and evaluation of services for PEI.

Gauge and assess the need for services in the community and develop strategies to manage the quality of service delivery for the maximum benefit for the families served by PEI.

Engage community partners in the process of maintaining a network of medical, dental, and supportive services to address the needs of the residents of the local jurisdiction, with a focus on the population served by PEI.

Ensure families served by PEI are aware of and referred to health department and community programs, including Women, Infants, and Children (WIC), Immunizations, oral/dental health, Maternal, Child and Adolescent Health (MCAH), Childhood Lead Poisoning Prevention, Family Planning, Behavioral Health, Head Start, child care facilities, regional centers, special care centers, hospitals, and medical providers.

Ensure compliance with all PEI, State, and program model-specific policies and procedures. Evaluate progress toward successfully completing the components of PEI's scope of work and take corrective steps to ensure the program is effective and responding to the needs of clients in the local jurisdiction.

Develop and maintain a quality assurance and quality improvement plan to ensure all staff and community-based organizations apply best practices in serving PEI participants.

Analyze outcome-based data to strategically plan and implement for more effective use of program resources; guide the PEI Coordinator and Administrative Supervisor to implement, support, and evaluate relevant modifications to program service delivery.

Develop and administer Intra/Interagency Agreements (IAA) and Memoranda of Understanding (MOU) with agencies/organizations serving families participating in PEI services.



**DEPARTMENT OF PUBLIC HEALTH  
COUNTY OF SAN BERNARDINO  
Family Health Services Section  
PERINATAL EQUITY INITIATIVE**

***OFFICE ASSISTANT II*  
DUTY STATEMENT**

Budget Row 12

**JOB DESCRIPTION**

The Office Assistant II is responsible for clerical and data entry activities in support of the Perinatal Equity Initiative (PEI).

**Job Duties**

Provide telephone reception duties and interface with community- and faith-based organizations to refer callers to Perinatal Equity Initiative (PEI) services.

Maintain files of various documents in support of the PEI.

As necessary, perform reception duties for the PEI.

Compose basic correspondence, flyers, and certificates, including distribution of technical assistance and guidance materials.

Photocopy and distribute correspondence, training materials, and other documents for PEI staff.

Prepare payment documents for invoices for PEI expenditures and prepare printing requisitions for supplies.

Maintain and restock inventory of PEI administrative and data entry forms and office supplies.

Prepare and distribute reports generated from databases to supervisory staff and/or designated users.

As required, take minutes for PEI meetings, including staff and community meetings.

Sort and distribute U.S. and interoffice mail.

Provide vacation or temporary support, as needed.

**DEPARTMENT OF PUBLIC HEALTH  
COUNTY OF SAN BERNARDINO  
Family Health Services Section  
PERINATAL EQUITY INITIATIVE**

***PUBLIC HEALTH NURSE II*  
DUTY STATEMENT**

Budget Row 13

**JOB DESCRIPTION**

The scope of services for the Public Health Nurse II (PHN II) ranges from providing professional medical consultation at case conferences to limited physical assessments, collaboration with community-based providers, with service delivery being primarily office-based with some home visiting.

**Job Duties**

The Perinatal Equity Initiative (PEI) will utilize the PHN II's knowledge of community-based health programs and services that benefit underserved and high-risk populations to participate in the evaluation of proposals to provide services for PEI clients. The Department of Public Health will conduct procurement processes to identify and select qualified agencies to implement various interventions (e.g., Doula services, home visitation, and fatherhood/partner engagement). The PHN II will be a member of the evaluation team, scoring and commenting on proposals to inform PEI management's decision prior to award of subcontracts.

**DEPARTMENT OF PUBLIC HEALTH  
COUNTY OF SAN BERNARDINO  
Family Health Services Section  
PERINATAL EQUITY INITIATIVE**

***PUBLIC HEALTH PROGRAM COORDINATOR (PEI Coordinator)*  
DUTY STATEMENT**

Budget Row 14

**JOB DESCRIPTION**

The Public Health Program Coordinator (PEI Coordinator), under the direction of the Public Health Nurse Manager (MCAH Director), provides programmatic, data/statistical analysis, and program planning/evaluation and daily oversight of the Perinatal Equity Initiative. The position may supervise a staff to implement scope of work activities.

**Job Duties**

Provide daily oversight of all Scope of Work activities and program requirements, including coordination of the community advisory board and contract compliance for Perinatal Equity Initiative (PEI) subcontractors.

Plan and develop health care implementation strategies to address identified health needs, access to care, quality and cost-effectiveness of the health care delivery system, and availability of services clients served by PEI.

Engage and collaborate with internal and external subject matter experts to investigate, analyze, and monitor PEI health status indicators to effectively address healthcare needs of the population served by PEI.

Recommend and/or implement changes to PEI intervention strategies based on analysis of service delivery data and the availability of resources within the community.

Coordinate analysis of primary, secondary, and related maternal, child, and adolescent health data sets to identify and prioritize health needs and adverse findings within PEI populations.

Coordinate and facilitate contract activities related to compliance, service delivery, and budgets.

Assist with planning and monitoring PEI and subcontractor budgets.

Gather and analyze information pertaining to project need and operation of PEI, including overall project evaluation to ensure the program achieves the desired health outcomes for the clients it serves. Develop and monitor data collection systems.

Represent the department on task forces, planning bodies, and committees; promote PEI awareness and cultivate the collaboration of colleagues to expand the reach and message of the initiative.

**DEPARTMENT OF PUBLIC HEALTH  
COUNTY OF SAN BERNARDINO  
Family Health Services Section  
PERINATAL EQUITY INITIATIVE (PEI)**

***PROGRAM SPECIALIST I*  
DUTY STATEMENT**

Budget Row 15

**JOB DESCRIPTION**

The Program Specialist I provides administrative support functions for the Family Health Services Section (FHS), including development of policies and procedures, analysis of internal program operations and service delivery, quality assurance and improvement, and interaction with community-based agencies, providers, and stakeholders that collaborate with FHS.

**Job Duties**

Research subject matter, funding agency policies and guidelines, legal and contract requirements, and scope of work deliverable items in order to draft policies and procedures for client service delivery and administration of the Perinatal Equity Initiative (PEI).

Participate in quality assurance and quality management processes to improve local PEI operations and service delivery; make recommendations for organizational or procedural changes to address identified areas of concern.

Participate in the development and maintenance of automated and non-automated systems used for monitoring and tracking PEI's progress in achieving required performance measures and scope of work deliverables.

Write or coordinate with others in preparing requests for proposals and contracts for performance of services with the primary responsibility to assure compliance with PEI requirements.

Assist in evaluating bids and make recommendations to PEI management concerning the merit and capacity of subcontractors to provide services to PEI clients.

Monitor progress of PEI subcontractors in achieving contractual goals, objectives, and outcomes.

Maintain and update the Family Health Services Section (FHS) webpage, including information that will be accessible by PEI providers, related to PEI requirements and technical assistance. Coordinate new or revised content with management and supervisory staff and the Department of Public Health Public Information Officer, as applicable.

As necessary, represent the program or department at community and state meetings and conferences for PEI.

Perform other duties, as assigned.

**DEPARTMENT OF PUBLIC HEALTH  
COUNTY OF SAN BERNARDINO  
Family Health Services Section  
PERINATAL EQUITY INITIATIVE**

***SECRETARY I*  
DUTY STATEMENT**

Budget Row 16

**JOB DESCRIPTION**

The Secretary I supports the Public Health Nurse Manager (MCAH Director) on a daily basis in the efficient implementation and successful completion of assigned responsibilities related to the Perinatal Equity Initiative (PEI).

**Job Duties**

Track the Public Health Nurse Manager's calendar, schedule appointments (including those with staff assigned to PEI), reserve conference rooms, and confirm arrangements with attendees; follow-up with reminder notices.

Maintain filing systems, including personnel records, grant applications, workshops and conference information. Set-up new files and type labels and tabs; update filing system reference information; and purge obsolete/outdated files, prepare list of contents, and route files to the archive facilities.

Screen, date stamp, and direct mail delivered to the Public Health Nurse Manager for PEI.

Screen telephone calls and redirect to others, as appropriate; place and make calls, as required; send and receive facsimile messages.

Prepare for review the Public Health Nurse Manager's claims for mileage, travel, and expense reimbursement related to PEI activities.

Take minutes, compose letters; type and edit same; process requests for internal and outgoing correspondence for PEI. Type memoranda of understanding, grant applications, work performance evaluations, and confidential documents; proof read and edit same.

Participate in department and section required training, including driver awareness, care of the back, and public health accreditation.

**DEPARTMENT OF PUBLIC HEALTH  
COUNTY OF SAN BERNARDINO  
Family Health Services Section  
PERINATAL EQUITY INITIATIVE**

***SOCIAL SERVICE PRACTITIONER  
DUTY STATEMENT***

Budget Row 17

**JOB DESCRIPTION**

The Social Service Practitioner (SSP) provides assessment, intervention and case management support to BIH Program participants with complex health, psychosocial or economic problems through case conferences, individual and group interventions and in coordination with mental and behavioral health services.

**Job Duties**

As required, represent the PEI Coordinator during meetings of the Perinatal Equity Initiative (PEI)/Black Infant Health Community Advisory Board to communicate the status of PEI service delivery and collaborate on identification of critical community health needs and potential interventions.

Provide insight about the health and supportive services provided to African American women and children in the Black Infant Health Program. Share the positive impact of clients' involvement with the BIH Program as a means of promoting PEI services that are beneficial to African American families (e.g., fatherhood/partner engagement, doula care, Healthy Families America home visitation).

**DEPARTMENT OF PUBLIC HEALTH  
COUNTY OF SAN BERNARDINO  
Family Health Services Section  
PERINATAL EQUITY INITIATIVE**

***SUPERVISING OFFICE ASSISTANT  
DUTY STATEMENT***

Budget Row 18

**JOB DESCRIPTION**

The Supervising Office Assistant supervises a staff providing general administrative, clerical support, and data entry for the Perinatal Equity Initiative; promotes and ensures quality assurance/improvement among support staff, and recommends, develops, and establishes changes, as required.

**Job Duties**

Supervise the daily work of the Office Assistant II staff, Fiscal Assistant, and Fiscal Specialist that support Perinatal Equity Initiative (PEI), including task assignment, quality assurance/improvement, and evaluation of performance.

Develop and monitor clerical and data entry procedures to ensure accuracy of work performed by Office Assistant II and Fiscal Assistant/Specialist staff.

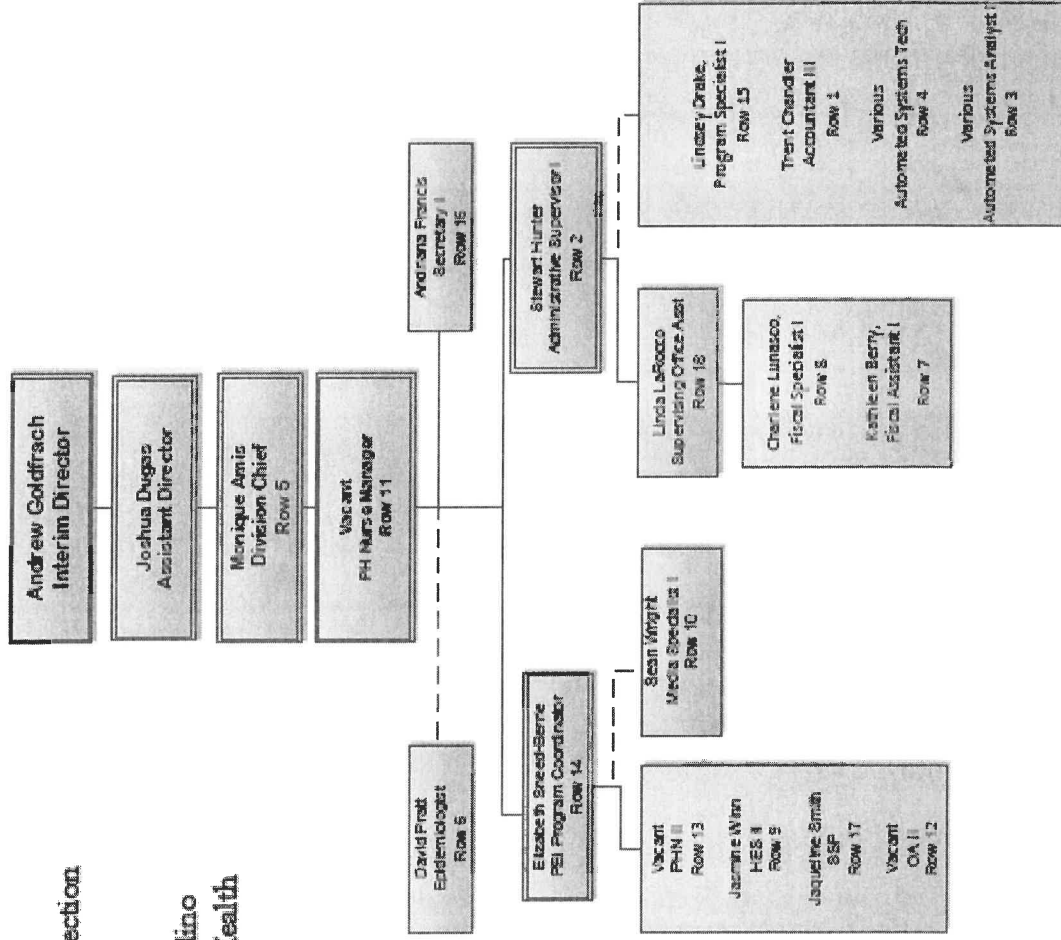
Enter requests for purchase orders and process invoices into the County SAP database for services and supplies necessary for the functioning of the PEI.

As applicable, attend cultural competency and diversity training to improve the ability to serve high-risk and/or low-income populations.

Participate in department and section required training, including driver awareness, care of the back, and public health accreditation.

Family Health Services Section  
PEI Program

County of San Bernardino  
Department of Public Health  
FY 2021-2022





For each fiscal year (FY) of the contract period, the Local Health Jurisdictions (LHJ) shall submit the deliverables identified below. All deliverables shall be submitted to the Maternal, Child and Adolescent Health (MCAH) Division to your designated Program Consultant in accordance with Perinatal Equity Initiative (PEI) guidelines and emailed or uploaded to SharePoint no later than the due date\*.

**Deliverables for each FY**

**Due Date for each FY**

Reporting Schedule:

Listed Below

Reporting Period	From	To	Due Date
1) First Report	July 1, 2021	December 31, 2021	February 1, 2022
2) Second Report	January 1, 2022	December 31, 2022	February 1, 2023
3) Third Report	January 1, 2023	June 30, 2023	June 30, 2023

Note: Should funding for PEI be discontinued after the end of this grant, a final report will be required to be submitted based on guidance provided by CDPH-MCAH.

**See the following pages for a detailed description of the services to be performed.**

**Goal 1: Oversee administration of the PEI to ensure program implementation, planning evaluation, and fiscal management in compliance with CDPH-MCAH Guidelines.**

Objectives	Activity	Evaluation Measures/Deliverables (Report on these measures in the Annual Report)
1.1 County health departments to provide oversight, maintain program fidelity, fiscal management and demonstrate that PEI activities are conducted as required in the PEI Scope of Work (SOW), and CDPH-MCAH Fiscal Policies and Procedures (P&Ps). <a href="http://cdph.ca.gov/Programs/CFH/DMCAH/Pages/Fiscal-Documents.aspx">cdph.ca.gov/Programs/CFH/DMCAH/Pages/Fiscal-Documents.aspx</a>	<ol style="list-style-type: none"> <li>1. Implement the program activities as defined in the SOW.</li> <li>2. Local PEI Coordinator will coordinate and collaborate with MCAH Director to complete, review, and approve the PEI budget prior to submission.</li> <li>3. Complete PEI Reports as directed by CDPH-MCAH-PEI.</li> <li>4. Notify MCAH-PEI within five (5) business days of any hire (include start date) or staff vacancy (indicate last day in program).</li> </ol>	<ol style="list-style-type: none"> <li>1. Submit PEI Reports according to the reporting schedule established by CDPH-MCAH-PEI.</li> <li>2. Submit quarterly reports on fiscal spending to CDPH-MCAH-PEI.</li> </ol>
1.2 All local PEI staff will maintain and increase staff competency.	<ol style="list-style-type: none"> <li>1. Ensure that all key local PEI staff participates in training or educational opportunities designed to enhance cultural sensitivity.</li> <li>2. Ensure that the local PEI Coordinator and all direct service staff attend mandatory MCAH Division-sponsored training(s).</li> <li>3. Ensure all key local PEI staff and/or their subcontractors participate in available</li> </ol>	<ol style="list-style-type: none"> <li>1. Submit number of trainings and conferences (both state and local) attended by local PEI staff and/or subcontractors during each FY according to the reporting schedule.</li> </ol>

	trainings pertinent to the interventions selected in their jurisdiction.	
1.3 Submit Turn The Curve (TTC) reports.	<p>1. Year 1 and ongoing: Complete TTC process with PEI learning cohorts and with county partners for each implemented intervention based on guidance provided by CDPH-MCAH.</p>	<p>1. Submit TTC report by July 31<sup>st</sup> of each state fiscal year.</p> <p>2. Bring TTC developed in county to learning collaborative cohort annual meeting.</p> <p>3. Complete annual TTC process with learning collaborative cohort and quarterly with county partners.</p>

**Goal 2: Fund county health departments to develop local community grants to reduce Black Maternal and Infant Mortality/Morbidity by expanding the scope of interventions to complement current Black Infant Health (BIH) Programming.**

Objectives	Activity	Evaluation Measures/Deliverables (Report on these measures in the Annual Report)
<p>2.1 Fund/contract with community-based organizations (CBOs) to implement at least two (2) of five (5) legislated PEI interventions:</p> <ul style="list-style-type: none"> <li>Evidence-based or evidence-informed group prenatal care program</li> <li>Pregnancy intentionality, preconception and/or interconception care program</li> <li>Fatherhood or partnership initiative that supports engagement of</li> </ul>	<p>1. Attend all learning collaborative cohorts:</p> <ul style="list-style-type: none"> <li>Monthly calls or meetings for Community Advisory Board and Public Awareness Campaign updates.</li> <li>Monthly or Bi-monthly calls/meetings for legislated PEI interventions.</li> </ul> <p>2. Ensure Results-Based Accountability activities are completed.</p> <p>3. Ensure there is a COVID-19 plan in place to meet the needs of your populations.</p>	<p>1. Provide intervention progress and share successes and challenges on monthly or bi-monthly learning collaborative calls.</p> <p>2. See Goal 3 outcomes.</p> <p>3. Share your plan for delivering program services during COVID-19 according to the reporting schedule.</p>

<p>partners in pregnancy and childbearing</p> <ul style="list-style-type: none"> <li>• Evidence-based or evidence-informed home visitation program</li> <li>• A strategy not described above that is justified based on local needs and resources, that combines social interventions with medical interventions including but not limited to: <ul style="list-style-type: none"> <li>a) Assessment</li> <li>b) Increase patient empowerment</li> <li>c) Doula</li> <li>d) Patient navigator services</li> </ul> </li> </ul>	<p>4. Maintain records and other documentation for auditing purposes. See Audit and Record Retention Section in the CDPH-MCAH Fiscal P&amp;Ps.</p>	
<p>2.2 Conduct site visits (either virtually or in-person) to ensure culturally affirming site for implementation of services.</p>	<p>1. Develop a schedule for visiting each CBO.</p>	<p>1. Submit schedule to CDPH-MCAH-PEI according to the reporting schedule.</p>

**Goal 3: Incorporate Results Based Accountability (RBA) using the Clear Impact Scorecard to monitor program performance.**

Objectives	Activity	Evaluation Measures/Deliverables (Report on these measures in the Annual Report)
<p>3.1 Local grantee and county health department staff will attend RBA training(s).</p>	<p>1. Purchase and/or maintain Clear Impact's scorecard for use at the county and community-based organization.</p> <p>2. Ensure that local key county personnel and CBOs participate in Clear Impact's RBA training(s).</p>	<p>1. Submit a list of staff that have attended RBA training (either virtually or in-person).</p> <p>2. Maintain an LHJ scorecard and input data according to the schedule established by CDPH-MCAH PEI.</p>

	<p>3. Learn how to implement Clear Impact's TTC process.</p> <ol style="list-style-type: none"> <li>1. Develop, identify, or utilize existing database(s) to collect data that will later be summarized for entry into the RBA scorecard.</li> <li>2. Ensure CBOs are entering data in RBA scorecard quarterly based on guidance provided by CDPH-MCAH.</li> <li>3. Provide technical assistance to CBOs to ensure data entry into the RBA scorecard is accurate and adheres to CDPH-MCAH guidelines.</li> </ol>	<p>3. Complete quarterly TTC meetings for each implemented intervention.</p> <ol style="list-style-type: none"> <li>1. Submit name of database(s) used to collect data for each of your interventions (i.e., evidenced-based, evidenced-informed, promising practice, public awareness campaign, community-advisory board) for entry into the RBA scorecard according to the reporting schedule.</li> <li>2. Share plan for CBOs to input data, including frequency of data entry into the RBA scorecard to CDPH-MCAH according to the reporting schedule.</li> <li>3. Share your plan for LHJ review of the data entered by the CBO prior to submission to MCAH according to the reporting schedule.</li> </ol>
<p>3.2 Maintain and/or establish a data collection method for CBOs to input data into RBA scorecard.</p>		<ol style="list-style-type: none"> <li>1. Incorporate performance measures into scorecard based on guidance provided by CDPH-MCAH.</li> </ol>
<p>3.3 Work with CDPH-MCAH to develop and/or refine performance measures for scorecard.</p>	<ol style="list-style-type: none"> <li>1. Attend learning collaborative cohort meeting for performance measures.</li> <li>2. Work with Community Advisory Board (CAB) and CBOs to ensure measures continue to meet the community needs.</li> </ol>	

**Goal 4: Conduct local public awareness efforts that address birth outcome inequalities to improve prenatal health and birth outcomes for Black women and babies.**

Objectives	Activity	Evaluation Measures/Deliverables (Report on these measures in the Annual Report)
4.1 Create and/or maintain a local public awareness campaign to inform the community about African-American birth outcome inequities and/or the root causes of these inequities.	<ol style="list-style-type: none"> <li>Develop and/or maintain a public awareness campaign that is focus tested with targeted community.</li> <li>Incorporate key dates into public awareness efforts: <ul style="list-style-type: none"> <li>National Prematurity Day</li> <li>Black Infant Mortality Week</li> <li>Black Breastfeeding Week</li> </ul> </li> <li>Track outreach of the awareness campaign.</li> </ol>	<ol style="list-style-type: none"> <li>Share ongoing progress in developing/maintaining campaign in learning collaborative cohort.</li> <li>Provide a report that describes outreach engagement in the community according to the reporting schedule.</li> <li>Share final campaign components once complete according to the reporting schedule.</li> </ol>

**Goal 5: Conduct local CAB efforts around birth outcome inequalities to improve prenatal health and birth outcomes.**

Objectives	Activity	Evaluation Measures/Deliverables (Report on these measures in the Annual Report)
5.1 Maintain a local collaborative that focuses on Black Maternal and Infant mortality/morbidity.	<ol style="list-style-type: none"> <li>Reach out to local partners (i.e., hospitals, health centers, county clinics, CBOs, etc.) to create a network of partnerships.</li> <li>Ensure representation of BIH staff on CAB and coordination/collaboration between PEI and BIH programs.</li> </ol>	<ol style="list-style-type: none"> <li>Provide a list of CAB members and role/affiliated agency according to the reporting schedule.</li> </ol>

	3. Ensure representation of target population for selected interventions is on CAB.	
5.2 Ensure community partners are engaged during the implementation of the interventions and are invited to TTC meetings.	1. Hold regularly scheduled CAB meetings.  2. Document attendees at quarterly TTC meetings.	1. Provide a schedule of CAB meetings according to the reporting schedule.  2. Document attendees at quarterly TTC meetings.

**CONTRACTOR EQUIPMENT PURCHASED WITH CDPH FUNDS**

## Exhibit E

Current Contract Number: 21-10230

Date Current Contract Expires: 06/30/2023

Previous Contract Number (if applicable): 19-10601

CDPH Program Name: Perinatal Equity Initiative

Contractor's Name: County of San Bernardino

CDPH Program Contract Manager: Brittany Amanfor

## Maternal Child and Adolescent Health

CDPH Program Address: 1615 Capitol Ave, Sacramento CA, 95814

Contractor's Complete Address: 351 N. Mountain View Avenue, 3<sup>rd</sup> Floor

San Bernardino, CA 92415

CDPH Program Contract Manager's Telephone Number: 916-650-0396

Contractor's Contact Person: Monique Amis

Date of this Report:

Contact's Telephone Number: 909-387-6218

**(THIS IS NOT A BUDGET FORM)**

[illegible]



## INSTRUCTIONS FOR CDPH 1203

(Please read carefully.)

The information on this form will be used by the California Department of Public Health (CDPH) Asset Management (AM) to tag contract equipment and/or property (see definitions A, and B) which is purchased with CDPH funds and is used to conduct state business under this contract. After the Standard Agreement has been approved and each time state/CDPH equipment and/or property has been received, the CDPH Program Contract Manager is responsible for obtaining the information from the Contractor and submitting this form to CDPH AM. The CDPH Program Contract Manager is responsible for ensuring the information is complete and accurate. (See *Public Health Administrative Manual (PHAM)*, Section 1-1030 and Section 1-1070.)

Upon receipt of this form from the CDPH Program Contract Manager, AM will fill in the first column with the assigned state/ CDPH property tag, if applicable, for each item (See definitions A and B). AM will return the original form to the CDPH Program Contract Manager, along with the appropriate property tags. The CDPH Program Contract Manager will then forward the property tags and the original form to the Contractor and retain one copy until the termination of this contract. The Contractor should place property tags in plain sight and, to the extent possible, on the item's front left-hand corner. The manufacturer's brand name and model number are not to be covered by the property tags.

1. If the item was shipped via the CDPH warehouse and was issued a state/CDPH property tag by warehouse staff, fill in the assigned property tag. If the item was shipped directly to the Contractor, leave the first column blank.
2. Provide the quantity, description, purchase date, base unit cost, and serial number (if applicable) for each item of:
  - A. **Major Equipment:**
    - Tangible item having a base unit cost of \$5,000 or more and a life expectancy of one (1) year or more.
    - Intangible item having a base unit cost of \$5,000 or more and a life expectancy of one (1) year or more (e.g., software, video).**These items are issued green numbered state/ CDPH property tags.**
  - B. **Minor Equipment/Property:** Specific tangible items with a life expectancy of one (1) year or more that have a base unit cost less than \$5,000. **These items are issued green unnumbered "BLANK" state/ CDPH property tags** with the exception of the following, which are issued numbered tags: Personal Digital Assistant (PDA), PDA/cell phone combination (Blackberries), laptops, desktop personal computers, LAN servers, routers, and switches. NOTE: It is CDPH policy not to tag modular furniture. (See your Federal rules, if applicable.)

3. Provide the CDPH Purchase Order (STD 65) number if the items were purchased by CDPH.
4. If a vehicle is being reported, provide the Vehicle Identification Number (VIN) and the vehicle license number to CDPH Vehicle Services.
5. If all items being reported do not fit on one form, make copies and write the number of pages being sent in the upper right-hand corner (e.g., "Page 1 of 3.") The CDPH Program Contract Manager should retain one copy and send the original to: California Department of Public Health, Asset Management, MS 1801, P.O. Box 997377, 1501 Capitol Avenue, Sacramento, CA 95899-7377.
6. Property tags that have been lost or destroyed must be replaced. Replacement property tags can be obtained by contacting AM at (916) 341-6168.
7. Use the version on the CDPH Intranet forms site. The CDPH 1203 consists of one page for completion and one page with information and instructions.

## Exhibit F

## INVENTORY/DISPOSITION OF CDPH-FUNDED EQUIPMENT

Current Contract Number: 21-10230

Previous Contract Number (if applicable): 19-10601

Contractor's Name: County of San Bernardino

# Maternal Child and Adolescent Health

Contractor's Complete Address: 351 N. Mountain View Avenue, 3<sup>rd</sup> Floor

San Bernardino, CA 92415

Contractor's Contact Person: Monique Amis

Contact's Telephone Number: 909-387-6218

Date Current Contract Expires: 06/30/2023

CDPH Program Name: Perinatal Equity Initiative

CDPH Program Contract Manager: Brittany Amanfor

CDPH Program Address: 1615 Capitol Ave, Sacramento CA, 95814

CDPH Program Contract Manager's Telephone Number: 916-650-0396

Date of this Report:

**(THIS IS NOT A BUDGET FORM)**

[illegible]

## INSTRUCTIONS FOR CDPH 1204 (Please read carefully.)

The information on this form will be used by the California Department of Public Health (CDPH) Asset Management (AM) to: (a) conduct an inventory of CDPH equipment and/or property (see definitions A, and B) in the possession of the Contractor and/or Subcontractors, and (b) dispose of these same items. Report all items, regardless of the items' ages, per number 1 below, purchased with CDPH funds and used to conduct state business under this contract. (See *Public Health Administrative Manual (PHAM)*, Section 1-1000 and Section 3-1320.)

The CDPH Program Contract Manager is responsible for obtaining information from the Contractor for this form. The CDPH Program Contract Manager is responsible for the accuracy and completeness of the information and for submitting it to AM.

**Inventory:** List all CDPH tagged equipment and/or property on this form and submit it within 30 days prior to the three-year anniversary of the contract's effective date, if applicable. **The inventory should be based on previously submitted CDPH 1203s**, "Contractor Equipment Purchased with CDPH Funds." AM will contact the CDPH Program Contract Manager if there are any discrepancies. (See PHAM, Section 1-1020.)

**Disposal:** (*Definition: Trade in, sell, junk, salvage, donate, or transfer; also, items lost, stolen, or destroyed (as by fire).*) The CDPH 1204 should be completed, along with a "Property Survey Report" (STD. 152) or a "Property Transfer Report" (STD. 158), whenever items need to be disposed of; (a) during the term of this contract and (b) 30 calendar days before the termination of this contract. After receipt of this form, the AM will contact the CDPH Program Contract Manager to arrange for the appropriate disposal/transfer of the items. (See PHAM, Section 1-1050.)

1. List the state/ CDPH property tag, quantity, description, purchase date, base unit cost, and serial number (if applicable) for each item of;

A. Major Equipment: **(These items were issued green numbered state/ CDPH property tags.)**

- Tangible item having a base unit cost of \$5,000 or more and a life expectancy of one (1) year or more.
- Intangible item having a base unit cost of \$5,000 or more and a life expectancy of one (1) year or more (e.g., software, video.)

B. Minor Equipment/Property: **(These items were issued green state/ CDPH property tags.)**

Specific tangible items with a life expectancy of one (1) year or more that have a base unit cost less than \$5,000. The minor equipment and/or property items were issued green unnumbered "BLANK" state/ CDPH property tags with the exception of the following, which are issued numbered tags: Personal Digital Assistant (PDA), PDA/cell phone combination (Blackberries), laptops, desktop personal computers, LAN servers, routers and switches.

2. If a vehicle is being reported, provide the Vehicle Identification Number (VIN) and the vehicle license number to CDPH Vehicle Services. (See PHAM, Section 17-4000.)

3. If all items being reported do not fit on one page, make copies and write the number of pages being sent in the upper right-hand corner (e.g. "Page 1 of 3.")

4. The CDPH Program Contract Manager should retain one copy and send the original to: California Department of Public Health, Asset Management, MS1801, P.O. Box 997377, Sacramento, CA 95899-7377.

5. Use the version on the CDPH Intranet forms site. The CDPH 1204 consists of one page for completion and one page with information and instructions. For more information on completing this form, call AM at (916) 341-6168.

**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:☐ City☒ County☐ Special District☐ Federal☐ Other (Specify)Federal  
Employer  
Identification  
Number  
(FEIN)

95-6002748

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)Dept/Division/Unit  
Name

Public Health

Complete  
Address351 N. Mountain View Ave., San  
Bernardino, CA 92415-0003FI\$Cal ID#  
(if known)Dept/Division/Unit  
NameComplete  
AddressFI\$Cal ID#  
(if known)Dept/Division/Unit  
NameComplete  
AddressFI\$Cal ID#  
(if known)Dept/Division/Unit  
NameComplete  
Address

Contact Person

Paul Chapman

Title

Administrative Manager

Phone number

909-387-6630

E-mail address

[Paul.Chapman@dph.sbcounty.gov](mailto:Paul.Chapman@dph.sbcounty.gov)

Signature

Date

1-16-20

## **CALIFORNIA Perinatal Equity Initiative**

**Awarded By**

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

**TO**

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

**Implementing the project, “{California Perinatal Equity Initiative},” hereinafter “Project”**

### **GRANT AGREEMENT NUMBER 21-10230**

The Department awards 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 123235.**

The program may include the provision of educational, preventative, diagnostic and treatment services, including medical care, hospitalization and other institutional care and aftercare, appliances and facilitating services directed toward reducing infant mortality and improving the health of mothers and children. **The department may make grants or contracts or advance funds from any funds that are made available for the purposes of the Maternal and Child Health Program Act (Section 27).**

*(Added by Stats. 1995, Ch. 415, Sec. 8. Effective January 1, 1996.)*

**Health and Safety Code, Section 123260.**

(a) Subject to an appropriation in the annual Budget Act for this purpose, the State Department of Public Health shall establish the California Perinatal Equity Initiative to expand the scope of interventions provided under the Black Infant Health Program. The initiative shall foster Community Centers of Excellence in perinatal health and promote the use of interventions designed to fill gaps in current programming offered through the Black Infant Health Program.

b) (1) As part of the initiative described in subdivision (a), the department shall develop a process to allocate funds to up to 15 county health departments, to work collaboratively with state and local Black Infant Health programs, for the purpose of improving black infant birth outcomes and reducing infant mortality.

*(Added by Stats. 2018, Ch. 34, Sec. 22. (AB 1810) Effective June 27, 2018.)*

**PURPOSE:** The Department shall provide a grant to and for the benefit of the Grantee; the purpose of the Grant is to **obtain information from Local Health Jurisdictions (LHJs), who plan to implement the Perinatal Equity Initiative (PEI), beginning fiscal year 2021-2022 and continuing through 2022-2023, to the Maternal, Child and Adolescent Health (MCAH) Division that addresses the applicant’s capacity to implement the PEI. This information will assist MCAH in their responsibility to provide oversight, fidelity, standardization and accountability for the PEI.**

**GRANT AMOUNT:** The maximum amount payable under this Grant shall not exceed \$1,960,620.00.

**TERM OF GRANT AGREEMENT:** The term of the Grant shall begin on July 1, 2021, and terminates on June 30, 2023. No funds may be requested or invoiced for services performed or costs incurred after June 30, 2023.

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

California Department of Public Health	Grantee: County of San Bernardino
Grant Manager: Brittany Amanfor	Name: Monique Amis
Address: 1615 Capitol Avenue, Suite 73.560, MS 8305	Address: 351 N Mt. View, 3 <sup>rd</sup> Floor
City, Zip: Sacramento, CA 95814	City, ZIP: San Bernardino, CA 92415
Phone: (916) 650-0396	Phone: (909) 387-6218
Fax: (916) 650-0307	Fax: (909) 387-6228
E-mail: <a href="mailto:Brittany.Amanfor@cdph.ca.gov">Brittany.Amanfor@cdph.ca.gov</a>	E-mail: <a href="mailto:Monique.Amis@dph.sbcounty.gov">Monique.Amis@dph.sbcounty.gov</a>

Direct all inquiries to:

<b>California Department of Public Health, Maternal and Infant Health Branch</b>	<b>Grantee: County of San Bernardino</b>
Attention: Nordia Williams	Attention: Monique Amis
Address 1615 Capitol Avenue, Suite 73.540	Address: 351 N Mt. View, 3 <sup>rd</sup> Floor
City, Zip: Sacramento, CA 95814	City, Zip: San Bernardino, CA 92415
Phone: (916) 650-6405	Phone: (909) 387-6218
Fax:	Fax (909) 387-6228
E-mail: <a href="mailto:Nordia.Williams@cdph.ca.gov">Nordia.Williams@cdph.ca.gov</a>	E-mail: <a href="mailto:Monique.Amis@dph.sbcounty.gov">Monique.Amis@dph.sbcounty.gov</a>

All payments from CDPH to the Grantee; shall be sent to the following address: **[Note: Remittance Address must conform with the new FISCAL system information in order to avoid payment delays]**

<b>Remittance Address</b>
<b>Grantee: County of San Bernardino</b>
Attention: Paul Chapman
Address: 351 N. Mt View Avenue
City, Zip: San Bernardino, CA 92415
Phone: (909) 387-6222
Fax (909) 387-6228
E-mail: <a href="mailto:Paul.Chapman@dph.sbcounty.gov">Paul.Chapman@dph.sbcounty.gov</a>

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.

**STANDARD PROVISIONS.** The following exhibits are attached and made a part of this Grant by this reference:

Exhibit A      WORKPLAN

Exhibit B      BUDGET DETAIL AND PAYMENT PROVISIONS

Exhibit C      STANDARD GRANT CONDITIONS

Exhibit D      ADDITIONAL PROVISIONS

Exhibit E      CONTRACTOR EQUIPMENT PURCHASED WITH CDPH

Exhibit F      INVENTORY/ DISPOSITION OF CDPH FUNDED EQUIPMENT

Exhibit G      CONTRACTOR’S RELEASE

**GRANTEE REPRESENTATIONS:** The Grantee(s) accept all terms, provisions, and conditions of this grant, including those stated in the Exhibits incorporated by reference above. The Grantee(s) shall fulfill all assurances and commitments made in the application, declarations, other accompanying documents, and written communications (e.g., e-mail, correspondence) filed in support of the request for grant funding. The Grantee(s) shall comply with and require its contractors and subcontractors to comply with all applicable laws, policies, and regulations.

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

Executed By:

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

Date: \_\_\_\_\_  
Joseph Torrez, Chief  
Contracts and Purchasing Services Section  
California Department of Public Health  
1616 Capitol Avenue, Suite 74.262  
P.O. Box 997377, MS 1800- 1804  
Sacramento, CA 95899-7377



For each fiscal year (FY) of the contract period, the Local Health Jurisdictions (LHJ) shall submit the deliverables identified below. All deliverables shall be submitted to the Maternal, Child and Adolescent Health (MCAH) Division to your designated Program Consultant in accordance with Perinatal Equity Initiative (PEI) guidelines and emailed or uploaded to SharePoint no later than the due date\*.

**Deliverables for each FY**

Reporting Schedule:

**Due Date for each FY**

Listed Below

Reporting Period	From	To	Due Date
1) First Report	July 1, 2021	December 31, 2021	February 1, 2022
2) Second Report	January 1, 2022	December 31, 2022	February 1, 2023
3) Third Report	January 1, 2023	June 30, 2023	June 30, 2023

Note: Should funding for PEI be discontinued after the end of this grant, a final report will be required to be submitted based on guidance provided by CDPH-MCAH.

**See the following pages for a detailed description of the services to be performed.**

**Goal 1: Oversee administration of the PEI to ensure program implementation, planning evaluation, and fiscal management in compliance with CDPH-MCAH Guidelines.**

Objectives	Activity	Evaluation Measures/Deliverables (Report on these measures in the Annual Report)
<p>1.1 County health departments to provide oversight, maintain program fidelity, fiscal management and demonstrate that PEI activities are conducted as required in the PEI Scope of Work (SOW), and CDPH-MCAH Fiscal Policies and Procedures (P&amp;Ps). <a href="http://cdph.ca.gov/Programs/CFH/DMCAH/Pages/Fiscal-Documents.aspx">cdph.ca.gov/Programs/CFH/DMCAH/Pages/Fiscal-Documents.aspx</a></p>	<p>1. Implement the program activities as defined in the SOW.</p> <p>2. Local PEI Coordinator will coordinate and collaborate with MCAH Director to complete, review, and approve the PEI budget prior to submission.</p> <p>3. Complete PEI Reports as directed by CDPH-MCAH-PEI.</p> <p>4. Notify MCAH-PEI within five (5) business days of any hire (include start date) or staff vacancy (indicate last day in program).</p>	<p>1. Submit PEI Reports according to the reporting schedule established by CDPH-MCAH-PEI.</p> <p>2. Submit quarterly reports on fiscal spending to CDPH-MCAH-PEI.</p>
<p>1.2 All local PEI staff will maintain and increase staff competency.</p>	<p>1. Ensure that all key local PEI staff participates in training or educational opportunities designed to enhance cultural sensitivity.</p> <p>2. Ensure that the local PEI Coordinator and all direct service staff attend mandatory MCAH Division-sponsored training(s).</p> <p>3. Ensure all key local PEI staff and/or their subcontractors participate in available</p>	<p>1. Submit number of trainings and conferences (both state and local) attended by local PEI staff and/or subcontractors during each FY according to the reporting schedule.</p>

	trainings pertinent to the interventions selected in their jurisdiction.	
1.3 Submit Turn The Curve (TTC) reports.	1. Year 1 and ongoing: Complete TTC process with PEI learning cohorts and with county partners for each implemented intervention based on guidance provided by CDPH-MCAH.	<p>1. Submit TTC report by July 31<sup>st</sup> of each state fiscal year.</p> <p>2. Bring TTC developed in county to learning collaborative cohort annual meeting.</p> <p>3. Complete annual TTC process with learning collaborative cohort and quarterly with county partners.</p>

**Goal 2: Fund county health departments to develop local community grants to reduce Black Maternal and Infant Mortality/Morbidity by expanding the scope of interventions to compliment current Black Infant Health (BIH) Programming.**

Objectives	Activity	Evaluation Measures/Deliverables (Report on these measures in the Annual Report)
<p>2.1 Fund/contract with community-based organizations (CBOs) to implement at least two (2) of five (5) legislated PEI interventions:</p> <ul style="list-style-type: none"> <li>Evidence-based or evidence-informed group prenatal care program</li> <li>Pregnancy intentionality, preconception and/or interconception care program</li> <li>Fatherhood or partnership initiative that supports engagement of</li> </ul>	<p>1. Attend all learning collaborative cohorts:</p> <ul style="list-style-type: none"> <li>Monthly calls or meetings for Community Advisory Board and Public Awareness Campaign updates.</li> <li>Monthly or Bi-monthly calls/meetings for legislated PEI interventions.</li> </ul> <p>2. Ensure Results-Based Accountability activities are completed.</p> <p>3. Ensure there is a COVID-19 plan in place to meet the needs of your populations.</p>	<p>1. Provide intervention progress and share successes and challenges on monthly or bi-monthly learning collaborative calls.</p> <p>2. See Goal 3 outcomes.</p> <p>3. Share your plan for delivering program services during COVID-19 according to the reporting schedule.</p>

<p>partners in pregnancy and childbearing</p> <ul style="list-style-type: none"> <li>• Evidence-based or evidence-informed home visitation program</li> <li>• A strategy not described above that is justified based on local needs and resources, that combines social interventions with medical interventions including but not limited to: <ul style="list-style-type: none"> <li>a) Assessment</li> <li>b) Increase patient empowerment</li> <li>c) Doulas</li> <li>d) Patient navigator services</li> </ul> </li> </ul>	<p>4. Maintain records and other documentation for auditing purposes. See Audit and Record Retention Section in the CDPH-MCAH Fiscal P&amp;Ps.</p>	
<p>2.2 Conduct site visits (either virtually or in-person) to ensure culturally affirming site for implementation of services.</p>	<p>1. Develop a schedule for visiting each CBO.</p>	<p>1. Submit schedule to CDPH-MCAH-PEI according to the reporting schedule.</p>

**Goal 3: Incorporate Results Based Accountability (RBA) using the Clear Impact Scorecard to monitor program performance.**

Objectives	Activity	Evaluation Measures/Deliverables (Report on these measures in the Annual Report)
<p>3.1 Local grantee and county health department staff will attend RBA training(s).</p>	<p>1. Purchase and/or maintain Clear Impact's scorecard for use at the county and community-based organization.</p> <p>2. Ensure that local key county personnel and CBOs participate in Clear Impact's RBA training(s).</p>	<p>1. Submit a list of staff that have attended RBA training (either virtually or in-person).</p> <p>2. Maintain an LHJ scorecard and input data according to the schedule established by CDPH-MCAH PEI.</p>

	3. Learn how to implement Clear Impact's TTC process.	3. Complete quarterly TTC meetings for each implemented intervention.
3.2 Maintain and/or establish a data collection method for CBOs to input data into RBA scorecard.	<p>1. Develop, identify, or utilize existing database(s) to collect data that will later be summarized for entry into the RBA scorecard.</p> <p>2. Ensure CBOs are entering data in RBA scorecard quarterly based on guidance provided by CDPH-MCAH.</p> <p>3. Provide technical assistance to CBOs to ensure data entry into the RBA scorecard is accurate and adheres to CDPH-MCAH guidelines.</p>	<p>1. Submit name of database(s) used to collect data for each of your interventions (i.e., evidenced-based, evidenced-informed, promising practice, public awareness campaign, community-advisory board) for entry into the RBA scorecard according to the reporting schedule.</p> <p>2. Share plan for CBOs to input data, including frequency of data entry into the RBA scorecard to CDPH-MCAH according to the reporting schedule.</p> <p>3. Share your plan for LHJ review of the data entered by the CBO prior to submission to MCAH according to the reporting schedule.</p>
3.3 Work with CDPH-MCAH to develop and/or refine performance measures for scorecard.	<p>1. Attend learning collaborative cohort meeting for performance measures.</p> <p>2. Work with Community Advisory Board (CAB) and CBOs to ensure measures continue to meet the community needs.</p>	1. Incorporate performance measures into scorecard based on guidance provided by CDPH-MCAH.

**Goal 4: Conduct local public awareness efforts that address birth outcome inequalities to improve prenatal health and birth outcomes for Black women and babies.**

Objectives	Activity	Evaluation Measures/Deliverables (Report on these measures in the Annual Report)
4.1 Create and/or maintain a local public awareness campaign to inform the community about African-American birth outcome inequities and/or the root causes of these inequities.	<ol style="list-style-type: none"> <li>1. Develop and/or maintain a public awareness campaign that is focus tested with targeted community.</li> <li>2. Incorporate key dates into public awareness efforts: <ul style="list-style-type: none"> <li>• National Prematurity Day</li> <li>• Black Infant Mortality Week</li> <li>• Black Breastfeeding Week</li> </ul> </li> <li>3. Track outreach of the awareness campaign.</li> </ol>	<ol style="list-style-type: none"> <li>1. Share ongoing progress in developing/maintaining campaign in learning collaborative cohort.</li> <li>2. Provide a report that describes outreach engagement in the community according to the reporting schedule.</li> <li>3. Share final campaign components once complete according to the reporting schedule.</li> </ol>

**Goal 5: Conduct local CAB efforts around birth outcome inequalities to improve prenatal health and birth outcomes.**

Objectives	Activity	Evaluation Measures/Deliverables (Report on these measures in the Annual Report)
5.1 Maintain a local collaborative that focuses on Black Maternal and Infant mortality/morbidity.	<ol style="list-style-type: none"> <li>1. Reach out to local partners (i.e., hospitals, health centers, county clinics, CBOs, etc.) to create a network of partnerships.</li> <li>2. Ensure representation of BIH staff on CAB and coordination/collaboration between PEI and BIH programs.</li> </ol>	<ol style="list-style-type: none"> <li>1. Provide a list of CAB members and role/affiliated agency according to the reporting schedule.</li> </ol>

	3. Ensure representation of target population for selected interventions is on CAB.	
5.2 Ensure community partners are engaged during the implementation of the interventions and are invited to TTC meetings.	1. Hold regularly scheduled CAB meetings.	1. Provide a schedule of CAB meetings according to the reporting schedule.  2. Document attendees at quarterly TTC meetings.

**Exhibit B**  
Budget Detail and Payment Provisions

**1. Invoicing and Payment**

- A. The Grantee will be awarded a single lump sum payment of \$980,310.00 upon execution of this Grant Agreement for the services described in Exhibit A, Workplan. The second year lump sum payment will be awarded upon submission and approval of Annual Report prior to invoicing for funding in state fiscal year 2022-2023. This grant shall not exceed \$1,960,620.00.
- B. Invoices shall include the Grant Number and shall be submitted no more frequently than annually to:

Brittany Amanfor  
California Department of Public Health  
Maternal, Child and Adolescent Health Division  
1615 Capitol Avenue, Suite 73.560  
Sacramento, CA 95814

- C. Invoices shall:
  - 1) Be prepared on Grantee letterhead. If invoices are not on produced letterhead, invoices must be signed by an authorized official, employee or agent certifying that the expenditures claimed represent activities are in accordance with Exhibit A, Workplan under this Grant.
  - 2) Bear the Grantee's name as shown on the Grant.
  - 3) Identify the billing and/or performance period covered by the invoice.

**2. Budget Contingency Clause**

- A. It is mutually agreed that if the Budget Act of the current year and/or any subsequent years covered under this Agreement does not appropriate sufficient funds for the program, this Agreement shall be of no further force and effect. In this event, the State shall have no liability to pay any funds whatsoever to Grantee or to furnish any other considerations under this Agreement and Grantee shall not be obligated to fulfill any provisions of this Agreement.
- B. If funding for any fiscal year is reduced or deleted by the Budget Act for purposes of this program, the State shall have the option to either cancel this Agreement with no liability occurring to the State, or offer an agreement amendment to Grantee to reflect the reduced amount.

**3. Prompt Payment Clause**

- A. Payment will be made in accordance with, and within the time specified in, Government Code Chapter 4.5, commencing with Section 927.



**Exhibit B**  
Budget Detail and Payment Provisions

**4. Timely Submission of Final Invoice**

- A. A final undisputed invoice shall be submitted for payment no more than **thirty (30)** calendar days following the expiration or termination date of this Grant, unless a later or alternate deadline is agreed to in writing by the program grant manager. Said invoice should be clearly marked "Final Invoice", indicating that all payment obligations of the State under this Grant have ceased and that no further payments are due or outstanding.
- B. The State may, at its discretion, choose not to honor any delinquent final invoice if the Grantee fails to obtain prior written State approval of an alternate final invoice submission deadline.

**5. Travel and Per Diem Reimbursement**

- A. Any reimbursement for necessary travel and per diem shall be at the rates currently in effect as established by the California Department of Human Resources (CalHR).

**6. Lump Sum Payments**

- A. The Grantee will be awarded \$980,310 for 2021-2022, thereafter, the annual rate of \$980,310 for 2022-2023 for the services described in Exhibit A, Workplan. An annual lump sum payment shall be issued to Grantee by CDPH upon execution of the agreement.
- B. Lump Sum Payment is allowed by Health and Safety Code, Section 123260

**The remainder of this page is intentionally left blank.**

## EXHIBIT C

### STANDARD GRANT CONDITIONS

1. **APPROVAL:** This Grant is of no force or effect until signed by both parties and approved by the Department of General Services, if required. The Grantee may not commence performance until such approval has been obtained
2. **AMENDMENT:** No amendment or variation of the terms of this Grant shall be valid unless made in writing, signed by the parties, and approved as required. No oral understanding or Agreement not incorporated in the Grant is binding on any of the parties. In no case shall the Department materially alter the scope of the Project set forth in Exhibit A.
3. **ASSIGNMENT:** This Grant is not assignable by the Grantee, either in whole or in part, without the written consent of the Grant Manager in the form of a written amendment to the Grant.
4. **AUDIT:** Grantee agrees that the Department, the Bureau of State Audits, or their designated representative shall have the right to review and to copy any records and supporting documentation pertaining to this Grant. Grantee agrees to maintain such records for a possible audit for a minimum of three (3) years after final payment or completion of the project funded with this Grant, unless a longer period of records retention is stipulated. Grantee agrees to allow the auditor(s) access to such records during normal business hours and to allow interviews of any employees who might reasonably have information related to such records. Further, Grantee agrees to include a similar right of the State to audit records and interview staff in any subcontract related to the project.
5. **CONFLICT OF INTEREST:** Grantee certifies that it is in compliance with all applicable state and/or federal conflict of interest laws.
6. **INDEMNIFICATION:** Grantee agrees to indemnify, defend and save harmless the State, its officers, agents and employees from any and all claims and losses accruing or resulting to any and all contractors, subcontractors, suppliers, laborers, and any other person, firm or corporation furnishing or supplying work services, materials, or supplies in connection with the project, and from any and all claims and losses accruing or resulting to any person, firm or corporation who may be injured or damaged by Grantee in the performance of any activities related to the Project.
7. **FISCAL MANAGEMENT SYSTEMS AND ACCOUNTING STANDARDS:** Grantee agrees that, at a minimum, its fiscal control and accounting procedures will be sufficient to permit tracing of all grant funds to a level of expenditure adequate to establish that such funds have not been used in violation of any applicable state or federal law, or the provisions of this Grant. Grantee further agrees that it will maintain separate Project accounts in accordance with generally accepted accounting principles.
8. **GOVERNING LAW:** This Grant is governed by and shall be interpreted in accordance with the laws of the State of California.

- 9. INCOME RESTRICTIONS:** Grantee agrees that any refunds, rebates, credits, or other amounts (including any interest thereon) accruing to or received by the Grantee under this Grant shall be paid by the Grantee to the Department, to the extent that they are properly allocable to costs for which the Grantee has been reimbursed by the Department under this Grant.
- 10. INDEPENDENT CONTRACTOR:** Grantee, and its agents and employees of Grantee, in the performance of the Project, shall act in an independent capacity and not as officers, employees or agents of the Department.
- 11. MEDIA EVENTS:** Grantee shall notify the Department's Grant Manager in writing at least twenty (20) working days before any public or media event publicizing the accomplishments and/or results of the Project and provide the opportunity for attendance and participation by Department's representatives.
- 12. NO THIRD-PARTY RIGHTS:** The Department and Grantee do not intend to create any rights or remedies for any third- party as a beneficiary of this Grant or the project.
- 13. NOTICE:** Grantee shall promptly notify the Department's Grant Manager in writing of any events, developments or changes that could affect the completion of the project or the budget approved for this Grant.
- 14. PROFESSIONALS:** Grantee agrees that only licensed professionals will be used to perform services under this Grant where such services are called for.
- 15. RECORDS:** Grantee certifies that it will maintain Project accounts in accordance with generally accepted accounting principles. Grantee further certifies that it will comply with the following conditions for a grant award as set forth in the Request for Applications (Exhibit D) and the Grant Application (Exhibit A).

  - A. Establish an official file for the Project which shall adequately document all significant actions relative to the Project;
  - B. Establish separate accounts which will adequately and accurately depict all amounts received and expended on this Project, including all grant funds received under this Grant;
  - C. Establish separate accounts which will adequately depict all income received which is attributable to the Project, especially including any income attributable to grant funds disbursed under this Grant;
  - D. Establish an accounting system which will adequately depict final total costs of the Project, including both direct and indirect costs; and,
  - E. Establish such accounts and maintain such records as may be necessary for the state to fulfill federal reporting requirements, including any and all reporting requirements under federal tax statutes or regulations.
- 16. RELATED LITIGATION:** Under no circumstances may Grantee use funds from any disbursement under this Grant to pay for costs associated with any litigation between the Grantee and the Department.

**17. RIGHTS IN DATA:** Grantee and the Department agree that all data, plans, drawings, specifications, reports, computer programs, operating manuals, notes, and other written or graphic work submitted under Exhibit A in the performance of the Project funded by this Grant shall be in the public domain. Grantee may disclose, disseminate and use in whole or in part, any final form data and information received, collected, and developed under this Project, subject to appropriate acknowledgment of credit to the Department for financial support. Grantee shall not utilize the materials submitted to the Department (except data) for any profit making venture or sell or grant rights to a third-party who intends to do so. The Department has the right to use submitted data for all governmental purposes.

**18. VENUE:** The Department and Grantee agree that any action arising out of this Grant shall be filed and maintained in the Superior Court, California. Grantee waives any existing sovereign immunity for the purposes of this Grant, if applicable.

**19. STATE-FUNDED RESEARCH GRANTS:**

- A. Grantee shall provide for free public access to any publication of a department-funded invention or department-funded technology. Grantee further agrees to all terms and conditions required by the California Taxpayer Access to Publicly Funded Research Act (Chapter 2.5 (commencing with Section 13989) of Part 4.5 of Division 3 of Title 2 of the Government Code).
- B. As a condition of receiving the research grant, Grantee agrees to the following terms and conditions which are set forth in Government Code section 13989.6 ("Section 13989.6"):
  - 1) Grantee is responsible for ensuring that any publishing or copyright agreements concerning submitted manuscripts fully comply with Section 13989.6.
  - 2) Grantees shall report to the Department the final disposition of the research grant, including, but not limited to, if it was published, when it was published, where it was published, when the 12-month time period expires, and where the manuscript will be available for open access.
  - 3) For a manuscript that is accepted for publication in a peer-reviewed journal, the Grantee shall ensure that an electronic version of the peer-reviewed manuscript is available to the department and on an appropriate publicly accessible database approved by the Department, including, but not limited to, the University of California's eScholarship Repository at the California Digital Library, PubMed Central, or the California Digital Open Source Library, to be made publicly available not later than 12 months after the official date of publication. Manuscripts submitted to the California Digital Open Source Library shall be exempt from the requirements in subdivision (b) of Section 66408 of the Education Code. Grantee shall make reasonable efforts to comply with this requirement by ensuring that their manuscript is accessible on an approved publicly accessible database, and notifying the Department that the manuscript is available on a department-approved database. If Grantee is unable to ensure that their manuscript is accessible on an approved publicly accessible database, Grantee may comply by providing the manuscript to the Department not later than 12 months after the official date of publication.

- 4) For publications other than those described in paragraph B.3 above,, including meeting abstracts, Grantee shall comply by providing the manuscript to the Department not later than 12 months after the official date of publication.
- 5) Grantee is authorized to use grant money for publication costs, including fees charged by a publisher for color and page charges, or fees for digital distribution.

Exhibit D  
Additional Provisions

**1. Cancellation / Termination**

- A. This Grant may be cancelled by CDPH without cause upon thirty (30) calendar days advance written notice to the Grantee.
- B. CDPH reserves the right to cancel or terminate this Grant immediately for cause. The Grantee may submit a written request to terminate this Grant only if CDPH substantially fails to perform its responsibilities as provided herein.
- C. The term “for cause” shall mean that the Grantee fails to meet the terms, conditions, and/or responsibilities of this agreement. Causes for termination include, but are not limited to the following occurrences:
  - 1) If the Grantee knowingly furnishes any statement, representation, warranty, or certification in connection with the agreement, which representation is materially false, deceptive, incorrect, or incomplete.
  - 2) If the Grantee fails to perform any material requirement of this Grant or defaults in performance of this agreement.
  - 3) If the Grantee files for bankruptcy, or if CDPH determines that the Grantee becomes financially incapable of completing this agreement.
- D. Grant termination or cancellation shall be effective as of the date indicated in CDPH's notification to the Grantee. The notice shall stipulate any final performance, invoicing or payment requirements.
- E. In the event of early termination or cancellation, the Grantee shall be entitled to compensation for services performed satisfactorily under this agreement and expenses incurred up to the date of cancellation and any non-cancelable obligations incurred in support of this Grant.
- F. In the event of termination, and at the request of CDPH, the Grantee shall furnish copies of all proposals, specifications, designs, procedures, layouts, copy, and other materials related to the services or deliverables provided under this Grant, whether finished or in progress on the termination date.
- G. The Grantee will not be entitled to reimbursement for any expenses incurred for services and deliverables pursuant to this agreement after the effective date of termination.
- H. Upon receipt of notification of termination of this Grant, and except as otherwise specified by CDPH, the Grantee shall:
  - 1) Place no further order or subgrants for materials, services, or facilities.
  - 2) Settle all outstanding liabilities and all claims arising out of such termination of orders and subgrants.

Exhibit D  
Additional Provisions

- 3) Upon the effective date of termination of the Grant and the payment by CDPH of all items properly changeable to CDPH hereunder, Grantee shall transfer, assign and make available to CDPH all property and materials belonging to CDPH, all rights and claims to any and all reservations, grants, and arrangements with owners of media/PR materials, or others, and shall make available to CDPH all written information regarding CDPH's media/PR materials, and no extra compensation is to be paid to Grantee for its services.
- 4) Take such action as may be necessary, or as CDPH may specify, to protect and preserve any property related to this agreement which is in the possession of the Grantee and in which CDPH has or may acquire an interest.
- I. CDPH may, at its discretion, require the Grantee to cease performance of certain components of the Scope of Work as designated by CDPH and complete performance of other components prior to the termination date of the Grant.

**2. Avoidance of Conflicts of Interest by Grantee**

- A. CDPH intends to avoid any real or apparent conflict of interest on the part of the Grantee, subgrants, or employees, officers and directors of the Grantee or subgrants. Thus, CDPH reserves the right to determine, at its sole discretion, whether any information, assertion or claim received from any source indicates the existence of a real or apparent conflict of interest; and, if a conflict is found to exist, to require the Grantee to submit additional information or a plan for resolving the conflict, subject to CDPH review and prior approval.
- B. Conflicts of interest include, but are not limited to:
  - 1) An instance where the Grantee or any of its subgrants, or any employee, officer, or director of the Grantee or any subgrant or has an interest, financial or otherwise, whereby the use or disclosure of information obtained while performing services under the grant would allow for private or personal benefit or for any purpose that is contrary to the goals and objectives of the grant.
  - 2) An instance where the Grantee's or any subgrant's employees, officers, or directors use their positions for purposes that are, or give the appearance of being, motivated by a desire for private gain for themselves or others, such as those with whom they have family, business or other ties.
- C. If CDPH is or becomes aware of a known or suspected conflict of interest, the Grantee will be given an opportunity to submit additional information or to resolve the conflict. A Grantee with a suspected conflict of interest will have five (5) working days from the date of notification of the conflict by CDPH to provide complete information regarding the suspected conflict. If a conflict of interest is determined to exist by CDPH and cannot be resolved to the satisfaction of CDPH, the conflict will be grounds for terminating the grant. CDPH may, at its discretion upon receipt of a written request from the Grantee, authorize an extension of the timeline indicated herein.

Exhibit D  
Additional Provisions

**3. Dispute Resolution Process**

- A. A Grantee grievance exists whenever there is a dispute arising from CDPH's action in the administration of an agreement. If there is a dispute or grievance between the Grantee and CDPH, the Grantee must seek resolution using the procedure outlined below.
- 1) The Grantee should first informally discuss the problem with the CDPH Program Grant Manager. If the problem cannot be resolved informally, the Grantee shall direct its grievance together with any evidence, in writing, to the program Branch Chief. The grievance shall state the issues in dispute, the legal authority or other basis for the Grantee's position and the remedy sought. The Branch Chief shall render a decision within ten (10) working days after receipt of the written grievance from the Grantee. The Branch Chief shall respond in writing to the Grantee indicating the decision and reasons therefore. If the Grantee disagrees with the Branch Chief's decision, the Grantee may appeal to the second level.
  - 2) When appealing to the second level, the Grantee must prepare an appeal indicating the reasons for disagreement with Branch Chief's decision. The Grantee shall include with the appeal a copy of the Grantee's original statement of dispute along with any supporting evidence and a copy of the Branch Chief's decision. The appeal shall be addressed to the Deputy Director of the division in which the branch is organized within ten (10) working days from receipt of the Branch Chief's decision. The Deputy Director of the division in which the branch is organized or his/her designee shall meet with the Grantee to review the issues raised. A written decision signed by the Deputy Director of the division in which the branch is organized or his/her designee shall be directed to the Grantee within twenty (20) working days of receipt of the Grantee's second level appeal.
- B. If the Grantee wishes to appeal the decision of the Deputy Director of the division in which the branch is organized or his/her designee, the Grantee shall follow the procedures set forth in Division 25.1 (commencing with Section 38050) of the Health and Safety Code and the regulations adopted thereunder. (Title 1, Division 2, Chapter 2, Article 3 (commencing with Section 1140) of the California Code of Regulations).
- C. Disputes arising out of an audit, examination of an agreement or other action not covered by subdivision (a) of Section 20204, of Chapter 2.1, Title 22, of the California Code of Regulations, and for which no procedures for appeal are provided in statute, regulation or the Agreement, shall be handled in accordance with the procedures identified in Sections 51016 through 51047, Title 22, California Code of Regulations.
- D. Unless otherwise stipulated in writing by CDPH, all dispute, grievance and/or appeal correspondence shall be directed to the CDPH Grant Manager.
- E. There are organizational differences within CDPH's funding programs and the management levels identified in this dispute resolution provision may not apply in every contractual situation. When a grievance is received and organizational differences exist, the Grantee shall be notified in writing by the CDPH Grant Manager of the level, name, and/or title of the appropriate management official that is responsible for issuing a decision at a given level.



## Contractor's Release

### Instructions to Contractor:

**With final invoice(s) submit one (1) original and one (1) copy.** The original must bear the original signature of a person authorized to bind the Contractor. The additional copy may bear photocopied signatures.

### Submission of Final Invoice

Pursuant to **contract number** 21-10230 entered into between the California Department of Public Health (CDPH) and the Contractor (identified below), the Contractor does acknowledge that final payment has been requested via **invoice number(s)** \_\_\_\_\_, in the **amount(s) of \$** \_\_\_\_\_ and **dated** \_\_\_\_\_.  
If necessary, enter "See Attached" in the appropriate blocks and attach a list of invoice numbers, dollar amounts and invoice dates.

### Release of all Obligations

By signing this form, and upon receipt of the amount specified in the invoice number(s) referenced above, the Contractor does hereby release and discharge the State, its officers, agents and employees of and from any and all liabilities, obligations, claims, and demands whatsoever arising from the above referenced contract.

### Repayments Due to Audit Exceptions / Record Retention

By signing this form, Contractor acknowledges that expenses authorized for reimbursement does not guarantee final allow ability of said expenses. Contractor agrees that the amount of any sustained audit exceptions resulting from any subsequent audit made after final payment will be refunded to the State.

All expense and accounting records related to the above referenced contract must be maintained for audit purposes for no less than three years beyond the date of final payment, unless a longer term is stated in said contract.

### Recycled Product Use Certification

By signing this form, Contractor certifies under penalty of perjury that a minimum of 0% unless otherwise specified in writing of post consumer material, as defined in the Public Contract Code Section 12200, in products, materials, goods, or supplies offered or sold to the State regardless of whether it meets the requirements of Public Contract Code Section 12209. Contractor specifies that printer or duplication cartridges offered or sold to the State comply with the requirements of Section 12156(e).

### Reminder to Return State Equipment/Property (If Applicable)

(Applies only if equipment was provided by CDPH or purchased with or reimbursed by contract funds)

Unless CDPH has approved the continued use and possession of State equipment (as defined in the above referenced contract) for use in connection with another CDPH agreement, Contractor agrees to promptly initiate arrangements to account for and return said equipment to CDPH, at CDPH's expense, if said equipment has not passed its useful life expectancy as defined in the above referenced contract.

### Patents / Other Issues

By signing this form, Contractor further agrees, in connection with patent matters and with any claims that are not specifically released as set forth above, that it will comply with all of the provisions contained in the above referenced contract, including, but not limited to, those provisions relating to notification to the State and related to the defense or prosecution of litigation.

**ONLY SIGN AND DATE THIS DOCUMENT WHEN ATTACHING IT TO THE FINAL INVOICE**

Contractor's Legal Name (as on contract): County of San Bernardino

Signature of Contractor or Official Designee: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name/Title of Person Signing: \_\_\_\_\_

**Distribution:**      Accounting (Original)      Program