

***California Public Health Workforce Career Ladder Education and Development  
Program***

**Awarded By**

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

**TO**

**Humboldt County Public Health, hereinafter “Grantee”**

**Implementing the “California Public Health Workforce Career Ladder  
Education and Development Program,” hereinafter “Project”**

**GRANT AGREEMENT NUMBER 22-11299**

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 Projects from 2022-2023 State Budget Act (AB 179, Chapter 249, Statutes of 2022).

**PURPOSE:** The Department shall award this Grant Agreement to and for the benefit of the Grantee; the purpose of the Grant is to provide support to public health staff in pursuit of professional certifications or re-certifications and other relevant public health or professional development courses/trainings by reimbursing fees or other costs to attend classes and exams, and/or provide stipends for staff to offset loss of compensation during the workweek for staff to attend courses/trainings and certification exams.

Grantee shall provide CDPH with an annual report of how Grant funds were ultimately spent. The report shall be due no later than 30 days after the end of each Calendar Year (December 31). CDPH reserves the right to postpone or withhold payment for each additional Grant year funding pending receipt and/or review of the annual report

**GRANT AMOUNT:** The maximum amount payable under this Grant Agreement shall not exceed the amount of \$39,975.00 (Thirty-Nine Thousand Nine Hundred Seventy-Five Dollars and Zero Cents))

**TERM OF GRANT AGREEMENT:** The term of the Grant shall begin on July 1<sup>st</sup>, 2022 and terminates on June 30<sup>th</sup>, 2026]. No funds may be requested or invoiced for services performed or costs incurred after June 30<sup>th</sup>, 2026].

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

<b>California Department of Public Health</b>	<b>Grantee: Humboldt County Public Health</b>
Name: Kristen Guerrero	Name: Rachel Patterson
Address: 1615 Capitol Ave.	Address: 529 I Street
City, ZIP: Sacramento, CA	City, ZIP: Eureka CA 95501
Phone: 916-719-5784	Phone: n/a
E-mail: <a href="mailto:Kristen.guerrero@cdph.ca.gov">Kristen.guerrero@cdph.ca.gov</a>	E-mail: <a href="mailto:rpatterson@co.humboldt.ca.us">rpatterson@co.humboldt.ca.us</a>

Direct all inquiries to the following representatives:

<b>California Department of Public Health</b>	<b>Grantee: Humboldt County Public Health</b>
Attention: Kristen Guerrero	Attention: Rachel Patterson
Address 1615 Capitol Ave.	Address: 529 I Street
City, Zip Sacramento, CA	City, Zip: Eureka CA 95501
Phone 916-719-5784	Phone: n/a
E-mail <a href="mailto:Kristen.guerrero@cdph.ca.gov">Kristen.guerrero@cdph.ca.gov</a>	E-mail: <a href="mailto:rpatterson@co.humboldt.ca.us">rpatterson@co.humboldt.ca.us</a>

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

<b>Remittance Address</b>
<b>Grantee: Humboldt County Public Health</b>
Attention "Cashier": PH Fiscal
Address: 507 F Street
City, Zip: Eureka CA 95501
Phone: (707) 267-8713
E-mail: <a href="mailto:PHFiscal@co.humboldt.ca.us">PHFiscal@co.humboldt.ca.us</a> cc: <a href="mailto:Lmoore@co.humboldt.ca.us">Lmoore@co.humboldt.ca.us</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 this agreement but must be maintained as supporting documentation. 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 and the STD 205 Payee Data Supplement which can be requested through the CDPH Project Representatives for processing.

**STANDARD GRANT PROVISIONS.** The Grantee must adhere to all Exhibits listed and any subsequent revisions. The following Exhibits are attached hereto or attached by reference and made a part of this Grant Agreement:

Exhibit A GRANT APPLICATION

Exhibit B BUDGET DETAIL AND PAYMENT PROVISIONS

Exhibit C STANDARD GRANT CONDITIONS

Exhibit D REQUEST FOR APPLICATION (RFA)

Exhibit E ADDITIONAL PROVISIONS

**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 subgrantee's 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: \_\_\_\_\_  
Sofia Pereira, Public Health Director  
529 I Street, Eureka CA, 95501

Date: \_\_\_\_\_  
Tim Bow, Procurement Officer  
California Department of Public Health  
1615 Capitol Avenue,  
Sacramento, CA 95899-7377