

**CALIFORNIA INJURY AND VIOLENCE PREVENTION BRANCH  
COMPREHENSIVE SUICIDE PREVENTION**

**Awarded By**

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

**TO**

**County of Humboldt, hereinafter “Grantee”**

**Implementing the project, “Comprehensive Suicide Prevention,” hereinafter “Project”**

**AMENDED GRANT AGREEMENT NUMBER 21-10764, A2**

The Department amends this Grant and the Grantee accepts and agrees to use the Grant funds as follows:

**AUTHORITY:** The Department has authority to grant funds for the Project Health and Safety Code, Section 131085(b)(4) and 104325-104330 and terms of the Department Federal Grant number 1NU50CE002595; CFDA 93.136 from the Centers for Disease Control and Prevention.

**PURPOSE FOR AMENDMENT:** The purpose of the Grant amendment is to extend the original contract term end date, 08/31/25 to 08/31/26, to provide sufficient time for the contractor to fulfill all contractual obligations. No additional funds are to be added on this amendment.

**Amendments are shown as:** Text additions are displayed in **bold and underline**. Text deletions are displayed as strike through text (i.e., ~~Strike~~).

**TERM OF GRANT AGREEMENT:** The term of the Grant shall begin on approval of this grant, and terminates on ~~08/31/2025~~ **08/31/2026**. No funds may be requested or invoiced for services performed or costs incurred after ~~08/31/2025~~ **08/31/2026**.

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

<b>California Department of Public Health</b>	Grantee: <b>County of Humboldt</b>
Name: Winnie Deng Grant Manager	Name: Briana Sherlock
Address: P.O. Box 997377, MS 7214	Address: 908 7th Street
City, ZIP: Sacramento, CA 95899-7377	City, ZIP: Eureka, CA 95501
Phone: (916) 449-5297	Phone: (707) 441-5586
E-mail: Winnie.Deng@cdph.ca.gov	E-mail: bsherlock@co.humboldt.ca.us

Direct all inquiries to:

<b>California Department of Public Health, Injury and Violence Prevention Branch</b>	Grantee: <b>County of Humboldt</b>
Attention: Winnie Deng	Attention: Karen Baker / <del>Kristen Smith</del> <u>Michael Weiss</u>
Address: P.O. Box 997377, MS 7214	Address: 908 7th Street
City, Zip: Sacramento, CA 95899-7377	City, ZIP: Eureka, CA 95501
Phone: (916) 449-5297	Phone: (707) 441-5575 / (707) 268-0415
E-mail: Winnie.Deng@cdph.ca.gov	E-mail: kbaker@co.humboldt.ca.us / mweiss@co.humboldt.ca.us

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

<b>Remittance Address</b>
<b>Grantee: County of Humboldt</b>
Attention "Cashier": Public Health, Suicide Prevention Program
Address: 507 F Street
City, Zip: Eureka, CA 95501
Phone: 707-441-5548
E-mail: mmoehnke@co.humboldt.ca.us

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.

All other terms and conditions of this Grant shall remain the same.

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

Executed By:

Date: 08/26/25



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Sofia Pereira, Public Health Director  
County of Humboldt – Department of Health  
and Human Services  
529 I Street  
Eureka, CA 95501

Date: 8/28/2025



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Vanessa Manson, Chief  
Contracts Management Unit  
California Department of Public Health  
1616 Capitol Avenue, Suite 74.317, MS 1802  
P.O. Box 997377  
Sacramento, CA 95899-7377