

CALIFORNIA IMMUNIZATION PROGRAM

Awarded By

THE CALIFORNIA DEPARTMENT OF PUBLIC HEALTH, hereinafter “Department”

TO

County of Humboldt, Department of Health and Human Services, hereinafter “Grantee”

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

AMENDED GRANT AGREEMENT NUMBER 17-10318, A03

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

AUTHORITY: The Department has authority to grant funds for the Project under Health and Safety Code, Section 120325-120380 of the Health & Safety Code, which requires immunizations against childhood diseases prior to school admittance and Federal Grant numbers 6 NH23IP922612-02-02 and 6 NH23IP922612-02-03.

PURPOSE FOR AMENDMENT: The purpose of the Grant amendment is to increase funding in the amount of \$1,038,224 for FY2020-21. The Grantee will continue to perform planning and implementation of services that support broad-based COVID-19 vaccine distribution, vaccine access, and vaccine coverage.

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

AMENDED GRANT AMOUNT: this amendment is to increase the grant by \$1,038,224 and is amended to read: **\$1,576,683 (One Million Five Hundred Seventy-Six Thousand Six Hundred Eighty-Three Dollars)**. ~~\$538,459 (Five Hundred Thirty-Eight Thousand Four Hundred Fifty-Nine Dollars)~~.

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

4. Amounts Payable

A. The amounts payable under this Grant shall not exceed ~~\$538,459~~ **\$1,576,683**.

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

California Department of Public Health, Immunization Branch	Grantee: County of Humboldt, Department of Health and Human Services
Name: Noemi Marin	Name: Suzanne Collins, RN, BSN, PHN
Address: 850 Marina Bay Pkwy., Bldg. P, 2 nd Floor	Address: 529 I Street
City, ZIP: Richmond, CA 94804	City, ZIP: Eureka, CA 95501
Phone: (510) 620-3737	Phone: (707) 273-8857
Fax: (510) 620-3774	Fax: (707) 445-6091
E-mail: noemi.marin@cdph.ca.gov	E-mail: scollins@co.humboldt.ca.us

Direct all inquiries to:

California Department of Public Health, Immunization Branch	Grantee: County of Humboldt, Department of Health and Human Services
Attention: Rossana A Ordonez	Attention: Suzanne Collins, RN, BSN, PHN
Address: 850 Marina Bay Pkwy., Bldg. P, 2 nd Floor	Address: 529 I Street
City, Zip: Richmond, CA 94804	City, ZIP: Eureka, CA 95501
Phone: (510) 620-3768	Phone: (707) 273-8857
Fax: (510) 620-3774	Fax: (707) 445-6091
E-mail: rossana.ordonez@cdph.ca.gov	E-mail: scollins@co.humboldt.ca.us

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

Remittance Address
Grantee: County of Humboldt, Department of Health and Human Services
Attention "Cashier": DHHS PH Fiscal
Address: 507 F Street, 1 st Floor Eureka, CA 95501
City, Zip: Eureka, CA 95501
Phone: (707) 441-5439
Fax: (707) 441-5580
E-mail: PHFiscal@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 the agreement. Note: Remittance address changes will require the Grantee to submit a completed CDPH 9083 Governmental Entity Taxpayer ID Form or STD 204 Payee Data Record Form which can be requested through the CDPH Project Representatives for processing.

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

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


Executed By:

Date: 4/1/2021



Michele Stephens, Public Health Director
County of Humboldt
Department of Health and Human Services
825 5th Street, Room 111
Eureka, CA 95501

Date: 6/21/2021



Jeff Mapes, Chief
Contracts Management Unit
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