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, A02

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 NH23IP922612-01-01, 5 NH23IP922612-02-00 and 6 NH23IP922612-02-01.

PURPOSE FOR AMENDMENT: The purpose of the Grant amendment is to increase funding in the amount of \$99,685 for FY2020-21 to augment and enhance efforts around influenza vaccination coverage as well as perform Coronavirus Disease 2019 (COVID-19) vaccination planning and implementation.

Amendments are shown as: Text additions are displayed in <u>bold and underline</u>. Text deletions are displayed as strike through text (i.e., Strike).

AMENDED GRANT AMOUNT: this amendment is to increase the grant by \$99,685 and is amended to read: <u>\$538,459</u> (Five Hundred Thirty-Eight Thousand Four Hundred Fifty-Nine <u>Dollars</u>) \$438,774 (Four Hundred Thirty Eight Thousand Seven Hundred Seventy Four Dollars).

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

- 4. Amounts Payable
 - A. The amounts payable under this Grant shall not exceed \$438,774 \$538,459.

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: <u>scollins@co.humboldt.ca.us</u> s |

Direct all inquiries to:

| | 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: <u>scollins@co.humboldt.ca.us</u> |

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

| Remittance Address | |
|--|----|
| Grantee: County of Humboldt, Department Health and Human Services | of |
| 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:

Middle State Bill

Michele Stephens, Public Health Director

County of Humboldt

Department of Health and Human Services

825 5th Street, Room 111 Eureka, CA 95501

Date:

Toff Man

Jeff Mapes, Chief

Contracts Management Unit California Department of Public Health

1616 Capitol Avenue, Suite 74.262, MS 1802

P.O. Box 997377

Sacramento, CA 95899-7377