

CALIFORNIA IMMUNIZATION PROGRAM

Awarded By

THE CALIFORNIA DEPARTMENT OF PUBLIC HEALTH, hereinafter “Department”

TO

County of Yolo Health & Human Services Agency, 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 17-10363, 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, which requires immunizations against childhood diseases prior to school admittance and Federal Grant numbers 6 NH23IP922612-02-02, 6 NH23IP922612-02-03, and 6 NH23IP922612-02-04.

PURPOSE FOR AMENDMENT: The purpose of the Grant amendment is to increase funding in the amount of \$2,826,660 for FY2021-22 to allow the Grantee to continue performing the same services identified in Exhibit A, Grant Application, and provide more of the same Coronavirus Disease 2019 services in response to the CARES ACT.

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 \$2,826,660 and is amended to read: **\$3,284,373 (Three Million Two Hundred Eighty-Four Thousand Three Hundred Seventy-Three Dollars)** ~~\$457,713 (Four Hundred Fifty Seven Thousand Seven Hundred Thirteen 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 ~~\$457,713~~ **\$3,284,373**.

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

| | |
|--|---|
| California Department of Public Health, Immunization Branch | Grantee: County of Yolo Health & Human Services Agency |
| Name: Noemi Marin | Name: Ada Barros |
| Address: 850 Marina Bay Pkwy., Bldg. P, 2 nd Floor | Address: 137 N. Cottonwood, Suite 2402 |
| City, ZIP: Richmond, CA 94804 | City, ZIP: Woodland, CA 95695 |
| Phone: (510) 620-3737 | Phone: (530) 661-2758 |
| Fax: (510) 620-3774 | Fax: (530) 669-1549 |
| E-mail: noemi.marin@cdph.ca.gov | E-mail: ada.barros@yolocounty.org |

Direct all inquiries to:

| | |
|--|--|
| California Department of Public Health, Immunization Branch | Grantee: County of Yolo Health & Human Services Agency |
| Attention: Robina Escalada | Attention: Ada Barros |
| Address: 850 Marina Bay Pkwy., Bldg. P, 2 nd Floor | Address: 137 N. Cottonwood, Suite 2402 |
| City, Zip: Richmond, CA 94804 | City, Zip: Woodland, CA 95695 |
| Phone: (510) 620-3729 | Phone: (530) 661-2758 |
| Fax: (510) 620-3774 | Fax: (530) 669-1549 |
| E-mail: robina.escalada@cdph.ca.gov | E-mail: ada.barros@yolocounty.org E-mail: <u>HHSAContracts@yolocounty.org</u> |

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

| Remittance Address |
|--|
| Grantee: County of Yolo Health & Human Services Agency |
| Attention “Cashier”: Finance |
| Address: P.O. Box 1268 |
| City, Zip: Woodland, CA 95776 |
| Phone: (530) 661-2942 |
| Fax: |
| E-mail: |

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:

Angel Barajas, Chair
Yolo County Board of Supervisors
County of Yolo Health & Human Services Agency
137 N. Cottonwood Suite 2402
Woodland, CA 95965

Approved as to Form:
Philip J. Pogledich, County Counsel

By: Hope P. Welton
Hope P. Welton, Senior Deputy

Date:

Javier Sandoval, 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