

CALIFORNIA Oral Health PROGRAM
Moving California Oral Health Forward

Awarded By

THE CALIFORNIA DEPARTMENT OF PUBLIC HEALTH, hereinafter “Department”

TO

County of Yolo, hereinafter “Grantee”

**Implementing the project, “Yolo County Local Oral Health Program,” hereinafter
“Project”**

AMENDED GRANT AGREEMENT NUMBER 22-10211, A01

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 104750 & 131085 and Revenue and Taxation Code 30130.57.

PURPOSE FOR AMENDMENT: The purpose of the grant amendment is to reallocate a portion of funding from the previously awarded grant to allow the grantee to continue school-based/school-linked activities the grantee was unable to complete in the previous term due to extenuating circumstances related to school closures and staff redirection which caused significant delays.

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 \$62,824.00 and is amended to read: ~~\$1,005,980.00 (One Million Five Thousand Nine Hundred Eighty Dollars)~~ **\$1,068,804.00 (One Million Sixty-Eight Thousand Eight Hundred and Four Dollars).**

Exhibit A- Document B is amended to increase year 1 by \$62,824.00 for a total year 1 allocation of \$264,020.00.

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

California Department of Public Health	Grantee: County of Yolo
Name: Vinay Shukla	Name: David Linebarger, Program Coordinator
Address: 1616 Capitol Avenue, Suite 74.420 MS 7218	Address: 25 N. Cottonwood St
City, ZIP: Sacramento, CA, 95814	City, ZIP: Woodland, CA 95695
Phone: (916) 319-9749	Phone: (530) 666 - 8429
E-mail: Vinay.Shukla@cdph.ca.gov	E-mail: David.Linebarger@yolocounty.org

Direct all inquiries to:

California Department of Public Health, Office of Oral Health	Grantee: County of Yolo
Attention: Vinay Shukla, Grant Manager	Attention: David Linebarger, Program Coordinator
Address: 1616 Capitol Avenue, Suite 74.420 MS 7218	Address: 25 N. Cottonwood St
City, Zip: Sacramento, CA, 95814	City, Zip: Woodland, CA 95695
Phone: (916) 319-9749	Phone: (530) 666 - 8429
E-mail: Vinay.Shukla@cdph.ca.gov	E-mail: David.Linebarger@yolocounty.org

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

Remittance Address
Grantee: County of Yolo
Attention "Cashier":
Address: PO Box 1268
City, Zip: Woodland, CA 96776
Phone: (530) 666-8429
E-mail: David.Linebarger@yolocounty.org

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:

Oscar Villegas, Chair, Yolo County
Board of Supervisors

625 Court St.
Woodland, CA 95695

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

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

Date:

Angela Salas, Chief

Contracts Management Services
Section

California Department of Public Health

1616 Capitol Avenue

Sacramento, CA 95814