

**CALIFORNIA ORAL HEALTH PROGRAM
 Local Oral Health Plan
 Awarded By**

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

County of Mendocino, hereinafter “Grantee”

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

AMENDED GRANT AGREEMENT NUMBER 17-10704, 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 104750 and 131085.

PURPOSE FOR AMENDMENT: The purpose of the Grant amendment is to:

Increase the Grant amount with County of Mendocino by \$30,000.00 to reimburse the grantee accordingly to enhance current activities being performed that support in school-linked dental programs.

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 \$30,000.00 and is amended to read: ~~\$835,130.00 (Eight Hundred Thirty Five Thousand One Hundred Thirty Dollars)~~ **\$865,130.00 (Eight Hundred Sixty Five Thousand One Hundred Thirty Dollars)**

Exhibit B, BUDGET DETAIL AND PAYMENT PROVISIONS is hereby replaced in its entirety with Exhibit B, Budget Detail and Payment Provisions, A02.

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

California Department of Public Health	Grantee: County of Mendocino
Name: Kimberly Steele, Grant Manager	Name: L. Jani Sheppard, Senior Program Manager <u>Bhavvy Ducharme, Senior Program Specialist</u>
Address: MS 7218, 1616 Capitol Avenue, Suite 74.420	Address: 1120 South Dora Street
City, ZIP: Sacramento, CA 95814	City, ZIP: Ukiah, CA 95482

Phone: (916) 445-8012	Phone: 707-472-2755 707-367-7313
Fax: (916) 636-6678	Fax: 707-472-2658 Not Applicable
E-mail: Kimberly.Steele@cdph.ca.gov	E-mail: sheppard@mendocinocounty.org ducharneb@mendocinocounty.org

Direct all inquiries to:

California Department of Public Health, Office of Oral Health	Grantee: County of Mendocino
Attention: Kimberly Steele, Grant Manager	Attention: L. Jani Sheppard, Senior Program Manager Bhavvy Ducharme, Senior Program Specialist
Address: MS 7218, 1616 Capitol Avenue, Suite 74.420	Address: 1120 South Dora Street
City, Zip: Sacramento, CA 95814	City, Zip: Ukiah, CA 95482
Phone: (916) 445-8012	Phone: 707-472-2755 707-367-7313
Fax: (916) 636-6678	Fax: 707-472-2658 Not Applicable
E-mail: Kimberly.Steele@cdph.ca.gov	E-mail: sheppard@mendocinocounty.org ducharneb@mendocinocounty.org

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

Remittance Address
Grantee: County of Mendocino
Attention "Cashier":
Address: 1120 South Dora Street 501 Low Gap Road, Auditor's Office
City, Zip: Ukiah, CA 95482
Phone: (707) 472-2789 (707) 367-7313
Fax: Not Applicable
E-mail: sheppard@mendocinocounty.org ducharneb@mendocinocounty.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 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:



~~Tammy Moss Chandler, HHSA Director~~ **Anne Molgaard, Public Health of Mendocino County Transition Director**

~~Mendocino County Health and Human Services Agency~~

~~727 South State Street~~ **1120 South Dora Street**

Ukiah, CA 95482

Date:

~~Michele Golden~~ **Kristy Lieu, 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

Exhibit B
Budget Detail and Payment Provisions

1. Invoicing and Payment

- A. Upon completion of project activities as provided in Exhibit A Grant Application, and upon receipt and approval of the invoices, the State agrees to reimburse the Grantee for activities performed and expenditures incurred in accordance with the costs specified herein.
- B. Invoices shall include the Grant Number and shall be submitted not more frequently than monthly in arrears to:

Kimberly Steele
California Department of Public Health
Office of Oral Health
MS 7218
1616 Capitol Avenue, Suite 74.420
P.O. Box 997377, Sacramento, CA 95899-7377

C. Invoices shall:

- 1) Be prepared on Grantee letterhead. If invoices are not on produced letterhead invoices must be signed by an authorized official, employee or agent certifying that the expenditures claimed represent activities performed and are in accordance with Exhibit A Grant Application under this Grant.
- 2) Bear the Grantee's name as shown on the Grant.
- 3) Identify the billing and/or performance period covered by the invoice.
- 4) Itemize costs for the billing period in the same or greater level of detail as indicated in this Grant. Subject to the terms of this Grant, reimbursement may only be sought for those costs and/or cost categories expressly identified as allowable and approved by CDPH.

2. Budget Contingency Clause

- A. It is mutually agreed that if the Budget Act of the current year and/or any subsequent years covered under this Agreement does not appropriate sufficient funds for the program, this Agreement shall be of no further force and effect. In this event, the State shall have no liability to pay any funds whatsoever to Grantee or to furnish any other considerations under this Agreement and Grantee shall not be obligated to fulfill any provisions of this Agreement.
- B. If funding for any fiscal year is reduced or deleted by the Budget Act for purposes of this program, the State shall have the option to either cancel this Agreement with no liability occurring to the State, or offer an agreement amendment to Grantee to reflect the reduced amount.

3. Prompt Payment Clause

Payment will be made in accordance with, and within the time specified in, Government Code Chapter 4.5, commencing with Section 927.

Exhibit B
Budget Detail and Payment Provisions

4. Amounts Payable

- A. The amounts payable under this Grant shall not exceed: ~~\$835,130~~ **\$865,130.00**
- B. Payment allocations shall be made for allowable expenses up to the amount annually encumbered commensurate with the state fiscal year in which services are fulfilled and/or goods are received.

5. Timely Submission of Final Invoice

- A. A final undisputed invoice shall be submitted for payment no more than ninety (90) calendar days following the expiration or termination date of this Grant, unless a later or alternate deadline is agreed to in writing by the program grant manager. Said invoice should be clearly marked "Final Invoice", indicating that all payment obligations of the State under this Grant have ceased and that no further payments are due or outstanding.
- B. The State may, at its discretion, choose not to honor any delinquent final invoice if the Grantee fails to obtain prior written State approval of an alternate final invoice submission deadline.

6. Travel and Per Diem Reimbursement

Any reimbursement for necessary travel and per diem shall be at the rates currently in effect as established by the California Department of Human Resources (CalHR).

IN WITNESS WHEREOF

DEPARTMENT FISCAL REVIEW:

By: *A. Molgaard*
Anne Molgaard, Public Health Transition
Director

Date: 8/26/2021

Budgeted: Yes No

Budget Unit: 4010

Line Item: 82-5490

Org/Object Code:

Grant: Yes No

Grant No.: **CDPH OHP 17-10704**

COUNTY OF MENDOCINO

By: *D. Gjerde*
DAN GJERDE, Chair
BOARD OF SUPERVISORS

Date: SEP 15 2021

ATTEST:

CARMEL J. ANGELO, Clerk of said Board

By: *A. map*
Deputy

SEP 15 2021

I hereby certify that according to the provisions of Government Code section 25103, delivery of this document has been made.

CARMEL J. ANGELO, Clerk of said Board

By: *A. map*
Deputy

SEP 15 2021

INSURANCE REVIEW:

By: *Carmel J. Angelo*
Risk Management

Date: 08/26/2021

CONTRACTOR/COMPANY NAME

By: See Page 3
Kristy Lieu, Chief Contracts Management
Unit

Date: _____

NAME AND ADDRESS OF CONTRACTOR:

California Department of Public Health
1616 Capitol Ave. Suite 74.317, MS 1802
PO Box 997377
Sacramento, CA 95899

By signing above, signatory warrants and represents that he/she executed this Agreement in his/her authorized capacity and that by his/her signature on this Agreement, he/she or the entity upon behalf of which he/she acted, executed this Agreement

COUNTY COUNSEL REVIEW:

APPROVED AS TO FORM:

CHRISTIAN M. CURTIS,
County Counsel

By: *Charlotte Scott*
Deputy

08/26/2021

Date: _____

EXECUTIVE OFFICE/FISCAL REVIEW:

By: *Darcie Antle*
Deputy CEO

Date: 08/26/2021

Signatory Authority: \$0-25,000 Department; \$25,001- 50,000 Purchasing Agent; \$50,001+ Board of Supervisors

Exception to Bid Process Required/Completed N/A

Mendocino County Business License: Valid

Exempt Pursuant to MCC Section State entity