

CALIFORNIA IMMUNIZATION PROGRAM

Awarded By

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

**County of Mendocino Health and Human Services Agency, Public Health, 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 17-10330, 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 \$57,166 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 **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 \$57,166 and is amended to read: **\$308,790 (Three Hundred Eight Thousand Seven Hundred Ninety Dollars)** ~~\$251,624 (Two Hundred Fifty-One Thousand Six Hundred Twenty 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 \$251,624 **\$308,790**.

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

California Department of Public Health, Immunization Branch	Grantee: County of Mendocino Health and Human Services Agency, Public Health]
Name: Noemi Marin	Name: Sharon Convery
Address: 850 Marina Bay Pkwy., Bldg. P, 2 nd Floor	Address: 1120 S Dora Street
City, ZIP: Richmond, CA 94804	City, ZIP: Ukiah, CA 95482
Phone: (510) 620-3737	Phone: (707) 472-2692
Fax: (510) 620-3774	Fax: (707) 472-2765
E-mail: Noemi.Marin@cdph.ca.gov	E-mail: Converys@mendocinocounty.org

Direct all inquiries to:

California Department of Public Health, Immunization Branch	Grantee: County of Mendocino Health and Human Services Agency, Public Health
Attention: Robina Escalada	Attention: Sharon Convery
Address: 850 Marina Bay Pkwy., Bldg. P, 2 nd Floor	Address: 1120 S Dora Street
City, Zip: Richmond, CA 94804	City, Zip: Ukiah, CA 95482
Phone: (510) 620-3729	Phone: (707) 472-2692
Fax: (510) 620-3774	Fax: (707) 472-2765
E-mail: Robina.Escalada@cdph.ca.gov	E-mail: Converys@mendocinocounty.org

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

Remittance Address
Grantee: County of Mendocino Health and Human Services Agency, Public Health
Attention "Cashier": Finance
Address: 1120 S Dora Street
City, Zip: Ukiah, CA 95482
Phone: (707) 472-2692
Fax: (707) 472-2765
E-mail: Converys@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.

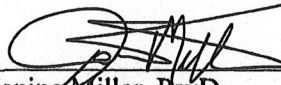
All other terms and conditions of this Grant shall remain the same.

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

Executed By:

Date:

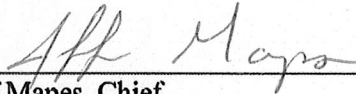
6/7/21



Janine Miller, PsyD.
Health and Human Services Agency Asst. Director
County of Mendocino Health and Human
Services Agency, Public Health
1120 S Dora Street
Ukiah, CA 95482

Date:

6/30/2021



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

IN WITNESS WHEREOF

DEPARTMENT FISCAL REVIEW:

By: See page 3
Jenine Miller, Psy.D., HHSA Assistant Director/
Behavioral Health Director

Date: _____

Budgeted: ☐ Yes ☒ No

Budget Unit: 4013

Line Item: 86-5490

Org/Object Code: PNCDIZ

Grant: ☒ Yes ☐ No

Grant No.: 17-10330, 17-10330-A01

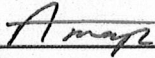
COUNTY OF MENDOCINO

By: 
DAN GJERDE, Chair
BOARD OF SUPERVISORS

Date: JUN 25 2021

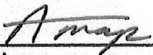
ATTEST:

CARMEL J. ANGELO, Clerk of said Board

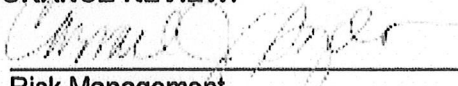
By: 
Deputy JUN 25 2021

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

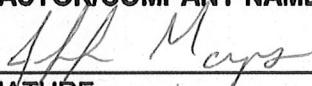
By: 
Deputy

INSURANCE REVIEW:

By: 
Risk Management

Date: 06/07/2021

CONTRACTOR/COMPANY NAME

By: 
SIGNATURE

Date: 6/30/2021

NAME AND ADDRESS OF CONTRACTOR:

CA Dept. of Public Health
850 Marina Bay Parkway,
Bldg P, 2nd Floor
Richmond, CA 94804
Robina.Escalada@cdph.ca.gov

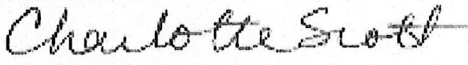
Jeff Mapes, Chief, Contracts Management Unit

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:

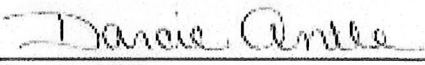
APPROVED AS TO FORM:

CHRISTIAN M. CURTIS,
County Counsel

By: 
Deputy

Date: 06/07/2021

EXECUTIVE OFFICE/FISCAL REVIEW:

By: 
Deputy CEO

Date: 06/07/2021

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 Revenue _____