

CDPH Immunization Branch
Fiscal Year 2017- 2022
APPLICATION COVER SHEET/CHECKLIST

Form 1

DATE OF SUBMISSION	May 18, 2017
OFFICIAL ORGANIZATION NAME	County of Mendocino Health and Human Services Agency, Public Health
AGREEMENT NUMBER	(Leave blank. Will be assigned by CDPH/IZ)

Provide the name, phone number, and e-mail address of the person we can contact to confirm the date/time of the negotiation conference call.

Contact Name: Anna Anttila	Phone Number: (707) 472-2713
E-mail: anttilaa@co.mendocino.ca.us	

Type of Application:

☐ New ☒ Renewal ☐ Continuation ☐ Supplement ☐ Revision

☐ Supplement ☐ Revision

Budget Period: From: 7/01/2017 To: 6/30/2022	Total Amount Requested for 5 Years: \$ 261,020.00
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Board of Supervisors/Resolution meeting dates for the upcoming 6 months:

June 6-7, 2017 June 20, 2017 July 11, 2017 July 17-18, 2017 August 1, 2017 August 15, 2017

September 12, 2017 September 18-19, 2017 October 3, 2017 October 17, 2017 November 7, 2017

November 13-14, 2017 December 5, 2017 December 18-19, 2017

Federal Compliance Requirements of the Immunization Grant No. 5 NH23IP000717-05-00

This section requires LHD Grantee signature to acknowledge that the LHD Grantee has reviewed and understand the Federal Compliance Requirements of the Immunization Grant. See enclosed copy of the Award Attachments under which this grant is issued.

Constance J. Caldwell, MD, Public Health Officer
Print Name and Title of Person Signing


Signature of Person Signing

5/18/17
Date

APPLICATION CONTENTS:

Application Due by 5:00 p.m., (Pacific Standard Time), May 18, 2017

Please Check

Form 1:	Application Cover Sheet/Checklist	<input checked="" type="checkbox"/>
Form 2:	Grantee Information Form	<input checked="" type="checkbox"/>
Form 3:	Local Project Synopsis	<input checked="" type="checkbox"/>
Form 4:	CDPH Immunization Branch Scope of Work for Local Health Departments	<input checked="" type="checkbox"/>
Form 5:	Exhibit B – Budget	<input checked="" type="checkbox"/>
Form 6:	Payee Data Record	<input checked="" type="checkbox"/>

NOTE: The above documents must be completed and submitted with this Application Cover Sheet/Checklist Form. E-mail completed application to izb.admin@cdph.ca.gov by the submission deadline.