



TOMÁS J. ARAGÓN, M.D., Dr.P.H
Director and State Public Health Officer

State of California—Health and Human Services Agency
California Department of Public Health



GAVIN NEWSOM
Governor

County of Santa Barbara
Attn: Adriana Almaguer, Program Coordinator
2115 S. Centerpointe Parkway
Santa Maria, CA 93455

12/29/2022

Subject: Amended Grant Agreement # 19-10974 A3

Enclosed for your records is a copy of the fully executed Amended Grant Agreement between the California Department of Public Health and County of Santa Barbara with a term start of July 01, 2019 through term end enter June 30, 2024.

Due to the Covid-19 pandemic and until further notice, contracts requiring approval by the Department of General Services (DGS) will be approved electronically. Please consider this contract received via USPS to be DGS approved original copies.

Contractors responsibility: *Invoices submitted during the term of the agreement must be in accordance with the contract terms and conditions, the Contractor is responsible for ensuring item(s) billed on the invoice are consistent with the Exhibit A, SOW and Exhibit B of this agreement.*

Please note the follow information be required:

Voluntary Statistical Data Sheet – Pursuant to the Public Contract Code 10111 requires state agencies capture information on race, ethnicity, gender and sexual orientation of business owners on all awarded contracts and procurements.

- The completion and submittal of attached form DGS PD 802 is **strictly voluntarily** and shall not be collected until after the contract award has been made. If interested in submitting this voluntary form please email a copy to the CDPH SB/DVBE Advocate at SBDVBE@cdph.ca.gov or mail to the address listed below.

Contract Awards of \$5,000 or more - When applicable, Pursuant to Title 2, Section 8117.5 of the California Code of Regulations requires CDPH to notify the Department of Fair Employment and Housing, Office of Compliance Programs of awards made for \$5,000 or more.

CDPH Contracts Management Services Section, MS 1802 • P.O. Box 997377
Sacramento, CA 95899-7377
(916) 650-0100 • (916) 650-0142 FAX
Internet Address: www.cdph.ca.gov



When applicable, Military and Veteran Code (MVC) 999.5(d), Government Code (GC) 14841 and California Code of Regulations (CCR) 1896.78 require that all Prime Contractors that used a Disabled Veteran Business Enterprise (DVBE) firm to perform an element of work for a given contract to report specific DVBE information, if DVBE subcontractors are utilized in performance of this contract/procurement, you must complete and return the attached CDPH 9095 form and return within 60 days from receipt of final payment and email a copy to the CDPH SB/DBVE Advocate at SBDVBE@cdph.ca.gov or mail to the address listed below.

If applicable, for contracts/procurement \$5 Million or more require the attached Russian Sanction Notification Letter to be completed.

Please contact Program Support Branch, Contracts Management Unit, if you have any questions.

cc: CDPH Contract File

CDPH Contracts Management Services Section, MS 1802 • P.O. Box 997377
Sacramento, CA 95899-7377
(916) 650-0100 • (916) 650-0142 FAX
Internet Address: www.cdph.ca.gov



VOLUNTARY STATISTICAL DATA SHEET

Information to be used for reporting purposes only

Public Contract Code 10111 requires state agencies to capture information on ethnicity, race and gender (ERG) of business owners on all awarded contracts and procurements to the extent that the information has been voluntarily reported to the department. The awarding department is prohibited from using this data to discriminate or provide a preference in the solicitation or acceptance of bids, quotes, or estimates for goods, services, construction and/or information technology. This information shall not be collected until after the contract award is made. The completion of this form is **strictly voluntary**.

The data you provide on this form should best describe the *ownership of your business*. Ownership of a business should be determined as follows:

- For a business that is a sole proprietorship, partnership, corporation, or joint venture at least 51 percent is owned by one or more individuals in a classification designated below or, in the case of any business whose stock is publicly held, at least 51 percent of the stock is owned by one or more individuals in a designated classification, or
- For other business entities, the owner is the person controlling management and daily operations and who “owns” the business.

For purposes of this report, respond only if the business has its home office in the United States and which is not a branch or subsidiary of a foreign corporation, firm, or other business.

Ethnicity/Minority Classification – As defined in Public Contract Code Section 2051 (c)

- Asian-Indian** – a person whose origins are from India, Pakistan, or Bangladesh.
- Black** – a person having origins in any of the Black racial groups of Africa.
- Hispanic** – a person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish or Portuguese culture or origin regardless of race.
- Native American** – an American Indian, Eskimo, Aleut, or Native Hawaiian.
- Pacific Asian** – a person whose origins are from Japan, China, Taiwan, Korea, Vietnam, Laos, Cambodia, the Philippines, Samoa, Guam, or the United States Trust Territories of the Pacific including the Northern Marianas
- Other** – Any other group of natural persons identified as minorities in the respective project specifications of an awarding department or participating local agency.

Race Classification – As defined by the Office of Management and Budget, Federal Register Notice, October 30, 1997, at <https://www.whitehouse.gov/wp-content/uploads/2017/11/Revisions-to-the-Standards-for-the-Classification-of-Federal-Data-on-Race-and-Ethnicity-October30-1997.pdf>

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Other

Gender Classification

- Female
- Male
- Transgender

Sexual Orientation Classification – As defined by Public Contract Code 10111(f)

- Lesbian
- Gay
- Bisexual

ITEMS BELOW TO BE COMPLETED BY STATE AGENCY/DEPARTMENT ONLY

- Goods
- Services
- Construction

Total Contract Purchase: \$ 1,202,789.00

Contract Award Date: 12/14/2022



TOMÁS J. ARAGÓN, M.D., Dr.P.H.
Director and State Public Health Officer

State of California—Health and Human Services Agency
California Department of Public Health



GAVIN NEWSOM
Governor

December 29, 2022

Adriana Almaguer
Program Coordinator
County of Santa Barbara
2115 S. Centerpointe Parkway
Santa Maria, CA 93455

RE: Contractor and Grantee Compliance with Economic Sanctions Imposed in Response to Russia's Actions in Ukraine # 19-10974 A3

Dear Adriana Almaguer

On March 4, 2022, Governor Gavin Newsom issued Executive Order N-6-22 (EO) regarding sanctions in response to Russian aggression in Ukraine. The EO is located at <https://www.gov.ca.gov/wp-content/uploads/2022/03/3.4.22-Russia-Ukraine-Executive-Order.pdf>

The EO directs all agencies and departments that are subject to the Governor's authority to take certain immediate steps, including notifying all contractors and grantees of their obligations to comply with existing economic sanctions imposed by the U.S. government in response to Russia's actions in Ukraine, as well as any sanctions imposed under state law.

This correspondence serves as a notice under the EO that as a contractor or grantee, compliance with the economic sanctions imposed in response to Russia's actions in Ukraine is required, including with respect to, but not limited to, the federal executive orders identified in the EO and the sanctions identified on the U.S. Department of the Treasury website (<https://home.treasury.gov/policy-issues/financial-sanctions/sanctions-programs-and-country-information/ukraine-russia-related-sanctions>) Failure to comply may result in the termination of contracts or grants, as applicable.

Please note that for any agreements or grants valued at \$5 million or more, a separate notification will be sent outlining additional requirements specified under the EO.

Sincerely,

Quitta Andraos

CMSS

CALIFORNIA SEXUALLY TRANSMITTED DISEASES PROGRAM

STD Program Management

Awarded By

THE CALIFORNIA DEPARTMENT OF PUBLIC HEALTH, hereinafter “Department”

TO

County of Santa Barbara, hereinafter “Grantee”

**Implementing the “STD Program Management and Collaboration Project,” hereinafter
“Project”**

AMENDED GRANT AGREEMENT NUMBER 19-10974, A3

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 131085(a).

PURPOSE FOR AMENDMENT: The purpose of the Grant amendment is to: The purpose of the Grant amendment is to: Increase the Grant amount for Fiscal Year (FY) 2022 and FY 2023 to allow the Grantee to continue performing more of the same services as identified in Exhibit A and to reimburse the Grantee accordingly. Revise Exhibit B, Budget Detail and Payment Provision (in its entirety) and Exhibit E, Standards and Procedures to include the Health and Safety Code (HSC) 120511 amended language regarding material support items for purposes consistent with this section. Update project representatives' information. Once the Grant Agreement has been fully executed, requests for modifications/changes thereafter to the existing Exhibit A, Scope of Work, do not require a formal amendment but must be agreed to in writing by both parties. The CDPH/Grantee Project Representatives are responsible for keeping records of approved modifications/changes. Such modifications/changes must be made at least 30 days prior to implementation. A formal written amendment is required when there is an increase or decrease in funding or a change in the term of the agreement.

Amendments are shown as: Text additions are displayed in **bold and underline**. Text deletions are displayed as strike through text (i.e., ~~Strike~~).

State of California – Health and Human Services Agency – California Department of Public Health
 CDPH 1229A (Rev. 06/2019)

AMENDED GRANT AMOUNT: This amendment is to increase the grant for **FY 2022** by **\$159,621** and **FY 2023** by **\$159,621** and is amended to read: The maximum amount payable under this Grant shall not exceed ~~Eight Hundred Eighty Three Thousand, Five Hundred Forty Seven Dollars (\$883,547)~~ **One Million, Two Hundred Two Thousand, Seven Hundred Eighty-Nine Dollars (\$1,202,789)**.

STANDARD PROVISIONS. The following exhibits are attached and made a part of this Grant Amendment by this reference.

Exhibit B BUDGET DETAIL AND PAYMENT PROVISIONS

Exhibit E ~~STANDARDS AND GENERAL TERMS AND CONDITIONS~~ **PROCEDURES**

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

California Department of Public Health	Grantee: County of Santa Barbara
Name: Karlo Estacio <u>Alexia McGonagle</u> Chief, Business Operations Support Section	Name: Adriana Almaguer Program Coordinator
Address: P.O. Box 997377, MS 7320	Address: 2115 S. Centerpointe Parkway
City, ZIP: Sacramento, Ca 95899-7377	City, ZIP: Santa Maria, CA 93455
Phone: (916) 552-9820	Phone: (805) 346-8433
Fax: (916) 440-5106	Fax: (805) 346-7232
E-mail: Karlo.Estacio@cdph.ca.gov <u>Alexia.McGonagle@cdph.ca.gov</u>	E-mail: <u>Adriana.Almaguer@sbcphd.org</u>

State of California – Health and Human Services Agency – California Department of Public Health
CDPH 1229A (Rev. 06/2019)

Direct all inquiries to:

California Department of Public Health, STD Control Branch	Grantee: County of Santa Barbara
Attention: May Otow <u>Adriana Cervantes</u> Grant Manager	Attention: Adriana Almaguer Program Coordinator
Address: P.O. Box 997377, MS 7320	Address: 2115 S. Centerpointe Parkway
City, Zip: Sacramento, Ca 95899-7377	City, ZIP: Santa Maria, CA 93455
Phone: (916) 552-9788	Phone: (805) 346-8433
Fax: (916) 636-6454 <u>(916) 636-6755</u>	Fax: (805) 346-7232
E-mail: May.Otow@cdph.ca.gov <u>Adriana.Cervantes@cdph.ca.gov</u>	E-mail: <u>Adriana.Almaguer@sbcphd.org</u>

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

Remittance Address
Grantee: County of Santa Barbara
Attention "Cashier": Jeffrey Brown
Address: 300 N. San Antonio Road
City, ZIP: Santa Barbara, CA 93110
Phone: (805) 681-5186
Fax:
E-mail: Jeffrey.Brown@sbcphd.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.

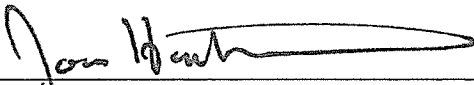
State of California – Health and Human Services Agency – California Department of Public Health
CDPH 1229A (Rev. 06/2019)

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: 11-29-22



~~Bob Nelson~~
Joan Hartmann
Chair, Board of Supervisors
Santa Barbara County
105 East Anapamu Street
Santa Barbara, CA 93101

Date: 12-14-22



~~Joseph Torrez, Chief~~
Javier Sandoval, Chief
Contracts Management Unit
California Department of Public Health
1616 Capitol Avenue, Suite 74.262
P.O. Box 997377, MS 1800-1804
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 Scope of Work, 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 total amount of this agreement.
- B. Invoices shall include the Grant Number and shall be submitted electronically or in triplicate not more frequently than quarterly in arrears to:

Adriana Cervantes
California Department of Public Health
STD Control Branch
MS 7320
P.O. Box 997377
Sacramento, CA 95899-7377

Electronic invoice submissions can be transmitted via email to STDLHJInvoices@cdph.ca.gov.

- 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 Scope of Work under this Grant.
 - 2) Electronic submittal of invoices is the preferred method. Mailed hard copies are not required.
 - 3) Bear the Grantee's name as shown on the Grant.
 - 4) Identify the billing and/or performance period covered by the invoice.
 - 5) 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.
- D. Invoices must be submitted no more than forty-five (45) calendar days after the end of each quarter unless a later or alternate deadline is agreed to in writing by the program Grant Manager.
- E. Amount awarded under this Grant is identified in the CDPH 1229 Grant Agreement.

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

Exhibit B
Budget Detail and Payment Provisions

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.

4. Timely Submission of Final Invoice

- A. A final undisputed invoice shall be submitted for payment no more than forty-five (45) 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.

5. Travel and Per Diem Reimbursement

- A. Any reimbursement for necessary travel and per diem shall, unless otherwise specified in this Agreement, be at the rates currently in effect, as established by the California Department of Human Resources (Cal HR). If the Cal HR rates change during the term of the Agreement, the new rates shall apply upon their effective date and no amendment to this Agreement shall be necessary. No travel outside the State of California shall be reimbursed without prior authorization from the CDPH. Verbal authorization should be confirmed in writing. Written authorization may be in a form including fax or email confirmation.
- B. In accordance with California Assembly Bill 1887 (Chapter 687, Statutes of 2016), and Government Code Section 11139.8, travel is prohibited to states that, enact the following after June 26, 2015:
 - 1. A law that voids or repeals, or has the effect of voiding or repealing, existing state or local protections against discrimination on the basis of sexual orientation, gender identity, or gender expression.
 - 2. A law that authorizes or requires discrimination against same-sex couples or their families or on the basis of sexual orientation, gender identity, or gender expression.

Exhibit B
Budget Detail and Payment Provisions

3. A law that creates an exemption to antidiscrimination laws in order to permit discrimination against same-sex couples or their families or on the basis of sexual orientation, gender identity, or gender expression.

The California Attorney General's webpage lists the states to where travel is prohibited.

- C. The total budget amount for out-of-state travel shall not exceed five (5) percent of the total annual budget of this grant agreement.

6. Use of Funds / Supplanting

These funds shall be used to supplement and enhance existing local STD program activities and services and shall not replace existing services and activities, prevent the addition of new services and activities, and does not duplicate reimbursement of costs and services received from local funds or other sources. Supplanting of funds is defined (for the purposes of this agreement) as using local assistance award monies to “replace” or “take the place of” existing local funding. For example, reductions in local funds cannot be offset by the use of any dollars for the same purpose.

7. Proper Use of Funds

- A. The funds for this grant agreement **may be used** for:
 1. Local health jurisdiction staff to support STD prevention and control activities.
 2. Out-of-state travel to conferences and meetings, except to prohibited states as provided in 5.B. above. Travel costs may include travel and per diem for local leadership and other relevant staff (listed in the budget as in-kind support) to attend the Annual California STD HIV Controllers Association Membership Meeting, Annual STDCB Statewide Meeting (e.g., Congenital Syphilis Prevention Forum), National STD Prevention Conference, or other national forums as relevant. Prior written approval for out-of-state travel approval must be obtained from STDCB and shall not exceed five (5) percent of the total annual budget of this grant agreement.
 3. In-state travel to support local capacity building, except to prohibited states as provided in 5.B. above. This includes training course fees, travel, and per diem to support enhancement of knowledge, skills, and abilities of Disease Intervention Workforce (e.g., Principles, Practices, and Pathways to Disease Intervention (3PDI), Phlebotomy, Cultural Humility), or other staff essential to STD prevention and control.
 4. STD test kits and other testing supplies.
 5. STD treatment (i.e., Suprax, Azithromycin, Bicillin, Ceftriaxone, Doxycycline)
 6. Condoms.
 7. Provider education materials.
 8. Client education materials.

Exhibit B
Budget Detail and Payment Provisions

- B. The funds for this grant agreement **may be used for the following items, with supportive justification, tracking, and reporting of outcomes:**
1. Incentives such as low value gift cards (e.g., WalMart, Safeway, transportation vouchers), hygiene kits, and/or other STD-related incentives.
 - a. Client incentives, such as low value gift cards, may be approved as Behavioral Modification Materials (BMM). The value of the incentive is limited to \$50.00 of merchandise per person per intervention (e.g. client attendance for syphilis treatment at \$25.00 for each Bicillin injection).
 - b. Current CDPH approvals require the BMM to be justified with scientific proof of behavior change, and be accompanied by a targeted distribution plan, incentive tracking log, and reporting of incentive distribution and client outcomes.
 - c. Incentives cannot be used for the purchase of alcohol, tobacco, or drug products.
 - d. There is no prepayment for incentives. The LHJ will only be reimbursed for the amount of incentives distributed during each quarter.
 - e. The use of incentives must comply with the provisions in Exhibit E, STD Local Assistance Funds – Standards and Procedures.
 2. Material support items, including, but not limited to, sleeping bags, tarps, shelter, clothing items, and hygiene kits, to people living with, or at risk for, STIs.
 - a. The use of material support items must comply with the provisions in Exhibit E, STD Local Assistance Funds – Standards and Procedures.
 3. BMMs and material support items are provided to program participants to motivate and/or reinforce positive behavior and/or involvement in STD control and prevention activities. Receipt of a BMM and/or material support items requires action on the part of the recipient. The Grantee is responsible for the possession, security (e.g., will keep the BMMs and/or material support items in a secure location), and accountability of the BMMs and/or material support items. The Grantee will prepare a log sheet that will track and identify each of the BMMs and/or material support items, value, transfer date, and recipient.
- C. The funds for this grant agreement **cannot** be used for:
1. Stuff We All Get (SWAG) - The purchase of free promotional items for health promotion events such as pens, mugs, t-shirts, posters, key chains, or bumper stickers. This provision is in accordance with the California State Constitution, Article 16, section 6, which prohibits any gifting of public funds.
 2. Individual prizes or high value incentives (e.g., iPads, iPhones) for health promotion competitions.
 3. Cash incentives paid to an individual.
 4. Scholarships paid to an individual or a school on behalf of an individual.
 5. Food (e.g., sponsored lunch or dinner at provider education sessions, brown bag lunches, buffets at screening events).
 6. The purchase, lease, or other support of county vehicles or mobile testing units.
 7. Construction, renovation, improvement, or repair of property.
 8. The purchase of alcohol, tobacco, or cannabis.

Exhibit E

STD Local Assistance Funds – Standards and ~~General Terms and Conditions~~ Procedures

1. Overview

The California Department of Public Health (CDPH) STD Control Branch (STDCB) sets forth the following standards and procedures. These standards and procedures specify the conditions for receipt of CDPH STDCB local assistance funds.

The local health department has the authority for STD prevention and control as outlined in the Summary of Regulations Related to STD Prevention and Control Efforts in California. <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/STD-ForLocalHealthJurisdictions.aspx>

2. Grantee's Responsibilities

The Grantee agrees to:

- A. Direct activities toward achieving the program objectives set forth by the CDPH STDCB.
- B. Use these funds in accordance with any additional guidance set forth by the CDPH STDCB regarding the granting, use and reimbursement of the STDCB local assistance funds. Additional consideration should be given to other guidance from the CDPH and Centers for Disease Control and Prevention (CDC) intended to highlight successful STD, HIV and/or HCV prevention strategies or outline California specific initiatives, policies and procedures. Please find relevant programmatic guidance documents on the CDPH STDCB website: <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/STD.aspx>
- C. Use these funds to augment existing funds and not supplant funds that have been locally appropriated for the same purposes. Local assistance funds are intended to provide local entities with increased capabilities to address STD control needs. Supplanting of funds is defined (for the purposes of this agreement) as using local assistance award monies to "replace" or "take the place of" existing local funding. For example, reductions in local funds cannot be offset by the use of CDPH STDCB dollars for the same purpose.
- D. Abide by the most recent standards of care for STD screening, treatment, control and prevention as promulgated by:
 1. California Department of Public Health
<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/STDs-ClinicalGuidelines.aspx>
 2. Centers for Disease Control and Prevention
<https://www.cdc.gov/std/tg2015/default.htm>
<https://www.cdc.gov/std/>

Exhibit E

STD Local Assistance Funds – Standards and ~~General Terms and Conditions~~ Procedures

- E. Share health advisories, health education materials, outreach, testing and linkage to care and care coordination protocols, and other products created to enhance STD awareness, prevention, testing, linkage to care, and care coordination funded with these dollars with CDPH and other LHJs and community-based organizations (CBOs) in California. The intent of this is to allow duplication (where possible) and cross-jurisdictional reach of successful STD interventions and activities aimed at the priority populations, clinical providers, and community partners. Source documents should be submitted to CDPH STDCB upon completion and with the annual progress report, and upon request from CDPH, as relevant.
- F. Submit information and reports as requested by the CDPH STDCB.
- G. Ensure the use of a competitive bid process in the selection of all subcontracts. If the subcontract is one where the LHJ has a current agreement with, indicate the date the agreement was effective. If the CBO is a non-profit agency as defined by Internal Revenue Code 501(c), ensure the LHJ has a current letter on file from the Internal Revenue Service for the CBO.

3. Reporting Requirements

A. Case Report, Laboratory, and Interview Record

All Grantees shall comply with morbidity reporting requirements for reportable STDs identified in Title 17, California Code of Regulations (CCR) §2500, §2593, §2641.5-2643.20, and §2800 – 20182 Reportable Diseases and Conditions.
<https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/ReportableDiseases.pdf>

All Grantees, excluding Los Angeles and San Francisco, must enter STD case reports, laboratory results, and interview data for their jurisdiction directly into the California Reportable Disease Information Exchange (CalREDIE) system, the CDPH web-based reporting software for notifiable diseases. Data must be entered into the appropriate tabs and forms in CalREDIE. Submission of hard copy forms for data entry into CalREDIE by CDPH or scanning of case reports, laboratory results, or interview records into the electronic filing cabinet (EFC), sans data entry, will not be accepted. CDPH STD Control Branch will provide essential variables for data entry and STD case report forms. Specific case investigation and report requirements are as follows:

1. Syphilis laboratory tests and confidential morbidity reports should be processed and assigned for investigation according to the California Syphilis Reactor Alert System (SRAS). Some health jurisdictions may have a more nuanced local system for prioritizing reported reactive syphilis tests.
<https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/SyphilisReactorSRASChartAlgorithm.pdf>

Exhibit E

STD Local Assistance Funds – Standards and ~~General Terms and Conditions~~ Procedures

2. Syphilis cases and congenital syphilis case investigations are to be reported according to updated CDPH STDCB protocols on the appropriate case report forms (Syphilis Interview Record or California Congenital Syphilis-CS Case Investigation and Report) found in CalREDIE; samples of these forms can be viewed at <https://www.cdph.ca.gov/Programs/PSB/Pages/CommunicableDiseaseControl.aspx>. Grantees will complete and close investigations in CalREDIE within 45 days of initial report to local health department.
3. Chlamydia and gonorrhea reports are automatically initiated through CalREDIE with electronic laboratory report information, data entry of laboratory, or provider report.
4. Cases of gonorrhea with suspected treatment failure or with high minimum inhibitory concentrations (MIC) to CDC-recommended treatment should be reported to CDPH STDCB within 24 hours of initial report to local health department. Reports should be conveyed by calling the CDPH STDCB Office at (510) 620-3400.
5. Suspected or confirmed cases of lymphogranuloma venereum, and chancroid should be reported to CDPH STDCB within 24 hours of initial report to local health department. Reports should be conveyed by calling the CDPH STDCB Office at (510) 620-3400.
6. Grantees will participate in STD-specific CalREDIE trainings and conduct quality control procedures, including review of cases to ensure appropriate surveillance case definition and reconciliation of case counts.

For additional STD-related CalREDIE help, please email STDCalREDIE@cdph.ca.gov.

For STD case definitions, please visit <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/STDCaseDefinitions.aspx>

For frequently asked questions, manuals/guidelines, and forms/instructions. <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/STD-CalREDIE-Resources.aspx>

Los Angeles and San Francisco grantees must report the data outlined above to CDPH STD Control Branch via a secure file transfer protocol (FTP) on a weekly basis. Data will be transmitted using the following formats:

- Case report data to be submitted using the National Electronic Telecommunications System for Surveillance (NETSS) or Message Mapping Guides (MMG) standards.
- Interview record data to be submitted in a format that conforms to the corresponding CalREDIE data elements.

Exhibit E

STD Local Assistance Funds – Standards and ~~General Terms and Conditions~~ Procedures

B. Performance Measurement and Program Evaluation

Grantees will submit performance indicators specified in the scope of work, including for activities subcontracted to one or more community-based organizations. Project specific data reporting requirements and performance indicators will be determined in collaboration with CDPH within the first three months of the project period.

C. Data Security and Confidentiality

Grantees shall comply with recommendations set forth in CDC's "Data Security and Confidentiality Guidelines for HIV, Viral Hepatitis, Sexually Transmitted Disease, and Tuberculosis Programs."

<http://www.cdc.gov/nchhstp/programintegration/docs/PCSIDataSecurityGuidelines.pdf>. Grantees shall have staff complete CDPH required confidentiality and data security training, and maintain on file associated confidentiality agreements for each staff person with access to STD data.

D. Outbreak Reporting

The California Code of Regulations (Title 17, Section 2502[c]) directs local health officers to immediately report unusual disease occurrences or outbreaks to CDPH. Reports should be conveyed by calling the CDPH STDCB Office at (510) 620-3400.

E. Financial Expenditures and Reporting

Grantees must maintain records reflecting actual expenditures. Please see the CDPH STDCB Use of Local Assistance Funds document for guidance on allowable and non-allowable expenditures.

<https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/UseofLocalAssistanceFunds.pdf>. The CDPH STDCB reserves the right to question and re-negotiate reimbursement for any expenditure that may appear to exceed a reasonable cost for the service. Financial expenditures/reporting are required and must be submitted within 45 calendar days after the end of each quarter. Annual financial expenditures and reporting should be submitted no later than 45 days after the end of the budget period. Invoices should be sent to STDLHJInvoices@cdph.ca.gov.

Exhibit E

STD Local Assistance Funds – Standards and ~~General Terms and Conditions~~ Procedures

F. Performance Progress Reporting

The Annual Performance Progress Report is due no later than 30 days prior to the end of the budget period (e.g. May 31, 2020), and serves as the continuation application for the follow-on budget period. All publications and manuscripts published as a result of the work supported in part or whole by the cooperative grant must be submitted with the performance progress reports. Additionally, health advisories, health education materials, and other products should be submitted. Annual Performance Progress Report should be submitted to STDLHJContracts@cdph.ca.gov.

G. Reporting Use of Incentives

Acceptable incentives include items such as low value gift cards (e.g., WalMart, Safeway, transportation vouchers), hygiene kits, and/or other STD-related incentives. All proposals for incentives must be submitted to CDPH STDCB for review prior to purchase and project implementation, accompanying documents must contain justification for use as behavior modification material, and accompanied by a targeted distribution plan and tracking/reporting/outcome log. When using incentives to achieve the goals and objectives outlined in the Scope of Work, the Grantee must adhere to the following requirements:

1. Complete a Subject Reimbursement Log that is kept within a secure study file. This log will contain the gift card brand, gift card number, denomination, date purchased, reason for disbursement, the recipient of the incentive, and the issue date (see attached log).
2. Each participant receiving an incentive must complete a Subject Incentive Payment Receipt at the time the incentive is issued. The Subject Incentive Payment Receipt must be kept in a secure location.
3. Participation incentives cannot be used for the purchase of alcohol, tobacco, or drug products.
4. A copy of the Subject Reimbursement Log must be submitted with the quarterly invoice.
5. The Subject Incentive Payment Receipt must be kept for a minimum of five (5) years after the termination of the grant.

Exhibit E

STD Local Assistance Funds – Standards and ~~General Terms and Conditions~~ Procedures

- H. **Reporting Use of Material Support**
Acceptable material support includes, but it is not limited to, sleeping bags, tarps, shelter, clothing items, and hygiene kits. All proposals for material support items must be submitted to CDPH STDCB for review prior to purchase and project implementation, accompanying documents must contain justification for use, targeted distribution plan and tracking/reporting/outcome log. When using material support items to achieve the goals and objectives outlined in the Scope of Work, the Grantee must adhere to the following requirements:
- 1. Complete a Subject Reimbursement Log that is kept within a secure study file. This log will contain the material support item name, denomination, date purchased, reason for disbursement, the recipient of the material support item, and the issue date (see attached log).**
 - 2. Each participant receiving material support item must complete a Subject Payment Receipt at the time the material support item is issued. The Subject Payment Receipt must be kept in a secure location.**
 - 3. A copy of the Subject Reimbursement Log must be submitted with the quarterly invoice.**
 - 4. The Subject Payment Receipt must be kept for a minimum of five (5) years after the termination of the grant.**
4. **Rights of California Department of Public Health, Sexually Transmitted Disease Control Branch**
- A. The CDPH STDCB reserves the right to modify the terms and conditions of all awards. Additional information and documentation may be required.
 - B. The CDPH STDCB reserves the right to use and reproduce all reports and data produced and delivered pursuant to the local assistance awards and reserves the right to authorize others to use or reproduce such materials, provided that the confidentiality of patient information and records is protected pursuant to California State laws and regulations.

Prime Contractor's DVBE Subcontracting Report

PLEASE FAX OR MAIL THIS FORM WITHIN 60 DAYS FROM RECEIPT OF FINAL PAYMENT TO:
 California Department of Public Health
 ATTN: SB/DVBE Advocate
 1616 Capitol Ave, Suite 74.317
 Sacramento, CA 95814
 Fax: (916) 319-8583

(Information obtained will be used for reporting purposes only.)

Department Use Only			Prime Contractor		
Contract Number:	19-10974	Amendment #:	A3	FEIN Number:	
Program:	Center for Infectious Disease			Phone Number:	
Prime Contractor:	County of Santa Barbara			Address:	
Contract Term Dates:	July 01, 2019 through June 30, 2024			Email Address:	
Contract Award Amount:	1,202,789.00			Date Final Payment Received:	
					Total Contract Amount Received:

List ALL Disabled Veteran Business Enterprise firms involved with this contract.

(A) DVBE Subcontractor(s) Name	(B) DVBE Subcontractor Address	(C) DVBE Certification Number	(D) Total Contracted Amt. to DVBE	(E) Total Payment Amount to DVBE	(F) Variance
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
Number of Subcontractors=			Total:\$	Total:\$	Total:\$

I declare under penalty of perjury under the laws of the State of California that all information submitted is true and correct.

Prime Contractor Printed Name: _____

Signature: _____

Date: _____

**Prime Contractor's DVBE Subcontracting Report
Form Instructions**

GENERAL INFORMATION: Military and Veteran Code (MVC) 999.5(d), Government Code (GC) 14841, and California Code of Regulations (CCR) 1896.78(e) require that all Prime Contractors that used a Disabled Veteran Business Enterprise (DVBE) firm to perform an element of work for a given contract to report specific DVBE information.

Prime Contractors are required to maintain records that support the information submitted on this form and that confirm all payments to DVBE subcontractor(s) have been made.

DEPARTMENT ONLY INSTRUCTIONS:

The awarding Department's completion of the following information, prior to issuing this form to the Prime Contractors ensures that all DVBE subcontractor activities are reported for DVBE firms resulting in the award.

1. Fill in the **Department Use Only** section, which includes:

- Contract Number
- Department
- Prime Contractor
- Date Contract Completed
- Contract Award Amount

2. Complete columns A, B, C & D of the DVBE subcontractors table, for each individual subcontractor used.

PRIME CONTRACTOR'S INSTRUCTIONS:

1. Fill in **Prime Contractor** section, which includes:

- FEIN Number
- Phone Number
- Address
- Email Address
- Date Final Payment Received
- Contract Received Amount

2. Complete the DVBE subcontractor information in **columns E & F ONLY**.
If you do not see a subcontractor listed in the table that was utilized on your contract, please fill out sections A-F of the table.

3. Complete Signature block with Printed name, Signature & Date.

PLEASE NOTE: Include all DVBE's that performed an element of work for this contract regardless of tier, and report **ONLY ONE** contract per form.

PLEASE FAX OR MAIL THE FORM BACK TO THE CDPH SB/DVBE ADVOCATE WITHIN 60-DAYS OF RECEIPT OF FINAL PAYMENT.