

**2008-09 CDC Public Health Emergency Preparedness, State General Fund (GF)
Pandemic Influenza and HHS Hospital Preparedness Program Funding
AGREEMENT**

1. This Agreement is entered into between the California Department of Public Health, herein after referred to as “CDPH” and the County of Santa Barbara, herein after referred to as “LHD” and/or “Local HPP Entity”.
2. The term of this Agreement is:
 - August 10, 2008 through August 9, 2009 (Centers for Disease Control and Prevention [CDC])
 - August 9, 2008 through August 8, 2009 (Hospital Preparedness Program [HPP])
 - July 1, 2008 through June 30, 2009 (State GF Pandemic Influenza)
3. The maximum amount payable under this Agreement is \$799,042, and is allocated as follows:
 - \$400,786, CDC Base Allocation. (8/10/08 – 8/9/09)
 - \$0, Laboratory Allocation. (8/10/08 – 8/9/09)
 - \$0, Laboratory Trainee Stipends. (8/10/08 – 8/9/09)
 - \$0, Laboratory Training Assistance Grant. (8/10/08 – 8/9/09)
 - \$0, Cities Readiness Initiative Funds. (8/10/08 – 8/9/09)
 - \$323,611, HPP Allocation. (8/9/08 – 8/8/09)
 - \$74,645, State GF Pandemic Influenza Allocation. (7/1/08 – 6/30/09)
4. The parties agree to comply with the terms and conditions of the following exhibits, which are by this reference made a part of this Agreement.

Exhibit A — Scope of Work	03 Pages
Exhibit B — Budget Detail and Budget Provisions	03 Pages
Exhibit B, Attachment 1, Criteria for Payments	01 Page
Exhibit C — Additional Provisions	02 Pages
Exhibit D(F) — Special Terms and Conditions (Federal)	26 Pages
Notwithstanding provisions 3, 4, 5(a), 6, 12, 13, 17, 22, 23, 27, and 30 which do not apply to this Agreement.	
Exhibit E – Non-Supplantation Certification Form	01 Page

IN WITNESS WHEREOF, this Agreement has been executed by the parties hereto.

CONTRACTOR	
CONTRACTOR'S NAME	
County of Santa Barbara	
BY (<i>Authorized Signature</i>)	DATE SIGNED (Do not type -signor must date)
PRINTED NAME AND TITLE OF PERSON SIGNING	
ADDRESS	
STATE OF CALIFORNIA	
AGENCY NAME	
California Department of Public Health	
BY (<i>Authorized Signature</i>)	DATE SIGNED
ADDRESS	
1615 Capitol Avenue, MS 7002, P.O. Box 997377, Sacramento, CA 95899-7377	