

**2013-14 CDC Public Health Emergency Preparedness (PHEP), State General Fund (GF)
Pandemic Influenza, HHS Hospital Preparedness Program (HPP) Funding
ALLOCATION AGREEMENT**

Agreement Governed By:

CDC-RFA-TP12-120102CONT13, CFDA Number 93.074 National Hospital Preparedness Program and Public Health Emergency Preparedness Cooperative Agreement Programs, and California Health and Safety Code, Section 101315 to 101319.

1. This Allocation 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” and supersedes the prior EPO 13-45 agreement.
2. The term of this Agreement is:
 - July 1, 2013 through June 30, 2014 PHEP (Centers for Disease Control and Prevention [CDC])
 - July 1, 2013 through June 30, 2014 (Hospital Preparedness Program [HPP])
 - July 1, 2013 through June 30, 2014 (State GF Pandemic Influenza)
3. The maximum amount payable under this Agreement is \$835,362, and is allocated as follows:
 - \$313,000, PHEP CDC Base Allocation. (7/1/13 – 6/30/14)
 - \$137,974, PHEP CDC Carry-Forward Amount. (7/1/12 – 6/30/13)
 - \$250,908, HPP Allocation. (7/1/13 – 6/30/14)
 - \$58,971, HPP Carry-Forward Amount. (7/1/12 – 6/30/13)
 - \$74,509, State GF Pandemic Influenza Allocation. (7/1/13 – 6/30/14)
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	04 Pages
Exhibit B, Attachment 1, Criteria for Payments	03 Pages
Exhibit C — Additional Provisions	03 Pages
Exhibit D(F) — Special Terms and Conditions	25 Pages
Exhibit E – Non-Supplantation Certification Form	01 Page

Attachment 11

County of Santa Barbara
2013-14
Allocation Agreement Revised No. EPO 13-45R

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	