CALIFORNIA IMMUNIZATION PROGRAM

Awarded By

THE CALIFORNIA DEPARTMENT OF PUBLIC HEALTH, hereinafter "Department" TO

Santa Barbara County Public Health Department, 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 17-10348, A03

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, which requires immunizations against childhood diseases prior to school admittance and Federal Grant numbers 6 NH23IP922612-02-02, 6 NH23IP922612-02-03, and 6 NH23IP922612-02-04.

PURPOSE FOR AMENDMENT: The purpose of the Grant amendment is to increase funding in the amount of \$4,509,493 for FY2021-22 to allow the Grantee to continue performing the same services identified in Exhibit A, Grant Application, and provide more of the same Coronavirus Disease 2019 services in response to the CARES ACT.

Amendments are shown as: Text additions are displayed in <u>bold and underline</u>. Text deletions are displayed as strike through text (i.e., Strike).

AMENDED GRANT AMOUNT: this amendment is to increase the grant by \$4,509,493 and is amended to read: <u>\$5,488,584 (Five Million Four Hundred Eighty-Eight Thousand Five Hundred Eighty-Four Dollars)</u> \$979,091(Nine Hundred Seventy-Nine Thousand Ninety-One 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 \$979,091 \$5,488,584.

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

•	Grantee: Santa Barbara County Public Health Department]
Name: Noemi Marin	Name: Paige Batson
Address: 850 Marina Bay Pkwy., Bldg. P, 2 nd Floor	Address: 300 N. San Antonio Road
City, ZIP: Richmond, CA 94804	City, ZIP: Santa Barbara, CA 93110
Phone: (510) 620-3737	Phone: (805) 346-8286
Fax: (510) 620-3774	Fax: (805) 346-7232
E-mail: noemi.marin@cdph.ca.gov	E-mail: paige.batson@sbcphd.org

Direct all inquiries to:

	Grantee: Santa Barbara County Public Health Department]
Attention: Rossana A Ordonez	Attention: Paige Batson
Address: 850 Marina Bay Pkwy., Bldg. P, 2 nd Floor	Address: 300 N. San Antonio Road
City, Zip: Richmond, CA 94804	City, Zip: Santa Barbara, CA 93110
Phone: (510) 620-3768	Phone: (805) 346-8286
Fax: (510) 620-3774	Fax: (805) 346-7232
E-mail: rossana.ordonez@cdph.ca.gov	E-mail: paige.batson@sbcphd.org

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

Remittance Address	
Grantee: Santa Barbara County Public Health Department	
Attention "Cashier": Finance	
Address: 300 N. San Antonio Road	
City, Zip: Santa Barbara, CA 93110	
Phone: (805) 681-5174	
Fax: (805) 346-7232	
E-mail: heather.feeney@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 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:

Joan Hartmann, Chair Board of Supervisors County of Santa Barbara 195 East Anapamu Street, Room 407 Santa Barbara, CA 93101

Date:

Javier Sandoval, 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