

CALIFORNIA IMMUNIZATION PROGRAM

Awarded By

THE CALIFORNIA DEPARTMENT OF PUBLIC HEALTH, hereinafter “Department”

TO

**County of Siskiyou Health and Human Services Agency Public Health Division, 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 17-10353, 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 \$1,330,180 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 **bold and underline**. Text deletions are displayed as strike through text (i.e., ~~Strike~~).

AMENDED GRANT AMOUNT: this amendment is to increase the grant by \$1,330,180 and is amended to read: **\$1,638,970 (One Million Six Hundred Thirty-Eight Thousand Nine Hundred Seventy Dollars)** ~~\$308,790 (Three Hundred Eight Thousand Seven Hundred Ninety 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 ~~\$308,790~~ **\$1,638,970**.

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

California Department of Public Health, Immunization Branch	Grantee: County of Siskiyou Health and Human Services Agency Public Health Division
Name: Noemi Marin	Name: Kristin Varga, LVN, Immunization Coor.
Address: 850 Marina Bay Pkwy., Bldg. P, 2 nd Floor	Address: 810 S. Main Street
City, ZIP: Richmond, CA 94804	City, ZIP: Yreka, CA 96097
Phone: (510) 620-3737	Phone: (530) 841-2145
Fax: (510) 620-3774	Fax: (530) 266-2333
E-mail: Noemi.Marin@cdph.ca.gov	E-mail: KVarga@co.siskiyou.ca.us

Direct all inquiries to:

California Department of Public Health, Immunization Branch	Grantee: County of Siskiyou Health and Human Services Agency Public Health Division
Attention: Robina Escalada	Attention: Kristin Varga, LVN, Immunization Coor.
Address: 850 Marina Bay Pkwy., Bldg. P, 2 nd Floor	Address: 810 S. Main Street
City, Zip: Richmond, CA 94804	City, Zip: Yreka, CA 96097
Phone: (510) 620-3729	Phone: (530) 841-2145
Fax: (510) 620-3774	Fax: (530) 266-2333
E-mail: Robina.Escalada@cdph.ca.gov	E-mail: KVarga@co.siskiyou.ca.us

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

Remittance Address
Grantee: County of Siskiyou
Attention “Cashier”: Finance
Address: 810 S. Main Street
City, Zip: Yreka, CA 96097
Phone: (530) 841-2149
Fax:
E-mail:

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:

Brandon A. Criss
Siskiyou County Board of Supervisors
County of Siskiyou
810 S. Main Street
Yreka, CA 96097

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

ATTEST:

LAURA BYNUM

Clerk, Board of Supervisors

By: _____
Deputy

Siskiyou County Internal Accounting:

<u>FUND</u>	<u>ORGANIZATION</u>	<u>ACCOUNT</u>		<u>AMOUNT</u>
2121	401015	540550	FY 2017/2018	\$ 52,204.00
2121	401015	540550	FY 2018/2019	\$ 52,204.00
2121	401015	540550	FY 2019/2020	\$ 49,072.00
2121	401015	540550	FY 2020/2021	\$ 106,238.00
2121	401015	540550	FY 2021/2022	<u>\$1,379,252.00</u>
TOTAL NTE				\$1,638,970.00