

**NUTRITION EDUCATION AND OBESITY PREVENTION BRANCH SUPPLEMENTAL  
NUTRITION ASSISTANCE PROGRAM-EDUCATION**

**Awarded By**

**THE CALIFORNIA DEPARTMENT OF PUBLIC HEALTH, hereinafter “Department”**

**TO**

**County of Siskiyou,  
hereinafter “Grantee”**

**Implementing the “CalFresh Healthy Living Program,” hereinafter “Project”**

**AMENDED GRANT AGREEMENT NUMBER 19-10348, A01**

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 (HSC), Section 131085(a)(b).

**PURPOSE FOR AMENDMENT:** The purpose of the Grant amendment is to extend the term for one year with additional funding to allow the Grantee to continue performing more of the same services as identified in the Exhibit A.

**Amendments are shown as:** Text additions are shown as bold and underline. Text deletions are shown as strike-through text.

**AMENDED GRANT AMOUNT:** this amendment is to increase the grant by **\$150,000.00**. The maximum amount payable under this Grant Agreement shall not exceed ~~\$450,000.00~~ **\$600,000.00**.

**AMENDED TERM OF GRANT:** The term of this Grant shall be amended to begin October 1, 2019 and terminates on September 30, 2023. No funds may be requested or invoiced for work performed or costs incurred after September 30, 2023.

**Exhibit B:** Exhibit B, Budget Detail and Payment Provisions, is hereby replaced in its entirety with Exhibit B, Budget Detail and Payment Provisions, **A01**.

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

<b>California Department of Public Health Contract Manager</b>	<b>Grantee: County of Siskiyou</b>
Name: Shelly Cater	Name: Diana Smith, Project Director
Address: 1616 Capitol Avenue	Address: 810 S. Main Street
Sacramento, CA 95814	Yreka, CA 96097
Phone: 916-449-5446	Phone: 530-841-2161
Fax: N/A	Fax: N/A
E-mail: <a href="mailto:Shelly.cater@cdph.ca.gov">Shelly.cater@cdph.ca.gov</a>	E-mail: <a href="mailto:dsmith@co.siskiyou.ca.us">dsmith@co.siskiyou.ca.us</a>

Direct all inquiries to:

<b>California Department of Public Health, Project Officer</b>	<b>Grantee: County of Siskiyou</b>
Attention: Eugenio Garcia	Name: Diana Smith
Address: 1616 Capitol Avenue	Address: 810 S. Main Street
Sacramento, CA 95814	Yreka, CA 96097
Phone: 916-449-5331	Phone: 530-841-2161
Fax: N/A	Fax: N/A
E-mail: <a href="mailto:eugenio.garcia@cdph.ca.gov">eugenio.garcia@cdph.ca.gov</a>	E-mail: <a href="mailto:dsmith@co.siskiyou.ca.us">dsmith@co.siskiyou.ca.us</a>

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

<b>Remittance Address</b>
<b>Grantee: County of Siskiyou</b>
Attention: Dawn Walton
Address: 810 S. Main Street
Yreka, CA 96097
Phone: 530-841-2149
E-mail: <a href="mailto:dwalton@co.siskiyou.ca.us">dwalton@co.siskiyou.ca.us</a>

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.

Note: Once the Grant Agreement has been fully executed, requests for modifications/changes thereafter to the exciting Exhibit A and/or Exhibit A, Attachment 1, 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 approval 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.

All other terms and conditions of this Grant shall remain the same.

IN WITNESS WHEREOF, County and CDPH have executed this agreement on the dates set forth below, each signatory represents that he/she has the authority to execute this agreement and to bind the Party on whose behalf his/her execution is made.

CALIFORNIA DEPARTMENT OF PUBLIC HEALTH

Date: \_\_\_\_\_

\_\_\_\_\_  
Jeannie Galarpe, Chief  
Contracts Management Unit, PSB  
California Department of Public Health  
1616 Capitol Avenue, Suite 74.262,  
MS 1800-1804  
P.O. Box 997377  
Sacramento, CA 95899-7377

COUNTY OF SISKIYOU

Date: \_\_\_\_\_

\_\_\_\_\_  
BRANDON A. CRISS, CHAIR  
Board of Supervisors  
County of Siskiyou  
State of California

ATTEST:  
LAURA BYNUM  
Clerk, Board of Supervisors

By: \_\_\_\_\_  
Deputy

SISKIYOU COUNTY ACCOUNTING:

<u>Fund</u>	<u>Org</u>	<u>Account</u>	<u>FY 19/20</u>	<u>FY 20/21</u>	<u>FY 21/22</u>	<u>FY 22/23</u>
2121	401015	542700	\$112,500	\$150,000	\$187,500	\$150,000

If not to exceed, include amount not to exceed: \$600,000.00