

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”

GRANT AGREEMENT NUMBER 22-11084

The Department awards 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 5 NH23IP922612-04-00, 6 NH23IP922612-02-02, 6 NH23IP922612-02-03, and 6 NH23IP922612-02-04.

PURPOSE: The Department shall award this Grant Agreement to and for the benefit of the Grantee; the purpose of the Grant is to assist LHDs in preventing and controlling VPDs in the LHJ. The Grantee is to implement activities to:

- Assess and improve coverage levels in the jurisdiction of all vaccines recommended by the Advisory Committee on Immunization Practices (ACIP) to protect the population.
- Detect, report, and control vaccine-preventable diseases in the jurisdiction.

Related Statutes

California Health & Safety Code sections:

- 120130 requires the Local Health Officer to properly report to CDPH those diseases listed as reportable, which include vaccine-preventable diseases.
- 120175 requires the Local Health Officer to take measures as may be necessary to prevent the spread or occurrence of additional cases of reportable diseases (which includes reportable vaccine-preventable diseases).
- 120350 requires Local Health Officers to organize and maintain a program to make available the immunizations required for admittance to childcare facilities and schools.

GRANT AMOUNT: The maximum amount payable under this Grant Agreement shall not exceed the amount of \$1,350,639.58.

TERM OF GRANT AGREEMENT: The term of the Grant shall begin on July 1, 2022 and terminates on June 30, 2027. No funds may be requested or invoiced for services performed or costs incurred after June 30, 2027.

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

California Department of Public Health	Grantee: County of Siskiyou Health and Human Services Agency Public Health Division
Name: Noemi Marin	Name: Kristin Varga, Immunization Coordinator
Address: 850 Marina Bay Pkwy., Bldg. P, 2 nd Fl.	Address: 810 S. Main St.
City, ZIP: Richmond, CA 94804	City, ZIP: Yreka, CA 96097
Phone: (510) 620-3737	Phone: (530) 841-2145
E-mail: noemi.marin@cdph.ca.gov	E-mail: kvarga@co.siskiyou.ca.us

Direct all inquiries to the following representatives:

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, Immunization Coordinator
Address: 850 Marina Bay Pkwy., Bldg. P, 2 nd Fl.	Address: 810 S. Main St.
City, Zip: Richmond, CA 94804	City, Zip: Yreka, CA 96097
Phone: (510) 620-3729	Phone: (530) 841-2145
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 Health and Human Services Agency Public Health Division
Attention "Cashier": Dawn Walton
Address: 810 S. Main St.
City, Zip: Yreka, CA 96097
Phone: 530-841-2184
E-mail: dwalton@co.siskiyou.ca.us

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.

STANDARD GRANT PROVISIONS. The Grantee must adhere to all Exhibits listed and any subsequent revisions. The following Exhibits are attached hereto or attached by reference and made a part of this Grant Agreement:

Exhibit A GRANT APPLICATION

(The Grant Application provides the description of the project and associated costs)

Note: Once the Grant Agreement has been fully executed, requests for modifications/changes thereafter to the existing 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 approved 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.

Exhibit B BUDGET DETAIL AND PAYMENT PROVISIONS

The approved budget supersedes the proposed budget in the Grant Application

Exhibit C STANDARD GRANT CONDITIONS

Exhibit D REQUEST FOR APPLICATION (RFA) #22-10537

Exhibit E ADDITIONAL PROVISIONS

Exhibit F FEDERAL TERMS AND CONDITIONS

GRANTEE REPRESENTATIONS: The Grantee(s) accept all terms, provisions, and conditions of this grant, including those stated in the Exhibits incorporated by reference above. The Grantee(s) shall fulfill all assurances and commitments made in the application, declarations, other accompanying documents, and written communications (e.g., e-mail, correspondence) filed in support of the request for grant funding. The Grantee(s) shall comply with and require its subgrantee's to comply with all applicable laws, policies, and regulations.

IN WITNESS THEREOF, the parties have executed this Grant on the dates set forth below.

Executed By:

Date: _____
[Ed Valenzuela
Board Chair, Siskiyou County Supervisor
County of Siskiyou Health and Human Services
Agency Public Health Division
810 S. Main St.
Yreka, CA 96097
[]

Date: _____
[] Javier Sandoval, Chief
[Contracts Management Unit]
California Department of Public Health
1616 Capitol Avenue, Suite 74.262
P.O. Box 997377, MS 1800- 1804
Sacramento, CA 95899-7377

ATTEST:
LAURA BYNUM
Clerk, Board of Supervisors

By: _____
Deputy