

CALIFORNIA SEXUALLY TRANSMITTED DISEASES PROGRAM

STD Program Management

Awarded By

THE CALIFORNIA DEPARTMENT OF PUBLIC HEALTH, hereinafter “Department”

TO

County of San Mateo, hereinafter “Grantee”

**Implementing the “STD Program Management and Collaboration Project,” hereinafter
“Project”**

AMENDED GRANT AGREEMENT NUMBER 19-10973, A2

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 131085(a).

PURPOSE FOR AMENDMENT: The purpose of the Grant amendment is to: The purpose of the Grant amendment is to: Increase the Grant amount for Fiscal Year (FY) 2022 and FY 2023 to allow the Grantee to continue performing more of the same services as identified in Exhibit A and to reimburse the Grantee accordingly. Revise Exhibit B, Budget Detail and Payment Provision (in its entirety) and Exhibit E, Standards and Procedures to include the [Health and Safety Code \(HSC\) 120511](#) amended language regarding material support items for purposes consistent with this section. Update project representatives’ information. Once the Grant Agreement has been fully executed, requests for modifications/changes thereafter to the existing Exhibit A, Scope of Work, 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.

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 for **FY 2022** by **\$180,790** and **FY 2023 by \$180,790** and is amended to read: The maximum amount payable under this Grant shall not exceed ~~Nine Hundred Eighteen Thousand, Six Hundred Sixty-Three Dollars (\$918,663)~~ **One Million, Two Hundred Eighty Thousand, Two Hundred Forty-Three Dollars (\$1,280,243).**

STANDARD PROVISIONS. The following exhibits are attached and made a part of this Grant Amendment by this reference.

Exhibit B BUDGET DETAIL AND PAYMENT PROVISIONS

Exhibit E ~~STANDARDS AND GENERAL TERMS AND CONDITIONS~~ **PROCEDURES**

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

California Department of Public Health	Grantee: County of San Mateo
Name: Karlo Estacio <u>Alexia McGonagle</u> Chief, Business Operations Support Section	Name: Matthew Geltmaker Health Clinics Services Manager
Address: P.O. Box 997377, MS 7320	Address: 225 37 th Avenue, Room 19
City, ZIP: Sacramento, Ca 95899-7377	City, ZIP: San Mateo, CA 94403
Phone: (916) 552-9820	Phone: (650) 573-2077
Fax: (916) 440-5106	Fax: (650) 573-2875
E-mail: Karlo.Estacio@cdph.ca.gov <u>Alexia.McGonagle@cdph.ca.gov</u>	E-mail: <u>MGeltmaker@smgov.org</u>

Direct all inquiries to:

<p>California Department of Public Health, STD Control Branch</p>	<p>Grantee: County of San Mateo</p>
<p>Attention: May Otow <u>Adriana Cervantes</u> Grant Manager</p>	<p>Attention: Matthew Geltmaker Health Clinics Services Manager</p>
<p>Address: P.O. Box 997377, MS 7320</p>	<p>Address: 225 37th Avenue, Room 19</p>
<p>City, Zip: Sacramento, Ca 95899-7377</p>	<p>City, ZIP: San Mateo, CA 94403</p>
<p>Phone: (916) 552-9788</p>	<p>Phone: (650) 573-2077</p>
<p>Fax: (916) 636-6454 <u>(916) 636-6755</u></p>	<p>Fax: (650) 573-2875</p>
<p>E-mail: May.Otow@cdph.ca.gov Adriana.Cervantes@cdph.ca.gov</p>	<p>E-mail: MGeltmaker@smgov.org</p>

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

Remittance Address
Grantee: County of San Mateo
Attention "Cashier": Marissa Wagner
Address: 225 37 th Avenue, Room 19
City, ZIP: San Mateo, CA 94403
Phone: (650) 573-2799
Fax:
E-mail: mlwagner@smcgov.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 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.

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:

President, Board of Supervisors
County of San Mateo
225 37th Avenue, Room 19
San Mateo, CA 94403

Date:

~~Joseph Torrez, Chief~~
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