

**AMENDMENT TWO TO MEASURE K GRANT AGREEMENT
BETWEEN THE COUNTY OF SAN MATEO AND
SAN MATEO COUNTY HEALTH FOUNDATION**

THIS AMENDMENT TWO TO THE AGREEMENT, entered into this 12TH day of August 2025, by and between the COUNTY OF SAN MATEO, hereinafter called "County," and San Mateo County Health Foundation, hereinafter called "Grantee";

W I T N E S S E T H:

WHEREAS, on December 10, 2024, the parties entered into a **Measure K** Grant Agreement ("Agreement") to bridge gaps in service to ensure access to quality medical care, financial assistance and supplies through its Caring Hands in Health Program with an amount not to exceed \$56,473 for a term December 10, 2024, through July 31, 2025; and

WHEREAS, on May 14, 2025, the Chief Financial Officer approved an amendment to the Agreement to extend the term of the agreement through December 31, 2025, and the corresponding reporting data deadline noted in its Exhibit B.

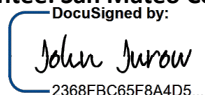
WHEREAS, the parties wish to amend the Agreement to reallocate a combined \$22,822 in funding for recuperative housing and medical needs to funding for emergency rental assistance, with no change to the not-to-exceed amount of \$56,473 or the term and replace Exhibits A and B in their entireties.

NOW, THEREFORE, IT IS HEREBY AGREED BY THE PARTIES HERETO AS FOLLOWS:

1. Original Exhibits A and B are replaced with Exhibit A1 (rev. August 12, 2025) and Exhibit B1 (rev. August 12, 2025).
2. **All other terms and conditions of the agreement dated December 10, 2024, and subsequently amended between the County and Grantee shall remain in full force and effect.**

In witness of and in agreement with this Amendment Two to Agreement's terms, the parties, by their duly authorized representatives, affix their respective signatures:

For Grantee: San Mateo County Health Foundation

DocuSigned by:

2368FBC65F8A4D5...

7/10/2025

John Jurow

Grantee Signature

Date

Grantee Name (please print)

For County:

(Signature)
Authorized Designee
County of San Mateo

Date

ROBERTO MANCHIA

(please print name)
Authorized Designee
County of San Mateo

CHIEF FINANCIAL OFFICER

Job Title (please print)

80125-6265

Budget Unit

BOSD2

Measure K JL Code

Exhibit A1 (revised August 12, 2025)

The County and Grantee agree that the grant funds shall only be used to further the goals of the following Project, described below and in the December 10, 2024 and August 12, 2025 Board transmittals and resolutions, incorporated herein by reference:

The Grantee assists patients within the San Mateo County Health system, and specifically through its Caring Hands in Health program, the Grantee bridges gaps in service to ensure that all community members have access to quality medical care, financial assistance, and supplies. Grantee will use the grant funds to support the Caring Hands in Health program, which assists patients with payments for medical equipment, medical supplies, copays, and prescription drug costs, and provides short-term housing support during medical treatment in urgent circumstances. Grantee verifies patient need through an intake process that identifies the need for immediate assistance beyond available government aid and insurance.

Specifically, Grantee will use the grant funds as follows:

Revised Budget

| Item | Amount |
|---|-----------------|
| Direct Costs | |
| Medical equipment and supplies and assistance with copays and prescription drug costs, including but not limited to: <ul style="list-style-type: none"> • Glucose monitors/diabetic supplies, blood pressure cuffs, external catheters, wheelchairs, walkers, canes. • Items used for physical therapy like peddlers, orthotic accessories, TENS unit stimulators, bed wedges for neck and back pain. • Bedrails, electric chair lifts, bariatric wheelchairs, and mattresses. • Copays and prescriptions outside of insurance coverage. This covers medical and dental requests for medication, procedures, eyeglasses, etc. | \$7,532 |
| Recuperative housing for patients (290 motel room nights at \$80-\$90 per night) | \$26,119 |
| Emergency rental assistance (50% of eligible patient's rent paid directly to landlord for 27 patients and their families) | \$22,822 |
| TOTAL | \$56,473 |

In no event shall the County's fiscal obligation under this Agreement exceed \$56,473.

Exhibit B1 (revised August 12, 2025)

In accordance with the terms of this Grant Agreement, Grantee will provide, or cause to be provided the services for the Project detailed in Exhibit A1 (revised August 12, 2025) and will report back to the County regarding various performance measures including, but not limited to, those noted below. Such reporting data shall be delivered to the County no later than December 31, 2025. In addition, Grantee agrees to provide descriptive information about the Project funded by the Measure K grant upon reasonable request of the County, including, but not limited to, the County Executive's Office, the County Communications Officer, or the Supervisorial District Office.

| <u>Performance Measure</u> | <u>Target</u> |
|---|----------------------|
| Provide 13 patients with recuperative housing during their recoveries | 100% Complete |
| Provide 59 patients with medical equipment, supplies and assistance with copays and prescription drug costs | 100% Complete |
| Provide 27 patients with emergency rental assistance | 100% Complete |

Payment will be made within 30 days of receipt of an adequate invoice by the County Executive's Office, Accounting Unit. County shall have the right to withhold payment if County determines the quantity and/or quality of the work performed is unacceptable.

Grantee shall provide County with a written itemized invoice that allows the County to reconcile the work performed. Grantee shall provide a description of monthly expenses, evidence of work performed, or of costs incurred, including, but not limited to, performance measures, timesheets, activity logs, copies of bills, and/or packing slips.

Grantee shall include a written certification that the costs were actually incurred for the Project and that the supporting documentation is true, correct, and complete.

All invoices shall include the agreement number, project location, dates of service and specified work completed.

Pursuant to Section 2 of the Grant Agreement, County's fiscal obligation shall not exceed \$56,473.

| Remit invoices to: | Performance Measures: |
|---|--|
| County Executive's Office Molly Ortiz, Administrative Assistant II 500 County Center, 5th Floor Redwood City, CA 94063 Email: CEO_AP_Inbox@smcgov.org Phone: (650) 363-1810 | Board of Supervisors, District 2 Chief of Staff: Jacki Rigoni 500 County Center, 5th Floor Redwood City, CA 94063 Email: jrigoni@smcgov.org Phone: (650) 599-1005 |