#### **CALIFORNIA IMMUNIZATION PROGRAM**

## **Awarded By**

# THE CALIFORNIA DEPARTMENT OF PUBLIC HEALTH, hereinafter "Department" TO

San Mateo County Health Systems – Family Health Services, 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 17-10347, A04

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 number 6 NH23IP922612-02-04.

**PURPOSE FOR AMENDMENT:** The purpose of the Grant amendment is to increase funding in the amount of \$2,802,955 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 \$2,802,955 and is amended to read: **§7,427,798 (Seven Million Four Hundred Twenty-Seven Thousand Seven Hundred Ninety-Eight Dollars)** 4,624,843 (Four Million Six Hundred Twenty-Four Thousand Eight Hundred Forty-Three 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 \$4,624,843 \$7,427,798.

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

| -   | Grantee: San Mateo County Health Systems –<br>Family Health Services |
|---|--|
| Name: Noemi Marin   | Name: Robyn Ziegler  |
| Address: 850 Marina Bay Pkwy., Bldg. P, 2 <sup>nd</sup> Floor | Address: 2000 Alameda de las Pulgas, Suite 200                       |
| City, ZIP: Richmond, CA 94804                                 | City, ZIP: San Mateo, CA 94403                                       |
| Phone: (510) 620-3737   | Phone: (650) 573-2878  |
| Fax: (510) 620-3774   | Fax: (650) 573-2859  |
| E-mail: noemi.marin@cdph.ca.gov                               | E-mail: rziegler@smcgov.org  |

# Direct all inquiries to:

|   | Grantee: San Mateo County Health Systems –<br>Family Health Services |
|---|--|
| Attention: Rossana A Ordonez                                  | Attention: Robyn Ziegler   |
| Address: 850 Marina Bay Pkwy., Bldg. P, 2 <sup>nd</sup> Floor | Address: 2000 Alameda de las Pulgas, Suite 200                       |
| City, Zip: Richmond, CA 94804                                 | City, ZIP: San Mateo, CA 94403                                       |
| Phone: (510) 620-3768   | Phone: (650) 573-2878  |
| Fax: (510) 620-3774   | Fax: (650) 573-2859  |
| E-mail: rossana.ordonez@cdph.ca.gov                           | E-mail: rziegler@smcgov.org  |

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

| Remittance Address  Grantee: San Mateo County Health Systems – Family Health Services |  |
|---|--|
|   |  |
| Address: 2000 Alameda de las Pulgas, Suite 200  |  |
| City, ZIP: San Mateo, CA 94403  |  |
| Phone: 650/573-3489   |  |
| Fax: 650/573-2859   |  |
| E-mail: dlao@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 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 re | emain the same.  |
|---|--|
| IN WITNESS THEREOF, the parties have executed         | d this Grant on the dates set forth below.   |
| Executed By:  |  |
| Date:   |  |
|   | Lizelle Lirio de Luna, Director<br>San Mateo County Health Systems<br>Family Health Services<br>2000 Alameda de las Pulgas, Suite 230<br>San Mateo, CA 94403 |
| 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