

CALIFORNIA ORAL HEALTH PROGRAM

Awarded By

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

County of San Mateo ~~San Mateo County Family Health Services~~, hereinafter “Grantee”
Implementing the project, County of San Mateo Local Oral Health Program,” hereinafter
“Project”

AMENDED GRANT AGREEMENT NUMBER 17-10722, 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, Section {131085}.

PURPOSE FOR AMENDMENT: The purpose of the Grant amendment is to revise Exhibit B, 4, A. Amounts Payable, to include a lump sum total. In addition, Exhibit B is hereby replaced in its entirety with Exhibit B, A01.

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 \$38,230.00 (Thirty Eight Thousand Two Hundred Thirty Dollars) and total grant is amended to read : \$1,194,890.00 (One Million One Hundred Ninety Four Thousand and Eight Hundred Ninety Dollars).

Exhibit B BUDGET DETAIL AND PAYMENT PROVISIONS is hereby replaced with Exhibit B, A01 in its entirety

This amendment will also change the name of the grantee from “ San Mateo County Family Health Services” to “County of San Mateo” to align and standardize grantee’s name with the new FI\$Cal accounting system.

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

California Department of Public Health	Grantee: <u>County of San Mateo</u> San Mateo County Family Health Services
Name: Angela Wright <u>Kimberly Steele</u> , Grant Manager	Name: Anand Chabra, MD, MPH, Medical Director, Family Health Services
Address: MS 7218, 1616 Capitol Avenue, Suite 74 420	Address: 2000 Alameda De Las Pulgas, Ste. 200 220
City, Zip: Sacramento, CA 95814	City, Zip: San Mateo, CA 94403
Phone: (916) 552-9898 <u>445-8012</u>	Phone: 650-573-3469
Fax: (916) 552-9729 <u>636-6678</u>	Fax: 650-573-2042
E-mail: Angela.Wright <u>Kimberly.Steele</u> @cdph.ca.gov	E-mail: achabra@smcgov.org

Direct all inquiries to:

California Department of Public Health, California Oral Health Program	Grantee: <u>County of San Mateo</u> San Mateo County Family Health Services
Attention: Angela Wright <u>Kimberly Steele</u> , Grant Manager	Attention: Anand Chabra, MD, MPH, Medical Director
Address: MS 7218, 1616 Capitol Avenue, Suite 74.420	Address: 2000 Alameda De Las Pulgas, Ste. 200 220
City, Zip: Sacramento, CA 95814	City, Zip: San Mateo, CA 94403
Phone: (916) 552-9898 <u>445-8012</u>	Phone: 650-573-3469
Fax: (916) 552-9729 <u>636-6678</u>	Fax: 650-573-2042
E-mail: Angela.Wright <u>Kimberly.Steele@cdph.ca.gov</u>	E-mail: achabra@smcgov.org

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

<u>Grantee: County of San Mateo</u>
<u>Attention "Cashier":</u>
<u>Address: 2000 Alameda de las Pulgas, Ste. 230</u>
<u>City, Zip: San Mateo, CA 94403</u>
<u>Phone: (650) 573-3469</u>
<u>Fax:</u>
<u>E-mail: achabra@smcgov.org</u>

Either party may make changes to the information above by giving a written notice to the other party. Said changes shall not require an amendment to the agreement, but the Grantee will be required to submit a completed CDPH 9083 Governmental Entity Taxpayer ID Form or STD 204 Payee Data Record Form which can be request 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: _____

~~Louise Rogers, Chief of the Health System~~ **Lizelle Lirio
de Luna, Director Family Health Services
County of San Mateo** County Health System
 225 37th Avenue **2000 Alameda de las Pulgas, Suite
230,** San Mateo, CA 94403

Date: _____

~~Marsha Gregory~~ **Joseph Torrez**, Chief
Contract Management Unit
California Department of Public Health
1616 Capitol Avenue, Suite 74.317
P.O. Box 997377, MS 1800- 1804
Sacramento, CA 95899-7377