



# LASSEN COUNTY

## Health and Social Services Department

- ☒ **HSS Administration**
- ☐ **Public Guardian**  
336 Alexander Avenue  
Susanville, CA 96130  
(530) 251-8128
- ☐ **Grant and Loans Division**  
1445 Paul Bunyan Road  
Susanville, CA 96130  
(530) 251-8309
- ☐ **Behavioral Health**  
555 Hospital Lane  
Susanville, CA 96130  
(530) 251-8108/8112
- Chestnut Annex**  
1400-A & B Chestnut Street  
Susanville, CA 96130  
(530) 251-8112
- ☐ **Patients' Rights Advocate**  
1445 Paul Bunyan Road  
Susanville, CA 96130  
(530) 251-8322
- ☐ **Public Health**  
1445 Paul Bunyan Road  
Susanville, CA 96130  
(530) 251-8183
- ☐ **Environmental Health**  
1445 Paul Bunyan Road  
Susanville, CA 96130  
(530) 251-8183
- ☐ **Community Social Services**  
336 Alexander Avenue  
Susanville, CA 96130
- LassenWORKS**  
**Business & Career Network**  
PO Box 1359  
1616 Chestnut Street  
Susanville, CA 96130  
(530) 251-8152
- Child & Family Services**  
1600 Chestnut Street  
Susanville, CA 96130  
(530) 251-8277
- Adult Services**  
PO Box 429  
1445 Paul Bunyan Road  
Susanville, CA 96130  
(530) 251-8158
- ☐ **HSS Fiscal**  
PO Box 1180  
Susanville, CA 96130  
(530) 251-2614

**Date:** August 13, 2019

**To:** Jeff Hemphill, Chairman  
Lassen County Board of Supervisors

**From:** Barbara Longo, Director  
Health & Social Services

**Subject:** Amendment to Local Oral Health Program Grant

### Background:

The Oral Health division of the Public Health Department is currently in a five-year agreement with California Department of Public Health to provide Oral Health services to the community.

The purpose of this amendment 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 (attached). This amendment will also change the name of the grantee from "Lassen County Public Health" to "County of Lassen" to align and standardize grantee's name with the new accounting system that the State utilizes.

### Fiscal Impact:

None. The total amount of the grant remains unchanged.

### Action Requested:

1.) Approve the Amendment; 2.) Authorize the County Administrative Officer to execute the Agreement.

**CALIFORNIA ORAL HEALTH PROGRAM**

**Local Oral Health Plan**

**Awarded By**

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

**TO**

**County of Lassen County Public Health, hereinafter “Grantee”**

**Implementing the project, Lassen County Local Oral Health Program,” hereinafter “Project”**

**AMENDED GRANT AGREEMENT NUMBER 17-10697, 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 104750 and 131085(a).

**PURPOSE FOR AMENDMENT:** The purpose of this amendment 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. This amendment will also change the name of the grantee from “Lassen County Public Health” to “County of Lassen” to align and standardize grantee’s name with the new FISCAL accounting system.

**Amendments** are shown as: Text additions are displayed in **bold and underline**. Text deletions are displayed as strike through text (i.e., ~~Strike~~).

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

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

<b>California Department of Public Health</b>	Grantee: <b><u>County of Lassen County Public Health</u></b>
Name: Angela Wright <b><u>Kimberly Steele</u></b> , Grant Manager	Name: Jessica Jones, BSN, RN, PHN, Director <b><u>Deborah Perkins, RN, Coordinator</u></b>
Address: MS 7218, 1616 Capitol Avenue, Suite 74.420	Address: 1445 Paul Bunyan Road, Suite B
City, ZIP: Sacramento, CA 95814	City, Zip: Susanville, CA 96130
Phone: (916) 552-9898 <b><u>445-8012</u></b>	Phone: 530-251-8384
Fax: (916) 552-9729 <b><u>636-6678</u></b>	Fax: 530-251-2668
E-mail: Angela.Wright <b><u>Kimberly.Steele@cdph.ca.gov</u></b>	E-mail: <del>jones@co.lassen.ca.us</del> <b><u>dperkins@co.lassen.ca.us</u></b>

Direct all inquiries to:

<b>California Department of Public Health, Oral Health Program</b>	Grantee: <u>County of Lassen County Public Health</u>
Attention: <del>Angela Wright</del> <b>Kimberly Steele</b>	Name: <del>Jessica Jones, BSN, RN, PHN, Director</del> <b>Deborah Perkins, RN, Coordinator</b>
Address: MS 7218, 1616 Capitol Avenue, Suite 74.420	Address: 1445 Paul Bunyan Road, Suite B
City, Zip: Sacramento, CA 95814	City, Zip: Susanville, CA 96130
Phone: (916) <del>552-9898</del> <b>445-8012</b>	Phone: 530-251-8384
Fax: (916) <del>552-9729</del> <b>636-6678</b>	Fax: 530-251-2668
E-mail: <del>Angela.Wright</del> <b>Kimberly.Steele@cdph.ca.gov</b>	E-mail: <del>jones@co.lassen.ca.us</del> <b>dperkins@co.lassen.ca.us</b>

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

<b><u>Grantee: County of Lassen</u></b>
<b><u>Attention: "Cashier"</u></b>
<b><u>Address: 1445 Paul Bunyan Road, Suite B</u></b>
<b><u>City, Zip: Susanville, CA 96130</u></b>
<b><u>Phone: (530) 251-8384</u></b>
<b><u>Fax: Not Applicable</u></b>
<b><u>E-mail: dperkins@co.lassen.ca.us</u></b>

**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 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:

\_\_\_\_\_  
Richard Egan, Lassen County  
Administrative Officer  
1445 Paul Bunyan Road, Suite B  
Susanville, CA 96130

Date: \_\_\_\_\_

~~Marshay 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

**Exhibit B**  
**Budget Detail and Payment Provisions**

**1. Invoicing and Payment**

- A. Upon completion of project activities as provided in Exhibit A Grant Application, and upon receipt and approval of the invoices, the State agrees to reimburse the Grantee for activities performed and expenditures incurred in accordance with the costs specified herein.
- B. Invoices shall include the Grant Number and shall be submitted not more frequently than monthly in arrears to:

~~Angela Wright~~ **Kimberly Steele**  
California Department of Public Health  
**Office of Oral Health Program**  
**MS 7208 7218**  
1616 Capitol Avenue, Suite 74.420  
P.O. Box 997377, Sacramento, CA 95899-7377

- C. Invoices shall:
  - 1) Be prepared on Grantee letterhead. If invoices are not on produced letterhead invoices must be signed by an authorized official, employee or agent certifying that the expenditures claimed represent activities performed and are in accordance with Exhibit A Grant Application under this Grant.
  - 2) Bear the Grantee's name as shown on the Grant.
  - 3) Identify the billing and/or performance period covered by the invoice.
  - 4) Itemize costs for the billing period in the same or greater level of detail as indicated in this Grant. Subject to the terms of this Grant, reimbursement may only be sought for those costs and/or cost categories expressly identified as allowable and approved by CDPH.

**2. Budget Contingency Clause**

- A. It is mutually agreed that if the Budget Act of the current year and/or any subsequent years covered under this Agreement does not appropriate sufficient funds for the program, this Agreement shall be of no further force and effect. In this event, the State shall have no liability to pay any funds whatsoever to Grantee or to furnish any other considerations under this Agreement and Grantee shall not be obligated to fulfill any provisions of this Agreement.
- B. If funding for any fiscal year is reduced or deleted by the Budget Act for purposes of this program, the State shall have the option to either cancel this Agreement with no liability occurring to the State, or offer an agreement amendment to Grantee to reflect the reduced amount.

**3. Prompt Payment Clause**

Payment will be made in accordance with, and within the time specified in, Government Code Chapter 4.5, commencing with Section 927.

**Exhibit B**  
**Budget Detail and Payment Provisions**

**4. Amounts Payable**

A. The amounts payable under this Grant shall not exceed: \$727,470

- ~~1) \$145,494 for the budget period of 01/01/2018 through 06/30/2018.~~
- ~~2) \$145,494 for the budget period of 07/01/2018 through 06/30/2019.~~
- ~~3) \$145,494 for the budget period of 07/01/2019 through 06/30/2020.~~
- ~~4) \$145,494 for the budget period of 07/01/2020 through 06/30/2021.~~
- ~~5) \$145,494 for the budget period of 07/01/2021 through 06/30/2022.~~

B. Payment allocations shall be made for allowable expenses up to the amount annually encumbered commensurate with the state fiscal year in which services are fulfilled and/or goods are received.

**5. Timely Submission of Final Invoice**

A. A final undisputed invoice shall be submitted for payment no more than ninety (90) calendar days following the expiration or termination date of this Grant, unless a later or alternate deadline is agreed to in writing by the program grant manager. Said invoice should be clearly marked "Final Invoice", indicating that all payment obligations of the State under this Grant have ceased and that no further payments are due or outstanding.

B. The State may, at its discretion, choose not to honor any delinquent final invoice if the Grantee fails to obtain prior written State approval of an alternate final invoice submission deadline.

**6. Travel and Per Diem Reimbursement**

Any reimbursement for necessary travel and per diem shall be at the rates currently in effect as established by the California Department of Human Resources (CalHR).