

36247

CALIFORNIA ORAL HEALTH PROGRAM
Moving California Oral Health Forward

Awarded By

THE CALIFORNIA DEPARTMENT OF PUBLIC HEALTH, hereinafter “Department”

TO

City of Long Beach, hereinafter “Grantee”

**Implementing the “City of Long Beach Local Oral Health Program,” hereinafter
“Project”**

GRANT AGREEMENT NUMBER 22-10172

The Department awards 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 & 131085 and Revenue and Taxation Code 30130.57

PURPOSE: The Department shall award this Grant Agreement to and for the benefit of the Grantee; the purpose of the Grant is to provide establish or expand upon existing Local Oral Health Programs by including the following program activities related to oral health in their communities: education, disease prevention, facilitating community-clinical linkages, and surveillance. These activities will improve the oral health of Californians. This goal shall be achieved by providing funding for activities that support demonstrated oral health needs and prioritize underserved areas and populations.

GRANT AMOUNT: The maximum amount payable under this Grant Agreement shall not exceed the amount of One Million Four Hundred Thirty-Five Thousand Three Hundred and Fifty Dollars (\$1,435,350.00)

TERM OF GRANT AGREEMENT: The term of the Grant shall begin on July 1, 2022 and terminates on June 30, 2027. No funds may be requested or invoiced for services performed or costs incurred after June 30, 2027.

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

California Department of Public Health

Grantee: [City of Long Beach]

Name: Vinay Shukla	Name: Nancy Riano Nursing Services Officer
Address: 1616 Capitol Avenue, Suite 74.420 MS 7218	Address: 2525 Grand Avenue
City, ZIP: Sacramento, CA 95814	City, ZIP: Long Beach, CA 90815
Phone: (916) 319-9749	Phone: (562) 570-4254
E-mail: DentalDirector@cdph.ca.gov	E-mail: Nancy.Riano@longbeach.gov

Direct all inquiries to the following representatives:

California Department of Public Health, Office of Oral Health]	Grantee: City of Long Beach]
Attention: Vinay Shukla	Attention: Nancy Riano Nursing Services Officer
Address: 1616 Capitol Avenue, Suite 74.420 MS 7218	Address: 2525 Grand Avenue
City, Zip: Sacramento, CA 95814	City, Zip: Long Beach, CA 90815
Phone: (916) 319-9749	Phone: (562) 570-4254
E-mail: DentalDirector@cdph.ca.gov	E-mail: Nancy.Riano@longbeach.gov

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

Remittance Address
Grantee: City of Long Beach]
Attention "Cashier":
Address: 2525 Grand Avenue, Room 280
City, Zip: Long Beach, CA 90815
Phone: (562) 570-4098
E-mail: joann.smith@longbeach.gov

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.

STANDARD GRANT PROVISIONS. The Grantee must adhere to all Exhibits listed and any subsequent revisions. The following Exhibits are attached hereto or attached by reference and made a part of this Grant Agreement:

Exhibit A, GRANT APPLICATION – Application Checklist, Grantee Information Form, Narrative Summary Form, Scope of Work and Deliverables

Note: Once the Grant Agreement has been fully executed, requests for modifications/changes thereafter to the existing Exhibit A, 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.

Exhibit B BUDGET DETAIL AND PAYMENT PROVISIONS

Exhibit C STANDARD GRANT CONDITIONS

Exhibit D REQUEST FOR APPLICATION (RFA) -

<https://oralhealthsupport.ucsf.edu/moving-california-oral-health-forward-rfa-2022-2027>

Exhibit E ADDITIONAL PROVISIONS

GRANTEE REPRESENTATIONS: The Grantee(s) accept all terms, provisions, and conditions of this grant, including those stated in the Exhibits incorporated by reference above. The Grantee(s) shall fulfill all assurances and commitments made in the application, declarations, other accompanying documents, and written communications (e.g., e-mail, correspondence) filed in support of the request for grant funding. The Grantee(s) shall comply with and require its subgrantee's to comply with all applicable laws, policies, and regulations.

IN WITNESS THEREOF, the parties have executed this Grant on the dates set forth below.

Executed By:

EXECUTED PURSUANT
TO SECTION 301 OF
THE CITY CHARTER.

Date: 4/5/2022

Tom Modica, City Manager

2525 Grand Avenue

Long Beach, CA 90815

APPROVED AS TO FORM

March 30, 2022

CHARLES PARKIN City Attorney

By Taylor M. Anderson
TAYLOR M. ANDERSON
DEPUTY CITY ATTORNEY

Digitally signed by Joseph
Torrez

Date: 2022.04.12 10:05:38
-07'00'

Date: 4/12/2022

Joseph Torrez

Joseph Torrez, Chief
California Department of Public Health
1616 Capitol Avenue, Suite 74.262
P.O. Box 997377, MS 1800- 1804
Sacramento, CA 95814

STANDARD GRANT PROVISIONS. The Grantee must adhere to all Exhibits listed and any subsequent revisions. The following Exhibits are attached hereto or attached by reference and made a part of this Grant Agreement:

Exhibit A, GRANT APPLICATION – Application Checklist, Grantee Information Form, Narrative Summary Form, Scope of Work and Deliverables

Note: Once the Grant Agreement has been fully executed, requests for modifications/changes thereafter to the existing Exhibit A, 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.

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IN WITNESS THEREOF, the parties have executed this Grant on the dates set forth below.
Executed By:

Date: 4/5/2022

Tom Modica
Tom Modica, City Manager

2525 Grand Avenue

Long Beach, CA 90815

EXECUTED PURSUANT
TO SECTION 301 OF
THE CITY CHARTER.

APPROVED AS TO FORM

March 30, 2022

CHARLES PARKIN, City Attorney

By Taylor M. Anderson
TAYLOR M. ANDERSON
DEPUTY CITY ATTORNEY

Date: _____


Joseph Torrez, Chief
California Department of Public Health
1616 Capitol Avenue, Suite 74.262
P.O. Box 997377, MS 1800- 1804
Sacramento, CA 95814


Pursuant to Public Contract Code section 2010, a person that submits a bid or proposal to, or otherwise proposes to enter into or renew a contract with, a state agency with respect to any contract in the amount of \$100,000 or above shall certify, under penalty of perjury, at the time the bid or proposal is submitted or the contract is renewed, all of the following:

1. **CALIFORNIA CIVIL RIGHTS LAWS:** For contracts executed or renewed after January 1, 2017, the contractor certifies compliance with the Unruh Civil Rights Act (Section 51 of the Civil Code) and the Fair Employment and Housing Act (Section 12960 of the Government Code); and
2. **EMPLOYER DISCRIMINATORY POLICIES:** For contracts executed or renewed after January 1, 2017, if a Contractor has an internal policy against a sovereign nation or peoples recognized by the United States government, the Contractor certifies that such policies are not used in violation of the Unruh Civil Rights Act (Section 51 of the Civil Code) or the Fair Employment and Housing Act (Section 12960 of the Government Code).

CERTIFICATION

I, the official named below, certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.


Proposer/Bidder Firm Name (Printed)	Federal ID Number
City of Long Beach	

By (Authorized Signature)	EXECUTED PURSUANT TO SECTION 301 OF THE CITY CHARTER.
	
Printed Name and Title of Person Signing	

Tom Modica, City Manager

Executed in the County of	Executed in the State of
Los Angeles	California

Date Executed
April 5, 2022

APPROVED AS TO FORM
March 30, 2022
CHARLES PARKIN City Attorney
By 
TAYLOR M. ANDERSON
DEPUTY CITY ATTORNEY

**Exhibit A
Grant Application**

22-10172
City of Long Beach
Document A

**Moving California Oral Health Forward 2022 –2027
Application Checklist**

DUE: 12/15/21	
DATE OF SUBMISSION:	12/13/2021
ORGANIZATION NAME:	City of Long Beach Department of Health and Human Services
APPLICATION CONTACT NAME: Nancy Riano	PHONE NUMBER: (562) 570-4254
EMAIL ADDRESS: nancy.riano@longbeach.gov	

Complete this Application Checklist and email it along with the following documents to: DentalDirector@cdph.ca.gov by 12/15/21*

**Note: A supplemental submission containing Document E (Supplemental Submission Checklist) and Document F (Detailed Budget and Justification) is due on 01/31/22. This is to accommodate additional program and fiscal planning as part of an interactive process with OOH.*

APPLICATION CONTENTS:

Please Check

- Application Checklist (Document A)
- Grantee Information Form (Document B)
- Narrative Summary Form (Document C)
- Governmental Payee Form CDPH 9083 (Document D)
- Grant Activities and Reporting/Tracking Measures (Exhibit A)



Grantee Information Form

Organization	This is the information that will appear in your grant agreement.	
	Federal Tax ID #	[REDACTED]
	Name	City of Long Beach Department of Health and Human Services
	Mailing Address	2525 Grand Avenue, Long Beach, CA 90815
	Street Address (If Different)	
	County	Los Angeles
	Phone	(562) 570-4254
	Fax	(562) 570-4099
	Website	Longbeach.gov/health
Grant Signatory	The Grant Signatory has authority to sign the grant agreement cover.	
	Name	Tom Modica
	Title	City Manager
	If address(es) are the same as the organization above, just check this box and go to Phone <input type="checkbox"/>	
	Mailing Address	2525 Grand Avenue, Long Beach, CA 90815
	Street Address (If Different)	
	Phone	(562) 570-5091
Email	tom.modica@longbeach.gov	
Project Director	The Project Director is responsible for all of the day-to-day activities of project implementation and for seeing that all grant requirements are met. This person will be in contact with Oral Health Program staff, will receive all programmatic, budgetary, and accounting mail for the project and will be responsible for the proper dissemination of program information.	
	Name	Nancy Riano
	Title	Nursing Services Officer
	Supervisor Name and Title	Maria Sanchez, Oral Health Program Coordinator
	Supervisor Email and Phone	maria.sanchez@longbeach.gov (562) 570-4206
	If address(es) are the same as the organization above, just check this box and go to Phone <input type="checkbox"/>	
	Mailing Address	2525 Grand Avenue, Long Beach, CA 90815
	Street Address (If Different)	
	Phone	(562) 570-4254
		Fax
	Email	nancy.riano@longbeach.gov
Funding	These are the annual Funding amounts your LHJ will accept for grant purposes.	
	Year 1 (FY 22/23)	\$ 287,070.00
	Year 2 (FY 23/24)	\$ 287,070.00
	Year 3 (FY 24/25)	\$ 287,070.00
	Year 4 (FY 25/26)	\$ 287,070.00
	Year 5 (FY 26/27)	\$ 287,070.00

Narrative Summary Form
City of Long Beach
Department Health and Human Services

NARRATIVE SUMMARY

Oral Health Long Beach (OHLB) Status

As a legacy Oral Health Program, OHLB keeps a pulse on the oral health status of our community. We conducted a key informant survey to give us a snapshot of the oral health conditions and understanding of the importance of oral health. In spring of 2019, OHLB conducted a Needs Assessment to establish a community baseline of oral health conditions. Conducted in segments according to our targeted populations, the findings exposed insights about our public's habits. Some key datapoints are: Only 15.8% of providers accepted Medi-Cal Dental, 84.9% of parents surveyed carry Medi-Cal/Denti-Cal/Covered CA, 98% reported NO tobacco use in their homes, 54.8% of children 1-2 years old have not seen a dentist, 83.2% of children drink bottled over tap water.

COVID shutdown orders created limited access for non-emergency appointments and many dental practices have closed or limited their operating hours. Our partners report that children's dental decay dramatically increased over the last 18 months. We are conducting another needs assessment at the end of 2021 as we suspect the implications of the pandemic affected oral health negatively for many of our targeted populations, especially children. On a positive note, more dental providers began accepting Medi-Cal Dental insurance than when we initially surveyed providers.

Long Beach Demographics and Geography (51 square miles)

According to 2020 Census data, population is 462,628. The primary racial/ethnic groups are Hispanic (42.6%), followed by white (28.2%), Asian (13.1%), Black or African American (12.7%), and the remainder Pacific Islander or two or more races. Over 46% speak a language other than English in their homes (ages five years or older). The median household income is \$63,017 with 16.8% of the population living in poverty.

Source: <https://www.census.gov/quickfacts/longbeachcitycalifornia>

OHLB Accomplishments 2017-2022

We formed an Advisory Committee composed of dedicated members from various agencies and initiatives affecting oral health. Each member also serves on at least one workgroup according to expertise (Education, Advocacy/Policy, Marketing & Outreach, Program, and Evaluation). The members either represent or liaise with key partners. For example, Dr. Santos Cortez sits on the Advocacy/Policy Workgroup and liaises on behalf of the California Dental Association (CDA) and the local Harbor Dental Society. The Advisory Committee meets regularly with about 70% in attendance at each meeting. The Workgroups meet as needed with Education meeting most frequently. The advisory committee continues to distribute oral health education materials and dental kits to all of our targeted populations (adults 65 and older, pregnant women, children, people experiencing homelessness, and providers) through community-based programming at senior centers, congregate meal locations that serve the un-housed, Maternal Child Adolescent Health, Black Infant Health, Home Visitor Collaboration, Women Infants and Children resource centers; and through schools (pre-school and elementary).

We began a community oral health education program offering presentations to kindergarten children and elementary school parents. OHLB also distributed reusable plastic bottles with the tagline “Tap Into Good Oral Health,” to encourage more tap water consumption. Recently, we launched a public service announcement campaign. Three hundred placards with our tagline “Brush, Floss, Smile” went into Long Beach Transit buses traveling on all routes traversing 80 miles of roads. Posters with the same messaging are being placed in storefronts, laundromats, libraries, and other community meeting places in our most vulnerable zip codes (90805, 90806, 90810).

We have distributed over 4,300 dental kits/toothbrushes throughout Long Beach in 2021 alone, and over 8,500 over the entire grant cycle. We remained vigilant during COVID shutdowns, distributing kits via drive-through resource opportunities. Schools are allowing oral screenings on a limited basis and we hope they’ll return fully in spring 2022 at schools and at three kindergarten community fairs administered by the Long Beach Unified School District (LBUSD).

OHLB’s Evolution

Through strategic relationship-building, we identified where there are challenges for access to oral health and the underlying causes. In some cases, there is simply a lack of understanding and awareness. One of the strongest working relationships we have developed is with the nursing department at the LBUSD. Through that relationship, we can increase the number of Kindergarten Oral Health Assessments (KOHA) turned in through a teacher incentive program, and we will have their assistance in making sure that each school is entering the assessments properly in the System for California Oral Health Reporting (SCOHR). We hope to resume this program in the spring.

Next Five-Year Objectives (2022-2027)

As we rebuild what was prohibited during COVID, we will focus on early interventions (young children and pregnant women). There is also potential for us to expand our work through collaboratives, and with teens through Rethink Your Drink and the Tobacco Education and Prevention Program.

Barriers and Potential Strategies for the Next Five Years

Though COVID restrictions continue to impinge on many of our in-person programs, we will continue our key strategies of education and awareness of evidence-based prevention measures to prevent root causes of poor oral health (fluoride, nutrition, good dental care habits, avoiding tobacco, regular dental visits). Promoting good habits will continue to be at the forefront of our education campaigns. Though Long Beach tap water is fluoridated at the minimum percentage, the Long Beach Water Department has declined the invitation to encourage residents to drink tap water to avoid tooth decay because fluoridation is a controversial subject for their department. CDA Cares, a free dental care weekend, was scheduled to be in Long Beach in July of 2020 but was cancelled due to COVID precautions. We are hopeful it will return to Long Beach in 2022 or 2023.

Submit

GOVERNMENT AGENCY TAXPAYER ID FORM

The principal purpose of the information provided is to establish the unique identification of the government entity.

Instructions: You may submit one form for the principal government agency and all subsidiaries sharing the same TIN. Subsidiaries with a different TIN must submit a separate form. Fields bordered in red are required. Please print the form to sign prior to submittal. You may email the form to: GovSuppliers@cdph.ca.gov or fax it to (916) 650-0100, or mail it to the address above.

Principal Government Agency Name

City of Long Beach

Remit-To Address (Street or PO Box)

2525 Grand Avenue, Room 280

City: Long Beach State: CA Zip Code+4: 90815

Government Type:

City County
 Special District Federal
 Other (Specify)

Federal Employer Identification Number (FEIN) XXXXXXXXXX

List other subsidiary Departments, Divisions or Units under your principal agency's jurisdiction who share the same FEIN and receives payment from the State of California.

FISCal ID# <small>(if known)</small>	<input style="width: 100%;" type="text"/>	Dept/Division/Unit Name	Department of Health & Human Services	Complete Address	2525 Grand Avenue, Room 280, Long Beach, CA 90815
FISCal ID# <small>(if known)</small>	<input style="width: 100%;" type="text"/>	Dept/Division/Unit Name	Human Resources	Complete Address	411 W Ocean Blvd, Level B1, Long Beach CA 90802
FISCal ID# <small>(if known)</small>	<input style="width: 100%;" type="text"/>	Dept/Division/Unit Name	<input style="width: 100%;" type="text"/>	Complete Address	<input style="width: 100%;" type="text"/>
FISCal ID# <small>(if known)</small>	<input style="width: 100%;" type="text"/>	Dept/Division/Unit Name	<input style="width: 100%;" type="text"/>	Complete Address	<input style="width: 100%;" type="text"/>

Contact Person: Title:

Phone number: E-mail address:

Signature: Date:

City of Long Beach
Grant Activities
 2022 – 2027
 REVISED 11/5/2021

Local Health Jurisdictions (LHJs) shall implement selected strategies outlined in the California Oral Health Plan and make progress toward achieving the California Oral Health Plan's goals and objectives. The activities may include convening, coordination, and collaboration to support planning, disease prevention, surveillance, education, and linkage to treatment programs. LHJs will maintain regular reporting to demonstrate progress towards implementing grant activities.

LHJs or designees must select Grant Activities and Reporting/Tracking Measures for objectives 1, 2, and 3 and will be responsible for selecting, at a minimum, one additional objective (from objectives 4 – 7) of their choice for the entire grant term. LHJs or designees can choose one or all objectives from 4-7.

A more comprehensive summary of expectations for grant objectives, activities, and reporting/tracking measures is included in a separate LOHP Work Plan in Appendix 2.

Based on the guidance above, please indicate which of the objectives and activities your local health jurisdiction will implement by placing an "X" in the appropriate check box below. Maintain records of reporting/tracking measures for all selected objectives and submit documentation annually, bi-annually, or as necessary, including all relevant documentation in progress report and data form submissions:

Activities	Reporting/ Tracking Measures	Timeline
<input checked="" type="checkbox"/> Objective 1: By June 30, 2027, establish or sustain program infrastructure, partnerships, and processes to ensure implementation and evaluation of the Work Plan.		
<input checked="" type="checkbox"/> 1.1: Build or maintain capacity and engage community stakeholders to provide qualified professional expertise in dental public health for program direction, coordination, and collaboration.	1.1.a(A): LOHP staff trainings list 1.1.b(A): Advisory Committee (AC) members list 1.1.c(A): AC meeting agendas 1.1.c(B): Number of AC meetings convened 1.1.c(C): AC meeting participation list 1.1.d(A): Community engagement summary 1.1.e(A): List of partner communications 1.1.f(A): AC meeting minutes 1.1.g(A): AC satisfaction survey evaluation	07/1/22- 06/30/27
<input checked="" type="checkbox"/> 1.2: Assess and monitor social and other determinants of health, health status, health needs, and health care services available to local communities, with	1.2(A): List of prominent social determinants of health in LHJ 1.2(B): 2020 census data on vulnerable/underserved demographics in LHJ	07/1/22- 12/31/25

City of Long Beach
Grant Activities
 2022 – 2027
 REVISED 11/5/2021

<p>a special focus on underserved areas and vulnerable population groups.</p>	<p>1.2.a(A): Needs Assessment (NA) work group roster 1.2.b(A): Summary resources and service gaps 1.2.c(A): NA instrument 1.2.d(A): Data gathered and inventoried 1.2.d(B): Summary of analysis and data gaps 1.2.d(C): Identified resources to fill data gaps 1.2.d(D): Description of methods selected 1.2.e(A): Action plan to collect missing NA data 1.2.e(B): Summary of data collected 1.2.f(A): Data summary report</p>	
<p><input checked="" type="checkbox"/> 1.3: Identify assets and resources that will help to address the oral health needs of the community with an emphasis on underserved areas and vulnerable population groups within the jurisdiction.</p>	<p>1.3.a(A): Inventory of community assets and resources 1.3.b(A): Published inventory of community assets/resources and service gaps</p>	<p>07/1/22- 12/31/25</p>
<p><input checked="" type="checkbox"/> 1.4: Develop a new or update an existing community health improvement plan (CHIP) and create an action plan to address the oral health needs of underserved areas and vulnerable population groups for the implementation phase and to achieve the state oral health objectives.</p>	<p>1.4.a(A): CHIP timeframe 1.4.a(B): Summary of objectives and strategies 1.4.a(C): List of participants in CHIP planning 1.4.b(A): List of planning meetings and meeting minutes 1.4.c(A): Action plan 1.4.d(A): Summary report</p>	<p>07/1/22 – 08/31/26</p>
<p><input checked="" type="checkbox"/> 1.5: Develop a new, or continue implementing an existing Evaluation Plan, to monitor and assess the progress and success of the Local Oral Health Program (LOHP) Work Plan objectives. Update objectives, evaluation questions, and plan as needed.</p>	<p>1.5.a(A): List of stakeholders in evaluation process 1.5.b(A): Program logic model 1.5.c(A): Evaluation Plan grid 1.5.d(A): Evaluation Plan progress summary</p>	<p>07/1/22- 12/31/25</p>
<p><input checked="" type="checkbox"/> 1.6: Complete progress reports (PR) bi-annually using the progress report template provided. Detailed instructions will be provided.</p>	<p>1.6(A): PR 1 July 1st – December 31, 2022 o DUE January 31, 2023 1.6(B): PR 2 January 1st – June 30, 2023 o DUE July 31, 2023 1.6(C): PR 3 July 1st – December 31, 2023 o DUE January 31, 2024</p>	<p>07/1/22- 06/30/27</p>

City of Long Beach
 Grant Activities
 2022 – 2027
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	<p>1.6(D): PR 4 January 1st – June 30, 2024 o DUE July 31, 2024 1.6(E): PR 5 July 1st – December 31, 2024 o DUE January 31, 2025 1.6(F): PR 6 January 1st – June 30, 2025 o DUE July 30, 2025 1.6(G): PR 7 July 1st – December 31, 2025 o DUE January 31, 2026 1.6(H): PR 8 January 1st – June 30, 2026 o DUE July 30, 2026 1.6(I): PR 9 July 1st – December 31, 2026 o DUE January 31, 2027 1.6(J): PR 10 January 1st – June 30, 2027 o DUE July 30, 2027</p>	
<p><input checked="" type="checkbox"/> Objective 2: By June 30, 2027, implement evidence-based programs to achieve California Oral Health Plan objectives.</p>		
<p><input checked="" type="checkbox"/> 2.1: Conduct planning to support the development of community-clinical linkages and school-based/ school-linked programs.</p>	<p>2.1.a(A): Strengths Weaknesses Opportunities Threats (SWOT) analysis summary report 2.1.b(A): List of participating and identified schools and grades 2.1.b(B): Program model selected and tracking system 2.1.b(C): List of partners and roles 2.1.b(D): List of services 2.1.b(E): Early prevention intervention selected 2.1.b(F): Implementation plan 2.1.b(G): List of equipment purchased 2.1.b(H): Invoices for billing</p>	<p>07/01/22-06/30/23</p>
<p><input checked="" type="checkbox"/> 2.2: Identify, maintain, and expand partnerships with dental providers and schools to implement, administer, and sustain school dental programs in targeted sites.</p>	<p>2.2(A): Memorandums of Understanding (MOUs) and other partnership agreements 2.2.a(A): List of participating and identified schools and grades 2.2.b(A): List of dental providers with partnership agreements 2.2.c(A): Activity log</p>	<p>07/01/22-06/30/27</p>

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 2022 – 2027
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<p><input checked="" type="checkbox"/> 2.3: Implement a dental screening program with a robust community-clinical linkage system using a referral management electronic platform for connecting with parents/caregivers and linking children to a source of dental care, tracking the progress of care from referral to completion of treatment plan.</p>	<p>2.2.d(A): Sealant education materials 2.2.d(B): Fluoride education materials 2.2.d(C): Preventive dental services education materials 2.2.e(A): Distribution list and format 2.2.e(B): Number of stakeholders reached 2.2.e(C): List of educational materials provided 2.2.e(D): Consent forms on file 2.2.f(A): Implementation schedule 2.2.g(A): Number of education sessions delivered 2.2.g(B): List of trainings provided and site 2.2.h(A): Number of schools with a dental program 2.2.h(B): Number of children screened</p>	
<p><input checked="" type="checkbox"/> 2.3: Implement a dental screening program with a robust community-clinical linkage system using a referral management electronic platform for connecting with parents/caregivers and linking children to a source of dental care, tracking the progress of care from referral to completion of treatment plan.</p>	<p>2.3(A): Number and proportion of eligible schools participating 2.3(B): Number and proportion of eligible children screened 2.3(C): Referral acceptance 2.3(D): Patient contact 2.3(E): Receipt of services 2.3(F): Need resolution 2.3.a(A): Number of dental providers accepting referrals 2.3.a(B): List of participating providers 2.3.b(A): Written care coordination protocol 2.3.c(A): Estimated number and proportion of high-risk children needing sealants and referrals 2.3.c(B): Referral criteria 2.3.d(A): Check-list for school-based program readiness 2.3.e(A): Narrative summary of preventive services implemented</p>	<p>07/01/22-06/30/27</p>

City of Long Beach
Grant Activities
 2022 – 2027
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	<p>2.3.e(B): Number of sealants received</p> <p>2.3.e(C): Number of fluoride varnish applications received</p> <p>2.3.e(D): Number of toothbrush prophylaxis treatments received</p> <p>2.3.e(E): Total number of students receiving preventive services</p> <p>2.3.f(A): Communications</p> <p>2.3.f(B): Success of referrals</p> <p>2.3.f(C): Data findings</p> <p>2.3.f(D): Number of successful referrals</p> <p>2.3.f(E): Quality improvement (QI) strategies</p> <p>2.3.f(F): Increase in children served</p> <p>2.3.f(G): Timelines for data review</p>	
<p><input checked="" type="checkbox"/> 2.4: Conduct training for community members/partners/stakeholders who desire to learn about the safety, benefits and cost effectiveness of community water fluoridation and its role in preventing dental disease.</p>	<p>2.4(A): Training agenda</p> <p>2.4(B): Training materials</p> <p>2.4(C): Number of community trainees for community water fluoridation trainings</p> <p>2.4.a(A): Number of engineers/ operators trained</p> <p>2.a(B): List of trainees and trainings</p> <p>2.4.b(A): Marketing materials</p> <p>2.4.b(B): Number of public awareness campaigns</p> <p>2.4.c(A): Webpage URL</p> <p>2.4.d(A): Evaluation report</p> <p>2.4.d(B): Assurances for successful referral</p> <p>2.4.e(A): School dental program success stories</p> <p>2.4.e(B): Dissemination plan</p>	07/01/22-06/30/27
<p><input checked="" type="checkbox"/> Objective 3: By June 30, 2027, work with partners to promote oral health by developing and implementing prevention and health care policies and guidelines for programs, health care providers, and institutional settings (e.g., schools) including integration of oral health care and overall health care.</p>		

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<p><input checked="" type="checkbox"/> 3.1: Assess the number of schools currently not reporting Kindergarten assessments to the System for California Oral Health Reporting (SCOHR).</p>	<p>3.1(A): List and number of KOHA non-participating schools identified 3.1.a(A): List of KOHA best practices 3.1.b(A): List of KOHA target schools 3.1.c(A): List and number of KOHA champions 3.1.c(B): KOHA champion onboarding and training materials 3.1.c(C): Number of school districts participating in KOHA intervention 3.1.c(D): Number of children served by KOHA intervention 3.1.d(A): KOHA toolkit 3.1.d(B): List of KOHA presentations made 3.1.d(C): Copy of KOHA letters written 3.1.d(D): Number of schools adopting policies or participating in KOHA because of efforts 3.1.f(A): KOHA guidance documents for schools 3.1.f(B): KOHA fact sheets 3.1.g(A): List of KOHA key partners 3.1.g(B): Schedule of KOHA key partners meetings held 3.1.g(C): KOHA targets identified 3.1.h(A): KOHA summary in progress reports 3.1.h(B): KOHA policies revised and developed 3.1.h(C): Number of school districts reporting KOHA data 3.1.h(D): Number of children receiving KOHA screening 3.1.h(E): Number of oral health assessment activities, number of assessment events, number of assessment messages, and number of new schools participating in assessments 3.1.i(A): KOHA success stories 3.1.i(B): KOHA success stories dissemination</p>	<p>07/01/22-06/30/27</p>
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<p><input checked="" type="checkbox"/> 3.2: Develop and implement a plan to identify and recruit key partners that work with underserved populations: First 5 commission, County Office of Education, local Child Health and Disability Prevention (CHDP), Women, Infants, and Children (WIC), Early Head Start/Head Start, Maternal, Child, and Adolescent Health (MCAH), Black Infant Health (BIH), schools, Community-based organizations (CBOs), and Home Visiting (HV) Programs.</p>	<p>plan</p> <p>3.2(A): Key partner recruitment plan 3.2(B): Key partner recruitment letters 3.2(C): List of key partners recruited 3.2(D): List of Home Visiting programs 3.2.a(A): Role of key partners summary 3.2.b(A): Schedule of key partners meetings 3.2.c(A): Facilitators and barriers to care identified 3.2.d(A): Activities to address barriers to care 3.2.e(A): Key partner training and implementation plan 3.2.e(B): List of key partner trainings 3.2.e(C): Evaluation of key partner trainings 3.2.e(D): Evaluation of key partner implementation plan 3.2.f(A): Key partner oral health guidance document 3.2.g(A): List of key partners with oral health component 3.2.h(A): Home Visiting survey results in progress reports 3.2.i(A): Key partners sustainability plan 3.2.j(A): Key partners success stories 3.2.j(B): Key partners success stories dissemination plan</p>	<p>07/01/22-06/30/27</p>
<p><input type="checkbox"/> Objective 4: By June 30, 2027, address common risk factors for oral diseases and chronic diseases, including tobacco and sugar consumption, and promote protective factors that will reduce disease burden.</p> <p><input type="checkbox"/> 4.1: Conduct a survey of dental offices to gauge interest in CEU credits for tobacco cessation training. Use survey findings to support tobacco cessation activities.</p>	<p>4.1(A): Summary of tobacco cessation survey findings and plans for using survey information 4.1(B): Number of dental offices assessed 4.1.a(A): Risk assessment training materials 4.1.a(B): Risk assessment toolkit 4.1.a(C): Referral resources for identified risk</p>	<p>07/01/22-06/30/27</p>

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<p><input type="checkbox"/> 4.2: Collaborate with local partners to participate in sugar-sweetened beverage (SSB) reduction activities. Participate in an event (ex: Rethink Your Drink statewide day of action) in a dental setting, school, health fair, or community setting; provide dental-specific material in addition to the Rethink Your Drink event in a box; use social media messaging (ex: hashtags) to promote event.</p>	<p>factors 4.1.a(D): Number of dental offices connected to resources 4.1.b(A): List and dates of tobacco cessation trainings 4.1.b(B): Number of dental offices trained for tobacco cessation 4.1.c(A): Number of dental offices receiving tobacco cessation toolkits 4.1.d(A): Tobacco cessation marketing materials 4.1.d(B): Tobacco cessation social media views and interaction data 4.1.d(C): Tobacco cessation radio messaging impressions data 4.1.e(A): Tobacco cessation summary analysis in progress reports</p>	
	<p>4.2(A): SSB reduction event narrative 4.2(B): Number of SSB reduction event activities 4.2.a(A): SSB reduction training materials 4.2.a(B): SSB reduction training summary 4.2.b(A): Number of SSB reduction trainings and webinars 4.2.c(A): Narrative description of oral health guidelines integrated into partner chronic disease prevention and control activities 4.2.d(A): SSB reduction webpage URL 4.2.e(A): SSB reduction summary analysis in progress reports 4.2.f(A): SSB reduction success stories 4.2.f(B): SSB reduction success stories dissemination plan</p>	<p>07/01/22-06/30/27</p>

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<p><input checked="" type="checkbox"/> Objective 5: By June 30, 2027, coordinate outreach programs; implement education, health literacy campaigns and promote integration of oral health and primary care.</p>	<p><input checked="" type="checkbox"/> 5.1: Collaborate with primary care providers or school administrators to implement an evidence-based oral health literacy campaign for parents and caregivers such as the American Academy of Pediatrics Brush, Book, Bed (BBB) Campaign. Identify a BBB champion who will coordinate the program and inspire partners: e.g., the county’s oral health program manager.</p>	<p>5.1(A): Evidence-based health literacy campaign identified 5.1(B): Health literacy campaign plan 5.1(C): List of health literacy champions for providers and schools 5.1.a.(A): Health literacy campaign summary analysis in progress report submissions</p>	<p>07/01/22-06/30/27</p>
<p><input checked="" type="checkbox"/> 5.2: Identify a champion and coordinate oral health literacy activities with partners: e.g., key partner, stakeholder, health educator, provider, or others.</p>	<p>5.2(A): List and number health literacy champions for partner outreach 5.2.a(A): Oral health literacy workforce action plan 5.2.b(A): Number of dental offices with added oral health literacy component 5.3(A): Oral health literacy training plan 5.3(B): List of oral health literacy trainings 5.3(C): Number of oral health literacy trainees 5.3(D): Evaluation of oral health literacy trainings 5.3(E): Number of oral health literacy trainings 5.3.a(A): List of oral health literacy materials provided 5.3.a(B): List of partner organizations receiving oral health literacy materials</p>	<p>5.2(A): List and number health literacy champions for partner outreach 5.2.a(A): Oral health literacy workforce action plan 5.2.b(A): Number of dental offices with added oral health literacy component 5.3(A): Oral health literacy training plan 5.3(B): List of oral health literacy trainings 5.3(C): Number of oral health literacy trainees 5.3(D): Evaluation of oral health literacy trainings 5.3(E): Number of oral health literacy trainings 5.3.a(A): List of oral health literacy materials provided 5.3.a(B): List of partner organizations receiving oral health literacy materials</p>	<p>07/01/22-06/30/27</p>
<p><input type="checkbox"/> Objective 6: By June 30, 2027, assess, support, and ensure establishment of effective oral healthcare delivery and care coordination systems and resources, including workforce development, language services, collaborations, and processes that support continuous quality improvement to serve underserved areas and vulnerable populations.</p>	<p><input type="checkbox"/> 6.1: Identify and recruit key partners such as the local dental society, local dental association, local primary care association, etc. to support effective oral healthcare delivery and care coordination systems.</p>	<p>6.1(A): List of key partners recruited 6.1.a(A): Summary analysis of dental office inventory 6.1.a(B): Number of dental office assessments conducted.</p>	<p>07/01/22-06/30/27</p>

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<p><input type="checkbox"/> 6.2: Launch and sustain a Community of Practice for representatives from the primary care offices, CBOs, and dental offices to meet in-person or virtually on a regular and re-occurring basis to foster performance management, process redesign, and quality improvement.</p> <p><input type="checkbox"/> 6.3: Develop a sustainability plan to maintain efforts.</p> <p><input type="checkbox"/> 6.4: Recruit providers for preventive dentistry mentorship program.</p>	<p>6.1.b(A): Summary of service gaps and underserved areas</p> <p>6.1.c(A): Dental office outreach materials</p> <p>6.1.c(B): Number of outreach resources developed</p> <p>6.1.d(A): Summary of pilot test proposal</p> <p>6.1.d(B): List of primary care offices and CBOs identified</p> <p>6.1.e(A): List of providers and CBOs trained and onboarded</p> <p>6.1.e(B): Number of providers and systems engaged</p> <p>6.1.f(A): List of partnerships and roles developed to support warm hand-off referrals</p> <p>6.2(A): List of community of practice members</p> <p>6.2(B): Community of practice meeting schedule</p>	<p>07/01/22-06/30/27</p>
<p><input type="checkbox"/> 6.3(A): Sustainability plan</p> <p><input type="checkbox"/> 6.3.a(A): Fluoride varnish guidance document</p> <p><input type="checkbox"/> 6.4(A): List of providers recruited for preventive dentistry program</p> <p><input type="checkbox"/> 6.4.a(A): Summary of Quality Improvement (QI) trainings or coaching provided</p> <p><input type="checkbox"/> 6.4.b(A): QI Plan</p> <p><input type="checkbox"/> 6.4.c(A): Oral healthcare delivery and care coordination systems success stories</p> <p><input type="checkbox"/> 6.4.c(B): Oral healthcare delivery and care coordination systems success stories dissemination plan</p> <p><input type="checkbox"/> 6.4.d(A): Performance management trainees</p> <p><input type="checkbox"/> 6.4.d(B): Performance management software</p>	<p>07/01/22-06/30/27</p> <p>07/01/22-06/30/27</p>	<p>07/01/22-06/30/27</p>

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<p>used</p> <p>6.4.d(C): List of performance measures</p> <p>6.4.e(A): QI project qualitative case study</p> <p>6.4.e(B): QI project storyboard</p>	<p>Objective 7: By June 30, 2027, create or expand existing local oral health networks to achieve oral health improvements through policy, financing, education, dental care, and community engagement strategies.</p> <p><input type="checkbox"/> 7.1: Convene a core group or identify a workgroup from existing AC to support the creation or expansion of existing local oral health networks identify policy solutions, address workforce issues, and develop plans for sustainability and community engagement.</p> <p>7.1(A): List of oral health networks workgroup members</p> <p>7.1.a(A): List of organizations recruited for expanded oral health network</p> <p>7.1.a(B): Number of organizations, partners, and champions recruited for expanded oral health networks</p> <p>7.1.b(A): Oral health network meeting schedule</p> <p>7.1.b(B): Oral health network meeting agenda</p> <p>7.1.b(C): Oral health network meeting minutes</p> <p>7.1.c(A): List of oral health network action plan priorities</p> <p>7.1.d(A): Oral health network Communication Plan</p> <p>7.1.e(A): List of organizations in oral health network workgroup</p> <p>7.1.f(A): Oral health network mission and core values</p> <p>7.1.g(A): Oral health network action plan</p> <p>7.1.h(A): Opportunities identified to share resources and leverage additional funding</p> <p>7.1.i(A): Key insights from community engagement</p> <p>7.1.j(A): Oral health network summary in progress report submissions</p>
	<p>07/01/22-06/30/27</p>

Exhibit B
Budget Detail and Payment Provisions

1. Invoicing and Payment

A. Upon completion of project activities as provided in Exhibit A Grant Application/Attachment 1 Grantee Written Modification, 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 total amount of this agreement.

B. Invoices shall include the Grant Number and shall be submitted electronically or in triplicate not more frequently than monthly in arrears to:

Vinay Shukla
California Department of Public Health
Office of Oral Health
MS 7218
1616 Capitol Avenue, Suite 74.420
P.O. Box 997377, Sacramento, CA 95899-7377
LOHPInvoices@cdph.ca.gov

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.

D. Amount Awarded under this Grant is identified in the CDPH 1229 Grant Agreement.

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.

Exhibit B
Budget Detail and Payment Provisions

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.

4. 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.

5. Travel and Per Diem Reimbursement

Any reimbursement for necessary travel and per diem shall, unless otherwise specified in this Agreement, be at the rates currently in effect, as established by the California Department of Human Resources (Cal HR). If the Cal HR rates change during the term of the Agreement, the new rates shall apply upon their effective date and no amendment to this Agreement shall be necessary. No travel outside the State of California shall be reimbursed without prior authorization from the CDPH. Verbal authorization should be confirmed in writing. Written authorization may be in a form including fax or email confirmation.

EXHIBIT C

STANDARD GRANT CONDITIONS

1. **APPROVAL:** This Grant is of no force or effect until signed by both parties and approved by the Department of General Services, if required. The Grantee may not commence performance until such approval has been obtained
2. **AMENDMENT:** No amendment or variation of the terms of this Grant shall be valid unless made in writing, signed by the parties, and approved as required. No oral understanding or Agreement not incorporated in the Grant is binding on any of the parties. In no case shall the Department materially alter the scope of the Project set forth in Exhibit A.
3. **ASSIGNMENT:** This Grant is not assignable by the Grantee, either in whole or in part, without the written consent of the Grant Manager in the form of a written amendment to the Grant.
4. **AUDIT:** Grantee agrees that the Department, the Bureau of State Audits, or their designated representative shall have the right to review and to copy any records and supporting documentation pertaining to this Grant. Grantee agrees to maintain such records for a possible audit for a minimum of three (3) years after final payment or completion of the project funded with this Grant, unless a longer period of records retention is stipulated. Grantee agrees to allow the auditor(s) access to such records during normal business hours and to allow interviews of any employees who might reasonably have information related to such records. Further, Grantee agrees to include a similar right of the State to audit records and interview staff in any subcontract related to the project.
5. **CONFLICT OF INTEREST:** Grantee certifies that it is in compliance with all applicable state and/or federal conflict of interest laws.
6. **INDEMNIFICATION:** Grantee agrees to indemnify, defend and save harmless the State, its officers, agents and employees from any and all claims and losses accruing or resulting to any and all contractors, subcontractors, suppliers, laborers, and any other person, firm or corporation furnishing or supplying work services, materials, or supplies in connection with the project, and from any and all claims and losses accruing or resulting to any person, firm or corporation who may be injured or damaged by Grantee in the performance of any activities related to the Project.
7. **FISCAL MANAGEMENT SYSTEMS AND ACCOUNTING STANDARDS:** Grantee agrees that, at a minimum, its fiscal control and accounting procedures will be sufficient to permit tracing of all grant funds to a level of expenditure adequate to establish that such funds have not been used in violation of any applicable state or federal law, or the provisions of this Grant. Grantee further agrees that it will maintain separate Project accounts in accordance with generally accepted accounting principles.
8. **GOVERNING LAW:** This Grant is governed by and shall be interpreted in accordance with the laws of the State of California.

9. **INCOME RESTRICTIONS:** Grantee agrees that any refunds, rebates, credits, or other amounts (including any interest thereon) accruing to or received by the Grantee under this Grant shall be paid by the Grantee to the Department, to the extent that they are properly allocable to costs for which the Grantee has been reimbursed by the Department under this Grant.
10. **INDEPENDENT CONTRACTOR:** Grantee, and its agents and employees of Grantee, in the performance of the Project, shall act in an independent capacity and not as officers, employees or agents of the Department.
11. **MEDIA EVENTS:** Grantee shall notify the Department's Grant Manager in writing at least twenty (20) working days before any public or media event publicizing the accomplishments and/or results of the Project and provide the opportunity for attendance and participation by Department's representatives.
12. **NO THIRD-PARTY RIGHTS:** The Department and Grantee do not intend to create any rights or remedies for any third-party as a beneficiary of this Grant or the project.
13. **NOTICE:** Grantee shall promptly notify the Department's Grant Manager in writing of any events, developments or changes that could affect the completion of the project or the budget approved for this Grant.
14. **PROFESSIONALS:** Grantee agrees that only licensed professionals will be used to perform services under this Grant where such services are called for.
15. **RECORDS:** Grantee certifies that it will maintain Project accounts in accordance with generally accepted accounting principles. Grantee further certifies that it will comply with the following conditions for a grant award as set forth in the Request for Applications (Exhibit D) and the Grant Application (Exhibit A).
 - A. Establish an official file for the Project which shall adequately document all significant actions relative to the Project;
 - B. Establish separate accounts which will adequately and accurately depict all amounts received and expended on this Project, including all grant funds received under this Grant;
 - C. Establish separate accounts which will adequately depict all income received which is attributable to the Project, especially including any income attributable to grant funds disbursed under this Grant;
 - D. Establish an accounting system which will adequately depict final total costs of the Project, including both direct and indirect costs; and,
 - E. Establish such accounts and maintain such records as may be necessary for the state to fulfill federal reporting requirements, including any and all reporting requirements under federal tax statutes or regulations.
16. **RELATED LITIGATION:** Under no circumstances may Grantee use funds from any disbursement under this Grant to pay for costs associated with any litigation between the Grantee and the Department.

17. RIGHTS IN DATA: Grantee and the Department agree that all data, plans, drawings, specifications, reports, computer programs, operating manuals, notes, and other written or graphic work submitted under Exhibit A in the performance of the Project funded by this Grant shall be in the public domain. Grantee may disclose, disseminate and use in whole or in part, any final form data and information received, collected, and developed under this Project, subject to appropriate acknowledgment of credit to the Department for financial support. Grantee shall not utilize the materials submitted to the Department (except data) for any profit making venture or sell or grant rights to a third-party who intends to do so. The Department has the right to use submitted data for all governmental purposes.

18. VENUE: (This provision does not apply to Local Governmental Entities)

The Department and Grantee agree that any action arising out of this Grant shall be filed and maintained in the Superior Court, California. Grantee waives any existing sovereign immunity for the purposes of this Grant, if applicable.

19. STATE-FUNDED RESEARCH GRANTS:

- A. Grantee shall provide for free public access to any publication of a department-funded invention or department-funded technology. Grantee further agrees to all terms and conditions required by the California Taxpayer Access to Publicly Funded Research Act (Chapter 2.5 (commencing with Section 13989) of Part 4.5 of Division 3 of Title 2 of the Government Code).
- B. As a condition of receiving the research grant, Grantee agrees to the following terms and conditions which are set forth in Government Code section 13989.6 ("Section 13989.6"):
- 1) Grantee is responsible for ensuring that any publishing or copyright agreements concerning submitted manuscripts fully comply with Section 13989.6.
 - 2) Grantees shall report to the Department the final disposition of the research grant, including, but not limited to, if it was published, when it was published, where it was published, when the 12-month time period expires, and where the manuscript will be available for open access.
 - 3) For a manuscript that is accepted for publication in a peer-reviewed journal, the Grantee shall ensure that an electronic version of the peer-reviewed manuscript is available to the department and on an appropriate publicly accessible database approved by the Department, including, but not limited to, the University of California's eScholarship Repository at the California Digital Library, PubMed Central, or the California Digital Open Source Library, to be made publicly available not later than 12 months after the official date of publication. Manuscripts submitted to the California Digital Open Source Library shall be exempt from the requirements in subdivision (b) of Section 66408 of the Education Code. Grantee shall make reasonable efforts to comply with this requirement by ensuring that their manuscript is accessible on an approved publicly accessible database, and notifying the Department that the manuscript is available on a department-approved database. If Grantee is unable to ensure that their manuscript is accessible on an approved publicly accessible database, Grantee may comply by providing the manuscript to the Department not later than 12 months after the official date of publication.

- 4) For publications other than those described in paragraph B.3 above, including meeting abstracts, Grantee shall comply by providing the manuscript to the Department not later than 12 months after the official date of publication.
- 5) Grantee is authorized to use grant money for publication costs, including fees charged by a publisher for color and page charges, or fees for digital distribution.

Contractor Certification Clauses

CCC 04/2017

CERTIFICATION

I, the official named below, CERTIFY UNDER PENALTY OF PERJURY that I am duly authorized to legally bind the prospective Contractor to the clause(s) listed below. This certification is made under the laws of the State of California.

Contractor/Bidder Firm Name (Printed) City of Long Beach	Federal ID Number [REDACTED]
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By (Authorized Signature)

Tom Modica, City Manager

Printed Name and Title of Person Signing

Linda F. Jabron, ASST CITY MANAGER

Date Executed

April 5, 2022

Executed in the County of

Los Angeles

APPROVED AS TO FORM
 March 30, 2022
 CHARLES PARKIN, City Attorney
 By *[Signature]*
 TAYLOR M. ANDERSON
 DEPUTY CITY ATTORNEY

EXECUTED PURSUANT TO SECTION 301 OF THE CITY CHARTER.

CONTRACTOR CERTIFICATION CLAUSES

1. **STATEMENT OF COMPLIANCE:** Contractor has, unless exempted, complied with the nondiscrimination program requirements. (Gov. Code §12990 (a-f) and CCR, Title 2, Section 11102) (Not applicable to public entities.)

2. **DRUG-FREE WORKPLACE REQUIREMENTS:** Contractor will comply with the requirements of the Drug-Free Workplace Act of 1990 and will provide a drug-free workplace by taking the following actions:

a. Publish a statement notifying employees that unlawful manufacture, distribution, dispensation, possession or use of a controlled substance is prohibited and specifying actions to be taken against employees for violations.

b. Establish a Drug-Free Awareness Program to inform employees about:

- 1) the dangers of drug abuse in the workplace;
- 2) the person's or organization's policy of maintaining a drug-free workplace;
- 3) any available counseling, rehabilitation and employee assistance programs; and,
- 4) penalties that may be imposed upon employees for drug abuse violations.

c. Every employee who works on the proposed Agreement will:

- 1) receive a copy of the company's drug-free workplace policy statement; and,

2) agree to abide by the terms of the company's statement as a condition of employment on the Agreement.

Failure to comply with these requirements may result in suspension of payments under the Agreement or termination of the Agreement or both and Contractor may be ineligible for award of any future State agreements if the department determines that any of the following has occurred: the Contractor has made false certification, or violated the certification by failing to carry out the requirements as noted above. (Gov. Code §8350 et seq.)

3. NATIONAL LABOR RELATIONS BOARD CERTIFICATION: Contractor certifies that no more than one (1) final unappealable finding of contempt of court by a Federal court has been issued against Contractor within the immediately preceding two-year period because of Contractor's failure to comply with an order of a Federal court, which orders Contractor to comply with an order of the National Labor Relations Board. (Pub. Contract Code §10296) (Not applicable to public entities.)

4. CONTRACTS FOR LEGAL SERVICES \$50,000 OR MORE- PRO BONO REQUIREMENT: Contractor hereby certifies that Contractor will comply with the requirements of Section 6072 of the Business and Professions Code, effective January 1, 2003.

Contractor agrees to make a good faith effort to provide a minimum number of hours of pro bono legal services during each year of the contract equal to the lesser of 30 multiplied by the number of full time attorneys in the firm's offices in the State, with the number of hours prorated on an actual day basis for any contract period of less than a full year or 10% of its contract with the State.

Failure to make a good faith effort may be cause for non-renewal of a state contract for legal services, and may be taken into account when determining the award of future contracts with the State for legal services.

5. EXPATRIATE CORPORATIONS: Contractor hereby declares that it is not an expatriate corporation or subsidiary of an expatriate corporation within the meaning of Public Contract Code Section 10286 and 10286.1, and is eligible to contract with the State of California.

6. SWEATFREE CODE OF CONDUCT:

a. All Contractors contracting for the procurement or laundering of apparel, garments or corresponding accessories, or the procurement of equipment, materials, or supplies, other than procurement related to a public works contract, declare under penalty of perjury that no apparel, garments or corresponding accessories, equipment, materials, or supplies furnished to the state pursuant to the contract have been laundered or produced in whole or in part by sweatshop labor, forced labor, convict labor, indentured labor under penal sanction, abusive forms of child labor or exploitation of children in sweatshop labor, or with the benefit of sweatshop labor, forced labor, convict labor, indentured labor under penal sanction, abusive forms of child labor or exploitation of children in sweatshop labor. The contractor further declares under penalty of perjury that they adhere to the Sweatfree Code of Conduct as set forth on the California Department of Industrial Relations website located at www.dir.ca.gov, and Public Contract Code Section 6108.

b. The contractor agrees to cooperate fully in providing reasonable access to the contractor's records, documents, agents or employees, or premises if reasonably

required by authorized officials of the contracting agency, the Department of Industrial Relations, or the Department of Justice to determine the contractor's compliance with the requirements under paragraph (a).

7. DOMESTIC PARTNERS: For contracts of \$100,000 or more, Contractor certifies that Contractor is in compliance with Public Contract Code section 10295.3.

8. GENDER IDENTITY: For contracts of \$100,000 or more, Contractor certifies that Contractor is in compliance with Public Contract Code section 10295.35.

DOING BUSINESS WITH THE STATE OF CALIFORNIA

The following laws apply to persons or entities doing business with the State of California.

1. CONFLICT OF INTEREST: Contractor needs to be aware of the following provisions regarding current or former state employees. If Contractor has any questions on the status of any person rendering services or involved with the Agreement, the awarding agency must be contacted immediately for clarification.

Current State Employees (Pub. Contract Code §10410):

1). No officer or employee shall engage in any employment, activity or enterprise from which the officer or employee receives compensation or has a financial interest and which is sponsored or funded by any state agency, unless the employment, activity or enterprise is required as a condition of regular state employment.

2). No officer or employee shall contract on his or her own behalf as an independent contractor with any state agency to provide goods or services.

Former State Employees (Pub. Contract Code §10411):

1). For the two-year period from the date he or she left state employment, no former state officer or employee may enter into a contract in which he or she engaged in any of the negotiations, transactions, planning, arrangements or any part of the decision-making process relevant to the contract while employed in any capacity by any state agency.

2). For the twelve-month period from the date he or she left state employment, no former state officer or employee may enter into a contract with any state agency if he or she was employed by that state agency in a policy-making position in the same general subject area as the proposed contract within the 12-month period prior to his or her leaving state service.

If Contractor violates any provisions of above paragraphs, such action by Contractor shall render this Agreement void. (Pub. Contract Code §10420)

Members of boards and commissions are exempt from this section if they do not receive payment other than payment of each meeting of the board or commission, payment for preparatory time and payment for per diem. (Pub. Contract Code §10430 (e))

2. LABOR CODE/WORKERS' COMPENSATION: Contractor needs to be aware of the provisions which require every employer to be insured against liability for Worker's Compensation or to undertake self-insurance in accordance with the provisions, and

Contractor affirms to comply with such provisions before commencing the performance of the work of this Agreement. (Labor Code Section 3700)

3. AMERICANS WITH DISABILITIES ACT: Contractor assures the State that it complies with the Americans with Disabilities Act (ADA) of 1990, which prohibits discrimination on the basis of disability, as well as all applicable regulations and guidelines issued pursuant to the ADA. (42 U.S.C. 12101 et seq.)

4. CONTRACTOR NAME CHANGE: An amendment is required to change the Contractor's name as listed on this Agreement. Upon receipt of legal documentation of the name change the State will process the amendment. Payment of invoices presented with a new name cannot be paid prior to approval of said amendment.

5. CORPORATE QUALIFICATIONS TO DO BUSINESS IN CALIFORNIA:

a. When agreements are to be performed in the state by corporations, the contracting agencies will be verifying that the contractor is currently qualified to do business in California in order to ensure that all obligations due to the state are fulfilled.

b. "Doing business" is defined in R&TC Section 23101 as actively engaging in any transaction for the purpose of financial or pecuniary gain or profit. Although there are some statutory exceptions to taxation, rarely will a corporate contractor performing within the state not be subject to the franchise tax.

c. Both domestic and foreign corporations (those incorporated outside of California) must be in good standing in order to be qualified to do business in California. Agencies will determine whether a corporation is in good standing by calling the Office of the Secretary of State.

6. RESOLUTION: A county, city, district, or other local public body must provide the State with a copy of a resolution, order, motion, or ordinance of the local governing body which by law has authority to enter into an agreement, authorizing execution of the agreement.

7. AIR OR WATER POLLUTION VIOLATION: Under the State laws, the Contractor shall not be: (1) in violation of any order or resolution not subject to review promulgated by the State Air Resources Board or an air pollution control district; (2) subject to cease and desist order not subject to review issued pursuant to Section 13301 of the Water Code for violation of waste discharge requirements or discharge prohibitions; or (3) finally determined to be in violation of provisions of federal law relating to air or water pollution.

8. PAYEE DATA RECORD FORM STD. 204: This form must be completed by all contractors that are not another state agency or other governmental entity.

Exhibit E
Additional Provisions

1. Additional Incorporated Documents

A. The following documents and any subsequent updates are not attached, but are incorporated herein and made a part hereof by this reference. CDPH will maintain on file, all documents referenced herein and any subsequent updates, as required by program directives. CDPH shall provide the Contractor with copies of said documents and any periodic updates thereto, under separate cover.

1. *Local Health Jurisdiction Local Oral Health Program Guidelines for Grant Application*
<https://oralhealthsupport.ucsf.edu/moving-california-oral-health-forward-rfa-2022-2027>

2. Cancellation / Termination

- A. This Grant may be cancelled by CDPH without cause upon thirty (30) calendar days advance written notice to the Grantee.
- B. CDPH reserves the right to cancel or terminate this Grant immediately for cause. The Grantee may submit a written request to terminate this Grant only if CDPH substantially fails to perform its responsibilities as provided herein.
- C. The term "for cause" shall mean that the Grantee fails to meet the terms, conditions, and/or responsibilities of this agreement. Causes for termination include, but are not limited to the following occurrences:
- 1) If the Grantee knowingly furnishes any statement, representation, warranty, or certification in connection with the agreement, which representation is materially false, deceptive, incorrect, or incomplete.
 - 2) If the Grantee fails to perform any material requirement of this Grant or defaults in performance of this agreement.
 - 3) If the Grantee files for bankruptcy, or if CDPH determines that the Grantee becomes financially incapable of completing this agreement.
- D. Grant termination or cancellation shall be effective as of the date indicated in CDPH's notification to the Grantee. The notice shall stipulate any final performance, invoicing or payment requirements.
- E. In the event of early termination or cancellation, the Grantee shall be entitled to compensation for services performed satisfactorily under this agreement and expenses incurred up to the date of cancellation and any non-cancelable obligations incurred in support of this Grant.
- F. In the event of termination, and at the request of CDPH, the Grantee shall furnish copies of all proposals, specifications, designs, procedures, layouts, copy, and other materials related to the services or deliverables provided under this Grant, whether finished or in progress on the termination date.

Exhibit E
Additional Provisions

- G. The Grantee will not be entitled to reimbursement for any expenses incurred for services and deliverables pursuant to this agreement after the effective date of termination.
- H. Upon receipt of notification of termination of this Grant, and except as otherwise specified by CDPH, the Grantee shall:
 - 1) Place no further order or subgrants for materials, services, or facilities.
 - 2) Settle all outstanding liabilities and all claims arising out of such termination of orders and subgrants.
 - 3) Upon the effective date of termination of the Grant and the payment by CDPH of all items properly changeable to CDPH hereunder, Grantee shall transfer, assign and make available to CDPH all property and materials belonging to CDPH, all rights and claims to any and all reservations, grants, and arrangements with owners of media/PR materials, or others, and shall make available to CDPH all written information regarding CDPH's media/PR materials, and no extra compensation is to be paid to Grantee for its services.
 - 4) Take such action as may be necessary, or as CDPH may specify, to protect and preserve any property related to this agreement which is in the possession of the Grantee and in which CDPH has or may acquire an interest.
- I. CDPH may, at its discretion, require the Grantee to cease performance of certain components of the Scope of Work as designated by CDPH and complete performance of other components prior to the termination date of the Grant.

3. Avoidance of Conflicts of Interest by Grantee

- A. CDPH intends to avoid any real or apparent conflict of interest on the part of the Grantee, subgrants, or employees, officers and directors of the Grantee or subgrants. Thus, CDPH reserves the right to determine, at its sole discretion, whether any information, assertion or claim received from any source indicates the existence of a real or apparent conflict of interest; and, if a conflict is found to exist, to require the Grantee to submit additional information or a plan for resolving the conflict, subject to CDPH review and prior approval.
- B. Conflicts of interest include, but are not limited to:
 - 1) An instance where the Grantee or any of its subgrants, or any employee, officer, or director of the Grantee or any subgrant or has an interest, financial or otherwise, whereby the use or disclosure of information obtained while performing services under the grant would allow for private or personal benefit or for any purpose that is contrary to the goals and objectives of the grant.
 - 2) An instance where the Grantee's or any subgrant's employees, officers, or directors use their positions for purposes that are, or give the appearance of being, motivated by a desire for private gain for themselves or others, such as those with whom they have family, business or other ties.

Exhibit E
Additional Provisions

- C. If CDPH is or becomes aware of a known or suspected conflict of interest, the Grantee will be given an opportunity to submit additional information or to resolve the conflict. A Grantee with a suspected conflict of interest will have five (5) working days from the date of notification of the conflict by CDPH to provide complete information regarding the suspected conflict. If a conflict of interest is determined to exist by CDPH and cannot be resolved to the satisfaction of CDPH, the conflict will be grounds for terminating the grant. CDPH may, at its discretion upon receipt of a written request from the Grantee, authorize an extension of the timeline indicated herein.

4. Dispute Resolution Process

- A. A Grantee grievance exists whenever there is a dispute arising from CDPH's action in the administration of an agreement. If there is a dispute or grievance between the Grantee and CDPH, the Grantee must seek resolution using the procedure outlined below.
- 1) The Grantee should first informally discuss the problem with the CDPH Program Grant Manager. If the problem cannot be resolved informally, the Grantee shall direct its grievance together with any evidence, in writing, to the program Branch Chief. The grievance shall state the issues in dispute, the legal authority or other basis for the Grantee's position and the remedy sought. The Branch Chief shall render a decision within ten (10) working days after receipt of the written grievance from the Grantee. The Branch Chief shall respond in writing to the Grantee indicating the decision and reasons therefore. If the Grantee disagrees with the Branch Chief's decision, the Grantee may appeal to the second level.
 - 2) When appealing to the second level, the Grantee must prepare an appeal indicating the reasons for disagreement with Branch Chief's decision. The Grantee shall include with the appeal a copy of the Grantee's original statement of dispute along with any supporting evidence and a copy of the Branch Chief's decision. The appeal shall be addressed to the Deputy Director of the division in which the branch is organized within ten (10) working days from receipt of the Branch Chief's decision. The Deputy Director of the division in which the branch is organized or his/her designee shall meet with the Grantee to review the issues raised. A written decision signed by the Deputy Director of the division in which the branch is organized or his/her designee shall be directed to the Grantee within twenty (20) working days of receipt of the Grantee's second level appeal.
- B. If the Grantee wishes to appeal the decision of the Deputy Director of the division in which the branch is organized or his/her designee, the Grantee shall follow the procedures set forth in Division 25.1 (commencing with Section 38050) of the Health and Safety Code and the regulations adopted thereunder. (Title 1, Division 2, Chapter 2, Article 3 (commencing with Section 1140) of the California Code of Regulations).
- C. Disputes arising out of an audit, examination of an agreement or other action not covered by subdivision (a) of Section 20204, of Chapter 2.1, Title 22, of the California Code of Regulations, and for which no procedures for appeal are provided in statute, regulation or the Agreement, shall be handled in accordance with the procedures identified in Sections 51016 through 51047, Title 22, California Code of Regulations.

Exhibit E
Additional Provisions

- D. Unless otherwise stipulated in writing by CDPH, all dispute, grievance and/or appeal correspondence shall be directed to the CDPH Grant Manager.
- E. There are organizational differences within CDPH's funding programs and the management levels identified in this dispute resolution provision may not apply in every contractual situation. When a grievance is received and organizational differences exist, the Grantee shall be notified in writing by the CDPH Grant Manager of the level, name, and/or title of the appropriate management official that is responsible for issuing a decision at a given level.



TOMÁS J. ARAGÓN, M.D., Dr.P.H
Director and State Public Health officer

State of California—Health and Human Services Agency
California Department of Public Health



GAVIN NEWSOM
Governor

City of Long Beach Department of Human Services
Attn: Nancy Riano, Nursing Services Officer
2525 Grand Avenue
Long Beach, CA 90815

04/14/2022

Subject: Grant Agreement # 22-10172

Enclosed for your records is a copy of the fully executed Grant Agreement between the California Department of Public Health and the City of Long Beach with a commencement date of July 01, 2022, through term end June 30, 2027.

Due to the Covid-19 pandemic, until further notice, any Department of General Services, (DGS), Approved documents are received electronically. Wet signatures will not be put in the contract package via United States Postal Service, (USPS). Therefore, please consider the documents received via USPS to be DGS approved original copies.

Contractors responsibility: Invoices submitted during the term of the agreement must be in accordance with the contract terms and conditions, the Contractor is responsible for ensuring item(s) billed on the invoice are consistent with the Exhibit A, SOW and Exhibit B Cost for services.

Public Contract Code 10116 requires state agencies capture information on race, ethnicity, gender and sexual orientation of business owners on all awarded contracts and procurements.

- This information shall not be collected until after the contract has been awarded.
- The completion of the attached form is **strictly voluntary** and **shall be anonymous**.

*** The information on the completed data sheet shall remain **CONFIDENTIAL**. ***

When applicable, Per Title 2, Section 8117.5 of the California Code of Regulations requires CDPH will notify the Department of Fair Employment and Housing, Office of Compliance Programs of this agreement award of \$5,000 or more.

When applicable, Military and Veteran Code (MVC) 999.5(d), Government Code (GC) 14841 and California Code of Regulations (CCR) 1896.78 require that all Prime Contractors that used a Disabled Veteran Business Enterprise (DVBE) firm to perform an element of work for a given contract to report specific DVBE information, therefore, if DVBE subcontractors are utilized in performance of this contract/procurement, you must complete and return the attached CDPH 9095 form and return within 60 days from receipt of final payment.

You may email these forms to sbdvbe@cdph.ca.gov or mail to **SB/DVBE Advocate** to the address below.

Please contact Program Support Branch, Contracts Services Section, if you have any questions.

cc: CDPH Contract File

CDPH Program Support Branch, Contracts Management Services Section, MS 1802
P.O. Box 997377 • Sacramento, CA 95899-7737
(916) 650-0100 • (916) 650-0142 FAX
Internet Address: www.cdph.ca.gov





TOMÁS J. ARAGÓN, M.D., Dr.P.H
Director and State Public Health Officer

State of California—Health and Human Services Agency
California Department of Public Health



GAVIN NEWSOM
Governor

City of Long Beach Department of Human Services
Attn: Nancy Riano, Nursing Services Officer
2525 Grand Avenue
Long Beach, CA 90815

04/14/2022

RE: Contractor and Grantee Compliance with Economic Sanctions Imposed in Response to Russia's Actions in Ukraine

Dear City of Long Beach Department of Human Services,

On March 4, 2022, Governor Gavin Newsom issued Executive Order N-6-22 (EO) regarding sanctions in response to Russian aggression in Ukraine. The EO is located at <https://www.gov.ca.gov/wp-content/uploads/2022/03/3.4.22-Russia-Ukraine-Executive-Order.pdf>

The EO directs all agencies and departments that are subject to the Governor's authority to take certain immediate steps, including notifying all contractors and grantees of their obligations to comply with existing economic sanctions imposed by the U.S. government in response to Russia's actions in Ukraine, as well as any sanctions imposed under state law.

This correspondence serves as a notice under the EO that as a contractor or grantee, compliance with the economic sanctions imposed in response to Russia's actions in Ukraine is required, including with respect to, but not limited to, the federal executive orders identified in the EO and the sanctions identified on the U.S. Department of the Treasury website (<https://home.treasury.gov/policy-issues/financial-sanctions/sanctionsprograms-and-country-information/ukraine-russia-related-sanctions>). Failure to comply may result in the termination of contracts or grants, as applicable.

Please note that for any agreements or grants valued at \$5 million or more, a separate notification will be sent outlining additional requirements specified under the EO.

Sincerely,

Micky Garcia

CC: Contract File

CDPH Program Support Branch, Contracts Management Services Section, MS 1802
P.O. Box 997377 • Sacramento, CA 95899-7377
(916) 650-0100 • (916) 650-0142 FAX
Internet Address: www.cdph.ca.gov



VOLUNTARY STATISTICAL DATA SHEET

Information to be used for reporting purposes only

Public Contract Code 10111 requires state agencies to capture information on ethnicity, race and gender (ERG) of business owners on all awarded contracts and procurements to the extent that the information has been voluntarily reported to the department. The awarding department is prohibited from using this data to discriminate or provide a preference in the solicitation or acceptance of bids, quotes, or estimates for goods, services, construction and/or information technology. This information shall not be collected until after the contract award is made. The completion of this form is **strictly voluntary**.

The data you provide on this form should best describe the *ownership of your business*. Ownership of a business should be determined as follows:

- For a business that is a sole proprietorship, partnership, corporation, or joint venture at least 51 percent is owned by one or more individuals in a classification designated below or, in the case of any business whose stock is publicly held, at least 51 percent of the stock is owned by one or more individuals in a designated classification, or
- For other business entities, the owner is the person controlling management and daily operations and who "owns" the business.

For purposes of this report, respond only if the business has its home office in the United States and which is not a branch or subsidiary of a foreign corporation, firm, or other business.

Ethnicity/Minority Classification – As defined in Public Contract Code Section 2051 (c)

- Asian-Indian** – a person whose origins are from India, Pakistan, or Bangladesh.
- Black** – a person having origins in any of the Black racial groups of Africa.
- Hispanic** – a person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish or Portuguese culture or origin regardless of race.
- Native American** – an American Indian, Eskimo, Aleut, or Native Hawaiian.
- Pacific Asian** – a person whose origins are from Japan, China, Taiwan, Korea, Vietnam, Laos, Cambodia, the Philippines, Samoa, Guam, or the United States Trust Territories of the Pacific including the Northern Marianas
- Other** – Any other group of natural persons identified as minorities in the respective project specifications of an awarding department or participating local agency.

Race Classification – As defined by the Office of Management and Budget, Federal Register Notice, October 30, 1997, at <https://www.whitehouse.gov/wp-content/uploads/2017/11/Revisions-to-the-Standards-for-the-Classification-of-Federal-Data-on-Race-and-Ethnicity-October30-1997.pdf>

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Other

Gender Classification

- Female
- Male
- Transgender

Sexual Orientation Classification – As defined by Public Contract Code 10111(f)

- Lesbian
- Gay
- Bisexual

ITEMS BELOW TO BE COMPLETED BY STATE AGENCY/DEPARTMENT ONLY

- Goods
- Services
- Construction

Total Contract Purchase: \$ 1,435,350.00

Contract Award Date: 04/12/2022

Prime Contractor's DVBE Subcontracting Report

PLEASE FAX OR MAIL THIS FORM WITHIN 60 DAYS FROM RECEIPT OF FINAL PAYMENT TO:
 California Department of Public Health
 ATTN: SB/DVBE Advocate
 1616 Capitol Ave, Suite 74.317
 Sacramento, CA 95814
 Fax: (916) 319-8583

(Information obtained will be used for reporting purposes only.)

Department Use Only		Prime Contractor	
Contract Number:	22-10172	Amendment #:	
Program:	OFFICE OF ORAL HEALTH		
Prime Contractor:	CITY OF LONG BEACH DEPARTMENT OF HUMAN SERVICES		
Contract Term Dates:	JULY 01, 2022 THROUGH JUNE 30, 2027		
Contract Award Amount:	\$1,435,350.00		
		FEIN Number:	
		Phone Number:	
		Address:	
		Email Address:	
		Date Final Payment Received:	
		Total Contract Amount Received:	

List ALL Disabled Veteran Business Enterprise firms involved with this contract					
(A) DVBE Subcontractor(s) Name	(B) DVBE Subcontractor Address	(C) DVBE Certification Number	(D) Total Contracted Amt. to DVBE	(E) Total Payment Amount to DVBE	(F) Variance
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
Number of Subcontractors=			Total:\$	Total:\$	Total:\$

I declare under penalty of perjury under the laws of the State of California that all information submitted is true and correct.

Prime Contractor Printed Name:

Signature:

Date:

Prime Contractor's DVBE Subcontracting Report Form Instructions

GENERAL INFORMATION: Military and Veteran Code (MVC) 999.5(d), Government Code (GC) 14841, and California Code of Regulations (CCR) 1896.78(e) require that all Prime Contractors that used a Disabled Veteran Business Enterprise (DVBE) firm to perform an element of work for a given contract to report specific DVBE information.

Prime Contractors are required to maintain records that support the information submitted on this form and that confirm all payments to DVBE subcontractor(s) have been made.

DEPARTMENT ONLY INSTRUCTIONS:

The awarding Department's completion of the following information, prior to issuing this form to the Prime Contractors ensures that all DVBE subcontractor activities are reported for DVBE firms resulting in the award.

1. Fill in the **Department Use Only** section, which includes:

- Contract Number
- Department
- Prime Contractor
- Date Contract Completed
- Contract Award Amount

2. Complete columns A, B, C & D of the DVBE subcontractors table, for each individual subcontractor used.

PRIME CONTRACTOR'S INSTRUCTIONS:

1. Fill in **Prime Contractor** section, which includes:

- FEIN Number
- Phone Number
- Address
- Email Address
- Date Final Payment Received
- Contract Received Amount

2. Complete the DVBE subcontractor information in **columns E & F ONLY**. **If you do not see a subcontractor listed in the table that was utilized on your contract, please fill out sections A-F of the table.**

3. Complete Signature block with Printed name, Signature & Date.

PLEASE NOTE: Include all DVBE's that performed an element of work for this contract regardless of tier, and report **ONLY ONE** contract per form.

PLEASE FAX OR MAIL THE FORM BACK TO THE CDPH SB/DVBE ADVOCATE WITHIN 60-DAYS OF RECEIPT OF FINAL PAYMENT.