



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 Health & Human Services
Physician Services Bureau
Attn: Sarady C. Kong
2525 Grand Avenue, Suite 229
Long Beach, CA 90815

04/21/2021

Subject: Contract # 17-10325 A02

34923

Enclosed for your records is a copy of the fully executed Amended Grant Agreement between the California Department of Public Health and the City of Long Beach-Department of Health & Human Services with a commencement date of July 01, 2017 through term June 30, 2022.

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.

Please Note:

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 and 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 by either faxing to (916) 319-8583 or mail to SB/DVBE Advocate at address below.

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

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



CALIFORNIA IMMUNIZATION PROGRAM

Awarded By

THE CALIFORNIA DEPARTMENT OF PUBLIC HEALTH, hereinafter “Department”

TO

City of Long Beach, hereinafter “Grantee”

Implementing the project, “To assist local health departments (LHDs) in preventing and controlling vaccine-preventable diseases (VPDs) in the local health jurisdiction (LHJ),” hereinafter “Project”

34923

AMENDED GRANT AGREEMENT NUMBER 17-10325, A02

The Department amends this Grant and the Grantee accepts and agrees to use the Grant funds as follows:

AUTHORITY: The Department has authority to grant funds for the Project under Health and Safety Code, Section 120325-120380 of the Health & Safety Code, which requires immunizations against childhood diseases prior to school admittance and Federal Grant numbers 6 NH23IP922612-01-01, 5 NH23IP922612-02-00 and 6 NH23IP922612-02-01.

PURPOSE FOR AMENDMENT: The purpose of the Grant amendment is to increase funding in the amount of \$256,420 for FY2020-21 to augment and enhance efforts around influenza vaccination coverage as well as perform Coronavirus Disease 2019 (COVID-19) vaccination planning and implementation.

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

AMENDED GRANT AMOUNT: this amendment is to increase the grant by \$256,420 and is amended to read: **\$1,385,085 (One Million Three Hundred Eighty-Five Thousand Eighty-Five Dollars)** ~~\$1,128,665 (One Million One Hundred Twenty-Eight Thousand Six Hundred Sixty-Five Dollars)~~.

Exhibit B – Budget Detail and Payment Provisions, paragraph 4.A is hereby replaced as shown below.

4. Amounts Payable

- A. The amounts payable under this Grant shall not exceed ~~\$1,128,665~~ **\$1,385,085**.

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

California Department of Public Health, Immunization Branch	Grantee: City of Long Beach
Name: Noemi Marin	Name: Pamela Bright, Bureau Manager
Address: 850 Marina Bay Pkwy., Bldg. P, 2 nd Floor	Address: 2525 Grand Avenue, Suite 106
City, ZIP: Richmond, CA 94804	City, ZIP: Long Beach, CA 90815
Phone: (510) 620-3737	Phone: (562) 570-4304
Fax: (510) 620-3774	Fax: (562) 570-4039
E-mail: Noemi.Marin@cdph.ca.gov	E-mail: Pamela.Bright@longbeach.gov

Direct all inquiries to:

California Department of Public Health, Immunization Branch	Grantee: City of Long Beach
Attention: Robina Escalada	Attn: Sandra Diaz, Immunization Coordinator
Address: 850 Marina Bay Pkwy., Bldg. P, 2 nd Floor	Address: 2525 Grand Avenue, Suite 145
City, Zip: Richmond, CA 94804	City, Zip: Long Beach, CA 90815
Phone: (510) 620-3729	Phone: (562) 570-4227
Fax: (510) 620-3774	Fax: (562) 570-4023
E-mail: Robina.Escalada@cdph.ca.gov	E-mail: Sandra.Diaz@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": Sarady C. Kong, Finance/Contract Manager
Address: 2525 Grand Avenue, Suite 225
City, Zip: Long Beach, CA 90815
Phone: (562) 570-4341
Fax: (562) 570-4376
E-mail: Sarady.Kong@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 the agreement. Note: Remittance address changes will require the Grantee to submit a completed CDPH 9083 Governmental Entity Taxpayer ID Form or STD 204 Payee Data Record Form which can be requested through the CDPH Project Representatives for processing.

All other terms and conditions of this Grant shall remain the same.

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

Executed By:

Date: February 25, 2021

Linda F. Jathumpon
Thomas Modica
City Manager
City of Long Beach
411 West Ocean Blvd., 10th Floor
Long Beach, CA 90802

EXECUTED PURSUANT
TO SECTION 301 OF
THE CITY CHARTER

Date: 3/25/2021

Jeff Mapes
Jeff Mapes, Chief
Contracts Management Unit
California Department of Public Health
1616 Capitol Avenue, Suite 74.262, MS 1802
P.O. Box 997377
Sacramento, CA 95899-7377

APPROVED AS TO FORM
February 24, 20 21
CHARLES PARKIN, City Attorney
By Taylor M. Anderson
TAYLOR M. ANDERSON
DEPUTY CITY ATTORNEY

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: \$ 1,385,085.00

Contract Award Date: 03/25/2021

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.