

RESOLUTION NO. 22-8694

AUTHORIZING THE PUBLIC HEALTH DIRECTOR TO execute an agreement funded by the California Oral Health Program grant agreement number 22-10187 to implement the Plumas County Local Oral Health Program

WHEREAS, the State of California – Health and Human Services Agency, Department of Public Health, has authority to grant funds for projects under Health and Safety Code, Section 104 7 50 and 131085 and Revenue and Taxation Code 30130.57; and

WHEREAS, the State of California – Health and Human Services Agency, Department of Public Health is authorized to make grants to establish or expand the Local Oral Health Programs; and

NOW, THEREFORE, BE IT RESOLVED AND ORDERED that the Plumas County Board of Supervisors does hereby authorize the Public Health Director, to file and execute an agreement funded by the California Oral Health Program grant agreement number 22-10187 in the amount of \$720,715.00 for the term July 1, 2022 through June 30, 2027 and receive funds provided by the grant program.

That Public Health Director is authorized to execute and file all certifications and assurances, contracts or agreements or any other document required by the Department.

PASSED AND ADOPTED by the Board of Supervisors of the County of Plumas, State of California, at a regular meeting of said Board Meeting held on the 3rd day of May, 2022, by the following vote:

AYES: Supervisor(s) Thrall, Ceresola, Engel, Hagwood, and Goss

NOES: None

ABSENT: None


Chair, Board of Supervisors

ATTEST:


Clerk of the Board of Supervisors

CALIFORNIA ORAL HEALTH PROGRAM
Moving California Oral Health Forward

Awarded By

THE CALIFORNIA DEPARTMENT OF PUBLIC HEALTH, hereinafter “Department”
TO
| County of Plumas |, hereinafter “Grantee”

Implementing the “Plumas County Local Oral Health Program,” hereinafter “Project”

GRANT AGREEMENT NUMBER 22-10187

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 |Seven Hundred Twenty Thousand Seven Hundred Fifteen Dollars (\$720,715.00) |

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: County of Plumas

| | |
|---|---|
| Name: David James | Name: Dana Krinsky, Health Education Coordinator II |
| Address: MS 7218, 1616 Capitol Avenue, Suite 74.420 | Address: 270 County Hospital Road, Suite 206 |
| City, ZIP: Sacramento, CA 95814 | City, ZIP: Quincy, CA 95971 |
| Phone: (916) 440-7197 | Phone: 530-283-6358 |
| E-mail: DentalDirector@cdph.ca.gov | E-mail: danakrinsky@countyofplumas.com |

Direct all inquiries to the following representatives:

| | |
|--|--|
| California Department of Public Health, [Office of Oral Health] | Grantee: [County of Plumas] |
| Attention: David James | Attention: Dana Krinsky, Health Education Coordinator II |
| Address: MS 7218, 1616 Capitol Avenue, Suite 74.420 | Address: 270 County Hospital Road, Suite 206 |
| City, Zip: Sacramento, CA 95814 | City, Zip: Quincy, CA 95971 |
| Phone: (916) 440-7197 | Phone: 530-283-6358 |
| E-mail: DentalDirector@cdph.ca.gov | E-mail: danakrinsky@countyofplumas.com |

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

| Remittance Address |
|--|
| Grantee: [County of Plumas] |
| Attention "Cashier": Dana Krinsky |
| Address: 270 County Hospital Road, Suite 206 |
| City, Zip: Quincy, CA 95971 |
| Phone: 530-283-6358 |
| E-mail: danakrinsky@countyofplumas.com |

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.

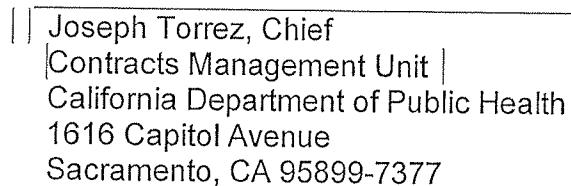
Executed By:

Date: 4/19/22



| Dana Loomis, Director, Plumas County Public
| Health Agency
| County of Plumas
| 270 County Hospital Road, Suite 206
| Quincy, CA 95971 |

Date: _____



| Joseph Torrez, Chief
| Contracts Management Unit |
| California Department of Public Health
| 1616 Capitol Avenue
| Sacramento, CA 95899-7377 |