

**SUBMITTAL TO THE BOARD OF SUPERVISORS
COUNTY OF RIVERSIDE, STATE OF CALIFORNIA**



ITEM: 3.49
(ID # 17664)

MEETING DATE:

Tuesday, January 25, 2022

FROM : RUHS-PUBLIC HEALTH:

SUBJECT: SUBJECT: RIVERSIDE UNIVERSITY HEALTH SYSTEM-PUBLIC HEALTH: Ratify and Approve Amended Grant Agreement #17-10714, A02 between the California Department of Public Health and Riverside County Department of Public Health for Local Oral Health Program, All Districts. [\$173,312 - 100% State Funded] (4/5 Vote, Budget Adjustment)

RECOMMENDED MOTION: That the Board of Supervisors:

1. Ratify and approve the Amended Grant Agreement #17-10714, A02 (Amendment) between the California Department of Public Health and Riverside County Department of Public Health for Local Oral Health Program, increasing the allocation amount by \$173,312 for the performance period of January 1, 2018 through June 30, 2022, for a total allocation amount of \$3,802,877;
2. Authorize the Chair of the Board to sign the Amendment on behalf of the County of Riverside;
3. Approve and direct the Auditor-Controller to make the budget adjustment as detailed in Schedule A attached; and
4. Authorize the Director of Public Health, or designee, to take all steps necessary to implement and administer the Amended Grant Agreement, including but not limited to, signing subsequent amendments that do not change the substantive terms of Grant Agreement; as approve as to form by County Counsel; and to sign all certifications, assurances, reports and other related documents required by the California Department of Public Health for the Local Oral Health Program.

ACTION:Policy, 4/5 Vote Required


Kim Saruwatari, Director of Public Health 12/14/2021

MINUTES OF THE BOARD OF SUPERVISORS

On motion of Supervisor Spiegel seconded by Supervisor Washington and duly carried by unanimous vote, IT WAS ORDERED that the above matter is approved as recommended.

Ayes: Jeffries, Spiegel, Washington, Perez and Hewitt
Nays: None
Absent: None
Date: January 25, 2022
xc: RUHS-PH

Kecia R. Harper
Clerk of the Board

By: 
Deputy

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FINANCIAL DATA	Current Fiscal Year:	Next Fiscal Year:	Total Cost:	Ongoing Cost
COST	\$ 173,312	\$ 0	\$ 173,312	\$ 0
NET COUNTY COST	\$ 0	\$ 0	\$ 0	\$ 0
SOURCE OF FUNDS: 100% State Funds			Budget Adjustment:	Yes
			For Fiscal Year:	21/22

C.E.O. RECOMMENDATION: Approve

BACKGROUND:

Summary

The Local Oral Health Program is designed to improve the oral health of Riverside County residents by addressing the promotion of healthy habits and population-based prevention interventions. The Riverside County Department of Public Health (DOPH) has developed communication strategies to inform and educate the public about oral health information and community-clinical linkages to increase utilization of dental services. In addition, DOPH collaborates with dental providers, health care systems, professional organizations, and educational institutions to expand the capacity to support prevention and early treatment services. DOPH's key priority is to identify and address underserved areas and populations in Riverside County.

Impact on Residents and Businesses

This funding will allow Riverside County Department of Public Health to provide oral health education and intervention programs to minimize the incidence of dental disease.

Additional Fiscal Information

The total awarded amount of \$3,802,877 will be distributed as follows for a performance period of January 1, 2018 – June 30, 2022. The amount requested for the budget adjustment is \$173,312, which reflects the increase in the allocation amendment for fiscal year 2021/2022:

County Fiscal Year

Year	Original Amount	Amended Amount	Total Amount
FY 17/18	\$725,913	-	\$725,913
FY 18/19	\$725,913	-	\$725,913
FY19/20	\$725,913	-	\$725,913
FY 20/21	\$725,913	-	\$725,913
FY 21/22	\$725,913	\$173,312	\$899,225
Total	\$3,629,565	\$173,312	\$3,802,877

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Contract History

On April 10, 2018, Minute Order 3.30, the Board of Supervisors approved Agreement #17-10714 between the California Department of Public Health and the County of Riverside in the amount of \$3,629,565. On November 5, 2019, Minute Order 3.30, the Board of Supervisors approved Amendment #17-10714-01 between the California Department of Public Health and the County of Riverside. Amended Grant Agreement 17-10714, A02 is to increase the allocation by \$173,312 for fiscal year 2021/2022 for a total allocation of \$3,802,877.

ATTACHMENTS:

- Amended Grant Agreement A02
- Schedule A – Budget Adjustment

**SCHEDULE A
RUHS - Public Health
Budget Adjustment
Fiscal Year 2021/2022**

INCREASE IN APPROPRIATIONS:

10000	-	4200100000	-	510040	Regular Salaries	\$	51,900
10000	-	4200100000	-	518100	Budgeted Benefits	\$	23,830
10000	-	4200100000	-	523640	Computer Equip-Non-Fixed Asset	\$	9,933
10000	-	4200100000	-	521640	Maint-Software	\$	28,346
10000	-	4200100000	-	525440	Professional Services	\$	40,370
10000	-	4200100000	-	524500	Administrative Support-Direct	\$	18,933
TOTAL INCREASE IN APPROPRIATIONS:						\$	173,312
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10000	-	4200100000	-	754020	CA-Prop 56 Tobacco Act 2016	\$	173,312

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TOTAL INCREASE IN APPROPRIATIONS: \$ 173,312


Jacqueline Ruiz, Sr. Management Analyst

1/19/2022


Gregory V. Priarios, Director County Counsel

1/11/2022

**CALIFORNIA ORAL HEALTH PROGRAM
Local Oral Health Plan
Awarded By**

**THE CALIFORNIA DEPARTMENT OF PUBLIC HEALTH, hereinafter "Department"
TO
County of Riverside, hereinafter "Grantee"
Implementing the project, Riverside County Local Oral Health Program, hereinafter "Project"**

AMENDED GRANT AGREEMENT NUMBER 17-10714, 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 104750 and 131085.

PURPOSE FOR AMENDMENT: The purpose of the Grant amendment is to:

Increase the Grant amount with County of Riverside by \$173,312.00 to reimburse the grantee accordingly to enhance current activities being performed that support in school-linked dental programs.

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 \$173,312.00 and is amended to read: ~~\$3,629,565 (Three Million, Six Hundred Twenty Nine Thousand, Five Hundred Sixty Five Dollars)~~ **\$3,802,877.00 (Three Million, Eight Hundred Two Thousand, Eight Hundred Seventy-Seven Dollars)**

Exhibit B, BUDGET DETAIL AND PAYMENT PROVISIONS is hereby replaced in its entirety with Exhibit B, Budget Detail and Payment Provisions, A02.

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

California Department of Public Health	Grantee: County of Riverside
Name: Kimberly Steele, Grant Manager	Name: Cynthia Pledger, Program Director, Riverside County Oral Health Program
Address: MS 7218, 1616 Capitol Avenue, Suite 74.420	Address: 4065 County Circle <u>Drive</u>
City, ZIP: Sacramento, CA 95814	City, ZIP: Riverside, CA, 92503
Phone: (916) 445-8012	Phone: 951-358-5323
Fax: (916) 636-6678	Fax: 951-358-7175

**WHEN DOCUMENT IS FULLY EXECUTED RETURN
CLERK'S COPY**
to Riverside County Clerk of the Board, Stop 1010
Post Office Box 1147, Riverside, Ca 92502-1147
Thank you.

JAN 25 2022 3.49

E-mail: Kimberly.Steele@cdph.ca.gov	E-mail: cpledger@ruhealth.org
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Direct all inquiries to:

California Department of Public Health, Office of Oral Health	Grantee: County of Riverside
Attention: Kimberly Steele, Grant Manager	Attention: Cynthia Pledger, Program Director, Riverside County Oral Health Program
Address: MS 7218, 1616 Capitol Avenue, Suite 74.420	Address: 4065 County Circle <u>Drive</u>
City, Zip: Sacramento, CA 95814	City, Zip: Riverside, CA, 92503
Phone: (916) 445-8012	Phone: 951-358-5323
Fax: (916) 636-6678	Fax: 951-358-7175
E-mail: Kimberly.Steele@cdph.ca.gov	E-mail: cpledger@ruhealth.org

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

Remittance Address
Grantee: County of Riverside
Attention "RUHS-Public Health": Yadira Romo
Address: <u>P.O. Box 7600, 4065 County Circle Drive</u>
City, Zip: Riverside, CA 92504 <u>3</u>
Phone: 951-358-5323, 951-358-5996
Fax: Not Applicable
E-mail: <u>cpledger@ruhealth.org,</u> <u>yromo@ruhealth.org</u>

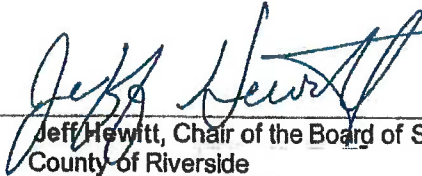
Either party may make changes to the Project Representatives, or remittance address, by giving a written notice to the other party. Said changes shall not require an amendment to the agreement. Note: Remittance address changes will require the Grantee to submit a completed CDPH 9083 Governmental Entity 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.

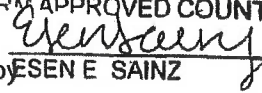
IN WITNESS THEREOF, the parties have executed this Grant on the dates set forth below.

Executed By:

Date: JAN 25 2022


Jeff Hewitt, Chair of the Board of Supervisors
County of Riverside
4065 County Circle Drive
Riverside, CA 92503

ATTEST:
KECIA R. HARPER, Clerk
By 
DEPUTY

FORM APPROVED COUNTY COUNSEL
By  11-2-21
DATE

Joseph
Torrez

Digitally signed by ESEN E SAINZ
Joseph Torrez
Date: 2022.02.03
11:10:57 -08'00'

Date: _____

Kristy Lieu, Chief
Contracts Management Unit
California Department of Public Health
1616 Capitol Avenue, Suite 74.317, MS
1802
P.O. Box 997377
Sacramento, CA 95899-7377

Exhibit B
Budget Detail and Payment Provisions

1. Invoicing and Payment

A. Upon completion of project activities as provided in Exhibit A Grant Application, and upon receipt and approval of the invoices, the State agrees to reimburse the Grantee for activities performed and expenditures incurred in accordance with the costs specified herein.

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

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

C. Invoices shall:

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

2. Budget Contingency Clause

A. It is mutually agreed that if the Budget Act of the current year and/or any subsequent years covered under this Agreement does not appropriate sufficient funds for the program, this Agreement shall be of no further force and effect. In this event, the State shall have no liability to pay any funds whatsoever to Grantee or to furnish any other considerations under this Agreement and Grantee shall not be obligated to fulfill any provisions of this Agreement.

B. If funding for any fiscal year is reduced or deleted by the Budget Act for purposes of this program, the State shall have the option to either cancel this Agreement with no liability occurring to the State, or offer an agreement amendment to Grantee to reflect the reduced amount.

3. Prompt Payment Clause

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

Exhibit B
Budget Detail and Payment Provisions

4. Amounts Payable

- A. The amounts payable under this Grant shall not exceed: ~~\$3,629,565~~ **\$3,802,877.00.**
- B. Payment allocations shall be made for allowable expenses up to the amount annually encumbered commensurate with the state fiscal year in which services are fulfilled and/or goods are received.

5. Timely Submission of Final Invoice

- A. A final undisputed invoice shall be submitted for payment no more than ninety (90) calendar days following the expiration or termination date of this Grant, unless a later or alternate deadline is agreed to in writing by the program grant manager. Said invoice should be clearly marked "Final Invoice", indicating that all payment obligations of the State under this Grant have ceased and that no further payments are due or outstanding.
- B. The State may, at its discretion, choose not to honor any delinquent final invoice if the Grantee fails to obtain prior written State approval of an alternate final invoice submission deadline.

6. Travel and Per Diem Reimbursement

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