NUTRITION EDUCATION AND OBESITY PREVENTION BRANCH SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM-EDUCATION

Awarded By

THE CALIFORNIA DEPARTMENT OF PUBLIC HEALTH, hereinafter "Department"

TO

County of Nevada, hereinafter "Grantee"

Implementing the, "CalFresh Healthy Living Program," hereinafter "Project"

AMENDED GRANT AGREEMENT NUMBER 19-10359 A01

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

AUTHORITY: The Department has authority to grant funds for the Project under Health and Safety Code (HSC), Section 131085(a)(b).

PURPOSE FOR AMENDMENT: The purpose of the Grant amendment is to extend the term for one year with additional funding to allow the Grantee to continue performing more of the same services as identified in the Exhibit A.

Amendments are shown as: Text additions are shown as bold and underline. Text deletions are shown as strike-through text.

AMENDED GRANT AMOUNT: this amendment is to increase the grant by **\$150,000.00**. The maximum amount payable under this Grant Agreement shall not exceed **\$450,000.00 \$600,000.00**.

AMENDED TERM OF GRANT: The term of this Grant shall be amended to begin October 1, 2019 and terminates on September 30, 2023. No funds may be requested or invoiced for work performed or costs incurred after September 30, 2023.

Exhibit B: Exhibit B, Budget Detail and Payment Provisions, is hereby replaced in its entirety with Exhibit B, Budget Detail and Payment Provisions, <u>A01</u>.

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

California Department of Public Health Contract Manager	Grantee: County of Nevada
Name: Kimmy Casjens	Name: Toby Guevin, Program Manager
Address:1616 Capitol Avenue	Address: 500 Crown Point Circle, Suite 110
Sacramento, CA 95814	Grass Valley, CA 95945
Phone: 916-449-5456	Phone: 530-265-1717
Fax: N/A	Fax: N/A
E-mail: Kimmy.casjens@cdph.ca.gov	E-mail: toby.guevin@co.nevada.ca.us

Direct all inquiries to:

California Department of Public Health, Project Officer	Grantee: County of Nevada
Attention: Mimi Kmetz	Attention: Toby Guevin, Program Manager
Address: 1616 Capitol Avenue	Address: 500 Crown Point Circle, Suite 110
Sacramento, CA 95814	Grass Valley, CA 95945
Phone: 916-449-5428	Phone: 530-265-1717
Fax: N/A	Fax: N/A
E-mail: Mimi.kmetz@cdph.ca.gov	E-mail: toby.guevin@co.nevada.ca.us

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

Remittance Address	
Grantee: Nevada County Public Health Dept.	
Attention "Accounting":	
Address: 500 Crown Point Circle, Suite 110	
Grass Valley, CA 95945	
Phone: 530-471-2415	
Fax: N/A	
E-mail: toby.guevin@co.nevada.ca.us	

State of California – Health and Human Services Agency – California Department of Public Health CDPH 1229A (Rev. 06/2019)

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.

Note: Once the Grant Agreement has been fully executed, requests for modifications/changes thereafter to the exciting Exhibit A and/or Exhibit A, Attachment 1, 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 approval 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.

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

State of California – Health and Human Service CDPH 1229A (Rev. 06/2019)	es Agency – California Department of Public Health
IN WITNESS THEREOF, the parties have e	executed this Grant on the dates set forth below.
Executed By:	
Date:	
	Susan Hoek, Chair, Nevada County
	Board of Supervisors
	500 Crown Point Circle, Suite 110 Grass Valley, CA 95945
Date:	
	Jeannie Galarpe, Chief
	Contracts Management Unit, PSB
	California Department of Public Health
	1616 Capitol Avenue, Suite 74.262,
	MS 1800-1804

P.O. Box 997377 Sacramento, CA 95899-7377