

Sexual Orientation and Gender Identity (SOGI) Data Collection Pilot Program

Awarded By

THE CALIFORNIA DEPARTMENT OF PUBLIC HEALTH, hereinafter “Department”

TO

Humboldt County Sheriff’s Office, hereinafter “Grantee”

Implementing the Sexual Orientation and Gender Identity SOGI Data Collection Pilot Program, hereinafter “Project”

GRANT AGREEMENT NUMBER 23-10498

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 the Health and Safety Code Sections 131085 and 104325-104330. Section 131085 indicates (a) The department may perform any of the following activities relating to the protection, preservation, and advancement of public health: (b) In performing an activity specified in subdivision (a), the department may do any of the following: Award grants for the performance of the activity.

PURPOSE: The Department shall award this Grant Agreement to and for the benefit of the Grantee; the purpose of the Grant is to train death investigators to identify, collect, and report Sexual Orientation and Gender Identity (SOGI) data into the California Violent Death Reporting System (CalVDRS) in cases of violent death. Violent deaths include homicide (including legal intervention deaths that result from law enforcement acting in the line of duty), suicide, unintentional firearm deaths, and deaths for which the intent could not be determined.

GRANT AMOUNT: The maximum amount payable under this Grant Agreement shall not exceed the amount of \$70,666.66.

TERM OF GRANT AGREEMENT: The term of the Grant shall begin on [July 1, 2023, and terminates on June 30, 2025. No funds may be requested or invoiced for services performed or costs incurred after June 30, 2025.

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

California Department of Public Health	Grantee: Humboldt County Sheriff's Office
Attention: Carrie Smalley	Attention: Jamie Barney
Address: P.O. Box 997377, MS 7214	Address: 826 4 th Street
City, ZIP: Sacramento, CA 95899-7377	City, ZIP: Eureka, CA 95501
Phone: (970) 412-6366	Phone: 707-445-7251
E-mail: Carrie.Smalley@cdph.ca.gov	E-mail: JBarney@co.humboldt.ca.us

Direct all inquiries to the following representatives:

California Department of Public Health, Injury and Violence Prevention Branch	Grantee: Humboldt County Sheriff's Office
Attention: Carrie Smalley	Attention: Joaquin Freixas or Monika Fridley
Address: P.O. Box 997377, MS 7214	Address: 826 4 th Street
City, Zip: Sacramento, CA 95899-7377	City, Zip: Eureka, CA 95501
Phone: (970) 412-6366	Phone: 707-445-7242 or 707- 476-2432
E-mail Carrie.Smalley@cdph.ca.gov	E-mail: jfreixas1@co.humboldt.ca.us or mfridley1@co.humboldt.ca.us

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

Remittance Address
Grantee: Humboldt County Sheriff's Office
Attention "Cashier": Monika Fridley
Address: 826 4 th Street
City, Zip: Eureka, CA 95501
Phone: 707- 476-2432
E-mail: mfridley1@co.humboldt.ca.us

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 LETTER OF AWARD
 ATTACHMENT I – List of Grantees
 ATTACHMENT II – Grant Activities

Exhibit B BUDGET DETAIL AND PAYMENT PROVISIONS

Exhibit C STANDARD GRANT CONDITIONS
 *In Exhibit C, #15, paragraph 1, the statement “Request for Applications (Exhibit D) and the Grant Application (Exhibit A).” shall now read “Letter of Award (Exhibit A).”

Exhibit D LETTER OF FUNDING OPPORTUNITY

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: _____
Name, Title
Humboldt County Sheriff's Office
826 4th Street
Eureka, CA 95501

Date: _____
Name, Chief
Contracts Management Unit
California Department of Public Health
1616 Capitol Avenue, Suite 74.262
P.O. Box 997377, MS 1800- 1804
Sacramento, CA 95899-7377