

**Substance & Addiction Prevention Branch**

**Awarded By**

**THE CALIFORNIA DEPARTMENT OF PUBLIC HEALTH, hereinafter “Department”**

**TO**

**County of Humboldt, hereinafter “Grantee”**

**Implementing the “Local Cannabis Education and Youth Prevention,” hereinafter  
“Project”**

**GRANT AGREEMENT NUMBER 22-11114**

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 Revenue and Taxation Code 34019(f)(1)(K).

**GRANT AMOUNT:** The maximum amount payable under this Grant Agreement shall not exceed the amount of \$600,000.

**TERM OF GRANT AGREEMENT:** The term of the Grant shall begin on 07/01/2023 or upon approval of this grant and terminates on 06/29/2026. No funds may be requested or invoiced for services performed or costs incurred after 06/29/2026.

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

<b>California Department of Public Health</b>	Grantee: <b>[County of Humboldt]</b>
Name: Attention: Daisy Salinas	Name: Elaine Hogan
Address: MS 8701, P.O. Box 997377	Address: 908 7th Street St.
City, ZIP: Sacramento, 95899-7377	City, ZIP: Eureka, 95501
Phone: (580) 370-8338	Phone: (707) 499-3817
E-mail: daisy.salinas@cdph.ca.gov	E-mail: ehogan@co.humboldt.ca.us

Direct all inquiries to the following representatives:

<b>California Department of Public Health, [Substance and Addiction Prevention]</b>	<b>Grantee: [County of Humboldt]</b>
Attention: Shanna Schneider	Attention: Tami Wandel
Address: MS 8701, P.O. Box 997377	Address: 507 F St, 1 <sup>st</sup> Floor
City, Zip: Sacramento, 95899-7377	City, Zip: Eureka, 95501
Phone: (916) 440-7193	Phone: (707) 382-2493
E-mail: Shanna.Schneider@cdph.ca.gov	E-mail: twandel@co.humboldt.ca.us

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

<b>Remittance Address</b>
<b>Grantee: [County of Humboldt]</b>
Attention: Tami Wandel
Address: 507 F St
City, Zip: Eureka, 95501
Phone: (707) 382-2493
E-mail: twandel@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, GRANT APPLICATION

Note: Once the Grant Agreement has been fully executed, requests for modifications/changes thereafter to the existing [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 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)

Review Document at [G:\SAPB\1.Program Support\CONTRACTS\ CANNABIS\ LOCAL ASSIST \(630\)\Humboldt 22-11114\Agreement Docs\Local Cannabis Education and Youth Prevention RFA.pdf](G:\SAPB\1.Program Support\CONTRACTS\ CANNABIS\ LOCAL ASSIST (630)\Humboldt 22-11114\Agreement Docs\Local Cannabis Education and Youth Prevention RFA.pdf)

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: \_\_\_\_\_  
Sofia Pereira, Public Health  
Director  
County of Humboldt  
507 F St, 1<sup>st</sup> Floor, Eureka, CA 95501

Date: \_\_\_\_\_  
Joseph Torrez, 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