

**Redline Summary to Attachment of ASR 19-001101 First Amendment to Grant Agreement for  
Local Oral Health Program**

Original Agreement: Grant Agreement 17-10711 with the California Department of Public  
Health  
Board Meeting  
Date Approved: 12/12/2017

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An editable file of the above-mentioned agreement is not available. The following is a summary of contract changes to the agreement that are incorporated into the proposed agreement, attachment A, of ASR 19-001101.

**Standard Agreement Cover Page:**

Page one:

- Change Grantee's name from Orange County Health Care Agency to County of Orange.
- Change Grant Agreement number 17-10711 to Amended Grant Agreement number 17-10711, A01.
- Add Purpose of Amendment as follows:

**PURPOSE FOR AMENDMENT:** This amendment is: 1) To revise Exhibit B, 4, A. Amounts Payable, to include a lump sum total and Exhibit B is hereby replaced in its entirety with Exhibit B, A01; and 2) change the name of the grantee from "Orange County Health Care Agency" to "County of Orange" to align and standardize grantee's name with the new FISCAL accounting system.

**Amendments** are shown as: Text additions are displayed in **bold and underline**. Text deletions are displayed as strike through text (i.e., ~~Strike~~).

Exhibit B BUDGET DETAIL AND PAYMENT PROVISIONS is hereby replaced with Exhibit B, A01 in its entirety.

- Project Representatives have been updated as follows:

Change from:

<b>California Department of Public Health</b>	<b>Grantee: Orange County Health Care Agency</b>
Name: Angela Wright, Grant Manager	Name: Maya Thona, Administrative Manager II
Address: MS 7208, 1616 Capitol Avenue, Suite 74.420	Address: 1725 W. 17 <sup>th</sup> Street
City, Zip: Sacramento, CA 95814	City, Zip: Santa Ana, CA 92706
Phone: (916) 552-9898	Phone: (714) 567-6234
Fax: (916) 552-9729	Fax: (714) 834-8051
E-mail: Angela.Wright@cdph.ca.gov	E-mail: mthona@ochca.com

to:

<b>California Department of Public Health</b>	<b>Grantee: <u>County of Orange County Health Care Agency</u></b>
Name: <del>Angela Wright</del> <b><u>Kimberly Steele</u></b> , Grant Manager	Name: <del>Maya Thona, Administrative Manager II</del> <b><u>Tamarra Jones, Administrative Manager III</u></b>
Address: MS 7218, 1616 Capitol Avenue, Suite 74.420	Address: 1725 W. 17 <sup>th</sup> Street
City, ZIP: Sacramento, CA 95814	City, Zip: Santa Ana, CA 92706
Phone: (916) <del>552-9898</del> <b><u>445-8012</u></b>	Phone: (714) <del>567-6234</del> <b><u>567-6225</u></b>
Fax: (916) <del>552-9729</del> <b><u>636-6678</u></b>	Fax: (714) 834-8051
E-mail: <del>Angela.Wright</del> <b><u>Kimberly.Steele@cdph.ca.gov</u></b>	E-mail: <del>mthona@ochca.com</del> <b><u>tjones@ochca.com</u></b>

Page Two:

- Direct all inquiries is updated as follows:

Change from:

<b>California Department of Public Health, California Oral Health Program</b>	<b>Grantee: Orange County Health Care Agency</b>
Attention: Angela Wright, Grant Manager	Attention: Maya Thona, Administrative Manager II
Address: MS 7208, 1616 Capitol Avenue, Suite 74.420	Address: 1725 W. 17 <sup>th</sup> Street
City, Zip: Sacramento, CA 95814	City, Zip: Santa Ana, CA 92706
Phone: (916) 552-9898	Phone: (714) 567-6225
Fax: (916) 552-9729	Fax: (714) 834-8051
E-mail: Angela.Wright@cdph.ca.gov	E-mail: mthona@ochca.com

to:

<b>California Department of Public Health, Oral Health Program</b>	<b>Grantee: <u>County of Orange County Health Care</u> <u>Agency</u></b>
Attention: <del>Angela Wright</del> <b><u>Kimberly Steele</u></b>	Name: <del>Maya Thona, Administrative Manager II</del> <b><u>Tamarra Jones, Administrative Manager III</u></b>
Address: MS 7218, 1616 Capitol Avenue, Suite 74.420	Address: 1725 W. 17 <sup>th</sup> Street
City, Zip: Sacramento, CA 95814	City, Zip: Santa Ana, CA 92706
Phone: (916) <del>552-9898</del> <b><u>445-8012</u></b>	Phone: (714) <del>567-6234</del> <b><u>564-6225</u></b>
Fax: (916) <del>552-9729</del> <b><u>636-6678</u></b>	Fax: (714) 834-8051
E-mail: <del>Angela.Wright</del> <b><u>Kimberly.Steele@cdph.ca.gov</u></b>	E-mail: <del>mthona@ochca.com</del> <b><u>tlones@ochca.com</u></b>

- Add additional language as follows:

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

<b><u>Grantee: Orange County Health Care Agency</u></b>
<b><u>Attention: "Cashier"</u></b>
<b><u>Address: P. O. Box 4005</u></b>
<b><u>City, Zip: Santa Ana, CA 92702-4005</u></b>
<b><u>Phone: (714) 567-6225</u></b>
<b><u>Fax: Not Applicable</u></b>
<b><u>E-mail: tjones@ochca.com</u></b>

**Either party may make changes to the information above by giving a written notice to the other party. Said changes shall not require an amendment to the agreement, but the Grantee will be required 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.**

Exhibit A. – no changes made

Exhibit B – updates are as follows:

- Exhibit B.1.B

Change from:

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

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

to:

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

~~Angela Wright~~ **Kimberly Steele**  
California Department of Public Health  
**Office of Oral Health Program**  
**MS 7208 7218**  
1616 Capitol Avenue, Suite 74.420  
P.O. Box 997377, Sacramento, CA 95899-7377

- Exhibit B.4.A

Change from:

4. **Amounts Payable**

A. The amounts payable under this Grant shall not exceed:

- 1) \$749,810 for the budget period of 01/01/2018 through 06/30/2018.
- 2) \$749,810 for the budget period of 07/01/2018 through 06/30/2019.
- 3) \$749,810 for the budget period of 07/01/2019 through 06/30/2020.
- 4) \$749,810 for the budget period of 07/01/2020 through 06/30/2021.
- 5) \$749,810 for the budget period of 07/01/2021 through 06/30/2022.

to:

4. **Amounts Payable**

A. The amounts payable under this Grant shall not exceed: \$3,749,050

- ~~1) \$749,810 for the budget period of 01/01/2018 through 06/30/2018.~~
- ~~2) \$749,810 for the budget period of 07/01/2018 through 06/30/2019.~~
- ~~3) \$749,810 for the budget period of 07/01/2019 through 06/30/2020.~~
- ~~4) \$749,810 for the budget period of 07/01/2020 through 06/30/2021.~~
- ~~5) \$749,810 for the budget period of 07/01/2021 through 06/30/2022.~~