

County of El Dorado

2013-14

Allocation Agreement No. EPO 13-10

**2013-14 CDC Public Health Emergency Preparedness (PHEP), State General Fund (GF)  
Pandemic Influenza, HHS Hospital Preparedness Program (HPP) Funding  
ALLOCATION AGREEMENT**

***Agreement Governed By:***

*CDC-RFA-TP12-120102CONT13, CFDA Number 93.074 National Hospital Preparedness Program and Public Health Emergency Preparedness Cooperative Agreement Programs, and California Health and Safety Code, Section 101315 to 101319.*

1. This Allocation Agreement is entered into between the California Department of Public Health, herein after referred to as "CDPH" and the County of El Dorado, herein after referred to as "LHD" and/or "Local HPP Entity".
2. The term of this Agreement is:
  - July 1, 2013 through June 30, 2014 PHEP (Centers for Disease Control and Prevention [CDC])
  - July 1, 2013 through June 30, 2014 (Hospital Preparedness Program [HPP])
  - July 1, 2013 through June 30, 2014 (State GF Pandemic Influenza)
3. The maximum amount payable under this Agreement is \$478,203, and is allocated as follows:
  - \$190,088, PHEP CDC Base Allocation. (7/1/13 – 6/30/14)
  - \$37,955, Cities Readiness Initiative Funds. (7/1/13 – 6/30/14)
  - \$184,023, HPP Allocation. (7/1/13 – 6/30/14)
  - \$66,137, State GF Pandemic Influenza Allocation. (7/1/13 – 6/30/14)
4. The parties agree to comply with the terms and conditions of the following exhibits, which are by this reference made a part of this Agreement.

Exhibit A — Scope of Work	03 Pages
Exhibit B — Budget Detail and Budget Provisions	04 Pages
Exhibit B, Attachment 1, Criteria for Payments	03 Pages
Exhibit C — Additional Provisions	03 Pages
Exhibit D(F) — Certification Regarding Lobbying form	01 Page
Exhibit E – Non-Supplantation Certification Form	01 Page

**Attachment 11**

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IN WITNESS WHEREOF, this Agreement has been executed by the parties hereto.

<b>CONTRACTOR</b>	
<b><u>CONTRACTOR'S NAME</u></b>	
County of El Dorado	
<b><u>BY (Authorized Signature)</u></b>	<b><u>DATE SIGNED</u></b> (Do not type -signor must date)
<b><u>PRINTED NAME AND TITLE OF PERSON SIGNING</u></b>	
Ron Briggs, Chair, Board of Supervisors	
<b><u>ADDRESS</u></b>	
Health and Human Services Agency 3057 Briw Road, Suite A, Placerville, CA 95667	
<b>STATE OF CALIFORNIA</b>	
<b>AGENCY NAME</b>	
California Department of Public Health	
<b>BY (Authorized Signature)</b>	<b>DATE SIGNED</b>
<b>ADDRESS</b>	
1615 Capitol Avenue, MS 7002, P.O. Box 997377, Sacramento, CA 95899-7377	