

STATE OF CALIFORNIA
STANDARD AGREEMENT AMENDMENT
 STD. 213A_DHCS (Rev. 03/18)

Check here if additional pages are added: 3 Page(s)

Agreement Number 17-94297	Amendment Number A01
Registration Number:	

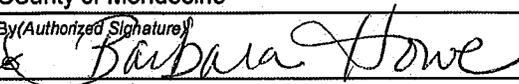
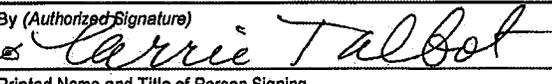
1. This Agreement is entered into between the State Agency and Contractor named below:

State Agency's Name Department of Health Care Services	(Also known as DHCS, CDHS, DHS or the State)
Contractor's Name County of Mendocino	(Also referred to as Contractor)
2. The term of this Agreement is: July 1, 2017 through June 30, 2021
3. The maximum amount of this Agreement after this amendment is: \$ 400,000 Four Hundred Thousand Dollars
4. The parties mutually agree to this amendment as follows. All actions noted below are by this reference made a part of the Agreement and incorporated herein:
 - I. Amendment effective date: July 1, 2017
 - II. Purpose of amendment: This amendment implements a budgetary shift of funds from one line item to another in Year 1 and Year 2 and incorporates the Contractor vs Subrecipient provision to comply with federal oversight requirements. The contract amount remains unchanged.
 - III. Certain changes made in this amendment are shown as: Text additions are displayed in **bold and underline**. Text deletions are displayed as strike through text (i.e., ~~Strike~~).

(Continued on next page)

All other terms and conditions shall remain the same.

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

CONTRACTOR	
Contractor's Name (If other than an individual, state whether a corporation, partnership, etc.) County of Mendocino	
By (Authorized Signature) 	Date Signed (Do not type) 12/28/18
Printed Name and Title of Person Signing Barbara Howe, Public Health Director	
Address 501 Low Gap Road Ukiah, CA 95482	
STATE OF CALIFORNIA	
Agency Name Department of Health Care Services	
By (Authorized Signature) 	Date Signed (Do not type) 2/8/19
Printed Name and Title of Person Signing Carrie Talbot, Chief, Contract Management Unit	
Address 1000 G Street, 4th Floor, MS 4200, P.O. Box 997413, Sacramento, CA 95899-7413	

CALIFORNIA Department of General Services Use Only
<div style="border: 2px solid black; padding: 5px; display: inline-block;"> <p style="margin: 0;">APPROVED</p> <p style="margin: 0; font-size: 1.2em;">FEB 13 2019</p> <p style="margin: 0; font-size: 0.8em;">OFFICE OF LEGAL SERVICES DEPT. OF GENERAL SERVICES</p> </div>
<input type="checkbox"/> Exempt per:

IN WITNESS WHEREOF

DEPARTMENT FISCAL REVIEW:

By: Barbara Howe
Barbara Howe, HHSA Assistant Director/
Public Health Director

Date: 12/28/2018

Budgeted: Yes No

Budget Unit: 4010

Line Item: 82-7801

Org/Object Code: PHPFS

Grant: Yes No

Grant No.: 17-94297

CONTRACTOR/COMPANY NAME

By: _____
SIGNATURE

Date: _____

NAME AND ADDRESS OF CONTRACTOR:

CA Dept. of Health Care Services
1501 Capitol Ave, MS 4506
Sacramento, CA 95814
916-345-7601; Allison.Tamai@dhcs.ca.gov

By signing above, signatory warrants and represents that he/she executed this Agreement in his/her authorized capacity and that by his/her signature on this Agreement, he/she or the entity upon behalf of which he/she acted, executed this Agreement

COUNTY COUNSEL REVIEW:

APPROVED AS TO FORM:

KATHARINE L. ELLIOTT,
County Counsel

By: Charlotte Scott
Deputy

Date: 1/3/19

INSURANCE REVIEW:

By: Carmel G. Doyle
Risk Management

Date: 1/22/19

EXECUTIVE OFFICE/FISCAL REVIEW:

By: Darcie Antle
Deputy CEO

Date: 1.17.19

Signatory Authority: \$0-25,000 Department; \$25,001- 50,000 Purchasing Agent; \$50,001+ Board of Supervisors

Exception to Bid Process Required/Completed N/A

Mendocino County Business License: Valid

Exempt Pursuant to MCC Section: _____

IV. Paragraph 4 (incorporated exhibits) on the face of the original STD 213 is amended to add the following revised Exhibit.

Exhibit B Attachment I A1 – Budget (Year 1)	1 page
Exhibit B Attachment II A1 – Budget (Year 2)	1 page

All references to Exhibit B Attachment I – Budget (Year 1) and Exhibit B Attachment II – Budget (Year 2) in any exhibit incorporated into this agreement shall hereinafter be deemed to read Exhibit B Attachment I A1 – Budget (Year 1) and Exhibit B Attachment II A1 – Budget (Year 2). Exhibit B Attachment I – Budget (Year 1) and Exhibit B Attachment II – Budget (Year 2) is hereby replaced in its entirety by the attached revised exhibits.

V. Exhibit E – Additional Provisions is amended to add Paragraph 6 - Contractor versus Subrecipient:

5. Contractor versus Subrecipient

The Strategic Prevention Framework – Partnerships for Success grant is a federal award within the meaning of Title 2, Code of Federal Regulations (CFR), Part 200. DHCS has classified this Agreement as a subaward of the federal award to DHCS. The County of Mendocino is a subrecipient for the purposes of U.S. Office of Management and Budget Guidance pursuant to 2 CFR 200.330.

VI. All other terms and conditions shall remain the same.

Exhibit B Attachment I A1
Budget
Year 1
 (July 1, 2017 through June 30, 2018)

Personnel

Position Title	# of Staff	Annual Salary	FTE %	Annual Cost
Program Specialist I	1	\$42,557	50%	\$ 21,279
			Total Salary	\$ 21,279
				14,619
		Fringe Benefits (68.70% 67.70%)		\$ 44,405
			Total Personnel	\$ 35,898 35,684

Operating Expenses

Communications
 Supplies
 Printing Supplies

Total Operating Expenses \$ 960

Travel (At CalHR reimbursement rates)

Learning Community- Sacramento- Travel costs to attend trainings and meetings
 Travel for 3 people (Travel expenses may include county staff, coalition and community members)
 Local Travel

Total Travel Expenses \$ 1,776

Sub-contracts

Mendocino County Youth Project \$40,952
~~Mendocino Office of Education \$5,000~~

Total Subcontracts \$ **40,952 45,952**

Other Costs

Public Awareness Materials
 Media Campaign Support/**Program Identifiers \$11,406**
 (posters, flyers, brochures, promotions)
PFS Project Miscellaneous \$34

Total Other Costs \$ **11,440 6,707**

Indirect Costs (25% of Total Personnel)

Indirect Costs \$ **8,974 8,924**

Annual Budget Total \$ **100,000**

Exhibit B Attachment II A1
Budget
Year 2
 (July 1, 2018 through June 30, 2019)

Personnel

Position Title	# of Staff	Annual Salary	FTE %	Annual Cost
<u>Program Specialist II</u>	1	\$52,620	50%	\$ 26,310
Program Specialist I	4	\$44,678	52%	23,233
Staff Assistant III	4	\$33,046	21%	7,129
				<u>26,310</u>
			Total Salary	\$ 30,362
				<u>15,723</u>
		Fringe Benefits (<u>59.76%</u> 67.70%)		\$ 20,556
			Total Personnel	\$ 42,033 60,917

Operating Expenses

- Communications
- Supplies
- Printing Supplies

Total Operating Expenses \$ 1,401

Travel (At CalHR reimbursement rates)

- Learning Community- Sacramento- Travel costs to attend trainings and meetings
- Travel for 3 people (Travel expenses may include county staff, coalition and community members)
- Local Travel

Total Travel Expenses \$ 1,776 ~~4,983~~

Sub-contracts

- Mendocino County Youth Project ~~\$24,970~~ **\$40,452**
- ~~Mendocino Office of Education \$5,000~~

Total Subcontracts \$ 40,452 ~~29,970~~

Other Costs

- Public Awareness Materials & Media Campaign **\$5,000**
- Program Identifiers \$1,000**
- (Posters, Flyers, Brochures, Promotions)
- Training \$1,500**
- PFS Project Miscellaneous \$533**

Total Other Costs \$ 8,033 ~~3,000~~

Indirect Costs (25% ~~15%~~ of Total Personnel)

Indirect Costs \$ 6,305 ~~12,729~~

Annual Budget Total \$ 100,000