STATE OF CALIFORNIA - DEPARTMENT OF GENERAL SERVICES

STANDARD AGREEMENT - AMENDMENT

SCO ID: 4265-2210260-A5 **BOS Agreement *22-236-A4**

STD 213A (Rev. 4/2020)

☒ CHECK HERE IF ADDITIONAL PAGES ARE ATTACHED 1 PAGES

AGREEMENT NUMBER	AMENDMENT NUMBER	Purchasing Authority Number
22-10260	A05	

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

CONTRACTING AGENCY NAME
California Department of Public Health

CONTRACTOR NAME
County of Mendocino

2. The term of this Agreement is:

START DATE
October 1, 2022

THROUGH END DATE
September 30, 2025

3. The maximum amount of this Agreement after this Amendment is:
$ 3,518,452.00 Three Million Five Hundred Eighteen Thousand Four Hundred Fifty-Two 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. This amendment increases the contract by $59,788.00, changing the total amount to read $3,518,452.00, to better support the Contractor's needs.

All other terms and conditions shall remain the same.

IN WITNESS WHEREOF, THIS AGREEMENT HAS BEEN EXECUTED BY THE PARTIES HERETO.

CONTRACTOR

CONTRACTOR NAME (if other than an individual, state whether a corporation, partnership, etc.)
County of Mendocino

CONTRACTOR BUSINESS ADDRESS	CITY	STATE	ZIP
1120 South Dora Street	Ukiah	CA	95482

PRINTED NAME OF PERSON SIGNING	TITLE
Jenine Miller	Public Health Director

CONTRACTOR AUTHORIZED SIGNATURE	DATE SIGNED
	3/5/25

STATE OF CALIFORNIA

CONTRACTING AGENCY NAME
California Department of Public Health

CONTRACTING AGENCY ADDRESS	CITY	STATE	ZIP
1616 Capitol Avenue, Suite 74.262, MS 1802, PO Box 997377	Sacramento	CA	95899

PRINTED NAME OF PERSON SIGNING	TITLE
Joseph Torrez	Chief, Contracts Management Unit

CONTRACTING AGENCY AUTHORIZED SIGNATURE	DATE SIGNED

CALIFORNIA DEPARTMENT OF GENERAL SERVICES APPROVAL	EXEMPTION (If Applicable)

II. Exhibit B, Budget Detail and Payment Provisions, Provision 1.F has been revised as follows:

F. Amounts Payable

The amounts payable under this Agreement shall not exceed:

~~$ 3,458,664.00~~ **$ 3,518,452.00** for the budget period of 10/01/2022 through 09/30/2025.

III. Exhibit B, Attachment I, Budget Detail has been replaced in its entirety.

IV. Exhibit B, Attachment II, Facility Costs has been replaced in its entirety.

Exhibit B, Attachment I
Budget Detail
October 1, 2022 - September 30, 2025

PERSONNEL WIC Position Title	Exhibit A, SOW 8	Exhibit A, Attach I	Minimum Base Annual Salary	Amended Minimum Base Annual Salary	Maximum Base Annual Salary	Amended Maximum Base Annual Salary	Year 1 10/1/2022 - 9/30/2023 FTE	Year 1 Budgeted Amount	Year 2 10/1/2023 - 9/30/2024 FTE	Year 2 Budgeted Amount	Year 3 10/1/2024 - 9/30/2025 FTE	FTE Adj.	Amended FTE	Budgeted Amount	Budget Adj.	Amended Budgeted Amount	Total	Total Budget Adj.	Amended Total
WIC Director ②	1, 22, 26	1,2,3,4,5	90,896		111,000		1.00	110,915	1.00	112,694	1.00		1.00	112,694		112,694	336,303	-	336,303
Nutritionist - Nutrition Education Coordinator ①	3,4,7,8,10,15	1,2,3,4,5	61,027		74,194		1.00	67,288	1.00	70,854	1.00		1.00	74,299		74,299	212,441	-	212,441
Nutritionist - Breastfeeding Coordinator ①	3,4,7,8,10,15	1,2,3,4,5	61,027		74,194		1.00	67,418	1.00	73,362	1.00		1.00	76,928		76,928	217,708	-	217,708
WIC Nutrition Assistant - Ukiah ①	3,6,8,9,10,15	1,2,3,4,5	41,080		51,500		1.00	51,433	1.00	40,056	1.00		1.00	41,955		41,955	133,444	-	133,444
WIC Nutrition Assistant - Local Vendor Liason ① ②	3,8,10,15	1,2,3,4,5,6	41,080		54,000		1.00	53,940	1.00	54,513	1.00		1.00	54,513		54,513	162,966	-	162,966
WIC Nutrition Assistant - Farmers' Market Nutrition Program Coordinator ①	1,3,6,8,9,10,15	1,2,3,4,5,7	37,211		47,000		1.00	46,714	1.00	56,576	1.00		1.00	56,576		56,576	159,866	-	159,866
WIC Nutrition Assistant ①	3,6,8,9,10,15	1,2,3,4,5	37,211		45,240		1.00	41,377	1.00	40,056	1.00		1.00	41,955		41,955	123,388	-	123,388
Office Assistant ①	1,4,6,8,9,17,18,20	4	31,366		38,106		1.00	35,461	1.00	48,751	1.00		1.00	50,540		50,540	134,752	-	134,752
Breastfeeding Peer Counselor Program Coordinator ①	1,15,26	4, 8	55,058		66,914		1.00	60,694	0.50	34,122	0.50		0.50	34,122		34,122	128,938	-	128,938
Breastfeeding Peer Counselor - Ukiah ①	15,26	4, 8	37,690		45,822		0.50	20,038	0.50	21,244	0.50		0.50	22,214		22,214	63,496	-	63,496
Breastfeeding Peer Counselor - Fort Bragg ① ②	15,26	4, 8	37,690		45,822		0.50	22,358	0.50	21,673	0.50		0.50	22,644		22,644	66,675	-	66,675
													0.00			-	-	-	-
													0.00			-	-	-	-
													0.00			-	-	-	-
Overtime ③																-	-	-	-
Salaries and Wages								577,636		573,901				588,440	-	588,440	1,739,977	-	1,739,977
Total FTE							10.00		9.50		9.50	0.00	9.50						
Fringe Benefits ④							Percent	Budgeted Amount	Percent	Budgeted Amount	Percent		Amended Percent	Budgeted Amount	Budget Adj.	Amended Budgeted Amount	Total	Total Budget Adj.	Amended Total
							59.06700%	341,192	57.56000%	330,337	57.16000%			336,352	-	336,352	1,007,881	-	1,007,881
TOTAL PERSONNEL (paid by State WIC contract)								**918,828**		**904,238**				**924,792**	**-**	**924,792**	**2,747,858**	**-**	**2,747,858**
Total In-Kind for Personnel ⑫																-	-	-	-
OPERATING	Exhibit A, SOW 8	Exhibit A, Attach I						Budgeted Amount		Budgeted Amount				Budgeted Amount	Budget Adj.	Amended Budgeted Amount	Total	Total Budget Adj.	Amended Total
General Expenses ⑤	5-7,17-21,23	1-10						57,912		52,806				35,415	39,563	74,978	146,133	39,563	185,696
Travel ⑥	8	1-10						6,000		5,367				3,000	6,725	9,725	14,367	6,725	21,092
Training	4,5,7,17,21,23	1-10						4,000		10,000				6,367	4,008	10,375	20,367	4,008	24,375
Outreach/Media/Promotion	17	1-10						20,000		40,000				40,000		40,000	100,000	-	100,000
Facility Costs (see Exhibit B, Attach II for breakdown) ⑦	11,23	1-10						9,336		20,700				20,700	9,492	30,192	50,736	9,492	60,228
TOTAL OPERATING (paid by State WIC contract)								**97,248**		**128,873**				**105,482**	**59,788**	**165,270**	**331,603**	**59,788**	**391,391**
Total In-Kind for Operating ⑫																-	-	-	-
CAPITAL EXPENDITURES ⑧ (Unit Cost of $5,000 or More)	Exhibit A, SOW 8	Exhibit A, Attach I						Budgeted Amount		Budgeted Amount				Budgeted Amount	Budget Adj.	Amended Budgeted Amount	Total	Total Budget Adj.	Amended Total
Equipment ⑨	6,17,18,20,21	1-10													-	-	-	-	-
Vehicles ⑩	8,17-19	1-10													-	-	-	-	-
TOTAL CAPITAL EXPENDITURES (paid by State WIC contract)								-		-				-	-	-	-	-	-
Total In-Kind for Capital Expenditures ⑫																-	-	-	-
OTHER COSTS ⑪	Exhibit A, SOW 8	Exhibit A, Attach I						Budgeted Amount		Budgeted Amount				Budgeted Amount	Budget Adj.	Amended Budgeted Amount	Total	Total Budget Adj.	Amended Total
																-	-	-	-
															-	-	-	-	-
															-	-	-	-	-
TOTAL OTHER COSTS (paid by State WIC contract)								-		-				-	-	-	-	-	-
Total In-Kind for Other Costs ⑫																-	-	-	-
INDIRECT							Percent	Budgeted Amount	Percent	Budgeted Amount	Percent		Amended Percent	Budgeted Amount	Budget Adj.	Amended Budgeted Amount	Total	Total Budget Adj.	Amended Total
Total Personnel Costs							13.80000%	126,798	13.80000%	124,784	13.80000%			127,621	-	127,621	379,203	-	379,203
TOTAL INDIRECT (paid by State WIC contract)								**126,798**		**124,784**				**127,621**	**-**	**127,621**	**379,203**	**-**	**379,203**
Total In-Kind for Indirect ⑫																-	-	-	-
TOTAL BUDGET (paid by State WIC contract)								**$ 1,142,874**		**$ 1,157,895**				**$ 1,157,895**	**$ 59,788**	**$ 1,217,683**	**$ 3,458,664**	**$ 59,788**	**$ 3,518,452**
Total In-Kind for All Budget Line-Items ⑫								**$ -**		**$ -**				**$ -**	**$ -**	**$ -**	**-**	**-**	**-**

	Year 1	Year 2	Year 3
Contract Year:			
Contract Amount:	**$ 1,142,874**	**$ 1,157,895**	**$ 1,217,683**
Funding Changes:	**$ -**	**$ -**	**$ 59,788**
Checks/Balances:	**$ -**	**$ -**	**$ -**

*All costs will be reviewed by CDPH for approval

① Bilingual - Positions that receive Bilingual pay may show a higher budgeted amount. Justification and back-up documentation will be kept on file.

② Additional Pay (i.e., Longevity, Retention, Differential, COLA) - Positions that receive one or more of these additional compensations may show a higher budgeted amount. Justification and back-up documentation will be kept on file.

③ Overtime - Requires justification if amount does not seem reasonable. Justification will be kept on file.

④ Fringe Benefits - Justification and back-up documentation will be kept on file for any fringe benefit rate that exceeds 50%.

⑤ General Expenses - Includes minor equipment (i.e., office furniture, IT equipment, anthropometric items), professional certifications, audit costs, vehicle maintenance, IT maintenance, program materials, office expenses, etc.

⑥ Travel - All costs reimbursed shall be in accordance with CalHR rates.

⑦ Facility Costs - Includes rent, utilities, janitorial, security, and maintenance.

⑧ Capital Expenditures - Unit cost must be $5,000 or more. Refer to Exhibit D, Provision 1 for procurement rules.

⑨ Equipment - Include telephone systems, information technology equipment, photocopy machines, etc.

⑩ Vehicles - Will be used for facility site visits, conferences, trainings, and outreach.

⑪ Other Costs - List the subcontractor's name and brief description of services provided.

⑫ In-Kind - Funds provided by the Parent Agency to cover WIC Program costs not included in the WIC Budget.

Exhibit B, Attachment II
Facility Costs
October 1, 2022 - September 30, 2025

Total Facility Costs:				Year 1 Total		Year 2 Total				Year 3 Total	Year 3 Amended Total
$ 60,228				$ 9,336		$ 20,700				$ 20,700	$ 30,192
Site Street Address, City, State & Zip Code	Type of Space (i.e., Clinic or Satellite Site, Admin, Training Center, Warehouse, Storage)	Total Square Footage	Total Cost of Site Per Month	Total Site Cost Per Year	Total Cost of Site Per Month	Total Site Cost Per Year	Total Cost of Site Per Month	Total Cost of Site Per Month Adj.	Amended Total Cost of Site Per Month	Total Site Cost Per Year	Amended Total Site Costs Per Year
13500 Airport Rd., Boonville, CA 95415	Satellite Clinic	300	-	-	-	-	-	-	-	-	-
200 main St., Pt Arena, CA 95468	Satellite Clinic	400	-	-	-	-	-	-	-	-	-
120 W. Fir St., Ft Bragg, CA 95437	Clinic	750	-	-	575	6,900	575	189	764	6,900	9,168
50 Branscomb Rd., laytonville, CA 95454	Satellite Clinic	200	662	7,944	-	-	-	201	201	-	2,412
1120 S. Dora St., Ukiah, CA 95482	Clinic, Admin	1000	-	-	575	6,900	575	201	776	6,900	9,312
472 E. Valley St., Willits, CA 95490	Clinic	300	116	1,392	575	6,900	575	200	775	6,900	9,300
39144 Ocean Dr., Gualala, CA 95445	Satellite Clinic	200	-	-	-	-	-	-	-	-	-
1640 S. State St., Ukiah, CA 95482	Satellite Clinic	200	-	-	-	-	-	-	-	-	-
275 Hospital Dr., Ukiah, CA 95482	Clinic	200	-	-	-	-	-	-	-	-	-

IN WITNESS WHEREOF

DEPARTMENT FISCAL REVIEW:

By: _____
Jenine Miller, Psy.D.,
Director of Health Services

Date: 3/5/25

Budgeted: Yes
Budget Unit: 0418
Line Item: 82-5670
Org/Object Code: UN, UNBFP
Grant: Yes
Grant No.: 22-10260

COUNTY OF MENDOCINO

By: _____
JOHN HASCHAK, Chair
BOARD OF SUPERVISORS

Date: 03/25/2025

ATTEST:
DARCIE ANTLE, Clerk of said Board

By: _____
Deputy 03/25/2025

I hereby certify that according to the provisions of Government Code section 25103, delivery of this document has been made.

DARCIE ANTLE, Clerk of said Board

By: _____
Deputy 03/25/2025

INSURANCE REVIEW:

By: _____
Risk Management

Date: 03/05/2025

CONTRACTOR/COMPANY NAME

By: _____
SIGNATURE

Date: _____

NAME AND ADDRESS OF CONTRACTOR:

California Department of Public Health
1616 Capitol Avenue, Suite 74.262, MS 1802
P.O. Box 997377
Sacramento, CA 95899
(916) 838-6102
andrea.campbell@cdph.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:

By: _____
COUNTY COUNSEL

Date: 03/05/2025

EXECUTIVE OFFICE/FISCAL REVIEW:

By: _____
Deputy CEO or Designee

Date: 03/05/2025

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: State Entity