

Check here if additional pages are added: 2 Page(s)

Agreement Number 17-94297	Amendment Number A02
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, GDHS, 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. The effective date of this amendment is the date approved by DGS.
 - II. **Purpose of amendment:** This amendment implements a budgetary shift of funds from one line item to another in Year 3. 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~~).

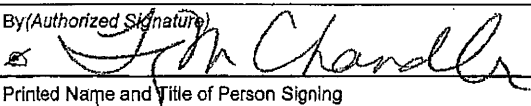
(Continued on next page)

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

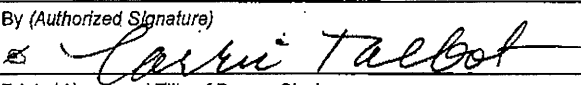
By (Authorized Signature)  Date Signed (Do not type) 8/27/19

Printed Name and Title of Person Signing
 Tammy Moss Chandler, HHS 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) 10/1/19

Printed Name and Title of Person Signing
 Carrie Talbot, SSM1, Contracts Section

Address
 1000 G Street, 4th Floor, MS 4200, P.O. Box 997413,
 Sacramento, CA 95899-7413

CALIFORNIA
 Department of General Services
 Use Only

APPROVED

OCT - 7 2019

OFFICE OF LEGAL SERVICES
 DEPT. OF GENERAL SERVICES

Exempt per:

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

Exhibit B Attachment III A1 – Budget (Year 3)

1 page

All references to Exhibit B Attachment III – Budget (Year 3) in any exhibit incorporated into this agreement shall hereinafter be deemed to read Exhibit B Attachment III A1 – Budget (Year 3). Exhibit B Attachment III – Budget (Year 3) is hereby replaced in its entirety by the attached revised exhibits.

- V. All other terms and conditions shall remain the same.

Exhibit B Attachment III A1
 Budget
 Year 3
 (July 1, 2019 through June 30, 2020)

Personnel

Position Title	# of Staff	Annual Salary	FTE %	Annual Cost
Program Specialist I	4	\$46,904	50%	\$ 23,452
Staff Assistant III	4	\$35,651	20%	\$ 7,130
<u>Program Specialist II</u>	<u>1</u>	<u>\$51,292</u>	<u>50%</u>	<u>26,646</u>
			Total Salary	\$ <u>30,582</u> <u>26,646</u>
		Fringe Benefits (67.70 <u>69.67%</u>)		\$ <u>20,704</u> <u>18,564</u>
			Total Personnel	\$ <u>51,286</u> <u>45,210</u>

Operating Expenses

Communications
 Supplies
 Printing Supplies

Total Operating Expenses \$ 960 1,520

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 \$ 1,982 1,777

Subcontracts

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

Total Subcontracts \$ 29,970 40,452

Other Costs

Public Awareness Materials
 Media Campaigns Support (posters, flyers, brochures,
 promotions)

Total Other Costs \$ 2,980

Indirect Costs (25% 17.83% of Total Personnel)

Indirect Costs \$ 12,822 8,061

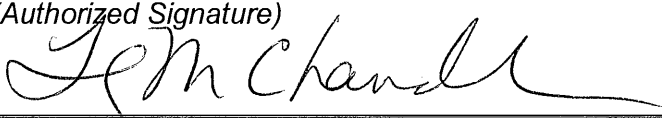
Annual Budget Total \$ 100,000

CALIFORNIA CIVIL RIGHTS LAWS CERTIFICATION

Pursuant to Public Contract Code section 2010, if a bidder or proposer executes or renews a contract over \$100,000 on or after January 1, 2017, the bidder or proposer hereby certifies compliance with the following:

1. **CALIFORNIA CIVIL RIGHTS LAWS:** For contracts over \$100,000 executed or renewed after January 1, 2017, the contractor certifies compliance with the Unruh Civil Rights Act (Section 51 of the Civil Code) and the Fair Employment and Housing Act (Section 12960 of the Government Code); and
2. **EMPLOYER DISCRIMINATORY POLICIES:** For contracts over \$100,000 executed or renewed after January 1, 2017, if a Contractor has an internal policy against a sovereign nation or peoples recognized by the United States government, the Contractor certifies that such policies are not used in violation of the Unruh Civil Rights Act (Section 51 of the Civil Code) or the Fair Employment and Housing Act (Section 12960 of the Government Code).

CERTIFICATION

<p>I, the official named below, certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.</p> <p><i>Proposer/Bidder Firm Name (Printed)</i></p> <p>County of Mendocino</p>	<p><i>Federal ID Number</i></p> <p>94-6000520</p>
<p><i>By (Authorized Signature)</i></p> <p style="text-align: center;"></p>	
<p><i>Printed Name and Title of Person Signing</i></p> <p>Tammy Moss Chandler, HHSA Director</p>	
<p><i>Date Executed</i></p> <p style="text-align: center;">8/27/19</p>	<p><i>Executed in the County and State of</i></p> <p>Mendocino, CA</p>

IN WITNESS WHEREOF

DEPARTMENT FISCAL REVIEW:

*unaw
com*

By: *Tammy Moss Chandler*
Tammy Moss Chandler, HHSA Director

Date: 8/27/19

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: see STD 213
SIGNATURE

Date: _____

NAME AND ADDRESS OF CONTRACTOR:

CA Dept. of Health Care Services
1501 Capitol Ave, MS 4506
Sacramento, CA 95814
(916) 345-8705; gian.viggiano@dhcs.ca.gov

INSURANCE REVIEW:

By: *Carmel G. Angelo*
Risk Management

Date: 9/10/19

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

EXECUTIVE OFFICE/FISCAL REVIEW:

By: *Darcie Antle*
Deputy CEO

Date: 9/11/19

COUNTY COUNSEL REVIEW:

APPROVED AS TO FORM:

KATHARINE L. ELLIOTT,
County Counsel

By: *Charlotte Scott*
Deputy

Date: 9/10/19

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: _____