STATE OF CALIFORNIA - DEPARTMENT OF GENERAL SERVICES SCO ID: 4265-1910160-A2 STANDARD AGREEMENT - AMENDMENT STD 213A (Rev. 4/2020) AMENDMENT NUMBER **Purchasing Authority Number** AGREEMENT NUMBER 19-10160 A02 CHECK HERE IF ADDITIONAL PAGES ARE ATTACHED 1 **PAGES** 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, 2019 THROUGH END DATE September 30, 2022 3. The maximum amount of this Agreement after this Amendment is: \$3,008,722.00 Three Million Eight Thousand Seven Hundred Twenty-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 \$97,168.00, changing the total amount to read \$3,008,722.00, to better support the Contractor's needs, and is shifting funds in fiscal years 2 and 3 in order to accommodate anticipated expenses for the H.R. 6201 - Families First Coronavirus Response Act. 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 7IP

CONTRACTOR BUSINESS ADDRESS	CHY	SIAIE	ZIP						
1120 S. Dora Street	Ukiah	Ukiah							
PRINTED NAME OF PERSON SIGNING	TITLE	TITLE							
Dan Gjerde	Chairperson, Board of S	Chairperson, Board of Supervisors							
CONTRACTOR AUTHORIZED SIGNATURE	DATE SIGNED	DATE SIGNED							
STATE OF CALII	FORNIA								
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	Sacramento CA 9							
PRINTED NAME OF PERSON SIGNING	TITLE	TITLE							
Joseph Torrez	Chief, Contracts Manag	Chief, Contracts Management Unit							
CONTRACTING AGENCY AUTHORIZED SIGNATURE	DATE SIGNED								
CALIFORNIA DEPARTMENT OF GENERAL SERVICES APPROVAL	EXEMPTION (If Applicable)								

Exhibit B, Attachment I Budget Detail Worksheet October 1, 2019 - September 30, 2022

							40/4/204	Year 2 90/2020 10/1/2020 - 9/30/2021					Year 3 10/1/2021 - 9/30/2022										
	Ť .	1		Amended		Amended	10/1/201	9 - 9/30/2020			- "	W 112020 - 9/30/202						W 112021 - 9/30/202				1	
Personnel	Exhibit A	Exhibit A	Current Base Annual Salary	Current Base Annual Salary	Current Base Annual Salary	Current Base Annual Salary	Amended	Amended Budgeted		FTE	Amended	Budgeted	Budget	Amended Budgeted		FTE	Amended	Budgeted	Budget	Amended Budgeted		Total	Amended
WIC Position Title	SOW 7.A.	Attach I	Minimum	Minimum	Maximum	Maximum	FTE	Amount	FTE	Adj.	FTE	Amount	Adj.	Amount	FTE	Adj.	FTE	Amount	Adj.	Amount	Total	Budget Adj.	Total
WIC Director - National Voter Registration Act Coordinator	1-22, 26	1, 2, 3, 4, 5	78,150	91,784		111,560	1.00	95,312	1.00		1.00	83,138	24,611	107,749	1.00			83,138	28,422	111,560	261,588	53,033	314,621
Nutrionist - Breastfeeding Coordinator ②	3,4,7,8,10,15	1, 2, 3, 4, 5	63,210	57,657		70,116		43,661	0.65		1.00	40,657	11,802	52,459	0.65				13,664	54,321	124,975	25,466	150,441
Nutritionist - Nutrition Education Coordinator WIC Nutrition Assistant - Farmer's Market Nutrition Program	3.4.7.8.10.15	1, 2, 3, 4, 5	53,397	57,657	65.487	70.116	1.00	61.487	1.00	0.00	1.00	53.397	10.927	64.324	1.00	0.00	1.00	53.397	12.916	66.313	168,281	23.843	192.124
Coordinator (1) (2)	1.3.6.8.9.10.15	1, 2, 3, 4, 5, 7	45,925	41,107	61,710	49.979	1.00	60,369	1.00	0.00	1.00	43,858	4,271	48,129	1.00	0.00	1.00	43.858	5.948	49,806	148.085	10,219	158.304
WIC Nutrition Assistant - Local Vendor Liaison ① ②	3.8.10.15	1, 2, 3, 4, 5, 6	41,310	41,107	54,962	49,979	1.00	52,669	1.00		1.00	42,117	8,412	50,529	1.00	0.00	1.00	42,117	10,016	52,133	136,903	18,428	155,331
WIC Nutrition Assistant (1) (2)	1.3.6.8.9.10.15	1, 2, 3, 4, 5	43.867	36.245	55,215	45,271	1.00	53.058	1.00	-0.25	0.75	45.947	(11.167)	34,780	1.00	-0.25	0.75	45.947	(9.944)	36,003	144,952	(21,111)	123.841
WIC Nutrition Assistant (1) (2)	3,6,8,9,10,15	1, 2, 3, 4, 5	32,656	36,245	39,728	45,271	2.00	72.060	2.00	-0.75	1.25	77.885	(31,429)	46.456	2.00	-1.00	1.00	77,885	(35.521)	42,364	227,830	(66,950)	160.880
Breastfeeding Peer Counselor - Ukiah (Î)	15,26	4, 8	30,389	38,316	36,941	46,573	0.25	9,430	0.50	-0.25	0.25	19,061	(7,468)	11,593	0.50	-0.25	0.25	19,061	(7,060)	12,001	47,552	(14,528)	33,024
Breastfeeding Peer Counselor - Fort Bragg (1) (2)	15,26	4, 8	33,412	38,316	38,317	46,473	0.50	22,719	0.50	0.00	0.50	19,989	3,512	23,501	0.50	0.00	0.50	19,989	4,132	24,121	62,697	7,644	70,341
Breastfeeding Peer Counselor Coordinator (1)	1.15.26	4, 8	49,651	56.702	60,320	68.913	0.50	40.797	0.50	0.00	0.50	29.439	3.412	32.851	0.50	0.00	0.50	29.439	4.509	33.948	99.675	7.921	107,596
Receptionist (f)	1,4,6,8,9,17,18,20	4	26,936	31,326	32,718	39,925	0.60	18.237	1.00	0.00	1.00	27.976	3.686	31.662	1.00	0.00	1.00	27,976	9.549	37,525	74,189	13,235	87,424
				100000		(**)	0.00			<i>2</i> 22	0.00	SHAME	55000	-		3 18	0.00		200,000		5777772	11/00/2012	-
							0.00	- 34			0.00			-			0.00			4	12	+	32
							0.00				0.00	- 2		1.0			0.00					-	
Overtime (3)																							
Salaries and Wages							1 1	529,799				483.464	20,569	504,033				483,464	36,631	520,095	1,496,727	57,200	1,553,927
Total FTE							9.50	325,755	10,15	(0.90)	9.25	405,404	20,565	554,655	10,15	(1.15)	9.00	400,404	30,031	520,655	1,430,121	57,200	1,000,027
TOTAL TIE							9.50	Amended	10.10	(0.50)	5,20			Amended	10.15	(1.10)	5.00			Amended			
							Amended	Budgeted			Amended	Budgeted	Budget	Budgeted			Amended	Budgeted	Budget	Budgeted		Total	Amended
Fringe Benefits (4)							Percent	Amount	Percent		Percent	Amount	Adi.	Amount	Percent		Percent	Amount	Adi.	Amount	Total	Budget Adi.	Total
							50,1647%	265,772	50.8753%		69.0375%	245,963	102,008	347,971	50.8753%		56.7477%	245,963	49,178	295,141	757,698	151,186	908,884
Total Personnel								795,571 Amended				729,427		852,004 Amended				729,427		815,236 Amended	2,254,425	208,386	2,462,811
	Exhibit A	Exhibit A						Budgeted			STORIGHTS IN	Budgeted	Budget	Budgeted	Net the the the the the		31 D 1 D 1 D 1 D 1 D 1	Budgeted	Budget	Budgeted		Total	Amended
Operating Expenses	SOW 7.A.	Attach I						Amount				Amount	Adj.	Amount				Amount	Adj.	Amount	Total	Budget Adj.	Total
General Expenses (S)	6, 17, 18, 19	1-9						55.039				66,445	(40.677)	25,768				66.445	(42.878)	23,567	187,929	(83,555)	104.374
Travel (6)	8	1-9	1					15,400				20.000	(15.700)	4.300				20.000	(15.700)	4,300	55,400	(31,400)	24.000
Training	4, 5, 7, 17	1-9	1					5.920				8,000	(2,093)	5,907				8.000	(3.000)	5,000	21,920	(5,093)	16,827
Outreach/Media/Promotion	17	1-9	1					15,200				20,000	(6,000)	14,000				20,000	(11,000)	9,000	55,200	(17,000)	38,200
Facility Costs (See Exhibit B, Attach II for breakdown) (7)	11	1-9	1					6,900				9,336	(1,464)	7,872				9,336	(1,464)	7,872	25,572	(2,928)	22,644
Total Operating Expenses	Ú.							98,459				123,781	(65,934)	57,847				123,781	(74,042)	49,739 Amended	346,021	(139,976)	206,045
	1							Amended		***************************************	***************************************			Amended		*******************************	***************************************			Amended			
Major Equipment (8) (Unit Cost of \$5,000 or More)	Exhibit A SOW 7.A.	Exhibit A Attach I						Budgeted Amount				Budgeted Amount	Budget Adj.	Budgeted Amount				Budgeted Amount	Budget Adi.	Budgeted Amount	Total	Total	Amended Total
	6,17,18, 20, 21	1-9						Amount				Amount	Adj.	Amount				Amount	Adj.	Amount	Total	Budget Adj.	Total
Equipment (9)	8, 17, 18, 20, 21	1-9	ł									-		-	1			-					- 3
Vehicles (ii)	18, 17, 18, 19	1-9						-						-	-			*		-	-	-	574
Total Major Equipment	1/4	1						Amended						Amended				*	-	Amended	-		
	Exhibit A	Exhibit A						Budgeted				Budgeted	Budget	Budgeted				Budgeted	Budget	Budgeted		Total	Amended
Subcontracts (ff)	SOW 7.A.	Attach I						Amount				Amount	Adj.	Amount				Amount	Adj.	Amount	Total	Budget Adj.	Total
1	16												102		1			1.0	A 20		-		7.4
								- 2				100		- 4						(4)	2	+	32
																					-	-	
Total Subcontracts								12											- 2	-			7.
							Annual Control	Amended	-	1		Budanta	District	Amended				Bodowski	District	Amended		Total	
Indirect Costs							Amended Percent	Budgeted Amount	Percent		Amended Percent	Budgeted Amount	Budget Adj.	Budgeted Amount	Percent		Amended Percent	Budgeted Amount	Budget Adj.	Budgeted Amount	Total	Total Budget Adj.	Amended Total
							13.8000%				13.8000%						13.8000%	100000000000000000000000000000000000000					
Total Personnel Costs Total Indirect Costs							13.6000%	109,788	13.8000%		13.8000%	100,660	16,916 16,916	117,576	13,8000%		13.6000%	100,660	11,842 11,842	112,502 112,502	311,108	28,758 28,758	339,866 339,866
rotal municol 90515								109,788				100,000	10,916	117,576				100,000	11,642	112,302	311,108	20,758	339,866
Total Budget								\$ 1,003,818				\$ 953,868	\$ 73,559	\$ 1,027,427				\$ 953,868	\$ 23,609	\$ 977,477	\$ 2,911,554	\$ 97,168	\$ 3,008,722

*All costs will be reviewed by CDPH for approval	"All o	costs	will b	e revi	iewed	by	CDPH	for	approval
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- 1 Billingual Positions that receive Billingual pay will show a higher budgeted amount. Justification and back-up documentation will be kept on file.
- ② Additional Pay (Longovity, Retention, Differential and COLA) Positions that receive these compensations will 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.
- Fringe Benefits Justification and back-up documentation will be kept on file for any fringe benefit rate that exceeds 50%.
- (§ General Expenses Includes Itams such as: Minor equipment (i.e., office furniture, IT equipment, anthropometric items, etc.), professional certifications, audit costs, vehicle maintenance, IT maintenance, program materials, office expenses (i.e., telephone services, printing, postage, supplies, etc.), etc.

Year 1 Contract Amount \$ 1,003,818

Year 1 Funding Changes \$ Year 1 Checks/Balances \$ -

- Travel All costs reimbursed shall be in accordance with CalHR rates.
- 7 Facility Costs Includes Rent, Utilities, Janitorial, Security, and Maintenance.
- ® Major Equipment Unit cost must be \$5,000 or more. Refer to Exhibit D, Provision 1 for procurement rules.
- 9 Equipment Includes items such as: Telephone systems, information technology equipment, photocopy machines, etc.
- (ii) Vehicles Will be used for Facility Site Visits, Conferences, Trainings, and Outreach.
- ① Subcontractors List the subcontractor's name and short list of services provided. If the subcontractor has not been selected, enter TBD and list of services to be provided.

Year 2 Contract Amount \$ 1,027,427
Year 2 Funding Changes \$ 73,559
Year 2 Checks/Balances \$ -

Year 3 Contract Amount \$ 977,477

Year 3 Funding Changes \$ 23,609 Year 3 Checks/Balances \$

Exhibit B, Attachment II Facility Cost Worksheet OCTOBER 1, 2019 - SEPTEMBER 30, 2022

Total Facility Costs:				Year 1 Amended Total				Year 2 Total	Year 2 Amended Total				Year 3 Total	Year 3 Amended Total
\$ 22,644				\$ 6,900				\$ 9,336	\$ 7,872				\$ 9,336	\$ 7,872
Site Street Address, City, State & Zip Code	Type of Space (i.e., Clinic Site, Admin, Training Center, Warehouse, Storage Area, Satellite site)	Total Square Footage	Amended Total Cost of Site Per Month	Amended Total Site Costs 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	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												9
200 main St., Pt Arena, CA 95468	Satellite Clinic	400	-		9	- 4	3		-			4	2	-
120 W. Fir St., Ft Bragg, CA 95437	Clinic	750	-			4	-	-				4		-
50 Branscomb Rd., laytonville, CA 95454	Satellite Clinic	200	-					-	-				-	
1120 S. Dora St., Ukiah, CA 95482	Clinic, Admin	1000	502	6,024	662	(78)	584	7,944	7,008	662	(78)	584	7,944	7,008
472 E. Valley St., Willits, CA 95490	Clinic	300	73	876	116	(44)	72	1,392	864	116	(44)	72	1,392	864
39144 Ocean Dr., Gualala, CA 95445	Satellite Clinic	200	- 2	-	12	2	2		_			- 2	2	
23925 Howard Steet, Covelo, CA 95428	Satellite Clinic	350	-			- 2		-					-	
1640 S. State St., Ukiah, CA 95482	Satellite Clinic	200	-			-		-					-	-
275 Hospital Dr., Ukiah, CA 95482	Clinic	200	-				-						-	

IN WITNESS WHEREOF

DEPARTMENT FISCAL REVIEW:	CONTRACTOR/COMPANY NAME
By: Mary Alice Willeford, HHSA Assistant Director Date: Yes No Budgeted: Yes No Budget Unit: 0418 Line Item: 82-7801 Org/Object Code: UN Grant: Yes No	By: See STD213A Joseph Torrez, Chief, Contracts Management Unit Date: NAME AND ADDRESS OF CONTRACTOR: CA Dept. of Public Health 1616 Capitol Avenue, Suite 74.262, MS 1802 PO Box 997377 Sacramento, CA 95899
Grant No.:19-10169 COUNTY OF MENDOCINO By: DAN GJERDE, Chair BOARD OF SUPERVISORS Date:	By signing above, signatory warrants and represents that he/she executed this Agreemen in his/her authorized capacity and that by his/he signature on this Agreement, he/she or the entity upon behalf of which he/she acted, executed this Agreement
ATTEST: CARMEL J. ANGELO, Clerk of said Board By: Deputy I hereby certify that according to the provisions of Government Code section 25103, delivery of this document has been made. CARMEL J. ANGELO, Clerk of said Board By: Deputy	COUNTY COUNSEL REVIEW: APPROVED AS TO FORM: CHRISTIAN M. CURTIS, County Counsel By: Deputy Date: O4/28/2021
INSURANCE REVIEW: By: Risk Management Date: 04/28/2021 Signatory Authority: \$0-25,000 Department; \$25,001- 50,000 Pure Exception to Bid Process Required/Completed N/A Mendocino County Business License: Valid Exempt Pursuant to MCC Section: _State	By: Deputy CEO Date: 04/28/2021 chasing Agent; \$50,001+ Board of Supervisors