

STATE OF CALIFORNIA - DEPARTMENT OF GENERAL SERVICES

STANDARD AGREEMENT - AMENDMENT

STD 213A (Rev. 4/2020)

 CHECK HERE IF ADDITIONAL PAGES ARE ATTACHED 1 PAGES

AGREEMENT NUMBER	AMENDMENT NUMBER	Purchasing Authority Number
19-10160	A02	

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

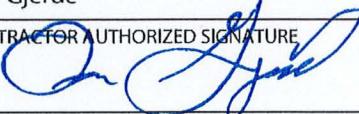
4. The parties mutually agree to this amendment as follows. All actions noted below are by this reference made a part of the Agreement and incorporated herein:

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 1120 S. Dora Street	CITY Ukiah	STATE CA	ZIP 95482
PRINTED NAME OF PERSON SIGNING Dan Gjerde	TITLE Chairperson, Board of Supervisors		
CONTRACTOR AUTHORIZED SIGNATURE 	DATE SIGNED MAY 27 2021		

STATE OF CALIFORNIA

CONTRACTING AGENCY NAME

California Department of Public Health

CONTRACTING AGENCY ADDRESS 1616 Capitol Avenue, Suite 74.262, MS 1802, PO Box 997377	CITY Sacramento	STATE CA	ZIP 95899
PRINTED NAME OF PERSON SIGNING Joseph Torrez	TITLE 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

Personnel	Year 1												Year 2												Total	Total Budget Adj.	Amended Total
	10/1/2019 - 9/30/2020						10/1/2020 - 9/30/2021						10/1/2021 - 9/30/2022														
	Exhibit A SOW 7.A.	Exhibit A Attach I	Current Base Annual Salary Minimum	Amended Current Base Annual Salary Minimum	Current Base Annual Salary Maximum	Amended Current Base Annual Salary Maximum	Amended FTE	Budgeted Amount	FTE Adj.	Amended FTE	Budgeted Amount	Budget Adj.	Amended Budgeted Amount	FTE Adj.	Budgeted Amount	Budget Adj.	Amended Budgeted Amount	Total	Total Budget Adj.	Amended Total							
WIC Position Title																											
WIC Director - National Voter Registration Act Coordinator	1-22, 26	1, 2, 3, 4, 5	78,150	91,784	99,271	111,560	1.00	55,312	1.00	0.00	1.00	83,138	24,611	107,749	1.00	0.00	1.00	83,138	28,422	111,560	261,588	53,033	314,621				
Nutritionist - Breastfeeding Coordinator (2)	3,4,7,8,10,15	1, 2, 3, 4, 5	63,210	57,657	64,876	70,116	0.65	43,601	0.65	0.35	1.00	40,657	11,892	52,459	0.65	0.35	1.00	40,657	13,564	54,321	124,975	25,466	150,441				
Nutritionist - Nutrition Education Coordinator	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	65,313	169,281	23,843	192,124				
WIC Nutrition Assistant - Farmer's Market Nutrition Program 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	60,309	1.00	0.00	1.00	43,858	4,271	48,129	1.00	0.00	1.00	43,858	5,548	49,806	148,085	10,219	159,304				
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	52,609	1.00	0.00	1.00	42,117	6,412	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	55,216	45,271	1.00	53,058	1.00	-0.25	0.75	45,947	(11,167)	34,789	1.00	-0.25	0.75	45,947	(9,944)	36,003	144,952	(21,111)	123,841				
WIC Nutrition Assistant (1)	3,6,8,9,10,15	1, 2, 3, 4, 5	32,656	36,245	39,728	45,271	2.00	72,960	2.00	-0.75	1.25	77,885	(31,429)	46,456	2.00	-1.50	1.00	77,885	(35,521)	42,354	227,830	(66,950)	160,880				
Breastfeeding Peer Counselor - Utah (1)	15,26	4, 8	30,389	38,316	36,941	46,573	0.25	9,430	0.50	-0.25	0.25	19,061	(7,408)	11,593	0.50	-0.25	0.25	19,061	(7,080)	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	19,869	3,512	23,501	0.50	0.00	0.50	19,869	4,132	24,121	62,697	7,664	70,341				
Receptionist (1)	1,15,26	4, 8	49,651	56,702	60,320	68,813	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				
Facility Costs (See Exhibit B, Attach II for breakdown) (7)	1,4,6,8,9,17,18,20	4	26,906	31,326	32,718	39,825	0.60	16,237	1.00	0.00	1.00	27,976	3,686	31,662	1.00	0.00	1.00	27,976	9,546	37,525	74,189	13,233	87,424				
Overtime (9)																											
Salaries and Wages								529,799				483,464	29,599	504,033				483,464	36,631	630,095	1,496,727	57,200	1,653,927				
Total FTE								9.50		10.15	(0.00)	0.25					10.15	(1.15)	9.00								
Fringe Benefits (4)								Amended Percent	Amended Budgeted Amount	Percent	Amended Percent	Budgeted Amount	Budget Adj.	Amended Budgeted Amount			Amended Percent	Budgeted Amount	Budget Adj.	Amended Budgeted Amount			Total	Total Budget Adj.	Amended Total		
Total Personnel								50.1647%	265,772	50.8753%	69,0375%	245,963	102,000	347,971	50.8753%	56.7477%	245,963	49,178	208,141	757,698	151,195	908,884					
Operating Expenses								79,531				729,427		852,064			729,427			818,238	2,254,425	208,386	2,462,811				
Major Equipment (6) (Unit Cost of \$5,000 or More)								Amended Budgeted Amount				Budgeted Amount	Budget Adj.	Amended Budgeted Amount			Budgeted Amount	Budget Adj.	Amended Budgeted Amount			Total	Total Budget Adj.	Amended Total			
Equipment (6)								6,17,18,19	1-9			66,445	(40,877)	25,748			66,445	(42,578)	23,567	187,929	(83,555)	104,374					
Vehicles (8)								8	1-9			20,800	(15,709)	4,300			20,800	(15,709)	4,300	55,400	(31,400)	24,000					
Total Major Equipment								4,5, 7, 17	1-9			8,000	(2,093)	5,907			8,000	(3,000)	5,000	21,920	(5,093)	16,827					
Subcontracts (11)								17	1-9			20,000	(6,010)	14,000			20,000	(11,000)	9,000	55,200	(17,000)	38,200					
Total Subcontracts								11	1-9			9,336	(1,464)	7,872			9,336	(1,464)	7,872	25,572	(2,928)	22,644					
Total Budget												123,781	(85,934)	57,847			123,781	(74,042)	46,739	346,021	(139,976)	206,045					
Indirect Costs								Amended Percent	Amended Budgeted Amount			Budgeted Amount	Budget Adj.	Amended Budgeted Amount			Budgeted Amount	Budget Adj.	Amended Budgeted Amount			Total	Total Budget Adj.	Amended Total			
Total Personnel Costs								13.8000%	109,788	13.8000%	13.8000%	100,660	16,916	117,576	-13.8000%	13.8000%	109,660	11,842	112,592	311,108	28,758	339,865					
Total Indirect Costs												100,560	16,316	117,576			100,560	11,842	112,592	311,108	28,758	339,865					
Year 1 Contract Amount									\$ 1,003,818			\$ 953,868	\$ 73,559	\$ 1,027,427			\$ 953,868	\$ 23,609	\$ 977,477	\$ 2,911,554	\$ 37,168	\$ 3,008,722					
Year 1 Funding Changes																											
Year 1 Checks/Balances																											

*All costs will be reviewed by CDPH for approval

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

(2) Additional Pay (Longevity, 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 - Required Justification if amount does not seem reasonable. Justification will be kept on file.

(4) Firing Benefits - Justification and back-up documentation will be kept on file for any firing benefit rate that exceeds 50%.

(5) General Expenses - Includes items 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.

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

(7) Facility Costs - Includes Rent, Utilities, Janitorial, Security, and Maintenance.

(8) 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.

(10) Vehicles - Will be used for Facility Site Visits, Conferences, Trainings, and Outreach.

(11) 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.

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		
				\$ 6,900				\$ 9,336	\$ 7,872				\$ 9,336	\$ 7,872		
				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	Amended Total Cost of Site Per Month	Total Site Cost Per Year	Amended Total Site Costs Per Year
Site Street Address, City, State & Zip Code																
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	-	-	-	-	-	-	-	-	-	-	-	-	-	-
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	-	-	-	-	-	-	-	-	-	-	-	-	-	-
23925 Howard Street, Covelo, CA 95428	Satellite Clinic	350	-	-	-	-	-	-	-	-	-	-	-	-	-	-
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: Mary Alice Willeford
Mary Alice Willeford, HHSA Assistant Director
Date: 4-29-21

Budgeted: Yes No

Budget Unit: 0418

Line Item: 82-7801

Org/Object Code: UN

Grant: Yes No

Grant No.:19-10169

COUNTY OF MENDOCINO

By: Dan Gjerde
DAN GJERDE, Chair
BOARD OF SUPERVISORS

Date: MAY 27 2021

ATTEST:

CARMEL J. ANGELO, Clerk of said Board

By: Anape
Deputy

MAY 27 2021

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: Anape
Deputy

MAY 27 2021

INSURANCE REVIEW:

By: Christine Angelo
Risk Management

Date: 04/28/2021

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 _____

CONTRACTOR/COMPANY NAME

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

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:

CHRISTIAN M. CURTIS,
County Counsel

By: Charlotte Scott
Deputy

Date: 04/28/2021

EXECUTIVE OFFICE/FISCAL REVIEW:

By: Daniel Qualls
Deputy CEO

Date: 04/28/2021