

STATE OF CALIFORNIA - DEPARTMENT OF GENERAL SERVICES

SCO ID: 4265-1910160-A2

STANDARD AGREEMENT - AMENDMENT

STD 213A (Rev. 4/2020)

☒ CHECK HERE IF ADDITIONAL PAGES ARE ATTACHED 1 PAGES

AGREEMENT NUMBER

19-10160

AMENDMENT NUMBER

A02

Purchasing Authority Number

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

							Year 1		Year 2						Year 3								
							10/1/2019 - 9/30/2020		10/1/2020 - 9/30/2021						10/1/2021 - 9/30/2022								
Personnel	Exhibit A SOW T.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															Total	Total Budget Adj.	Amended Total
							Amended FTE	Amended Budgeted Amount	FTE	FTE Adj.	Amended FTE	Budgeted Amount	Budget Adj.	Amended Budgeted Amount	FTE	FTE Adj.	Amended FTE	Budgeted Amount	Budget Adj.	Amended Budgeted Amount			
WIC Position Title																							
WIC Director - National Voter Registration Act Coordinator	1,2,2,26	1,2,3,4,5	78,150	81,784	99,271	111,580	1.00	95,312	1.00	0.00	1.00	83,136	24,611	107,749	1.00	0.00	1.00	83,136	28,422	111,566	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	43,661	0.65	0.35	1.00	40,657	11,802	52,459	0.65	0.35	1.00	40,657	13,664	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	66,313	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	60,369	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	16,219	164,304
WIC Nutrition Assistant - Local Vendor Liaison (1) (2)	3,6,8,10,15	1,2,3,4,5,9	41,310	41,107	64,962	49,979	1.00	52,969	1.00	0.00	1.00	42,117	6,412	50,529	1.00	0.00	1.00	42,117	10,016	52,133	136,603	18,428	155,031
WIC Nutrition Assistant (1) (2)	1,3,6,8,9,10,15	1,2,3,4,5	43,857	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	32,666	36,245	39,728	45,271	2.00	72,080	2.00	-0.75	1.25	77,885	(11,429)	66,456	2.00	-1.00	1.00	77,885	(16,521)	61,364	227,830	(66,060)	161,770
Breastfeeding Peer Counselor - Ukiah (1)	15,26	4,8	30,389	38,316	36,941	46,573	0.25	9,430	0.50	-0.25	0.25	19,861	(7,488)	11,593	0.50	-0.25	0.25	19,861	(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	39,317	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	56,782	60,320	68,913	0.50	40,787	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 (1)	1,4,6,8,9,17,18,20	4	26,036	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
							0.00	-			0.00	-	-	-			0.00	-	-	-	-	-	-
							0.00	-			0.00	-	-	-			0.00	-	-	-	-	-	-
							0.00	-			0.00	-	-	-			0.00	-	-	-	-	-	-
Overtime (3)																							
Salaries and Wages								529,799				483,464	20,569	504,033				483,464	38,631	520,095	1,496,727	87,200	1,583,927
Total FTE							9.50		16.15	(0.90)	0.25				16.15	(1.15)	0.00						
Fringe Benefits (4)							Amended Percent	Amended Budgeted Amount	Percent		Amended Percent	Budgeted Amount	Budget Adj.	Amended Budgeted Amount	Percent		Amended Percent	Budgeted Amount	Budget Adj.	Amended Budgeted Amount	Total	Total Budget Adj.	Amended Total
							50.1647%	285,772	50.8753%		69.0375%	245,963	102,008	347,971	50.8753%		56.7477%	245,963	49,178	295,141	757,889	151,185	909,074
Total Personnel								795,671				729,427		852,004				729,427		815,236	2,254,425	208,386	2,462,811
Operating Expenses		Exhibit A SOW T.A.	Exhibit A Attach I				Amended Budgeted Amount				Budgeted Amount	Budget Adj.	Amended Budgeted Amount				Budgeted Amount	Budget Adj.	Amended Budgeted Amount	Total	Total Budget Adj.	Amended Total	
General Expenses (1)	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					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					5,520				8,000	(2,093)	5,907				8,000	(3,090)	5,000	21,020	(5,093)	16,927	
Outreach/Media/Promotion	37	1-9					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					6,900				9,336	(1,464)	7,872				9,336	(1,464)	7,872	25,072	(2,928)	22,144	
Total Operating Expenses							86,459				123,781	(65,934)	57,847				123,781	(74,042)	49,739	346,021	(139,976)	206,045	
Major Equipment (8) (Unit Cost of \$5,000 or More)		Exhibit A SOW T.A.	Exhibit A Attach I				Amended Budgeted Amount				Budgeted Amount	Budget Adj.	Amended Budgeted Amount				Budgeted Amount	Budget Adj.	Amended Budgeted Amount	Total	Total Budget Adj.	Amended Total	
Equipment (9)	6,17,18,20,21	1-9					-				-	-	-				-	-	-	-	-	-	
Vehicles (10)	8,17,18,19	1-9					-				-	-	-				-	-	-	-	-	-	
Total Major Equipment							-				-	-	-				-	-	-	-	-	-	
Subcontracts (11)		Exhibit A SOW T.A.	Exhibit A Attach I				Amended Budgeted Amount				Budgeted Amount	Budget Adj.	Amended Budgeted Amount				Budgeted Amount	Budget Adj.	Amended Budgeted Amount	Total	Total Budget Adj.	Amended Total	
							-				-	-	-				-	-	-	-	-	-	
							-				-	-	-				-	-	-	-	-	-	
							-				-	-	-				-	-	-	-	-	-	
							-				-	-	-				-	-	-	-	-	-	
Total Subcontracts							-				-	-	-				-	-	-	-	-	-	
Indirect Costs							Amended Percent	Amended Budgeted Amount	Percent		Amended Percent	Budgeted Amount	Budget Adj.	Amended Budgeted Amount	Percent		Amended Percent	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%	100,660	11,842	112,502	315,108	28,758	343,866
Total Indirect Costs								109,788				100,660	16,916	117,576				100,660	11,842	112,502	315,108	28,758	343,866
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

Year 1 Contract Amount \$ 1,003,818
Year 1 Funding Changes \$ -
Year 1 Checks/Balances \$ -

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 \$ -

*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 - 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 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 CAGR 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 2 Total	Year 2 Amended Total				Year 3 Total	Year 3 Amended Total
\$ 22,644								\$ 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	-	-	-	-	-	-	-	-	-	-	-	-
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	-	-	-	-	-	-	-	-	-	-	-	-
23825 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: 4-28-21

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: *Amap*
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: *Amap*
Deputy

MAY 27 2021

INSURANCE REVIEW:

By: *Carmel J. Angelo*
Risk Management

Date: 04/28/2021

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: *Darcie Amble*
Deputy CEO

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