

STANDARD AGREEMENT - AMENDMENT

STD 213A (Rev. 4/2020)

☒ CHECK HERE IF ADDITIONAL PAGES ARE ATTACHED 2 PAGES

AGREEMENT NUMBER

22-10260

AMENDMENT NUMBER

A03

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, 2022

THROUGH END DATE

September 30, 2025

3. The maximum amount of this Agreement after this Amendment is:

\$ 3,453,930.00 Three Million Four Hundred Fifty-Three Thousand Nine Hundred Thirty 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 \$25,308.00, changing the total amount to read \$3,453,930.00, to better support the Contractor's needs, and is shifting funds in fiscal years 2 and 3 to accommodate anticipated expenses.

*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 South Dora Street

CITY

Ukiah

STATE

CA

ZIP

95482

PRINTED NAME OF PERSON SIGNING

Jenine Miller

TITLE

Public Health Director

CONTRACTOR AUTHORIZED SIGNATURE



DATE SIGNED

3/27/24

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)

II. Exhibit A, Scope of Work, Provision 4 has been revised as follows:

4. Project Representatives

A. The project representatives during the term of this agreement will be:

California Department of Public Health	County of Mendocino
Joni Scott <u>Andrea Campbell</u> Contract Manager Telephone: 916-928-8652 <u>279-667-0394</u> E-mail: joni.scott@cdph.ca.gov <u>Andrea.campbell@cdph.ca.gov</u>	Darcie Antle Chief Executive Officer <u>Jenine Miller</u> <u>Public Health Director</u> Telephone: 707-463-4441 <u>707-472-2341</u> E-mail: ceo@mendocinocounty.org <u>millerje@mendocinocounty.gov</u>

B. Direct all inquiries to:

California Department of Public Health	County of Mendocino
CDPH/WIC Division Attention: Joni Scott <u>Andrea Campbell</u> Contract Manager Local Services Branch 3901 Lennane Drive Sacramento, CA 95834 Telephone: 916-928-8652 <u>279-667-0394</u> Fax: 916-636-6603 E-mail: joni.scott@cdph.ca.gov <u>Andrea.campbell@cdph.ca.gov</u>	Attention: George Verastegui, MPH – Senior Program Manager <u>Clemencia Paniagua</u> <u>WIC Program Manager (interim)</u> 1120 South Dora Street Ukiah, CA, 95482 Telephone: 707-472-2386 Fax: 707-472-2734 E-mail: verasteguig@mendocinocounty.org <u>paniaquac@mendocinocounty.gov</u>

C. All payments from CDPH to the Contractor; shall be sent to the following address:

Remittance Address
Federal ID #: 94-6000520
FI\$CAL ID #: 0000004364
Contractor: County of Mendocino
Attention: PH Fiscal
Address: 1120 S. Dora St., Ukiah, CA 95482
Contract Number: 22-10260 A02 <u>A03</u>
Email: englandn@mendocinocounty.org

D. Either party may make changes to the information above by giving written notice to the other party. Said changes shall not require an amendment to this agreement but will require a new CDPH 9083 Governmental Entity Taxpayer ID Form or STD 204 Payee Data Record form. The completed form must be submitted to the Contract Manager for processing.

III. Exhibit A, Scope of Work, Provision 8.1).a) has been revised as follows:

a) The Contractor's participant monthly caseload is listed below. The Contractor shall meet the performance standard by serving one hundred percent (100%) of the authorized caseload.

1. Year 1 participant monthly caseload: 2,480
2. Year 2 participant monthly caseload: ~~2,480~~ **2,530**
3. Year 3 participant monthly caseload: ~~2,480~~ **2,530**

IV. Exhibit B, Budget Detail and Payment Provisions has been revised as follows:

F. Amounts Payable

The amounts payable under this Agreement shall not exceed:

~~\$ 3,428,622.00~~ **\$ 3,453,930.00** for the budget period of 10/01/2022 through 09/30/2025.

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

VI. 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		Year 2 10/1/2023 - 9/30/2024				Year 3 10/1/2024 - 9/30/2025					Total	Total Budget Adj.	Amended Total			
							FTE	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 Director ②	1, 22, 26	1,2,3,4,5	90,896		111,000		1.00	110,915	1.00		1.00	110,915	1,779	112,694	1.00		1.00	110,915	1,779	112,694	332,745	3,558	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		1.00	67,288	3,566	70,854	1.00		1.00	67,288	7,011	74,299	201,864	10,577	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		1.00	67,418	5,944	73,362	1.00		1.00	67,418	9,510	76,928	202,254	15,454	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		1.00	51,433	(11,377)	40,056	1.00		1.00	51,433	(9,478)	41,955	154,299	(20,855)	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		1.00	53,940	573	54,513	1.00		1.00	53,940	573	54,513	161,820	1,146	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		1.00	46,714	9,862	56,576	1.00		1.00	46,714	9,862	56,576	140,142	19,724	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		1.00	41,377	(1,321)	40,056	1.00		1.00	41,377	578	41,955	124,131	(743)	123,388
Office Assistant ①	1,4,6,8,9,17,18,20	4	31,366		38,106		1.00	35,461	1.00		1.00	35,461	13,290	48,751	1.00		1.00	35,461	15,079	50,540	106,383	28,369	134,752
Breastfeeding Peer Counselor Program Coordinator ①	1,15,26	4, 8	55,058		66,914		1.00	60,694	1.00	(0.50)	0.50	60,694	(26,572)	34,122	1.00	(0.50)	0.50	60,694	(26,572)	34,122	182,082	(53,144)	128,938
Breastfeeding Peer Counselor - Ukiah ①	15,26	4, 8	37,690		45,822		0.50	20,038	0.50		0.50	20,038	1,206	21,244	0.50		0.50	20,038	2,176	22,214	60,114	3,382	63,496
Breastfeeding Peer Counselor - Fort Bragg ① ②	15,26	4, 8	37,690		45,822		0.50	22,358	0.50		0.50	22,358	(685)	21,673	0.50		0.50	22,358	286	22,644	67,074	(399)	66,675
														-						-	-	-	
														-						-	-	-	
														-						-	-	-	
														-						-	-	-	
Overtime ③														-						-	-	-	
Salaries and Wages								577,636				577,636	(3,735)	573,901				577,636	10,804	588,440	1,732,908	7,069	1,739,977
Total FTE							10.00		10.00	(0.50)	9.50				10.00	(0.50)	9.50						
Fringe Benefits ④							Percent	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
							59.06700%	341,192	55.98110%		57.56000%	323,366	6,971	330,337	55.98110%		57.16000%	323,366	12,986	336,352	987,924	19,957	1,007,881
TOTAL PERSONNEL (paid by State WIC contract)								918,828				901,002	3,236	904,238				901,002	23,790	924,792	2,720,832	27,026	2,747,858
Total In-Kind for Personnel ⑫														-						-	-	-	
OPERATING	Exhibit A, SOW 8	Exhibit A, Attach I						Budgeted Amount				Budgeted Amount	Budget Adj.	Amended 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				78,198	(25,392)	52,806				78,198	(42,783)	35,415	214,308	(68,175)	146,133
Travel ⑥	8	1-10						6,000				6,000	(3,000)	3,000				6,000	(3,000)	3,000	18,000	(6,000)	12,000
Training	4,5,7,17,21,23	1-10						4,000				4,000	6,000	10,000				4,000		4,000	12,000	6,000	18,000
Outreach/Media/Promotion	17	1-10						20,000				20,000	20,000	40,000				20,000	20,000	40,000	60,000	40,000	100,000
Facility Costs (see Exhibit B, Attach II for breakdown) ⑦	11,23	1-10						9,336				9,336	11,364	20,700				9,336	11,364	20,700	28,008	22,728	50,736
TOTAL OPERATING (paid by State WIC contract)								97,248				117,534	8,972	126,506				117,534	(14,419)	103,115	332,316	(5,447)	326,869
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	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	1-10											-	-					-	-	-	-	-
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	Budget Adj.	Amended 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		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							13.80000%	126,798	13.80000%			124,338	446	124,784	13.80000%			124,338	3,283	127,621	375,474	3,729	379,203
TOTAL INDIRECT (paid by State WIC contract)								126,798				124,338	446	124,784				124,338	3,283	127,621	375,474	3,729	379,203
Total In-Kind for Indirect ⑫														-						-	-	-	
TOTAL BUDGET (paid by State WIC contract)								\$ 1,142,874				\$ 1,142,874	\$ 12,654	\$ 1,155,528				\$ 1,142,874	\$ 12,654	\$ 1,155,528	\$ 3,428,622	\$ 25,308	\$ 3,453,930
Total In-Kind for All Budget Line-Items ⑫								\$ -				\$ -	\$ -	\$ -				\$ -	\$ -	\$ -	-	-	-

Contract Year:

Contract Amount:

Funding Changes:

Checks/Balances:

Year 1
\$ 1,142,874
\$ -
\$ -

Year 2
\$ 1,155,528
\$ 12,654
\$ -

Year 3
\$ 1,155,528
\$ 12,654
\$ -

*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 2 Amended Total				Year 3 Total	Year 3 Amended Total
				\$ 9,336				\$ 9,336	\$ 20,700				\$ 9,336	\$ 20,700
\$ 50,736														
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 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	-	-	-	575	575	-	6,900	-	575	575	-	6,900
50 Branscomb Rd., laytonville, CA 95454	Satellite Clinic	200	662	7,944	662	(662)	-	7,944	-	662	(662)	-	7,944	-
1120 S. Dora St., Ukiah, CA 95482	Clinic, Admin	1000	-	-	-	575	575	-	6,900	-	575	575	-	6,900
472 E. Valley St., Willits, CA 95490	Clinic	300	116	1,392	116	459	575	1,392	6,900	116	459	575	1,392	6,900
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: 
DEPARTMENT HEAD

Date: 3/27/24

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

COUNTY OF MENDOCINO

By: 
MAUREEN MULHEREN, Chair
BOARD OF SUPERVISORS

Date: 04/23/2024

ATTEST:

DARCIE ANTLE, Clerk of said Board

By: 
Deputy 04/23/2024

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 04/23/2024

INSURANCE REVIEW:

By: 
Risk Management

Date: 03/26/2024

CONTRACTOR/COMPANY NAME

By: _____
Andrea Campbell, Contract Manager

Date: _____

NAME AND ADDRESS OF CONTRACTOR:

California Department of Public Health
Local Services Branch
3901 Lennane Drive
Sacramento, CA 95834
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: 03/26/2024

EXECUTIVE OFFICE/FISCAL REVIEW:

By: 
Deputy CEO or Designee

Date: 03/26/2024

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