

**STANDARD AGREEMENT - AMENDMENT**

STD 213A (Rev. 10/2019)

 CHECK HERE IF ADDITIONAL PAGES ARE ATTACHED 1 PAGES

AGREEMENT NUMBER

19-10160

AMENDMENT NUMBER

A01

Purchasing Authority Number

1. This Agreement is entered into between the State Agency and the Contractor named below:

STATE 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:

\$2,911,554.00 Two Million Nine Hundred Eleven Thousand Five Hundred Fifty-Four 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 \$49,950.00, changing the total amount to read \$2,911,554.00, to better support the Contractor's needs, and is shifting funds in fiscal year 1 in order to compensate the Contractor for actual expenses invoiced 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

John Haschak

TITLE

Chairperson, Board of Supervisors

CONTRACTOR AUTHORIZED SIGNATURE

DATE SIGNED

**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. Certain changes made in this amendment are displayed as follows: Text additions are displayed in **bold and underline**. Text deletions are displayed with a strike through the text (i.e., ~~Strike~~).

III. Revised Exhibit B, Budget Detail and Payment Provisions, Paragraph 1.E. as follows:

E. Amounts Payable

The amounts payable under this agreement shall not exceed: **\$2,911,554.00.**

1) ~~\$2,861,604.00 for the budget period of 10/01/19 through 09/30/22.~~



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

Total Facility Costs:	25,572	Type of Space (i.e., Clinic Site, Admin, Training Center, Warehouse, Storage Area, Satellite site)	Total Square Footage	Total Cost of Site Per Month	Total Cost of Site Per Month Adj.	Amended Total Cost of Site Per Month	Amended Total Cost of Site Per Month	Year 1 Total	Year 1 Amended Total	Year 2 Total	Year 2 Amended Total	Year 3 Total	Year 3 Amended Total
13500 Airport Rd., Boonville, CA 95415		Satellite Clinic	300	-	-	-	-	9,338	6,900	9,338	9,336	9,336	9,336
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	662	(160)	502	662	7,944	6,024	7,944	7,944	7,944	7,944
472 E. Valley St., Ukiah, CA 95490		Clinic	300	116	(43)	73	116	1,392	876	1,392	1,392	1,392	1,392
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: [Signature]  
Jenine Miller, HHSA Assistant Director

Date: 9/30/20

Budgeted:  Yes  No

Budget Unit: 0418

Line Item: 82-7801

Org/Object Code: UN

Grant:  Yes  No

Grant No.: CDPH 19-10160

**COUNTY OF MENDOCINO**

By: \_\_\_\_\_  
JOHN HASCHAK, Chair  
BOARD OF SUPERVISORS

Date: \_\_\_\_\_

**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

**INSURANCE REVIEW:**

By: [Signature]  
Risk Management

Date: 09/24/2020

**CONTRACTOR/COMPANY NAME**

By: See Page 1 of STD 213  
Joseph Torrez, Chief Contracts Management Unit

Date: \_\_\_\_\_

**NAME AND ADDRESS OF CONTRACTOR:**

California Department of Public Health  
1616 Capitol Ave. Suite 74.262  
MS1802 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: [Signature]  
Deputy

Date: 09/24/2020

**EXECUTIVE OFFICE/FISCAL REVIEW:**

By: [Signature]  
Deputy CEO

Date: 09/24/2020

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