

STANDARD AGREEMENT - AMENDMENT

STD 213A (Rev. 4/2020)

AGREEMENT NUMBER 22-10260	AMENDMENT NUMBER A03	Purchasing Authority Number
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CHECK HERE IF ADDITIONAL PAGES ARE ATTACHED 2 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, 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

Joseph Torrez Digitally signed by Joseph Torrez
Date: 2024.06.27 13:29:17 -07'00'

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>	Darci 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
FISCAL 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.

IN WITNESS WHEREOF

DEPARTMENT FISCAL REVIEW:

By: [Signature]
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: [Signature]
MAUREEN MULHEREN, Chair
BOARD OF SUPERVISORS

Date: 04/23/2024

ATTEST:

DARCIE ANTLE, Clerk of said Board

By: [Signature]
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: [Signature]
Deputy 04/23/2024

INSURANCE REVIEW:

By: [Signature]
Risk Management

Date: 03/26/2024

CONTRACTOR/COMPANY NAME

By: See page MC page 1
~~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: [Signature]
COUNTY COUNSEL

Date: 03/26/2024

EXECUTIVE OFFICE/FISCAL REVIEW:

By: [Signature]
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