STATE OF CALIFORNIA
STANDARD AGREEMENT AMENDMENT
STD 213A (Rev 6/03)

RECEIVED
OCT 10 2018
BY:

DGS AGREEMENT # 15-098-A4

☒ Check here if additional pages are added: 1 Page

Agreement Number	Amendment Number
15-10071	A04
Registration Number:	

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

State Agency's Name — Also known as CDPH or the State
California Department of Public Health

Contractor's Name — (Also referred to as Contractor)
County of Mendocino

2. The term of this Agreement is: October 1, 2015 through September 30, 2019

3. The maximum amount of this Agreement after this amendment is: **$ 4,296,562** Four Million Two Hundred Ninety Six Thousand Five Hundred Sixty 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. ***PurpPurpose of amendment:*** *This amendment is shifting of funds for fiscal years 3 and 4 of the Exhibit B, Attachments I, II and III Budget, Detail Worksheet and the Facility Costs in order to compensate the contractor for actual expenditures invoiced.*

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

All other terms and conditions shall remain the same.

IN WITNESS WHEREOF, this Agreement has been executed by the parties hereto.

CONTRACTOR

Contractor's Name *(If other than an individual, state whether a corporation, partnership, etc.)*
County of Mendocino

By *(Authorized Signature)* — Date Signed *(Do not type)* 8/17/18
Printed Name and Title of Person Signing
Tammy Moss Chandler, Director, Health and Human Services Agency

Address
1120 South Dora Street
Ukaih, CA 95482

STATE OF CALIFORNIA

Agency Name
California Department of Public Health

By *(Authorized Signature)* — Date Signed *(Do not type)* 10/23/18
Printed Name and Title of Person Signing
Jeff Mapes, Chief, Contracts Management Unit

Address
1616 Capitol Avenue, Suite 74.262, MS 1802, P.O. Box 997377,
Sacramento, CA 95899-7377

CALIFORNIA
Department of General Services
Use Only

KWW

APPROVED
OCT 30 2018
OFFICE OF LEGAL SERVICES
DEPT. OF GENERAL SERVICES

☐ Exempt per:

III. Exhibit A, Scope of Work, Provision 5 is revised as follows:

5. Project Representatives

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

California Department of Public Health	County of Mendocino
~~Abigail West~~ **Joni Scott** Contract Manager	~~Tammy Chandler Director, H&HS Agency~~ **Barbara Howe** **Director of Public Health**
Telephone: (916) 928-~~8757~~ **8766**	Telephone: ~~(707) 463-7774~~ **(707) 472-2789**
Fax: ~~(916) 263-3314~~ **(916) 440-5580** E-mail: ~~Abigail.West@cdph.ca.gov~~ E-mail: **joni.scott@cdph.ca.gov**	Fax: (707) 463-7859 E-mail: ~~chandlert@co.mendocino.ca.us~~ **howeb@mendocinocounty.org**

B. Direct all inquiries to:

California Department of Public Health	County of Mendocino
CDPH/WIC Division Attention ~~Abigail West~~ **Joni Scott** Local Operations Section	Local Agency Name Attention: ~~Peter Schlichting, RD, CLE Sr. Program Manager/WIC Program Administrator~~ **George Verástegui WIC Director**
3901 Lennane Drive Sacramento, CA 95834 Telephone: ~~(916) 928-8766~~ **(916) 928-8652** Fax: ~~(~~ **(916) 440-5580** E-mail: ~~Abigail.West@cdph.ca.gov~~ E-mail: **joni.scott@cdph.ca.gov**	1120 South Dora Street Ukiah, CA 95482 Telephone: ~~(707) 472-2737~~ **(707) 472-2386** Fax: (707) 472-2734 E-mail: ~~schlichtingp@co.mendocino.ca.us~~ **verasteguig@mendocinocounty.org**

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

Remittance Address
Contractor: County of Mendocino
Attention Anne C. Molgaard
Address 1120 S Dora Street
City, Zip Ukiah CA 95482
Phone 707) 463-7885
Fax
E-mail molgaardac@mendocinocounty.org

~~C.~~ **D.** Either party may change the information in paragraphs ~~A or B~~ **A, B or C** above by giving written notice to the other party. These changes shall not require an amendment to this Agreement.

Exhibit B, Attachment I ~~A3~~ A4
Budget

	Year 1	Year 2			Year 3			Year 4			Totals	Total Adj.	Totals Amendment ~~A03~~
	10/1/2015 - 9/30/2016	10/1/2016 - 9/30/2017			10/1/2017 - 9/30/2018			10/1/2018 - 9/30/2019					
Personnel	**Budget Amendment ~~A03~~**	**Budget**	**Budget Adj.**	**Budget Amendment ~~A03~~**	**Budget**	**Budget Adj.**	**Budget Amendment ~~A03~~**	**Budget**	**Budget Adj.**	**Budget Amendment ~~A03~~**			
Total Salaries and Wages	465,134	555,869	-	555,869	576,036	19,003	595,039	594,089	-	594,089	2,191,128	19,003	2,210,131
Fringe Benefits	292,290	320,736	-	320,736	330,414	(47,771)	282,643	340,769	-	340,769	1,284,209	(47,771)	1,236,438
Personnel	757,424	876,605	-	876,605	906,450	(28,768)	877,682	934,858	-	934,858	3,475,337	(28,768)	3,446,569
Operating Expenses	**Budget Amendment ~~A03~~**	**Budget**	**Budget Adj.**	**Total Amendment ~~A03~~**	**Budget**	**Budget Adj.**	**Budget Amendment ~~A03~~**	**Budget**	**Budget Adj.**	**Budget Amendment ~~A03~~**	**Totals**	**Adj.**	**Total Amendment ~~A03~~**
Minor Equipment	-										-	-	-
General Office Expenses	47,171	51,860	-	51,860	38,202	10,000	48,202	29,181	-	29,181	166,414	10,000	176,414
Training	3,250	4,750	-	4,750	2,750	1,250	4,000	2,750	-	2,750	13,500	1,250	14,750
Travel	17,744	20,350	-	20,350	17,325	-	17,325	18,315	-	18,315	73,734	-	73,734
Professional Certifications	-	200	-	200	200	-	200	-	-	-	400	-	400
Outreach	1,200	4,000	-	4,000	3,000	10,000	13,000	500	-	500	8,700	10,000	18,700
Media/Promotion	-	2,000	-	2,000	3,000	10,000	13,000	1,000	-	1,000	6,000	10,000	16,000
Program Materials	6,473	9,191	-	9,191	12,217	-	12,217	3,500	-	3,500	31,381	-	31,381
Vehicle Maintenance	-	-	-	-	-	-	-	-	-	-	-	-	-
Audit	-	-	-	-	-	-	-	-	-	-	-	-	-
Facility Costs (See Exhibit B Attachment III for breakdown)	7,764	10,428	-	10,428	8,981	1,488	10,469	9,328	-	9,328	36,501	1,488	37,989
Operating Expenses	83,602	102,779	-	102,779	85,675	32,738	118,413	64,574	-	64,574	336,630	32,738	369,368
Major Equipment	**Budget Amendment ~~A03~~**	**Budget**	**Budget Adj.**	**Budget Amendment ~~A03~~**	**Budget**	**Budget Adj.**	**Budget Amendment ~~A03~~**	**Budget**	**Budget Adj.**	**Budget Amendment ~~A03~~**	**Totals**	**Adj.**	**Total Amendment ~~A03~~**
Telephone System	-	-	-	-	-	-	-	-	-	-	-	-	-
Information Technology Equipment	-	-	-	-	-	-	-	-	-	-	-	-	-
Vehicle (s)	-	-	-	-	-	-	-	-	-	-	-	-	-
Photocopy Equipment	-	-	-	-	-	-	-	-	-	-	-	-	-
Major Equipment	-	-	-	-	-	-	-	-	-	-	-	-	-
Subcontracts	**Budget Amendment ~~A03~~**	**Budget**	**Budget Adj.**	**Budget Amendment ~~A03~~**	**Budget**	**Budget Adj.**	**Budget Amendment ~~A03~~**	**Budget**	**Budget Adj.**	**Budget Amendment ~~A03~~**	**Totals**	**Adj.**	**Total Amendment ~~A03~~**
Subcontracts	-	5,000	-	5,000	-	-	-	-	-	-	5,000	-	5,000
Indirect Costs	**Budget Amendment ~~A03~~**	**Budget**	**Budget Adj.**	**Budget Amendment ~~A03~~**	**Budget**	**Budget Adj.**	**Budget Amendment ~~A03~~**	**Budget**	**Budget Adj.**	**Budget Amendment ~~A03~~**	**Totals**	**Adj.**	**Total Amendment ~~A03~~**
Indirect Costs	104,524	120,971	-	120,971	125,090	(3,970)	121,120	129,010	-	129,010	479,595	(3,970)	475,625
TOTAL COSTS	945,550	1,105,355	-	1,105,355	1,117,215	-	1,117,215	1,128,442	-	1,128,442	4,296,562	(0)	4,296,562

Exhibit B, Attachment II ~~A3~~ A4
Detail Worksheet

Personnel Position Title	Exhibit A SOW & A	Exhibit A Attach I	Current Base Annual Salary Minimum	Current Base Annual Salary Minimum Amend A03	Current Base Annual Salary Maximum	Current Base Annual Salary Maximum Amend A03	Year 1 10/1/2015 - 9/30/2016 FTE	Year 1 Budget Amend A03	Year 2 10/1/2016 - 9/30/2017 FTE	Year 2 Budget Amend A03	Year 3 10/1/2017 - 9/30/2018 FTE	Year 3 FTE Amend A03	Year 3 Budget	Year 3 Budget Adj.	Year 3 Budget Amend A03	Year 4 10/1/2018 - 9/30/2019 FTE	Year 4 FTE Amend A03	Year 4 Budget	Year 4 Budget Adj.	Year 4 Budget Amend A03	Totals	Totals Adj.	Totals Amend A03
WIC Director - NVRA Coordinator ②	1,2,3,5,6,7,8,9,10,11,12,13,14,15,17,18,19,20,21,22	2,4,5,6,7,8	61,360	68,414	74,609	80,725	1.00	78,031	1.00	79,272	1.00	1.00	80,050	(9,143)	70,907	1.00		82,452		82,452	319,805	(9,143)	310,662
Nutritionist - Breastfeeding Coordinator① ②	3,5,7,8,9,10,12,15,16	1,2,3,4,5,6,7,8	45,531	49,275	55,348	59,904	0.80	47,117	0.80	47,424	0.80	1.00	47,888	(9,024)	38,865	0.80		49,328		49,328	191,758	(9,024)	182,732
Nutritionist - Nutrition Education Coordinator ②	14	1,2,3,4,5	45,531	49,275	55,348	59,904	0.66	37,829	0.66	39,125	0.66	1.05	38,509	9,707	49,216	0.66		40,694		40,694	157,167	9,707	166,864
WIC Nutrition Assistant - FMNP Coordinator① ②	6,9,10,12	1,2,3,4,5,7	29,307	31,699	35,630	38,583	1.00	38,465	1.00	38,879	1.00	1.00	39,267	(1,171)	38,096	1.00		40,423		40,423	157,024	(1,171)	155,853
WIC Nutrition Assistant - LVL① ②	3,8,9,12	1,2,3,4,5,6	29,307	31,699	35,630	38,583	2.00	54,425	2.00	75,500	2.00	2.00	77,765	254	79,019	2.00		80,098		80,098	287,768	254	288,042
WIC Nutrition Assistant① ②	3,8,9,12	1,2,3,4,5	29,307	31,699	35,630	38,583	3.00	109,903	3.00	113,554	3.00	4.00	115,704	23,696	142,490	3.00		122,358		122,358	464,609	23,696	488,305
Receptionist① ②	6,12	3	26,624	28,787	32,364	35,006	1.00	35,119	1.00	35,151	1.00	0.30	35,496	(19,985)	15,511	1.00		36,581		36,581	142,327	(19,985)	122,342
Breastfeeding Peer Counselor - Ukiah ① ②	3,8,9,12	4,8	27,258	29,464	33,155	35,859	0.50	19,684	0.50	16,632	0.50	0.95	17,131	15,758	32,890	0.50		17,645		17,645	71,072	16,759	88,831
Breastfeeding Peer Counselor - Fort Bragg ① ②	3,8,9,12	4,8	27,258	29,464	33,155	35,859	0.50	17,323	0.50	16,632	0.50	0.80	17,131	12,803	29,934	0.50		17,645		17,645	68,731	12,803	81,534
Breastfeeding Peer Counselor Coordinator ① ②	1,2,5,6,7,8,9,10,12,15,16	4,8	42,656	46,030	51,708	58,931	0.50	27,258	0.50	28,710	0.50	0.50	29,671	7,287	36,958	0.50		30,458		30,458	115,897	7,287	123,284
WIC Health Program Eligibility Worker	3,9,10,12	1,2,3,4,5		31,699		38,583		-	1.00	37,419	1.00	0.25	37,419		37,419	1.00		37,419		37,419	112,257	-	112,257
Co-Enrollment Specialist (Program Specialist I) - Ukiah	3,8,9,12	1,2,3,4,5		46,030		58,931		-	0.35	15,652	0.10	0.10	11,742		11,742	0.10		12,324		12,324	39,718	-	39,718
Co-Enrollment Specialist (Program Specialist I) - Ft. Bragg	3,8,9,12	1,2,3,4,5		46,030		58,931		-		-	0.25	0.00	11,180	(11,180)	-	0.10		11,742		11,742	22,922	(11,180)	11,742
Sr Program Manager or WIC Dietician	1,2,3,4,5,6,7,8,9,10,11,12,13,14,15,16,17,18,19,20,21,22	2,4,5,6,7,8		68,414		80,725		-	0.12	9,407	0.12	0.12	9,407		9,407	0.12		9,407		9,407	28,221	-	28,221
Sr Public Health Analyst (Evaluation)	8			49,275		59,904		-	0.05	2,512	0.07	0.07	3,695		3,695	0.10		5,537		5,537	11,744	-	11,744
Overtime ③								-		-			-		-			-		-	-	-	-
Total Salaries and Wages								465,134		555,869			576,036	19,003	595,039			594,089		594,089	2,191,128	19,003	2,210,131
Fringe Benefits ④							Percent	Budget Amend A03	Percent	Budget Amend A03	Percent		Budget	Percent Amend A03	Budget Amend A03	Percent		Budget	Percent Amend A03	Budget Amend A03		Budget Adj.	Budget Amend A03
							62.84%	292,290	57.70%	320,738	57.36%		330,414	47.5000%	282,643	57.36%		340,769		340,769	1,284,209	(47,771)	1,236,438
Total Personnel								757,424		876,606			906,450		877,682			934,858		934,858	3,475,337	(28,768)	3,446,569
Operating Expenses	Exhibit A SOW	Exhibit A Attachment I						Budget Amend A03		Budget Amend A03			Budget	Budget Adj.	Budget Amend A03			Budget	Budget Adj.	Budget Amend A03		Budget Adj.	Budget Amend A03
Minor Equipment ⑤	1,2,3,4,5,6,7,8,9,10,11,12,13,14,15,16,17,18,19,20,21,22	1-9						-		-			-		-			-		-	-	-	-
General Office Expenses ⑤	EXA2.C, 17, 18	1-9						47,171		61,860			38,202	10,000	48,202			29,181		29,181	168,414	10,000	178,414
Training	7	1-9						3,250		4,750			2,750	1,250	4,000			2,750		2,750	13,500	1,250	14,750
Travel	5							17,744		20,350			17,326		17,326			18,315		18,315	73,734	-	73,734
Professional Certifications	4, 5							-		200			200		200			-		-	400	-	400
Outreach		5						1,200		4,000			3,000	10,000	13,000			600		600	8,700	10,000	18,700
Media/Promotion		5						-		2,000			3,000	10,000	13,000			1,000		1,000	8,000	10,000	16,000
Program Materials	6	1-9						6,473		9,191			12,217		12,217			3,600		3,600	31,381	-	31,381
Vehicle Maintenance⑥	8, 19							-		-			-		-			-		-	-	-	-
Audit	9, 10, 12-14							-		-			-		-			-		-	-	-	-
Facility Costs (See Exhibit B Attach III for breakdown) ⑦	11							7,764		10,428			8,981	1,488	10,469			9,328		9,328	36,501	1,488	37,989
Total Operating Expenses								83,602		102,779			85,675	32,738	118,413			64,674		64,674	336,630	32,738	369,368
Major Equipment ⑧ unit cost must be $5,000 or more	Exhibit A SOW	Exhibit A Attach I						Budget Amend A03		Budget Amend A03			Budget	Budget Adj.	Budget Amend A03			Budget	Budget Adj.	Budget Amend A03		Budget Adj.	Budget Amend A03
Telephone System	17	1-9						-		-			-		-			-		-	-	-	-
Information Technology Equipment	17, 18, 20, 21	1-9						-		-			-		-			-		-	-	-	-
Vehicle (s)	8, 17, 18, 19							-		-			-		-			-		-	-	-	-
Photocopy Equipment	9, 17, 18							-		-			-		-			-		-	-	-	-
Total Major Equipment								-		-			-		-			-		-	-	-	-
Subcontracts ⑨	Exhibit A SOW	Exhibit A Attach I						Budget Amend A03		Budget Amend A03			Budget	Budget Adj.	Budget Amend A03			Budget	Budget Adj.	Budget Amend A03		Budget Adj.	Budget Amend A03
Graphic Artist (For Outreach multi-media)	9, 16, 20							-		5,000			-		-			-		-	5,000	-	5,000
Total Subcontracts								-		5,000			-		-			-		-	5,000	-	5,000
Total Indirect Costs						% of Total Personnel Costs	Percent	Budget Amend A03	Percent	Budget Amend A03	Percent		Budget	Percent Amend A03	Budget Amend A03	Percent		Budget	Percent Amend A03	Budget Amend A03		Budget Adj.	Budget Amend A03
							13.8000%	104,524	13.8000%	120,971	13.8000%		125,050		121,120	13.8000%		129,010		129,010	479,505	(3,970)	475,535
Total Costs								945,550		1,105,355			1,117,215		1,117,216			1,128,442		1,128,442	4,296,562	(0)	4,296,562
								945,550.00		1,105,355.00			Revised Yr. 3 Budget		1,117,215.00			Revised Yr. 4 Budget		1,128,442.00			
								-		-			Yr. 3 - Budget Increase		-			Yr. 4 - Budget Increase		-			
								0		0			Yr. 3 - Checks/Balances		0			Yr. 4 - Checks/Balances		0			

① Bilingual - Positions that receive Bilingual pay will show a higher salary. Justification will be kept on file with the original contract.

② Longevity, Retention, Differential and COLA - Positions that receive these compensations will show a higher salary. Justification and Union Contract will be kept on file with the original contract.

③ Overtime - Is budgeted for up to a 3% increase for each year.

④ Fringe Benefits - Any fringe benefit Years 1-4 that exceeds 50% will need a written justification.

⑤ General Office Expenses -Effective this year, pursuant to new OMB rules, Minor Equipment, and General Office Expenses, will include Desks, Computers, Chairs, Tables, Modular furniture, Monitors and printers

⑥ Vehicle Maintenance - maintenance over $500 will need CDPH/WIC Division approval.

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

⑧ Major Equipment - Refer to Exhibit D(F) page 3, Paragraph 3 for instructions; Vehicle(S)-Will be used for Facility Site Visits, Conferences, Trainings, and Outreach. Unit cost must be $5,000 or more.

⑨ 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. Subcontractors have been identified to perform services outlined in Exhibit A Scope of Work, Subcontract Requirements 16.a.b., and Exhibit A Attachment I, Services to be

Exhibit B, Attachment III ~~A3~~ A4
Facility Costs

County of Mendocino
15-10121 ~~A03~~ A04

																Total Facility Costs:							37,989
				Year 1 Total Costs		7,764	Year 2 Total Costs		10,428	Year 3 Total Costs						10,469	Year 4 Total Costs						9,328
Street Address, City, Zip Code	WIC MIS Clinic Site # or N/A	Type of Space (Clinic Site, Administrative Site, Training Center, Warehouse, Storage Area, satellite clinic site)	Total Square Feet	Total Cost of Site Per Month Amendment A03	New Total Amendment A03	Amended Cost of Space Per Year	Total Cost of Site Per Month Amendment A03	New Total Amendment A03	Amended Cost of Space Per Year	Total Cost of Site Per Month	Total Cost of Site Per Month Adj.	Total Cost of Site Per Month Amendment A03	Price Per Square Foot	Price Per Square Foot Adj.	New Total Amendment A03	Amended Cost of Space Per Year	Total Cost of Site Per Month	Total Cost of Site Per Month Adj.	Total Cost of Site Per Month Amendment A03	Price Per Square Foot	Price Per Square Foot Adj.	New Total Amendment A03	Amended Cost of Space Per Year
14470 HWY 128, Boonville, CA 95415	1	Satellite Clinic site	200	-	-	-	-	-	-	-		-	-		-	-	-		-	-		-	-
24000 S.HWY 1. Pt. Arena, CA 95468	2	Satellite Clinic site	200	-	-	-	-	-	-	-		-	-		-	-	-		-	-		-	-
120 W Fir St, Ft Bragg, CA 95437	3	Clinic	750	-	-	-	-	-	-	-		-	-		-	-	-		-	-		-	-
50 Branscomb Rd, Laytonville, CA 95454	6	Satellite Clinic site	200	-	-	-	-	-	-	-		-	-		-	-	-		-	-		-	-
1120 S Dora St, Ukiah, CA 95482	7	Clinic, Administrative	1,000	544	0.54	6,528	644	0.64	7,728	637		637	0.64		0.64	7,649	661		661	0.66		0.66	7,936
100 Biggar Ln, Covelo, CA 95428	8	Satellite Clinic site	400	-	-	-	-	-	-	-		-	-		-	-	-		-	-		-	-
221B S Lenore Ave, Willits CA 95490	9	Clinic	300	103	0.34	1,236	225	0.75	2,700	111	124	235	0.37	0.41	0.78	2,820	116		116	0.39		0.39	1,392
6991 N State St, Redwood Valley, CA 95470		Satellite Clinic site	200	-	-	-	-	-	-	-		-	-		-	-	-		-	-		-	-
39144 Ocean Dr, Gualala, CA 95445		Satellite Clinic site	200	-	-	-	-	-	-	-		-	-		-	-	-		-	-		-	-