

STANDARD AGREEMENT AMENDMENT

STD 213A (Rev 6/03)

DOS AGREEMENT

15-098-A5

☒ Check here if additional pages are added: 1 Page

Agreement Number

15-10071

Amendment Number

A05

Registration Number:

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

State Agency's Name

California Department of Public Health

Also known as CDPH or the State

Contractor's Name

County of Mendocino

(Also referred to as Contractor)

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

3. The maximum amount of this Agreement is: \$ 4,296,562

Agreement after this amendment is: 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. **Purpose of amendment:** This amendment is shifting funds for fiscal year 4 of the Exhibit B, Attachments I and II, Budget and Detail Worksheet 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.

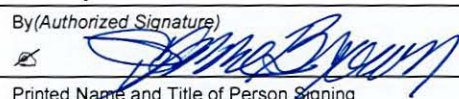
IN WITNESS WHEREOF, this Agreement has been executed by the parties hereto.

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)

8/22/19

Printed Name and Title of Person Signing

Carre Brown, Board of Supervisor, Chair

Address

1120 South Dora Street
Ukiah, CA 95482

STATE OF CALIFORNIA

Agency Name

California Department of Public Health

By (Authorized Signature)



Date Signed (Do not type)

9/4/19

Printed Name and Title of Person Signing

For Jeff Mapes, Chief, Contracts Management Unit Joseph Torres

Address

1616 Capitol Avenue, Suite 74.262, MS 1802, P.O. Box 997377,
Sacramento, CA 95899-7377CALIFORNIA
Department of General Services
Use Only☐ Exempt per:

KMD

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
Joni Scott <u>Pia Boling</u> Contract Manager Telephone: (916) 928-8652 <u>8543</u> Fax: (916) 263-3314 <u>(916) 440-5580</u> E-mail: joni.scott@cdph.ca.gov <u>pia.boling@cdph.ca.gov</u>	Barbara Howe <u>Tammy Moss Chandler</u> Director of Public Health <u>Health and</u> <u>Human Services Agency Director</u> Telephone: (707) 472-2789 <u>(707) 463-7774</u> Fax: (707) 463-7859 <u>(707) 472-2335</u> E-mail: howeb@mendocinocounty.org <u>chandlert@mendocinocounty.org</u>

B. Direct all inquiries to:

California Department of Public Health	County of Mendocino
CDPH/WIC Division Attention: Joni Scott <u>Pia Boling</u> Local Operations Section 3901 Lennane Drive Sacramento, CA 95834 Telephone: (916) 928-8652 <u>8543</u> Fax: <u>(916) 440-5580</u> E-mail: joni.scott@cdph.ca.gov <u>pia.boling@cdph.ca.gov</u>	Attention: George Verástegui, WIC Director 1120 South Dora Street Ukiah, CA 95482 Telephone: (707) 472-2386 Fax: (707) 472-2734 E-mail: verasteguig@mendocinocounty.org

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

Exhibit B, Attachment I A4 A5 Budget

	Year 1	Year 2	Year 3	Year 4			Totals	Total Adj.	Totals Amendment
	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	Budget Amendment	Budget Amendment	Budget	Budget Adj.	Budget Amendment			
Total Salaries and Wages	465,134	555,869	595,039	594,089	(9,550)	584,539	2,210,131	(9,550)	2,200,581
Fringe Benefits	292,290	320,736	282,643	340,769	(80,650)	260,119	1,236,438	(80,650)	1,155,788
Personnel	757,424	876,605	877,682	934,858	(90,200)	844,658	3,446,569	(90,200)	3,356,369
Operating Expenses	Budget Amendment	Budget Amendment	Budget Amendment	Budget	Budget Adj.	Budget Amendment	Totals	Adj.	Total Amendment
Minor Equipment	-	-	-	-	-	-	-	-	-
General Office Expenses	47,171	51,860	48,202	29,181	12,358	41,539	176,414	12,358	188,772
Training	3,250	4,750	4,000	2,750	11,450	14,200	14,750	11,450	26,200
Travel	17,744	20,350	17,325	18,315	6,340	24,655	73,734	6,340	80,074
Professional Certifications	-	200	200	-	-	-	400	-	400
Outreach	1,200	4,000	13,000	500	7,000	7,500	18,700	7,000	25,700
Media/Promotion	-	2,000	13,000	1,000	14,000	15,000	16,000	14,000	30,000
Program Materials	6,473	9,191	12,217	3,500	11,500	15,000	31,381	11,500	42,881
Vehicle Maintenance	-	-	-	-	-	-	-	-	-
Audit	-	-	-	-	-	-	-	-	-
Facility Costs (See Exhibit B Attachment III for breakdown)	7,764	10,428	10,469	9,328	-	9,328	37,989	-	37,989
Operating Expenses	83,602	102,779	118,413	64,574	62,648	127,222	369,368	62,648	432,016
Major Equipment	Budget Amendment	Budget Amendment	Budget Amendment	Budget	Budget Adj.	Budget Amendment	Totals	Adj.	Total Amendment
Telephone System	-	-	-	-	-	-	-	-	-
Information Technology Equipment	-	-	-	-	-	-	-	-	-
Vehicle (s)	-	-	-	-	40,000	40,000	-	40,000	40,000
Photocopy Equipment	-	-	-	-	-	-	-	-	-
Major Equipment	-	-	-	-	40,000	40,000	-	40,000	40,000

	10/1/2015 - 9/30/2016	10/1/2016 - 9/30/2017	10/1/2017 - 9/30/2018	10/1/2018 - 9/30/2019			Totals	Total Adj.	Totals Amendment
Subcontracts	Budget Amendment	Budget Amendment	Budget Amendment	Budget	Budget Adj.	Budget Amendment	Totals	Adj.	Total Amendment
Subcontracts	-	5,000	-	-	-	-	5,000	-	5,000
Indirect Costs	Budget Amendment	Budget Amendment	Budget Amendment	Budget	Budget Adj.	Budget Amendment	Totals	Adj.	Total Amendment
Indirect Costs	104,524	120,971	121,120	129,010	(12,448)	116,562	475,625	(12,448)	463,177
TOTAL COSTS	945,550	1,105,355	1,117,215	1,128,442	-	1,128,442	4,296,562	(0)	4,296,562

Exhibit B, Attachment II A4 A5
Detail Worksheet

							Year 1		Year 2		Year 3		Year 4					Totals	Totals Adj.	Totals Amend		
							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		Exhibit A SOW 6.A	Exhibit A Attach I	Current Base Annual Salary Minimum	Current Base Annual Salary Minimum Amend	Current Base Annual Salary Maximum	Current Base Annual Salary Maximum Amend	FTE	Budget Amend	FTE	Budget Amend	FTE	Budget Amend	FTE	FTE Amend	Budget	Budget Adj.	Budget Amend				
Position Title																						
WIC Director - NVRA Coordinator ②		1,2,3,4,5,6,7,8,9,10,11,12,13,14,15,17,18,19,20,21,22	2,4,5,6,7,8	66,414		80,725		1.00	78,031	1.00	79,272	1.00	70,907	1.00		82,452		82,452	310,662	-	310,662	
Nutritionist - Breastfeeding Coordinator① ②		3,6,7,8,9,10,12,15,18	1,2,3,4,5,6,7,8	49,275	50,752	59,904	61,693	0.80	47,117	0.80	47,424	1.00	38,865	0.80		49,326	9,573	58,899	182,732	9,573	192,305	
Nutritionist - Nutrition Education Coordinator ②		14	1,2,3,4,5	49,275	50,752	59,904	61,693	0.66	37,829	0.66	39,125	1.05	49,216	0.66		40,694	4,330	45,024	166,864	4,330	171,194	
WIC Nutrition Assistant - FMNP Coordinator① ②		6,9,10,12	1,2,3,4,5,7	31,699	32,656	38,563	39,728	1.00	38,465	1.00	38,879	1.00	38,086	1.00		40,423	4,554	44,977	155,853	4,554	160,407	
WIC Nutrition Assistant - LVL① ②		3,6,9,12	1,2,3,4,5,6	31,699	32,656	38,563	39,728	2.00	54,425	2.00	75,500	2.00	78,019	2.00		80,098	3,319	83,417	288,042	3,319	291,361	
WIC Nutrition Assistant① ②		3,6,9,12	1,2,3,4,5	31,699	32,656	38,563	39,728	3.00	109,903	3.00	113,554	4.00	142,490	3.00	3.50	122,358	21,928	144,286	488,305	21,928	510,233	
Receptionist① ②		6,12	3	28,787	29,661	35,006	36,046	1.00	35,119	1.00	35,151	0.30	15,511	1.00	0.50	36,561	(18,505)	18,056	122,342	(18,505)	103,837	
Breastfeeding Peer Counselor - Ukiah ① ②		3,6,9,12	4,8	29,494	30,389	35,859	36,941	0.50	19,664	0.50	16,632	0.95	32,890	0.50		17,645	3,446	21,091	86,831	3,446	90,277	
Breastfeeding Peer Counselor - Fort Bragg ① ②		3,6,9,12	4,8	29,494	30,389	35,859	36,941	0.50	17,323	0.50	16,632	0.80	29,934	0.50		17,645	4,414	22,059	81,534	4,414	85,948	
Breastfeeding Peer Counselor Coordinator ① ②		1,3,4,6,7,8,9,10,12,15,18	4,8	46,030	47,403	56,931	57,616	0.50	27,258	0.50	28,710	0.50	36,858	0.50		30,458	3,509	33,967	123,284	3,509	126,793	
WIC Health Program Eligibility Worker		3,9,10,12	1,2,3,4,5	31,699	32,656	38,563	39,728		-	1.00	37,419	0.25	37,419	1.00	0.40	37,419	(22,371)	15,048	112,257	(22,371)	89,886	
Co-Enrollment Specialist (Program Specialist I) - Ukiah		3,6,9,12	1,2,3,4,5	46,030	47,103	56,931	57,616		-	0.35	15,652	0.10	11,742	0.10	0.00	12,324	(12,242)	82	39,718	(12,242)	27,476	
Co-Enrollment Specialist (Program Specialist I) - Ft. Bragg		3,6,9,12	1,2,3,4,5	46,030	47,103	56,931	57,616		-		-	0.00	-	0.10		11,742	(3,410)	8,332	11,742	(3,410)	8,332	
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	66,414		80,725			-	0.12	9,407	0.12	9,407	0.12	0.09	9,407	(2,558)	6,849	28,221	(2,558)	25,663	
Sr Public Health Analyst (Evaluation)		6		49,275	50,752	59,904	61,693		-	0.05	2,512	0.07	3,695	0.10	0.00	5,537	(5,537)	-	11,744	(5,537)	6,207	
Overtime ③									-		-		-			-		-	-	-	-	
Total Salaries and Wages									465,134		555,869		595,039			594,089	(9,550)	584,539	2,210,131	(9,550)	2,200,581	
Fringe Benefits ④									Percent	Budget Amend	Percent	Budget Amend	Percent	Budget Amend	Percent		Budget	Percent Amend	Budget Amend		Budget Adj.	Budget Amend
									62.84%	292,290	57.70%	320,736	47.5000%	282,643	57.3600%		340,769	44.5000%	260,119	1,236,438	(80,650)	1,155,788
Total Personnel										757,424		876,605		877,682			934,858		844,658	3,446,569	(90,200)	3,356,369
Operating Expenses		Exhibit A SOW	Exhibit A Attach ment I					Budget Amend		Budget Amend		Budget Amend				Budget	Budget Adj.	Budget Amend		Budget Adj.	Budget Amend	
Minor Equipment ⑤		17, 18	1-9					-		-		-				-	-	-	-	-	-	
General Office Expenses ⑤		EXA2 C, 17, 18	1-9					47,171		51,860		48,202				29,181	12,358	41,539	176,414	12,358	188,772	
Training		7	1-9					3,250		4,750		4,000				2,750	11,450	14,200	14,750	11,450	26,200	
Travel		8						17,744		20,350		17,325				18,315	6,340	24,655	73,734	6,340	80,074	
Professional Certifications		4, 5						-		200		200				-	-	-	400	-	400	
Outreach			5					1,200		4,000		13,000				500	7,000	7,500	18,700	7,000	25,700	
Media/Promotion			5					-		2,000		13,000				1,000	14,000	15,000	16,000	14,000	30,000	
Program Materials		6	1-9					6,473		9,191		12,217				3,500	11,500	15,000	31,381	11,500	42,881	
Vehicle Maintenance⑥		8, 19						-		-		-				-	-	-	-	-	-	
Audit		9, 10, 12-14						-		-		-				-	-	-	-	-	-	
Facility Costs (See Exhibit B Attach III for breakdown) ⑦		11						7,764		10,428		10,469				9,328	-	9,328	37,989	-	37,989	
Total Operating Expenses									83,602		102,779		118,413			64,574	62,648	127,222	369,368	62,648	432,016	
Major Equipment ⑧ unit cost must be \$5,000 or more		Exhibit A SOW	Exhibit A Attach I					Budget Amend		Budget Amend		Budget Amend				Budget	Budget Adj.	Budget Amend		Budget Adj.	Budget Amend	
Telephone System		17	1-9					-		-		-				-	-	-	-	-	-	
Information Technology Equipment		17, 18, 20, 21	1-9					-		-		-				-	-	-	-	-	-	
Vehicle (s)		8, 17, 18, 19						-		-		-				-	40,000	40,000	-	40,000	40,000	
Photocopy Equipment		6, 17, 18						-		-		-				-	-	-	-	-	-	
Total Major Equipment											-		-			-	40,000	40,000	-	40,000	40,000	
Subcontracts ⑨		Exhibit A SOW	Exhibit A Attach I					Budget Amend		Budget Amend		Budget Amend				Budget	Budget Adj.	Budget Amend		Budget Adj.	Budget Amend	
Graphic Artist (For Outreach multi-media)		9, 16, 20						-		5,000		-				-	-	-	5,000	-	5,000	

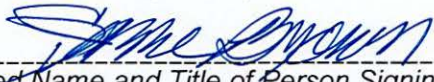
Exhibit B, Attachment II A4 A5
Detail Worksheet

				Year 1	Year 2	Year 3	Year 4									
				10/1/2015 - 9/30/2016	10/1/2016 - 9/30/2017	10/1/2017 - 9/30/2018	10/1/2018 - 9/30/2019									
Total Subcontracts				-	5,000	-	-	-	-	-	5,000	-	5,000			
Total Indirect Costs				Percent	Budget Amend	Percent	Budget Amend	Percent	Budget Amend	Percent	Budget	Percent Amend	Budget Amend	Budget Adj.	Budget Amend	
% of Total Personnel Costs				13.8000%	104,524	13.8000%	120,971	13.8000%	121,120	13.8000%	129,010		116,562	475,625	(12,448)	463,177
Total Costs					945,550		1,105,355		1,117,215		1,128,442	-	1,128,442	4,296,562	(0)	4,296,562
				945,550.00	1,105,355.00	1,117,215.00	Revised Yr. 4 Budget				1,128,442.00					
				-	-	-	Yr. 4 - Budget Increase				-					
				0	0	0	Yr. 4 - Checks/Balances				0					
<p>① Bilingual - Positions that receive Bilingual pay will show a higher salary. Justification will be kept on file with the original contract.</p> <p>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.</p> <p>③ Overtime - Is budgeted for up to a 3% increase for each year.</p> <p>④ Fringe Benefits - Any fringe benefit Years 1-4 that exceeds 50% will need a written justification.</p> <p>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</p> <p>⑥ Vehicle Maintenance - maintenance over \$500 will need CDPH/WIC Division approval.</p> <p>⑦ Facility Costs - Includes Rent, Janitorial, Security, Maintenance and Utilities</p> <p>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. <u>Unit cost must be \$5,000 or more.</u></p> <p>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</p>																

Pursuant to Public Contract Code section 2010, a person that submits a bid or proposal to, or otherwise proposes to enter into or renew a contract with, a state agency with respect to any contract in the amount of \$100,000 or above shall certify, under penalty perjury, at the time the bid or proposal is submitted or the contract is renewed, all of the following:

1. CALIFORNIA CIVIL RIGHTS LAWS: For contracts executed or renewed after January 1, 2017, the contractor certifies compliance with the Unruh Civil Rights Act (Section 51 of the Civil Code) and the Fair Employment and Housing Act (Section 12960 of the Government Code); and
2. EMPLOYER DISCRIMINATORY POLICIES: For contracts executed or renewed after January 1, 2017, if a Contractor has an internal policy against a sovereign nation or peoples recognized by the United States government, the Contractor certifies that such policies are not used in violation of the Unruh Civil Rights Act (Section 51 of the Civil Code) or the Fair Employment and Housing Act (Section 12960 of the Government Code).

CERTIFICATION

I, the official named below, certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.		<i>Federal ID Number</i> 94-6000520
<i>Proposer/Bidder Firm Name (Printed)</i> County of Mendocino		
<i>By (Authorized Signature)</i> 		
<i>Printed Name and Title of Person Signing</i> Carre Brown, Board of Supervisors, Chair		
<i>Date Executed</i> 06/06/2019 8.22.19	<i>Executed in the County and State of</i> Mendocino California	

IN WITNESS WHEREOF

DEPARTMENT FISCAL REVIEW:

By: Tammy Moss Chandler
Tammy Moss Chandler, HHSA Director

Date: 7/17/19

Budgeted: ☒ Yes ☐ No

Budget Unit: 0418

Line Item: 82-7801

Org/Object Code: UN

Grant: ☒ Yes ☐ No

Grant No.:

COUNTY OF MENDOCINO

By: Carre Brown
CARRE BROWN, Chair
BOARD OF SUPERVISORS

Date: AUG 20 2019

ATTEST:

CARMEL J. ANGELO, Clerk of said Board

By: Karla Vant Hagen
Deputy
AUG 20 2019

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: Karla Vant Hagen
Deputy
AUG 20 2019

INSURANCE REVIEW:

By: Carmel J. Angelo
Risk Management

Date: 7/31/19

CONTRACTOR/COMPANY NAME

By: See STD 213A
Jeff Mapes, Chief, Contracts Management Unit

Date: _____

NAME AND ADDRESS OF CONTRACTOR:

California Department of Public Health
1616 Capitol Ave. Suite 74.262
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:

KATHARINE L. ELLIOTT,
County Counsel

By: Katharine L. Elliott
Deputy

Date: 7/25/2019

EXECUTIVE OFFICE/FISCAL REVIEW:

By: Danice Antle
Deputy CEO

Date: 7/31/19

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