

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

OCT 21 2020

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

10/27/2020

CALIFORNIA DEPARTMENT OF GENERAL SERVICES APPROV

APPROVED

NOV 10-2020

EE:skb

OFFICE OF LEGAL SERVICES
DEPT. OF GENERAL SERVICES

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 I
Budget Detail Worksheet
October 1, 2019 - September 30, 2022

							Year 1						Year 2						Year 3									
							10/1/2019 - 9/30/2020						10/1/2020 - 9/30/2021						10/1/2021 - 9/30/2022									
Personnel							FTE	FTE Adj.	Amended FTE	Budgeted Amount	Budget Adj.	Amended 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	Total	Total Budget Adj.	Amended Total	
WIC Position Title	Exhibit A SOW 7.A	Exhibit A Attach I	Current Base Annual Salary Minimum	Amended Current Base Annual Salary Minimum	Current Base Annual Salary Maximum	Amended Current Base Annual Salary Maximum																						
WIC Director - National Voter Registration Act Coordinator	1-22, 26	1, 2, 3, 4, 5	66,411	78,150	83,138	99,271	1.00	0.00	1.00	83,138	12,174	95,312	1.00		1.00	83,138		83,138	1.00		1.00	83,138		83,138	83,138	249,414	12,174	261,588
Nutritionist - Breastfeeding Coordinator (2)	3,4,7,8,10,15	1, 2, 3, 4, 5	50,752	63,210	61,693	64,876	0.65	0.00	0.65	40,657	3,004	43,661	0.65		0.65	40,657		40,657	0.65		0.65	40,657		40,657	40,657	121,971	3,004	124,975
Nutritionist - Nutrition Education Coordinator	3,4,7,8,10,15	1, 2, 3, 4, 5	50,752	53,397	61,693	65,487	1.00	0.00	1.00	53,397	8,090	61,487	1.00		1.00	53,397		53,397	1.00		1.00	53,397		53,397	53,397	160,191	8,090	168,281
WIC Nutrition Assistant - Farmer's Market Nutrition Program Coordinator (1) (2)	1,3,6,8,9,10,15	1, 2, 3, 4, 5, 7	36,068	45,925	43,867	61,710	1.00	0.00	1.00	43,858	16,511	60,369	1.00		1.00	43,858		43,858	1.00		1.00	43,858		43,858	43,858	131,574	16,511	148,085
WIC Nutrition Assistant - Local Vendor Liaison (1) (2)	3,8,10,15	1, 2, 3, 4, 5, 6	32,656	41,310	39,728	54,962	1.00	0.00	1.00	42,117	10,552	52,669	1.00		1.00	42,117		42,117	1.00		1.00	42,117		42,117	42,117	126,351	10,552	136,903
WIC Nutrition Assistant (1) (2)	1,3,6,8,9,10,15	1, 2, 3, 4, 5	36,068	43,867	43,867	55,215	1.00	0.00	1.00	45,947	7,111	53,058	1.00		1.00	45,947		45,947	1.00		1.00	45,947		45,947	45,947	137,841	7,111	144,952
WIC Nutrition Assistant (1) (2)	3,6,8,9,10,15	1, 2, 3, 4, 5	32,656	32,656	39,728	39,728	2.00	0.00	2.00	77,885	(5,825)	72,060	2.00		2.00	77,885		77,885	2.00		2.00	77,885		77,885	77,885	233,655	(5,825)	227,830
Breastfeeding Peer Counselor - Ukiah (1)	15,26	4, 8	30,389	30,389	36,941	36,941	0.50	-0.25	0.25	19,061	(6,631)	9,430	0.50		0.50	19,061		19,061	0.50		0.50	19,061		19,061	19,061	57,183	(6,631)	47,552
Breastfeeding Peer Counselor - Fort Bragg (1) (2)	15,26	4, 8	30,389	33,412	36,941	38,317	0.50	0.00	0.50	19,989	2,730	22,719	0.50		0.50	19,989		19,989	0.50		0.50	19,989		19,989	19,989	59,967	2,730	62,697
Breastfeeding Peer Counselor Coordinator (1)	1,15,26	4, 8	47,403	49,651	57,616	60,320	0.50	0.00	0.50	29,439	11,358	40,797	0.50		0.50	29,439		29,439	0.50		0.50	29,439		29,439	29,439	88,317	11,358	99,675
Receptionist (1)	1,4,6,8,9,17,18,20	4	26,936	26,936	32,718	32,718	1.00	-0.40	0.60	27,976	(9,739)	18,237	1.00		1.00	27,976		27,976	1.00		1.00	27,976		27,976	27,976	83,928	(9,739)	74,189
Overtime (2)																												
Salaries and Wages										483,464	46,335	529,799				483,464		483,464				483,464		483,464	483,464	1,450,392	46,335	1,496,727
Total FTE							10.15	-0.65	9.50				10.15	0.00	10.15				10.15	0.00	10.15							
																		</										

Year 1 Contract Amount	\$ 1,003,818	Year 2 Contract Amount	\$ 953,868	Year 3 Contract Amount	\$ 953,868
Year 1 Funding Changes	\$ 49,950	Year 2 Funding Changes	\$ -	Year 3 Funding Changes	\$ -
Year 1 Checks/Balances	\$ -	Year 2 Checks/Balances	\$ -	Year 3 Checks/Balances	\$ -

*All costs will be reviewed by CDPH for approval

(1) Bilingual - Positions that receive Bilingual pay will show a higher budgeted amount. Justification and back-up documentation will be kept on file.

(2) Additional Pay (Longevity, Retention, Differential and COLA) - Positions that receive these compensations will 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 items such as: Minor equipment (i.e., office furniture, IT equipment, anthropometric items, etc.), professional certifications, audit costs, vehicle maintenance, IT maintenance, program materials, office expenses (i.e., telephone services, printing, postage, supplies, etc.), etc.

(6) Travel - All costs reimbursed shall be in accordance with CalHR rates.

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

(8) Major Equipment - Unit cost must be \$5,000 or more. Refer to Exhibit D, Provision 1 for procurement rules.

(9) Equipment - Includes items such as: Telephone systems, information technology equipment, photocopy machines, etc.

(9) Vehicles - Will be used for Facility Site Visits, Conferences, Trainings, and Outreach.

(10) 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.

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

Total Facility Costs:							Year 1 Total	Year 1 Amended Total				Year 2 Total	Year 2 Amended Total				Year 3 Total	Year 3 Amended Total
\$ 25,572							\$ 9,336	\$ 6,900				\$ 9,336	\$ 9,336				\$ 9,336	\$ 9,336
Site Street Address, City, State & Zip Code	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	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	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	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
50 Branscomb Rd., laytonville, CA 95454	Satellite Clinic	200	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
1120 S. Dora St., Ukiah, CA 95482	Clinic, Admin	1000	662	(160)	502	7,944	6,024	662	-	662	7,944	7,944	662	-	662	7,944	7,944	
472 E. Valley St., Willits, CA 95490	Clinic	300	116	(43)	73	1,392	876	116	-	116	1,392	1,392	116	-	116	1,392	1,392	
39144 Ocean Dr., Gualala, CA 95445	Satellite Clinic	200	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
23925 Howard Steet, 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: [Signature]
JOHN HASCHAK, Chair
BOARD OF SUPERVISORS

Date: OCT 21 2020

ATTEST:

CARMEL J. ANGELO, Clerk of said Board

By: [Signature]
Deputy
OCT 21 2020

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: [Signature]
Deputy
OCT 21 2020

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