

STANDARD AGREEMENT - AMENDMENT

STD 213A (Rev. 4/2020)

☒ CHECK HERE IF ADDITIONAL PAGES ARE ATTACHED 1 PAGES

AGREEMENT NUMBER

17-94297

AMENDMENT NUMBER

A03

Purchasing Authority Number

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

CONTRACTING AGENCY NAME

Department of Health Care Services

CONTRACTOR NAME

County of Mendocino

2. The term of this Agreement is:

START DATE

July 1, 2017

THROUGH END DATE

June, 30, 2021

3. The maximum amount of this Agreement after this Amendment is:

\$400,000.00 (Four Hundred Thousand 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. The effective date of this amendment is the date approved by DHCS.

II. Purpose of amendment: This amendment implements a budgetary shift of funds from one line item to another in Year 4. The contract amount remains unchanged.

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

IV. Paragraph 4 (incorporated exhibits) on the face of the original STD 213 is amended to add the following revised Exhibit.

Exhibit B Attachment IV A1 - Budget (Year 4)

1 Page

All references to Exhibit B Attachment IV - Budget (Year 4) in any exhibit incorporated into this agreement shall hereinafter be deemed to read Exhibit B Attachment IV A1 - Budget (Year 4). Exhibit B Attachment IV - Budget (Year 4) is hereby replaced in its entirety by the attached revised exhibit.

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

501 Low Gap Road

CITY

Ukiah

STATE

CA

ZIP

95482

PRINTED NAME OF PERSON SIGNING

Jenine Miller

TITLE

Assistant HHSA Director

CONTRACTOR AUTHORIZED SIGNATURE

DocuSigned by:

Jenine Miller

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DATE SIGNED

May 10, 2021

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Purchasing Authority Number

STATE OF CALIFORNIA

CONTRACTING AGENCY NAME

Department of Health Care Services

CONTRACTING AGENCY ADDRESS

1501 Capitol Avenue, MS 4200

CITY

Sacramento

STATE

CA

ZIP

95814

PRINTED NAME OF PERSON SIGNING

Carrie Talbot

TITLE

SSMI, Chief, Contracts Services Secti

CONTRACTING AGENCY AUTHORIZED SIGNATURE

DocuSigned by:

Carrie Talbot

DATE SIGNED

May 25, 2021

CALIFORNIA DEPARTMENT OF GENERAL SERVICES APPROVAL

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EXEMPTION (If Applicable)



Exhibit B Attachment IV A1
 Budget Year 4
 (July 1, 2020 through June 30, 2021)

Personnel

Position Title	# of Staff	Annual Salary	FTE %	Annual Cost
Program Specialist I <u>Sr. Program Specialist</u>	1	\$49,254 \$63,856	50%	\$ 24,627 <u>31,928</u>
Staff Assistant III	4	\$37,440	17%	\$ 6,365 <u>30,992</u>
Total Salary				\$ 31,928
Fringe Benefits (67.70% 74.88%)				\$ 20,984
				<u>23,908</u>
Total Personnel				\$ 51,973 <u>55,836</u>

Operating Expenses

Communications
 Supplies
 Printing Supplies

Total Operating Expenses \$ 960 500

Travel (at CalHR reimbursement rates)

Learning Community- Sacramento- Travel costs to attend trainings and meetings
 Travel for 3 people (Travel expenses may include county staff, coalition and community members)
 Local Travel

Total Travel Expenses \$ 1,982 0

Sub-contracts

Mendocino County Youth Project—\$24,970
 Mendocino Office of Education—\$5,000
Pinoleville Pomo Nation \$13,999
Round Valley Indian Health Center Family Resource Center \$13,999
Evaluation – Charlie Selzer \$2,000

Total Subcontracts \$ 29,970 29,998

Other Costs

Public Awareness Materials
 Media Campaign Support (posters, flyers, brochures, promotions) \$2,620
Lock Bags \$2,671

Total Other Costs \$ 2,122 5,291

Indirect Costs (25% 15% of Total Personnel)

Indirect Costs \$ 12,993 8,375

Annual Budget Total \$ 100,000

IN WITNESS WHEREOF

DEPARTMENT FISCAL REVIEW:

By: [Signature]
Jerrine Miller, Psy.D., HHSA Assistant Director

Date: 7/15/21

Budgeted: ☒ Yes ☐ No

Budget Unit: 4010

Line Item: 82-7801

Org/Object Code: PHPFS

Grant: 1 Yes ☐ No

Grant No.: 17-94297 DHCS

COUNTY OF MENDOCINO

By: [Signature]
DAN GJERDE, Chair
BOARD OF SUPERVISORS

Date: AUG 04 2021

ATTEST:

CARMEL J. ANGELO, Clerk of said Board

By: [Signature]
Deputy AUG 04 2021

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 AUG 04 2021

INSURANCE REVIEW:

By: [Signature]
Risk Management

Date: 07/06/2021

CONTRACTOR/COMPANY NAME

By: See page 2 of STD 213
Carrie Talbot, SSMI, Chief, Contracts
Services Section

Date: _____

NAME AND ADDRESS OF CONTRACTOR:

Department of Health Care Services
1501 Capitol Ave. MS 4200
Sacramento, CA 95814

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: 07/06/2021

EXECUTIVE OFFICE/FISCAL REVIEW:

By: [Signature]
Deputy CEO

Date: 07/06/2021

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: _____