

STD 213A (Rev. 4/2020)

AGREEMENT NUMBER  
22-10287

AMENDMENT NUMBER  
A03

Purchasing Authority Number

CHECK HERE IF ADDITIONAL PAGES ARE ATTACHED 1 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 Santa Barbara

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:

\$ 15,291,386.00 Fifteen Million Two Hundred Ninety-One Thousand Three Hundred Eighty-Six 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:

1. This amendment increases the contract by \$398,102.00, changing the total amount to read \$15,291,386.00, to better support the Contractor's needs, and is shifting funds in fiscal year 2 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 Santa Barbara

CONTRACTOR BUSINESS ADDRESS

300 N San Antonio Rd

CITY

Santa Barbara

STATE

CA

ZIP

93110

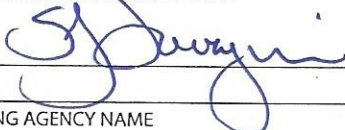
PRINTED NAME OF PERSON SIGNING

Steve Lavagnino

TITLE

Chair, Board of Supervisors

CONTRACTOR AUTHORIZED SIGNATURE



DATE SIGNED

6-4-24

**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

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 Santa Barbara
Paul Smith, Contract Manager Telephone: 916-928-8671 E-mail: paul.smith@cdph.ca.gov	Mouhanad Hammami, Director Department of Public Health Telephone: 805-681-5115 E-mail: MHammmami@countyofsb.org MHammmami@sbcphd.org

B. Direct all inquiries to:

California Department of Public Health	County of Santa Barbara
CDPH/WIC Division Attention: Paul Smith, Contract Manager Local Services Branch 3901 Lennane Drive Sacramento, CA 95834  Telephone: 916-928-8671 E-mail: paul.smith@cdph.ca.gov	Attention: Susan Liles, Director Nutrition Services/WIC, MS RD CLEC 315 Camino Del Remedio Santa Barbara, CA 93110  Telephone: 805-681-5279 E-mail: sliles@sbcphd.org

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

Remittance Address
Federal ID #: <del>95-600283</del> <b>95-6002833</b>
FI\$CAL ID #:
Contractor: County of Santa Barbara
Attention: Accounts Receivable
Address: 300 N. San Antonio Road, Santa Barbara, CA 93110- <b>93117</b>
Contract Number: 22-10287 A02 <b>A03</b>
Email: abermond@sbcphd.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: 17,620
  2. Year 2 participant monthly caseload: ~~17,620~~ **18,290**
  3. Year 3 participant monthly caseload: ~~17,620~~ **18,290**

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:

~~\$ 14,893,284.00~~ **\$ 15,291,386.00** 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.

