

STANDARD AGREEMENT - AMENDMENT

STD 213A (Rev. 10/2019)

 CHECK HERE IF ADDITIONAL PAGES ARE ATTACHED 1 PAGES

AGREEMENT NUMBER

19-10186

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 Santa Barbara

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:

\$11,671,527.00 Eleven Million Six Hundred Seventy-One Thousand Five Hundred Twenty-Seven 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 \$95,394.00, changing the total amount to read \$11,671,527.00, 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 and WIC MIS & Database Support.

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

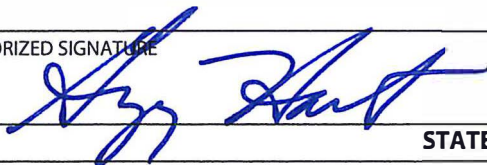
PRINTED NAME OF PERSON SIGNING

Gregg Hart

TITLE

Board of Supervisors Chair

CONTRACTOR AUTHORIZED SIGNATURE



DATE SIGNED

9/22/20

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

09/28/2020

CALIFORNIA DEPARTMENT OF GENERAL SERVICES APPROVAL



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: **\$11,671,527.00.**

1) ~~\$11,576,133.00 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

Personnel	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	Year 1 10/1/2019 - 9/30/2020			Year 2 10/1/2020 - 9/30/2021			Year 3 10/1/2021 - 9/30/2022			Total	Total Budget Adj.	Amended Total									
							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
							Percent	Amended Percent	Budgeted Amount	Budget Adj.	Amended Budgeted Amount	Percent	Amended Percent	Budgeted Amount	Budget Adj.				Amended Budgeted Amount	Percent	Amended Percent	Budgeted Amount	Budget Adj.	Amended Budgeted Amount	Total	Total Budget Adj.	Amended Total
WIC Director	1-18, 20-22	1-8	94,405	137,977			0.85	-0.15	0.70	89,421	(15,790)	73,641	0.85		0.85	89,421		89,421	268,263	(15,790)	252,483						
WIC Program Supervisor (1)	1-9	1-7	77,658	93,442			3.50		3.50	292,941		292,941	3.50		3.50	292,941		292,941	878,823	-	878,823						
Breastfeeding Coordinator (1)	1-12, 15, 17, 18	1-5.8	77,658	93,442			0.65	0.65	0.65	60,737		60,737	0.65		0.65	60,737		60,737	182,211	-	182,211						
Registered Dietitian (1)	4,5,7,8	1-7	68,539	82,314			3.00	0.13	3.13	216,690	9,029	225,719	3.00		3.00	216,690		216,690	650,070	9,029	659,099						
Regional Breastfeeding Liaison (1)	15	9	56,068	68,449			0.40		0.40	27,380		27,380	0.40		0.40	27,380		27,380	82,140	-	82,140						
Degreed Nutritionist (1)	4,5,7,8	1-7	62,261	74,640			2.00		2.00	130,748		130,748	2.00		2.00	130,748		130,748	392,244	-	392,244						
Administrative Assistant (1)	9,18	3,5,7	50,901	61,583			0.75	0.13	0.88	46,187	7,698	53,885	0.75		0.75	46,187		46,187	138,561	7,698	146,259						
WIC Nutrition Assistant, Senior (1)	6,8	1-7	47,344	56,436			4.00		4.00	214,457		214,457	4.00		4.00	214,457		214,457	643,371	-	643,371						
WIC Nutrition Assistant (1)	6,8	1-7	44,191	52,585			16.75		16.75	818,796		818,796	16.75		16.75	818,796		818,796	2,456,388	-	2,456,388						
										0.00		0.00				0.00		0.00	-	-	-						
										0.00		0.00				0.00		0.00	-	-	-						
										0.00		0.00				0.00		0.00	-	-	-						
Overtime (1)																			-	-	-						
Salaries and Wages										1,897,357	947	1,898,304				1,897,357		1,897,357	5,692,071	947	5,693,018						
Total FTE							31.90	0.10	32.00				31.90	0.00	31.90												
Pringe Benefits (1)																											
							55.0000%		57.5000%	1,043,546	47,978	1,091,524	55.0000%		55.0000%	1,043,546		1,043,546	3,139,638	47,978	3,178,616						
Total Personnel										2,940,903		2,989,828				2,940,903		2,940,903	8,822,709	48,925	8,871,634						
Operating Expenses																											
General Expenses (1)	6,17,18,19	1-9								167,889	35,083	202,972				167,889		167,889	503,667	35,083	538,750						
Travel (2)	8	1-9								10,500		10,500				11,500		11,500	34,500		34,500						
Training	4, 5, 7, 17	1-9								10,000	(6,500)	3,500				9,000		9,000	27,000	(6,500)	20,500						
Outreach/Media/Promotion	17	1-9																									
Facility Costs (See Exhibit B, Attach II for breakdown) (3)	11	1-9								76,980	7,032	84,012				76,980		76,980	230,940	7,032	237,972						
Total Operating Expenses										265,369	35,615	300,984				265,369		265,369	796,107	35,615	831,722						
Major Equipment (4) (Unit Cost of \$5,000 or More)																											
Equipment (5)	6,17,18,20,21	1-9																									
Vehicles (6)	8,17,18,19	1-9																									
Total Major Equipment																											
Subcontracts (7)																											
Total Subcontracts																											
Indirect Costs																											
Total Personnel Costs										22.1850%		22.1850%				22.1850%		22.1850%	1,957,317	10,854	1,968,171						
Total Indirect Costs										652,439	10,854	663,293				652,439		652,439	1,968,171	10,854	1,968,171						
Total Budget										\$ 3,858,711	\$ 95,394	\$ 3,954,105				\$ 3,858,711		\$ 3,858,711	\$ 11,676,133	\$ 95,394	\$ 11,671,527						

*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 CPHIR 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.

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

(11) Subcontractors - List the subcontractor's name and short list of services provided.

Year 1 Contract Amount \$ 3,954,105
Year 1 Funding Changes \$ 95,394
Year 1 Checks/Balances \$ -

Year 2 Contract Amount \$ 3,858,711
Year 2 Funding Changes \$ -
Year 2 Checks/Balances \$ -

Year 3 Contract Amount \$ 3,858,711
Year 3 Funding Changes \$ -
Year 3 Checks/Balances \$ -

**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
							\$ 76,980	\$ 84,012				\$ 76,980	\$ 76,980				\$ 76,980	\$ 76,980
Total Facility Costs:																		
\$ 237,972																		
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	
301 N. R Street, Lompoc, CA 93436	Clinic Site	1356	50	-	50	600	600	50	-	50	600	600	50	-	50	600	600	
5201 8th Street Carpinteria, Suite 314, CA 93013	Satellite Site	885	507	15	522	6,084	6,264	507	-	507	6,084	6,084	507	-	507	6,084	6,084	
4681 11th Street, Guadalupe, CA 93434	Satellite Site	500	131	44	175	1,572	2,100	131	-	131	1,572	1,572	131	-	131	1,572	1,572	
315 Camino del Remedio, Santa Barbara, CA 93110	Clinic Site	2220	343	20	363	4,116	4,356	343	-	343	4,116	4,116	343	-	343	4,116	4,116	
2125 S. Centerpointe Parkway #302, Santa Maria, CA 93455	Clinic Site	4407	50	-	50	600	600	50	-	50	600	600	50	-	50	600	600	
545 N. Alisal Road, Solvang, CA 93436	Satellite Site	900	452	11	463	5,424	5,556	452	-	452	5,424	5,424	452	-	452	5,424	5,424	
203 E. Fesler, Santa Maria, CA 93454	Clinic Site	2500	4,582	446	5,028	54,984	60,336	4,582	-	4,582	54,984	54,984	4,582	-	4,582	54,984	54,984	
1136 E. Montecito St, Santa Barbara, CA 93103	Satellite Site	1761	250	-	250	3,000	3,000	250	-	250	3,000	3,000	250	-	250	3,000	3,000	
345 Camino del Remedio, Santa Barbara, CA 93110	Administration	178	50	50	100	600	1,200	50	-	50	600	600	50	-	50	600	600	