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Agreement Number 08-85469	Amendment Number A01
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 Santa Barbara County Public Health Department	(Also referred to as Contractor)
2. The term of this Agreement is: October 1, 2008 through September 30, 2011
3. The maximum amount of this Agreement after this amendment is: \$ 9,874,000
Nine Million Eight Hundred Seventy-Four 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. **Amendment effective date:** March 1, 2009
- II. **Purpose of amendment:** This amendment reflects an increase in the maximum amount resulting from a change in available program funding and alters applicable contract provisions affected by the funding change.
- 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 text (i.e., ~~Strike~~).
- IV. Provision 3 (maximum amount) on the face of the original Standard Agreement (STD 213) is increased by **\$169,000** and is amended to read: ~~-\$9,705,000 (Nine Million Seven Hundred Five Thousand Dollars)~~ **\$9,874,000 (Nine Million Eight Hundred Seventy-Four Thousand Dollars)**.

(Continued on next page)

All other terms and conditions shall remain the same.

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

CONTRACTOR		CALIFORNIA Department of General Services Use Only
Contractor's Name (If other than an individual, state whether a corporation, partnership, etc.) Santa Barbara County Public Health Department		
By (Authorized Signature) 	Date Signed (Do not type)	
Printed Name and Title of Person Signing Elliot Schulman, M.D., M.P.H., Director Public Health Department		
Address 300 North San Antonio Road Santa Barbara, CA 93110		
STATE OF CALIFORNIA		
Agency Name California Department of Public Health		<input checked="" type="checkbox"/> Exempt per: 99.7KA1
By (Authorized Signature) 	Date Signed (Do not type)	
Printed Name and Title of Person Signing Sandra Winters, Chief, Contracts and Purchasing Services Section		
Address 1501 Capitol Avenue, Suite 71.5178, MS 1802, P.O. Box 997377, Sacramento, CA 95899-7377		

- V. Paragraph 4 (incorporated exhibits) on the face of the original Standard Agreement (STD 213) is amended to add the following revised budget exhibits:

Exhibit B, Attachment I A1 – Budget (Year 1)

1 page

All references to Exhibit B, Attachment I in any exhibit incorporated into this agreement shall hereinafter be deemed to read Exhibit B, Attachment I A1 which is replaced in its entirety by the attached revised budget exhibit.

- VI. Provision 4 entitled, Amounts Payable of Exhibit B entitled “Budget Detail and Payment Provisions” is amended to read:

4. Amounts Payable

- A. The amounts payable under this Agreement shall not exceed:

- 1) ~~\$2,773,000~~ **\$2,942,000** for the budget period of 10/01/08 through 09/30/09.
- 2) \$3,224,000 for the budget period of 10/01/09 through 09/30/10.
- 3) \$3,708,000 for the budget period of 10/01/10 through 09/30/11.

- B. Reimbursement shall be made for allowable expenses up to the amount annually encumbered commensurate with the state fiscal year in which services are performed and/or goods are received.

- C. The Contractor must maintain records reflecting actual expenditures for each state fiscal year covered by the term of this Agreement. These documents must be retained for three years following the final payment under this Agreement. The State may periodically request documentation for expenditures to verify that the cost is allowable and necessary.

- VII. All other terms and conditions shall remain the same.

**Exhibit B, Attachment I A1
Budget
Year 1
10/01/08 through 09/30/09**

<u>Budget Line-Item</u>	<u>Current Total</u>	<u>This Amendment</u>	<u>Revised Total</u>
1. Personnel*	\$ <u>2,374,075</u>	\$ <u>33,000</u>	\$ <u>2,407,075</u>
2. Operating Expenses	\$ <u>225,635</u>	\$ <u>135,000</u>	\$ <u>360,635</u>
3. Capital Expenditures	\$ <u>-</u>	\$ <u>-</u>	\$ <u>-</u>
4. Other Costs	\$ <u>-</u>	\$ <u>-</u>	\$ <u>-</u>
5. Indirect Costs **	\$ <u>173,290</u>	\$ <u>1,000</u>	\$ <u>174,290</u>
Total Per Column	\$ <u><u>2,773,000</u></u>	\$ <u><u>169,000</u></u>	\$ <u><u>2,942,000</u></u>

*Revised Total" of Salaries & Wages	\$	<u>1742902</u>
"Revised Total" of Fringe Benefits	\$	<u>664173</u>
The total of these two lines must equal the "Revised Total" for the "Personnel" line item.		

** Maximum 10% of "Total Salaries & Wages", excluding "Total Fringe Benefits".
Do not round up when determining "Indirect Costs" amount.