

STANDARD AGREEMENT - AMENDMENT

STD 213A (Rev. 4/2020)

<input checked="" type="checkbox"/> CHECK HERE IF ADDITIONAL PAGES ARE ATTACHED <u>1</u> PAGES	AGREEMENT NUMBER	AMENDMENT NUMBER	Purchasing Authority Number
	22-10287	A03	

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

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 #: 95-600283 95-6002833
FI\$CAL ID #:
Contractor: County of Santa Barbara
Attention: Accounts Receivable
Address: 300 N. San Antonio Road, Santa Barbara, CA 93110 93117
Contract Number: 22-10287 A02 A03
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: ~~47,620~~ **18,290**
 3. Year 3 participant monthly caseload: ~~47,620~~ **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.

Exhibit B, Attachment I
Budget Detail
October 1, 2022 - September 30, 2025

PERSONNEL	Exhibit A, SOW #	Exhibit A, Attach I	Year 1 10/01/2022 - 09/30/2023			Year 2 10/01/2023 - 09/30/2024			Year 3 10/01/2024 - 09/30/2025			Total Budget Adj.	Total	Amended Total
			FTE	Amended FTE	Budgeted Amount	FTE	Amended FTE	Budgeted Amount	FTE	Amended FTE	Budgeted Amount			
MC Personnel Title	45.0, A	17	2.00	2.00	132,173	2.00	2.00	142,056	2.00	142,056	44,285	44,285	44,285	
Deputy Nutritionist (D)	80.000		1.00	1.00	77,872	1.00	1.00	80,818	1.00	80,818	22,946	22,946		
MC Nutritionist (M)	80.000		1.00	1.00	77,872	1.00	1.00	80,818	1.00	80,818	22,946	22,946		
MC Nutritionist (M)	80.000		1.00	1.00	77,872	1.00	1.00	80,818	1.00	80,818	22,946	22,946		
MC Nutrition Site Supervisor (D)	80.000		1.00	1.00	77,872	1.00	1.00	80,818	1.00	80,818	22,946	22,946		
Registration Dietitian (D)	80.000		1.00	1.00	77,872	1.00	1.00	80,818	1.00	80,818	22,946	22,946		
Administrative Assistant (D)	80.000		1.00	1.00	77,872	1.00	1.00	80,818	1.00	80,818	22,946	22,946		
MC Director (D)	143.000		2.75	2.75	49,300	2.75	2.75	51,331	2.75	51,331	14,731	14,731		
MC Assistant Director (D)	143.000		2.75	2.75	49,300	2.75	2.75	51,331	2.75	51,331	14,731	14,731		
MC Dietician (D)	143.000		2.75	2.75	49,300	2.75	2.75	51,331	2.75	51,331	14,731	14,731		
MC Nutrition Educator/Coordinator (D)	143.000		2.75	2.75	49,300	2.75	2.75	51,331	2.75	51,331	14,731	14,731		
Overseer (O)														
Salaries and Wages			19.87	19.87	2,322,663	19.87	19.87	2,455,683	19.87	2,455,683	133,020	133,020	133,020	
Total FTE			33.32	33.32	4,538,788	33.32	33.32	4,671,708	33.32	4,671,708	233,040	233,040	233,040	
Fringe Benefits (F)					520,000			520,000		520,000	520,000	520,000	520,000	
Total Personnel (Total)					5,058,788			5,191,708		5,191,708	753,040	753,040	753,040	
Total In-kind for Personnel (I)					312,813			312,813		312,813	312,813	312,813	312,813	
Total Personnel (Total + In-kind)					5,371,601			5,504,521		5,504,521	1,065,853	1,065,853	1,065,853	
OPERATING														
General Expenses (G)	57.0, B, 24, 26, 1-19				150,387			150,387		150,387	150,387	150,387	150,387	
Travel (G)	15.0				11,244			11,244		11,244	11,244	11,244	11,244	
Printing (G)	55.0, 17, 23, 25				5,500			5,500		5,500	5,500	5,500	5,500	
MC Costs (Total Exhibit B, Attach I for In-kind) (D)	11.23				86,976			86,976		86,976	86,976	86,976	86,976	
Total Operating (Total)					253,107			253,107		253,107	253,107	253,107	253,107	
CAPITAL EXPENDITURES (C) (Unit Cost of \$5,000 or More)														
Equipment (E)	8.0, 10, 20, 21				72,000			72,000		72,000	72,000	72,000	72,000	
Total Capital Expenditures (Total)					72,000			72,000		72,000	72,000	72,000	72,000	
OTHER COSTS (O)														
Contract Services (S)	16.9				77,000			77,000		77,000	77,000	77,000	77,000	
State Reimbursement (R)	15.15				894,712			894,712		894,712	894,712	894,712	894,712	
Total Other Costs (Total)					971,712			971,712		971,712	971,712	971,712	971,712	
TOTAL BUDGET (Total Personnel + Operating + Capital Expenditures + Other Costs)					6,365,901			6,528,241		6,528,241	1,312,605	1,312,605	1,312,605	
Total In-kind for All Budget Line Items (I)					312,813			312,813		312,813	312,813	312,813	312,813	

*All costs will be reviewed by CDPI for approval.
 (1) Hospital - Positions that receive Biweekly pay have a higher budgeted amount. Justification and back-up documentation will be kept on file.
 (2) Oversee - Budget justification amount does not include non-reimbursable. Justification will be kept on file.
 (3) Fringe Benefits - Justification and back-up documentation will be kept on file for any fringe benefit rate that exceeds 5%.
 (4) Contract Expenses - Includes minor equipment (i.e., office furniture, IT equipment, anthropometric (mens) professional certifications, audit tools, vehicle maintenance, IT maintenance, program materials, office supplies, etc.
 (5) Travel - All costs reimbursed that are accurate with California rates.
 (6) Capital - All costs include depreciation, security, maintenance, and other costs.
 (7) Equipment - Includes telephone systems, information technology equipment, photocopier machines, etc.
 (8) Vehicles - Will be used for field site visits, conferences, trainings, and outreach.
 (9) Other Costs - List the subcontractors names and total description of services awarded.
 (10) Contract - Fund provided by your parent agency to cover WIC program costs that fall outside of the WIC Budget.

Contract Year:	Year 1	Year 2	Year 3
Contract Amount:	5,058,788	5,191,708	5,371,601
Fringe Benefits:	520,000	520,000	520,000
Other Costs:	971,712	971,712	971,712
Total:	6,550,500	6,683,420	6,863,313