

**STANDARD AGREEMENT - AMENDMENT**

STD 213A (Rev. 4/2020)

CHECK HERE IF ADDITIONAL PAGES ARE ATTACHED 2 PAGES

AGREEMENT NUMBER 19-10186	AMENDMENT NUMBER A02	Purchasing Authority Number
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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, 2019

THROUGH END DATE

September 30, 2022

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

\$11,961,249.00 Eleven Million Nine Hundred Sixty-One Thousand Two Hundred Forty-Nine 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 \$289,722.00, changing the total amount to read \$11,961,249.00, to better support the Contractor's needs, and is shifting funds in fiscal years 2 and 3 in order to accommodate anticipated expenses for the H.R. 6201 - Families First Coronavirus Response Act. 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

511 East Lakeside Pkwy, Suite 47

CITY

Santa Maria

STATE

CA

ZIP

93455

PRINTED NAME OF PERSON SIGNING

Bob Nelson

TITLE

Chair, Board of Supervisors

CONTRACTOR AUTHORIZED SIGNATURE



DATE SIGNED

5/11/2021

**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

6/2/21

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 A, Scope of Work, Provision 4. as follows:

**4. Project Representatives**

A. The project representatives during the term of this agreement will be:

<b>California Department of Public Health</b>	<b>County of Santa Barbara</b>
<del>Vicki Ortega</del> <b><u>John Romeo</u></b> , Contract Manager Telephone: <del>(916) 928-8506</del> <b><u>(916) 928-8862</u></b> Fax: (916) 263-3314 E-mail: <del>vicki.ortega@cdph.ca.gov</del> <b><u>john.romeo@cdph.ca.gov</u></b>	Van Do-Reynoso Public Health Director, MPH, PhD Telephone: (805) 681-5105 Fax: (805) 681-5191 E-mail: Van.Do-Reynoso@sbcphd.org

B. Direct all inquiries to:

<b>California Department of Public Health</b>	<b>County of Santa Barbara</b>
CDPH WIC Division Attention: <del>Vicki Ortega</del> <b><u>John Romeo</u></b> , Contract Manager Local Services Branch 3901 Lennane Drive Sacramento, CA 95834  Telephone: <del>(916) 928-8506</del> <b><u>(916) 928-8862</u></b> Fax: (916) 263-3314 E-mail: <del>vicki.ortega@cdph.ca.gov</del> <b><u>john.romeo@cdph.ca.gov</u></b>	Attention: Susan Liles Director Nutrition Services 315 Camino Del Remedio Santa Barbara, CA 93110  Telephone: (805) 681-5279 Fax: (805) 681-4755 E-mail: susan.liles@sbcphd.org

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

Remittance Address
Federal ID# 95-6002833
FI\$CAL ID #
Contractor: County of Santa Barbara
Attention: "Cashier"
300 N. San Antonio Road Santa Barbara, CA 93110
Contract Number: 19-10186 <b><u>A02</u></b>
Email : suzanne.jacobson@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.

IV. Revised Exhibit B, Budget Detail and Payment Provisions, Provision 1.E. as follows:

E. Amounts Payable

The amounts payable under this agreement shall not exceed: ~~\$11,671,527.00~~ **\$11,961,249.00**.

**Exhibit B, Attachment I  
Budget Detail Worksheet  
October 1, 2019 - September 30, 2022**

Personnel	WIC Position Title	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		Year 2			Year 3			Total	Total Budget Adj.	Amended Total							
								10/1/2019 - 9/30/2020		10/1/2020 - 9/30/2021			10/1/2021 - 9/30/2022												
								Amended FTE	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	
	WIC Director	1-18, 20-22	1-8	94,405	99,180	137,977	144,960	0.70	73,641	0.85		0.85	89,421	894	90,315	0.85	89,421	1,788	91,209	252,483	2,682	255,165			
	WIC Program Supervisor (1)	1-9	1-7	77,658	81,576	93,442	98,160	3.50	292,941	3.50		3.50	292,941	2,929	295,870	3.50	292,941	5,859	298,800	878,823	8,788	887,611			
	Breastfeeding Coordinator (1)	1-12,15,17,18	1-5,8	77,658	81,576	93,442	98,160	0.65	60,737	0.65		0.65	60,737	607	61,344	0.65	60,737	1,215	61,952	182,211	1,822	184,033			
	Registered Dietitian (1)	4,5,7,8	1-7	68,539	72,000	82,314	86,472	3.13	225,719	3.00		3.00	216,690	2,167	218,857	3.00	216,690	4,334	221,024	659,099	6,501	665,600			
	Regional Breastfeeding Liaison (1)	15	9	56,068		68,449		0.40	27,380	0.40		0.40	27,380	274	27,654	0.40	27,380	548	27,928	82,140	822	82,962			
	Degreed Nutritionist (1)	4,5,7,8	1-7	62,261	65,412	74,640	78,408	2.00	130,748	2.00		2.00	130,748	1,307	132,055	2.00	130,748	2,615	133,363	392,244	3,922	396,166			
	Administrative Assistant (1)	9,18	3,5,7	50,901	53,472	61,583	64,692	0.88	53,885	0.75		0.75	46,187	462	46,649	0.75	46,187	924	47,111	146,259	1,386	147,645			
	WIC Nutrition Assistant, Senior (1)	6,8	1-7	47,344	49,740	56,436	59,292	4.00	214,457	4.00		4.00	214,457	2,145	216,602	4.00	214,457	4,289	218,746	643,371	6,434	649,805			
	WIC Nutrition Assistant (1)	6,8	1-7	44,191	46,416	52,585	55,248	16.75	818,796	16.75		16.75	818,796	8,188	826,984	16.75	818,796	16,376	835,172	2,456,388	24,564	2,480,952			
	Health Educator	14, 15	4, 5, 7		60,168		73,452	0.00	-		0.50	0.50	30,686	30,686			0.25	0.25	15,042	15,042	-	45,728	45,728		
								0.00	-			0.00	-	-	-				0.00	-	-	-	-		
								0.00	-			0.00	-	-	-				0.00	-	-	-	-		
	Overtime (3)								-			8,000	8,000							-	-	-	8,000		
	Salaries and Wages								1,898,304			1,897,357	57,659	1,955,016					1,897,357	52,990	1,950,347	5,693,018	110,649	5,803,667	
	<b>Total FTE</b>							<b>32.00</b>		<b>31.90</b>	<b>0.50</b>	<b>32.40</b>				<b>31.90</b>	<b>0.25</b>	<b>32.15</b>							
	<b>Fringe Benefits (4)</b>							<b>Amended Percent</b>	<b>Amended Budgeted Amount</b>	<b>Percent</b>		<b>Amended Percent</b>	<b>Budgeted Amount</b>	<b>Budget Adj.</b>	<b>Amended Budgeted Amount</b>	<b>Percent</b>		<b>Amended Percent</b>	<b>Budgeted Amount</b>	<b>Budget Adj.</b>	<b>Amended Budgeted Amount</b>	<b>Total</b>	<b>Total Budget Adj.</b>	<b>Amended Total</b>	
	<b>Total Personnel</b>							57.5000%	1,091,524	55.0000%		56.3000%	1,043,546	57,128	1,100,674	55.0000%		56.0000%	1,043,546	48,648	1,092,194	3,178,616	105,776	3,284,392	
									2,989,828				2,940,903		3,055,690				2,940,903		3,042,541	8,871,634	216,425	9,088,059	
	<b>Operating Expenses</b>								<b>Amended Budgeted Amount</b>				<b>Budgeted Amount</b>	<b>Budget Adj.</b>	<b>Amended Budgeted Amount</b>				<b>Budgeted Amount</b>	<b>Budget Adj.</b>	<b>Amended Budgeted Amount</b>	<b>Total</b>	<b>Total Budget Adj.</b>	<b>Amended Total</b>	
	General Expenses (5)	6, 17,18,19	1-9						202,972				167,889	92,461	260,350				167,889	12,595	180,484	538,750	105,056	643,806	
	Travel (6)	8	1-9						10,600				11,500	(8,000)	3,500				12,500		12,500	34,500	(8,000)	26,500	
	Training	4, 5, 7, 17	1-9						3,500				9,000	(5,500)	3,500				8,000		8,000	20,500	(5,500)	15,000	
	Outreach/Media/Promotion	17	1-9						-				-	-	-				-		-	-	-	-	
	Facility Costs (See Exhibit B, Attach II for breakdown) (7)	11	1-9						84,012				76,980	6,900	83,880				76,980	6,600	83,580	237,972	13,500	251,472	
	<b>Total Operating Expenses</b>								300,984				265,369	85,861	351,230				265,369	19,195	284,564	831,722	105,056	936,778	
	<b>Major Equipment (8) (Unit Cost of \$5,000 or More)</b>								<b>Amended Budgeted Amount</b>				<b>Budgeted Amount</b>	<b>Budget Adj.</b>	<b>Amended Budgeted Amount</b>				<b>Budgeted Amount</b>	<b>Budget Adj.</b>	<b>Amended Budgeted Amount</b>	<b>Total</b>	<b>Total Budget Adj.</b>	<b>Amended Total</b>	
	Equipment (9)	6,17,18, 20, 21	1-9						-				-	-	-				-	-	-	-	-	-	
	Vehicles (10)	8, 17,18,19	1-9						-				-	-	-				-	-	-	-	-	-	
	<b>Total Major Equipment</b>								-				-	-	-				-	-	-	-	-	-	
	<b>Subcontracts (11)</b>								<b>Amended Budgeted Amount</b>				<b>Budgeted Amount</b>	<b>Budget Adj.</b>	<b>Amended Budgeted Amount</b>				<b>Budgeted Amount</b>	<b>Budget Adj.</b>	<b>Amended Budgeted Amount</b>	<b>Total</b>	<b>Total Budget Adj.</b>	<b>Amended Total</b>	
									-				-	-	-				-	-	-	-	-	-	
	<b>Total Subcontracts</b>								-				-	-	-				-	-	-	-	-	-	
	<b>Indirect Costs</b>								<b>Amended Percent</b>	<b>Amended Budgeted Amount</b>	<b>Percent</b>		<b>Amended Percent</b>	<b>Budgeted Amount</b>	<b>Budget Adj.</b>	<b>Amended Budgeted Amount</b>	<b>Percent</b>		<b>Amended Percent</b>	<b>Budgeted Amount</b>	<b>Budget Adj.</b>	<b>Amended Budgeted Amount</b>	<b>Total</b>	<b>Total Budget Adj.</b>	<b>Amended Total</b>
	Total Personnel Costs							22.1850%	663,293	22.1850%		21.0480%	652,439	(9,278)	643,161	22.1850%		20.7050%	652,439	(22,481)	629,958	1,968,171	(31,759)	1,936,412	
	<b>Total Indirect Costs</b>								663,293				652,439	(9,278)	643,161				652,439	(22,481)	629,958	1,968,171	(31,759)	1,936,412	
	<b>Total Budget</b>								\$ 3,954,105				\$ 3,858,711	\$ 191,370	\$ 4,050,081				\$ 3,858,711	\$ 98,352	\$ 3,957,063	\$ 11,671,527	\$ 289,722	\$ 11,961,249	

Year 1 Contract Amount	\$ 3,954,105	Year 2 Contract Amount	\$ 4,050,081	Year 3 Contract Amount	\$ 3,957,063
Year 1 Funding Changes	\$ -	Year 2 Funding Changes	\$ 191,370	Year 3 Funding Changes	\$ 98,352
Year 1 Checks/Balances	\$ -	Year 2 Checks/Balances	\$ -	Year 3 Checks/Balances	\$ -

\*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 CalHR 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.

**Exhibit B, Attachment II  
Facility Cost Worksheet  
OCTOBER 1, 2019 - SEPTEMBER 30, 2022**

Total Facility Costs:					Year 1 Amended Total				Year 2 Total	Year 2 Amended Total				Year 3 Total	Year 3 Amended Total
\$ 251,472					\$ 84,012				\$ 76,980	\$ 83,880				\$ 76,980	\$ 83,580
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	Amended Total Cost of Site Per Month	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	600	50	-	50	600	600	50	-	50	600	600	
5201 8th Street Carpinteria, Suite 314, CA 93013	Satellite Site	885	522	6,264	507	-	507	6,084	6,084	507	-	507	6,084	6,084	
4681 11th Street, Guadalupe, CA 93434	Satellite Site	500	175	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	363	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	600	50	-	50	600	600	50	-	50	600	600	
545 N. Alisal Road, Solvang, CA 93436	Satellite Site	900	463	5,556	452	-	452	5,424	5,424	452	-	452	5,424	5,424	
203 E. Fesler, Santa Maria, CA 93454	Clinic Site	2500	5,028	60,336	4,582	575	5,157	54,984	61,884	4,582	550	5,132	54,984	61,584	
1136 E. Montecito St, Santa Barbara, CA 93103	Satellite Site	1761	250	3,000	250	-	250	3,000	3,000	250	-	250	3,000	3,000	
345 Camino del Remedio, Santa Barbara, CA 93110	Administration	178	100	1,200	50	-	50	600	600	50	-	50	600	600	