

**STANDARD AGREEMENT AMENDMENT**

STD. 213A\_DHCS (Rev. 01/13)

☐ Check here if additional pages are added: \_\_\_ Page(s)

Agreement Number

12-89329

Amendment Number

A02

Registration Number:

## 1. This Agreement is entered into between the State Agency and Contractor named below:

State Agency's Name

(Also known as DHCS, CDHS, DHS or the State)

Department of Health Care Services

Contractor's Name

(Also referred to as Contractor)

Santa Barbara County Public Health Department

2. The term of this Agreement is: January 1, 2012  
through December 31, 20143. The maximum amount of this \$ 922,440  
Agreement after this amendment is: Nine Hundred Twenty-Two Thousand, Four Hundred Forty-Four 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:** May 1, 2014II. **Purpose of amendment:** This amendment implements a budgetary shift of funds from one line item into another. For example: \$1,556 from the Operating Expenses line item is being shifted to the Fringe Benefits line item to cover an unanticipated increase in fringe benefits cost. The contract total will remain unchanged.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. Paragraph 4 (incorporated exhibits) on the face of the original STD 213 is amended to add the following new exhibits:

Exhibit B, Attachment III-A1, Budget (Year 3)

(1 page)

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

All other terms and conditions shall remain the same.

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

**CONTRACTOR**

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)

4/29/14

Printed Name and Title of Person Signing

Takashi Wada, MD, MPH, Director &amp; Health Officer

Address

c/o June English, Project Coordinator  
345 Camino Del Remedio, Room 339, Santa Barbara, CA 93110**STATE OF CALIFORNIA**

Agency Name

Department of Health Care Services

By (Authorized Signature)



Date Signed (Do not type)

Printed Name and Title of Person Signing

Andrew Young, Chief, Contract Management Unit

Address

1501 Capitol Avenue, Suite 71.5195, MS 1403, P.O. Box 997413,  
Sacramento, CA 95899-7413CALIFORNIA  
Department of General Services  
Use Only☒ Exempt per: Revenue & Taxation code  
30461.6 (m); Health & Safety Code 104150

# AGREEMENT SUMMARY

STD. 215\_DHCS (Rev. 01/14)

AGREEMENT NUMBER

12-89329

AMENDMENT NUMBER

A02

☐ CHECK HERE IF ADDITIONAL PAGES ARE ATTACHED

1. CONTRACTOR'S NAME

Santa Barbara County Public Health Department

2. FEDERAL I.D. NUMBER

94-2862660

3. AGENCY TRANSMITTING AGREEMENT

Department of Health Care Services

4. DIVISION, BUREAU, OR OTHER UNIT

Benefits Division

5. AGENCY BILLING CODE

085396

6. NAME AND TELEPHONE NUMBER OF CONTRACT ANALYST FOR QUESTIONS REGARDING THIS AGREEMENT

Phil Miller 916-449-5109

7. HAS YOUR AGENCY CONTRACTED FOR THESE SERVICES BEFORE?

☐ NO

☐ YES (If YES, enter prior contractor name and Agreement Number)

8. BRIEF DESCRIPTION OF SERVICES - LIMIT 72 CHARACTERS INCLUDING PUNCTUATION AND SPACES

Budgetary line item shift in Year 3.

9. AGREEMENT OUTLINE (Include reason for Agreement: Identify specific problem, administrative requirement, program need or other circumstances making the Agreement necessary; include special or unusual terms and conditions.)

This amendment implements a budgetary shift of funds from one line item into another. For example: \$1,556 from the Operating Expenses line item is being shifted to the Fringe Benefits line item to cover an unanticipated increase in Fringe Benefits cost. The contract total will remain unchanged. Payment terms will not change..

## Late Reason:

10. PAYMENT TERMS (More than one may apply.)

☐ MONTHLY FLAT RATE

☐ QUARTERLY

☐ ONE-TIME PAYMENT

☐ PROGRESS PAYMENT

☐ ITEMIZED INVOICE

☐ WITHHOLD \_\_\_\_\_ %

☐ ADVANCED PAYMENT NOT TO EXCEED

☐ REIMBURSEMENT / REVENUE / INCOMING FUNDS

\$ \_\_\_\_\_ or \_\_\_\_\_ %

☐ OTHER (Explain) \_\_\_\_\_

11. PROJECTED EXPENDITURES  
FUND TITLE

ITEM

F.Y.

CHAPTER

STATUTE

PROJECTED  
EXPENDITURES

\$  
\$  
\$  
\$  
\$  
\$

OBJECT CODE

AGREEMENT TOTAL \$ 922,440

OPTIONAL USE

AMOUNT ENCUMBERED BY THIS DOCUMENT  
\$ 0

I CERTIFY upon my own personal knowledge that the budgeted funds for the current budget year are available for the period and purpose of the expenditure stated above.

PRIOR AMOUNT ENCUMBERED FOR THIS AGREEMENT  
\$ 461,220

ACCOUNTING OFFICER'S SIGNATURE

DATE SIGNED

TOTAL AMOUNT ENCUMBERED TO DATE  
\$ 461,220

12.

AGREEMENT

TERM

From

Through

TOTAL COST OF  
THIS TRANSACTION

BID, SOLE SOURCE, EXEMPT

Original

01/01/12

12/31/14

\$ 922,440

Exempt. See Item 13.

Amendment No. 1

01/01/12

12/31/14

\$ 0

Exempt. See Item 13.

Amendment No. 2

01/01/12

12/31/14

\$ 0

Exempt. See Item 13.

Amendment No. 3

\$

TOTAL \$ 922,440

(Continue)

**AGREEMENT SUMMARY**

STD. 215\_DHCS (Rev. 01/14)

**13. BIDDING METHOD USED:**

- ☐ REQUEST FOR PROPOSAL (RFP)      ☐ INVITATION FOR BID (IFB)      ☐ USE OF MASTER SERVICE AGREEMENT  
☐ Primary      ☐ Secondary
- ☐ SOLE SOURCE CONTRACT / NCB      ☐ EXEMPT FROM BIDDING      ☒ OTHER (Explain)  
 (Attach STD. 821 and NCB approval)      (Give authority for exempt status)      N/A - Amendment (not subject to bidding)

NOTE: Proof of advertisement in the State Contracts Register or an approved form STD. 821, Contract Advertising Exemption Request, must be attached

**14. SUMMARY OF BIDS (List of bidders, bid amount and small business status) (If an amendment, sole source, or exempt, leave blank)**

N/A - Amendment.

**15. IF AWARD OF AGREEMENT IS TO OTHER THAN THE LOWER BIDDER, PLEASE EXPLAIN REASON(S) (If an amendment, sole source, or exempt, leave blank)**

N/A - Amendment.

**16. WHAT IS THE BASIS FOR DETERMINING THAT THE PRICE OR RATE IS REASONABLE?**

Funding negotiated-expense justification on file.

**17. (a) JUSTIFICATION FOR CONTRACTING OUT (Check one)**

- ☐ Contracting out is based on cost savings per Government Code 19130(a). The State Personnel Board has been so notified.      ☐ Contracting out is justified based on Government Code 19130(b). Justification for the Agreement is described below.

Justification:

N/A - Amendment. See original STD 215.

**17. (b) EMPLOYEE BARGAINING UNIT NOTIFICATION**

- ☒ By checking this box, I hereby certify compliance with Government Code section 19132(b) (I).

AUTHORIZED SIGNER:

DATE:

18. FOR AGREEMENTS IN EXCESS OF \$5,000, HAS THE LETTING OF THE AGREEMENT BEEN REPORTED TO THE DEPARTMENT OF FAIR EMPLOYMENT AND HOUSING?

☐ NO      ☒ YES      ☐ N/A

19. HAVE CONFLICT OF INTEREST ISSUES BEEN IDENTIFIED AND RESOLVED AS REQUIRED BY THE STATE CONTRACT MANUAL SECTION 7.10?

☐ NO      ☒ YES      ☐ N/A

20. FOR CONSULTING AGREEMENTS, DID YOU REVIEW ANY CONTRACTOR EVALUATIONS ON FILE WITH THE DGS LEGAL OFFICE?

☐ NO      ☐ YES      ☐ NONE ON FILE      ☒ N/A

21. IS A SIGNED COPY OF THE FOLLOWING ON FILE AT YOUR AGENCY FOR THIS CONTRACTOR?

A. CONTRACTOR CERTIFICATION CLAUSES      B. STD. 204, VENDOR DATA RECORD  
☐ NO      ☒ YES      ☐ N/A      ☐ NO      ☒ YES      ☐ N/A

22. REQUIRED RESOLUTIONS ARE ATTACHED

☐ NO      ☐ YES      ☒ N/A

**23. ARE DISABLED VETERANS BUSINESS ENTERPRISE GOALS REQUIRED? (If an amendment, explain changes, if any)**

- ☒ NO (Explain below)      ☐ YES (If YES complete the following)

DISABLED VETERAN BUSINESS ENTERPRISES: \_\_\_\_\_ % OF AGREEMENT

☐ Good faith effort documentation attached if 3% goal is not reached.

☐ We have determined that the contractor has made a sincere good faith effort to meet the goal.

Explain: N/A - Direct service / subvention.

**24. IS THIS A SMALL BUSINESS CERTIFIED BY OSBCR?**

☒ NO      ☐ YES (Indicate Industry Group) \_\_\_\_\_

SMALL BUSINESS REFERENCE NUMBER

**25. IS THIS AGREEMENT (WITH AMENDMENTS) FOR A PERIOD OF TIME LONGER THAN TWO YEARS? (If YES, provide justification)**

☐ NO      ☒ YES

Term of non-bid contract ok'd per SCM 7.80.

*I certify that all copies of the referenced Agreement will conform to the original Agreement sent to the Department of General Services.*

SIGNATURE/TITLE

DATE SIGNED



**Santa Barbara County Public Health Department**  
**12-89329-A01**

**Exhibit B, Attachment III-A1**  
**Budget**  
**Year 03**  
**July 1, 2013 through June 30, 2014**

	(1) Prior Approved Amount (01/01/12)	(2) Revision Effective 05/01/14	(3) New Requested Amount
<b>A. PERSONNEL</b>	170,536	3,967	174,503
<b>B. FRINGE BENEFITS</b> (Not to Exceed 51% of Total Salaries)	86,973	2,024	88,997
<b>C. OPERATING EXPENSES</b>	9,302	(1,556)	7,746
<b>D. EQUIPMENT</b>	0	0	0
<b>E. TRAVEL AND PER DIEM</b> (@ State DPA Rates)	6,225	(4,435)	1,790
<b>F. SUBCONTRACTS/CONSULTANTS</b>	1,500	0	1,500
<b>G. OTHER COSTS</b>	0	0	0
<b>H. INDIRECT COSTS</b> (Not to Exceed 12% of Total Direct Costs)	32,944	0	32,944
<b>TOTAL</b>	<b>307,480</b>	<b>0</b>	<b>307,480</b>

**Exhibit B - Attachment III-A1  
Budget Justification  
Year 03  
7/1/13 through 6/30/14**

	(Prior Amount)	<b><u>Amount Requested</u></b>
<b>A. <u>Personnel Expenses</u></b>		
1. Project Coordinator/Health Educator Range \$3,487- \$3,861 biweekly x 12 months at 0.1/0.8 FTE	(\$77,749)	<b><u>\$84,685</u></b>

Increase the prior-approved amount by \$6,936 from \$77,749 to \$84,685 to bring this position up to .90 FTE in order to compensate for loss of needed health education staff time that had been available in the prior fiscal year with the same scope of work goals. This position will serve as the combined Project Coordinator/Health Educator for the Every Woman Counts (EWC) program and overall manager of the contract and the Health Educator to cover this large three county region, EWC contact person, and the overall project evaluator. This position will remain filled by the current incumbent, who meets the Core Competencies for both the Project Coordinator and the Health Educator with an M.P.H. from an accredited university school of public health, with 14 years of experience with the EWC program and expertise in health education. Responsibilities include oversight of program implementation, supervision of Clinical Coordinator and Community Health Workers; coordination of staff and volunteers; program development and implementation; submission of progress reports; contractual and fiscal management including working with the Accountant to prepare budgets, budget justifications, revisions, and monthly invoices; and general coordination of the program. This position will also coordinate with the Clinical Coordinator on provider network development and maintenance, provider training, and technical assistance with other duties as specified in the scope of work for the health educator. Health Education duties include: to plan, coordinate, and implement tailored education/outreach activities using the EWC approved curriculum, implement the EWC incentive program, oversee CHW activity with targeted, focused outreach and recruitment of underserved EWC eligible priority population women throughout the region; evaluate tailored health education classes, approaches, and cultural appropriateness; complete the appropriate online EWC progress report; and uphold HIPAA regulations and policies as they apply to the SOW. Project Coordinator duties will not exceed .10 FTE. The current amount shown falls within the EWC approved salary range for the contract.

- |   |            |                        |
|---|------------|------------------------|
| 2. Clinical Coordinator:<br>Range \$3,329 – \$3,684 biweekly x 12 months at 1.0 FTE | (\$92,787) | <b><u>\$89,818</u></b> |
|---|------------|------------------------|

Decrease the original approved amount by \$2,969 from \$92,787 to \$89,818 to transfer unanticipated savings from salary modeling for this position to increase

funds available for Project Coordinator/Health Educator position and Fringe Benefits. This position will maintain the regional provider network; assist providers in developing follow up and tracking systems; assess providers' needs, barriers, and resources; conduct provider site visits, chart reviews, and monitoring; coordinate and/or conduct primary care provider trainings; assure that client information is handled according to HIPAA guidelines; and assure that providers conduct client follow up and access to treatment. This position will also serve as the Privacy Officer and provide confidentiality/privacy training. This position will remain filled by current Clinical Coordinator with B.S.N. from an accredited university school of nursing with 20+ years of experience. The current amount shown falls within the EWC approved salary range.

**Total Salaries:** (\$170,536) **\$174,503**

**B. Fringe Benefits:** (not to exceed 45-51% of Total Salaries) (\$86,973) **\$88,997**

Increase fringe benefits by \$2,024 from \$86,973 to \$88,997 associated with the FTE increase of the Project Coordinator/Health Educator position. Fringe Benefits include, depending on personnel classification: FICA, State Unemployment, State Disability Insurance, Worker's Compensation, Health Insurance, Dental Insurance, Vision, and Retirement. The state-approved fringe benefit percentage does not change with this amendment.

**Total Personnel Expenses** (\$257,509) **\$263,500**

**C. Operating Expenses**

1. General Expenses (\$9,302) **\$7,746**

Decrease by \$1,556 from \$9,302 to \$7,746 for unanticipated savings from prior approved amount for this line item in order to increase FTE percent in Project Coordinator/Health Educator position. This includes anticipated postage and copying costs, office supplies such as pens, pencils, paper, toner, etc. Also includes monthly costs related to telephones and fax machine, data processing, and IT support charges. There is no cost for office space in this county-owned facility.

**D. Equipment** **\$ 0**

**E. Travel** (\$6,225) **\$1,790**

Decrease by \$4,435 from \$6,225 to \$1,790 for unanticipated savings in this line item due to use of more locally based Community Health Workers.

1. Required State Travel

This includes travel and per diem of 2 staff persons to travel to one EWC State sponsored mandatory conference in Sacramento or other mandatory State sponsored meetings at currently approved State reimbursement rates for mileage, lodging and meals. Subtotal \$940

2. Agency Local Travel

Agency/Local travel includes mileage for EWC staff and Community Health Workers to set up and conduct for 40+ tailored educational events for target population women and conduct provider site visits, trainings, etc. Regional travel encompasses a large geographic area. Private vehicle mileage or county motor pool mileage is reimbursed at a rate no greater than the state-approved rate (currently \$0.565 per mile). Subtotal \$850

**F. Subcontract/Consultants** \$1,500

Provides hourly stipend at rate of pay within the EWC designated range rate of \$15 to \$25 per hour to non-contracted mature EWC approved Community Health Workers (CHWs) from the designated state priority populations. CHWs have been previously trained by the Health Educator in the EWC approved curriculum, to assist the Health Educator at small group tailored health education sessions to teach EWC approved curriculum to EWC eligible, EWC priority population of women.

**G. Other Costs** 0

**H. Indirect Costs** \$32,944

Not to exceed 12% of Total Direct Costs. Indirect costs are limited to the first \$25,000 of each subcontract or consultant agreement.

**Total Budget** \$307,480

**CONTRACT REQUEST**

(Submit 3 copies)

☐ **Expedite** (Complete Item 18)

1. Agreement/Amendment number 12-89329 A02	2. Current FY transaction amount \$ 0	3. Agreement total \$ 922,440	4. Term start date and end date 01/01/12 – 12/31/14
5. Contractor's/Grantee's name Santa Barbara County Public Health Department			6. Project location (County / Statewide) Santa Barbara
7. Contractor's/Grantee's official contact person (name and title)			8. Telephone number ( )
9. Contractor's/Grantee's Contract/Project Manager (name and title)		10. Telephone number ( )	11. Fax number ( )

12. **Agreement Type** (Check the numbered item that matches the service type. Confirm the choice against a CMU Decision Tree.)

<input type="checkbox"/> 1 <b>Consultant</b> [Non-IT, not for universities/Gov't. entities.]	<input type="checkbox"/> 6 <b>CSU</b> - California State University campus or Trustees
<input checked="" type="checkbox"/> 2 <b>Direct services to Public / Subvention Aid</b>	<input type="checkbox"/> 6 <b>UC</b> - University of California campus or The Regents of UC
<input type="checkbox"/> 2 <b>Grant award</b> (authorized by program statute)	<input type="checkbox"/> 7 <b>Other</b> [Memberships, Subscriptions, Data access, Zero dollar, etc.]
<input type="checkbox"/> 3 <b>Personal service</b> (Non-IT, students, Foundations)	<input type="checkbox"/> 8 <b>Information Technology (MSA or CMAS)</b> - on STD. 213
<input type="checkbox"/> 4 <b>Business service</b> (Non-IT)	<input type="checkbox"/> 9 <b>Incoming Funds</b> - reimbursement/revenue producing
<input type="checkbox"/> 6 <b>State Agency, Department, Board or Commission</b>	

13. **Business Type** (Check the numbered item that matches the Contractor's business type. Confirm Type 1+2 choice with Contractor or STD. 204.)

<input type="checkbox"/> 1 <b>For Profit entity</b> [Individual, commercial business, partnership, joint venture, incorporated or unincorporated organization, etc.]
<input type="checkbox"/> 2 <b>Nonprofit entity</b> [Public or private incorporated organization, e.g., College Foundation. Maintain proof of nonprofit status Program files.]
<input type="checkbox"/> 3 <b>Government entity</b> [City, County, California State agency, CSU campus/Trustees, federal agency, another State, etc.]
<input type="checkbox"/> 4 <b>Public entity</b> [Public entities (e.g., UC campus/Regents, school/water/utility district), other municipality, joint powers agency, etc.]

14. **For Profit Contractor Information** - (Complete if Business Type in Item 13 is 1) ☒ **N/A** - Nonprofit/Gov't/Public entity or Multi-owner corporation

a. Owner's Gender (Check one) - (Enter data of the person with 51% or more ownership interest. If none, mark "N/A" above.) ☐ Male ☐ Female

b. Owner's Ethnicity (Check one) ☐ Asian-Indian ☐ Black ☐ Hispanic ☐ Native American ☐ Pacific-Asian ☐ Other:

c. Owner's Race (Check one) ☐ American Indian/Alaska Native ☐ Asian ☐ Black or African American ☐ White  
☐ Native Hawaiian or Other Pacific Islander ☐ Other:

d. If Asian or Native Hawaiian or Pacific Islander (Check one) ☐ Asian-Indian ☐ Cambodian ☐ Chinese  
☐ Filipino ☐ Guamanian ☐ Hawaiian ☐ Japanese ☐ Korean ☐ Laotian  
☐ Samoan ☐ Vietnamese ☐ Other:

e. **Small Business / DVBE Status** (Check one) ☐ Certified small or microbusiness ☐ Certified Disabled Veteran Business Enterprise

15. **DVBE Participation** - (Check one) ☐ **N/A** - Agreement Type is 2, 6, 7, 9 ☐ **N/A** - Business Type is 3 or 4 ☒ **N/A** - Amendment  
☐ DVBE goal achieved ☐ DVBE Incentive granted (if applicable) ☐ Waived by CMU (Attach proof of CMU waiver if applicable) ☐ **N/A** - Contract total under \$10,000

16. **Subcontractor IFB/RFP Preference** - (Check one) Applies if an IFB or RFP was used and subcontractor preference was granted.  
☒ **N/A** and/or Amendment ☐ Non-small business contractor will use certified small business subcontractors for 25% or more of the total contract amount.

17. **Federal Funding** - Is the agreement federally funded in whole or part or is the amendment federally funded? (Check one) ☒ **Yes** ☐ **No**


18. **Expedite Handling Reason** - Complete as indicated if expedite handling was approved by an appropriate DHCS executive. ☐ Emergency  
☐ Contractor cash flow problems ☐ Politically sensitive ☐ Other - Explain below or in an attachment. ☐ Check if proof of expedite approval is attached.  
If expedite handling was approved, briefly explain the issues below and attach/cite proof of Executive Office approval. Indicate: (a) Why is expedite handling needed and (b) What negative consequences will occur if the request is not approved?

19. **Non-Debarment Certification** - The person submitting this request hereby certifies the Contractor is presently not debarred or ineligible to receive a contract award. Debarment status was verified at: <http://dhcsintranet/SvcProg/programs/contracts/Pages/Debarred-Suspended.aspx>. ☒ **Yes** ☐ **No**

20. **Funding program contact information**

Program analyst contact name Robert Marlow	Email address Robert.Marlow@dhcs.ca.gov	Telephone number (916) 449-5324	Fax number (916) 449-5300
Division name of funding program Benefits Division		Section name of funding program Cancer Detection and Treatment Branch	
Mailing address (Street Address, Room Number, Mail Station-if appropriate, P.O. Box) 1501 Capitol Avenue, Suite 71.4001, MS 4600, P.O. Box 997417		City Sacramento	State CA
		Zip Code 96899-7417	

*The person signing below certifies as to the necessity and prudence of this contract transaction and the expenditure authority.*

Signature of Division Chief or Above 	Printed name and title of person signing Laurie Weaver, Division Chief	Date signed
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