STATE OF CALIFORNIA - DEPARTMENT OF GENERAL SERVICES

STANDARD AGREEMENT - AMENDMENT

**SCO ID:** 4265-2210285-A3

STANDARD AGREEMENT - AMENDMENT		1	1						
STD 213A (Rev. 4/2020)	AGREEMENT NUMBER  22-10285	AMENDMENT NUMBER A03	Purchasing Author	ity Number					
CHECK HERE IF ADDITIONAL PAGES ARE ATTACHED 1 PAGES  1. This Agreement is entered into between the Contracting Ager									
CONTRACTING AGENCY NAME	ey and the contractor named	below.							
California Department of Public Health									
CONTRACTOR NAME									
County of San Mateo									
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 Amendme	nt is:								
\$9,406,572.00 Nine Million Four Hundred Six Thousand	Five Hundred Seventy-Two	Dollars							
4. The parties mutually agree to this amendment as follows.	All actions noted below are b	by this reference made a par	rt of the Agreemen	t and					
incorporated herein:									
This was breather a start that the ACC 500 On Low in		0.406.573.00.4.1.44	111 . C						
<ol> <li>This amendment increases the contract by \$65,568.00, changi and is shifting funds in fiscal years 2 and 3 to accommodate anti</li> </ol>		9,406,5 <b>7</b> 2.00, to better suppo	rt the Contractor's n	ieeas,					
and is similing ratios in fiscal years 2 and 3 to accommodate and	cipated experises.								
All other terms and conditions shall remain the same.									
INTERCOLUCION DE TUIC A CONTACUTURA DE LA EVECUTED	OVTUE DADTIES LIEDETO								
IN WITNESS WHEREOF, THIS AGREEMENT HAS BEEN EXECUTED									
	CONTRACTOR								
CONTRACTOR NAME (if other than an individual, state whether a corpora	ation, partnership, etc.)								
County of San Mateo		lc:T/	ICTATE	ZID					
CONTRACTOR BUSINESS ADDRESS		CITY San Mateo		1					
2000 Alameda de las Pulgas Suite 230				134103					
PRINTED NAME OF PERSON SIGNING		TITLE Director of Family Health	h Sanvicas						
Lizelle Lirio de Luna		Director of Family Health Services							
CONTRACTOR AUTHORIZED SIGNATURE		DATE SIGNED		STATE ZIP CA 95899					
	STATE OF CALIFORNIA								
CONTRACTING AGENCY NAME									
California Department of Public Health				·					
CONTRACTING AGENCY ADDRESS		CITY							
1616 Capitol Avenue, Suite 74.262, MS 1802, PO Box 9973	77	Sacramento	CA	95899					
PRINTED NAME OF PERSON SIGNING		TITLE							
Joseph Torrez	Chief, Contracts Manage	ement Unit							
CONTRACTING AGENCY AUTHORIZED SIGNATURE	DATE SIGNED								
CALIFORNIA DEPARTMENT OF GENERAL SERVICES APPROVAL		EXEMPTION (If Applicable)							

- II. 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: 9,220
    - 2. Year 2 participant monthly caseload: 9,220 9,350
    - 3. Year 3 participant monthly caseload: 9,220 9,350
- III. Exhibit B, Budget Detail and Payment Provisions has been revised as follows:
  - F. Amounts Payable

The amounts payable under this Agreement shall not exceed:

\$ 9,341,004.00 **\$9,406,572.00** for the budget period of 10/01/2022 through 09/30/2025.

IV. Exhibit B, Attachment I, Budget Detail has been replaced in its entirety.

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

			Minimum Base	Amended Minimum Base	Maximum Base	Amended Maximum		/ear 1 22 - 9/30/2023			10	Year 2 0/1/2023 - 9/30/2024	Year 2 /1/2023 - 9/30/2024			Year 3 10/1/2024 - 9/30/2025							
PERSONNEL	Exhibit A,	Fullible A Fullible A				Base Annual		Budgeted		FTE	Amended	Budgeted		Amended Budgeted		FTE	Amended	Budgeted		Amended Budgeted		Total	Amende
WIC Position Title	SOW 8	Exhibit A, Attach I	Annual Salary	Annual Salary	Annual Salary	Salary	FTE	Amount	FTE	Adj.	FTE	Amount	Budget Adj.	Amount	FTE	Adj.	FTE	Amount	Budget Adj.	Amount	Total	Budget Adj.	Total
Supervising Public Health Nutritionist/Registered Dietician ②	8,10,12,14,22	1,2,3,4,5,7	95,742		119,724		1.00	119,716	1.00		1.00	119,716		119,716	1.00		1.00	119,716		119,716	359,148	-	359,1
Supervising Dietitian/Registered Dietician (2)	2, 4a-d, 5, 6, 7,8, 12	1.2.3.4.5.7	95,742		119,724		4.00	478.864	4.00		4.00	478,864		478.864	4.00		4.00	474.437		474.437	1,432,165	_	1,432,1
Community Worker II/WIC Nutrition Assistant (2)	4a-d, 7,8, 12	1,2,3,4,5,7	57,886		72,300		10.75	764,674			11.00		(58.773)	-,	11.00		11.00	793,474	(58,966)	734,508	2,351,622	(117,739)	2,233,8
Dietetic Technician/WIC Nutrition Asssistant III	4a-d, 7,8, 12	1,2,3,4,5,7					0.00	-	0.00		0.00	-	, , , , , ,	-	0.00		0.00	-	,,,	-	-	-	
Dietitian/Degreed Nutritionist (2)	2, 4a-d, 5, 6, 7.8, 12	1.2.3.4.5.7	86,819		108.513		0.15	17.609	0.12		0.12	14.651		14.651	0.10		0.10	11.784		11.784	44.044		44.0
Breast Feeding Peer Counselor/Peer Support Worker ②	4a-d, 7.8.12	1,2,3,4,5,7	57.886		72,300		2.02	146.651			2.06	155,958		155,958	1.80		1.80	141.752		141,752	444,044	-	444,0
Regional Breastfeeding Liaison/Project Program Associate	4a-d,8,9,12	9	37,000		72,300		0.00	140,031	0.00		0.00	155,956		133,936	0.00		0.00	141,732		141,732	444,301		444,0
Regional Breastfeeding Liaison/Community Program Specialist	4a-d,8,9,12	9	78,270		97.864		0.50	48.890	0.55		0.50	50,045		50.045	0.55		0.55	53.602		53,602	152,537	-	152,5
Senior Community Worker	4a-d, 7,8,12	1,2,3,4,5,7		67,017		83,803		,		1.00			75,795	75,795		1.00			75,795	75,795	-	151,590	151,5
																						·	
														-						-	-		
											0.00			-			0.00			-	-	-	
Overtime ③	1-18, 20-23	1-8						3,000				3,000		3,000				3,000		3,000	9,000	-	9,0
Salaries and Wages								1,579,404				1,615,708	17,022	1,632,730				1,597,765	16,829	1,614,594	4,792,877	33,851	4,826,7
Total FTE							18.42		18.73	0.95	18.68			ı	18.45	1.00	18.45						
								Budgeted			Amended	Budgeted	Budget	Amended Budgeted			Amended	Budgeted	Budget	Amended Budgeted		Total	Amended
Fringe Benefits (4)							Percent	Amount	Percent		Percent	Amount	Adj.	Amount	Percent		Percent	Amount	Adj.	Amount	Total	Budget Adj.	Total
							58.56923%	925,044	58.45955%			944,535	9,951	954,486	55.83863%			892,170	9,397	901,567	2,761,749	19,348	2,781,09
TOTAL PERSONNEL (paid by State WIC contract)								2,504,448				2,560,243	26,973	2,587,216				2,489,935	26,226	2,516,161	7,554,626	53,199	7,607,82
Total In-Kind for Personnel (12)			T											-							-	-	
	Exhibit A,	Exhibit A,						Budgeted				Budgeted	Budget	Amended Budgeted				Budgeted	Budget	Amended Budgeted		Total	Amended
OPERATING	sow 8	Attach I						Budgeted Amount				Amount	Budget Adj.	Amount				Amount	Adj.	Amount	Total	Budget Adj.	Total
General Expenses (5)	5-7,17-21,23	1-10						6,003						-							6,003	-	6,00
Travel (6)	8	1-10						-						-						-	-	-	
Training	4,5,7,17,21,23	1-10	_					2,150	-			2,000	2	2,002				1,250	1	1,251	5,400	3	5,40
Outreach/Media/Promotion	17	1-10	_											-							-	-	
Facility Costs (see Exhibit B, Attach II for breakdown) 7	11,23	1-10						-				-	-	-				-	-	-	-	-	
TOTAL OPERATING (paid by State WIC contract)								8,153				2,000	2	2,002				1,250	1	1,251	11,403	3	11,40
Total In-Kind for Operating (2)			I											Amended						- Amended	-	-	
CAPITAL EXPENDITURES (8) (Unit Cost of \$5,000 or More)	Exhibit A, SOW 8	Exhibit A, Attach I						Budgeted Amount				Budgeted Amount	Budget Adj.	Budgeted Amount				Budgeted Amount	Budget Adj.	Budgeted Amount	Total	Total Budget Adj.	Amended Total
Equipment (9)	6,17,18,20,21	1-10							_					-						_	-	-	
Vehicles (ii)	8,17-19	1-10												-						-	-	-	
TOTAL CAPITAL EXPENDITURES (paid by State WIC contract)												-	-	-					-		-	-	
Total In-Kind for Capital Expenditures (2)			T .																		-	-	
OTHER COSTS (1)	Exhibit A, SOW 8	Exhibit A, Attach I						Budgeted Amount				Budgeted Amount	Budget Adj.	Amended Budgeted Amount				Budgeted Amount	Budget Adj.	Amended Budgeted Amount	Total	Total Budget Adj.	Amended Total
														-								1	
														-						-	-	-	
														-						-	-	-	
TOTAL OTHER COSTS (paid by State WIC contract)								-				-	-	-				-	-	-	-	-	
Total In-Kind for Other Costs ②																					-	-	
INDIRECT							Percent	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
Total Personnel Costs							24.00000%	601,067	21.53800%			551,425	5,809	557,234	25.00000%			622,483	6,557	629,040	1,774,975	12,366	1,787,34
TOTAL INDIRECT (paid by State WIC contract)								601,067				551,425	5,809	557,234				622,483	6,557	629,040	1,774,975	12,366	1,787,34
Total In-Kind for Indirect @														-						-	-	-	
TOTAL BUDGET (paid by State WIC contract)								\$ 3,113,668				\$ 3,113,668	\$ 32,784	\$ 3,146,452				\$ 3,113,668	\$ 32,784	\$ 3,146,452	\$ 9,341,004	\$ 65,568	\$ 9,406,57
Total In-Kind for All Budget Line-Items ②								-				<b>-</b>	-	-				-	-	-	-	-	
Contract Volume							Γ	V4	1		1	V0	1				1	V 2	1				
Contract Year:							-	Year 1	-			Year 2	1					Year 3					

\*All costs will be reviewed by CDPH for approval

Contract Amount: Funding Changes: Checks/Balances: \$ 3,113,668

① Bilingual - Positions that receive Bilingual pay may show a higher budgeted amount. Justification and back-up documentation will be kept on file.

② Additional Pay (i.e., Longevity, Retention, Differential, COLA) - Positions that receive one or more of these additional compensations may show a higher budgeted amount. Justification and back-up documentation will be kept on file.

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%.

<sup>§</sup> General Expenses - Includes minor equipment (i.e., office furniture, IT equipment, anthropometric items), professional certifications, audit costs, vehicle maintenance, IT maintenance, program materials, office expenses, etc.

Travel - All costs reimbursed shall be in accordance with CalHR rates.

Tacility Costs - Includes rent, utilities, janitorial, security, and maintenance.

 $<sup>\</sup>textcircled{8} \ \text{Capital Expenditures - Unit cost must be $5,000 \text{ or more. Refer to Exhibit D, Provision 1 for procurement rules.}$ 

Equipment - Include telephone systems, information technology equipment, photocopy machines, etc.

 $<sup>{\</sup>Large \textcircled{\tiny 10}}$  Vehicles - Will be used for facility site visits, conferences, trainings, and outreach.

 $<sup>\</sup>widehat{\mbox{\scriptsize (1)}}$  Other Costs - List the subcontractor's name and brief description of services provided.

In-Kind - Funds provided by the Parent Agency to cover WIC Program costs not included in the WIC Budget.