

STATE OF CALIFORNIA  
**STANDARD AGREEMENT AMENDMENT**  
 STD 213A (Rev 6/03)

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

Agreement Number <b>15-10275</b>	Amendment Number <b>A01</b>
Registration Number:	

- 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: Tulare County Department of Public Health (Also referred to as Contractor)
- The term of this Agreement is: July 1, 2015 through June 30, 2019
- The maximum amount of this Agreement is: \$ 82,560  
 Agreement after this amendment is: Eighty-Two Thousand Five Hundred Sixty Dollars
- 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:
  - The purpose of this amendment is to shift funds for fiscal years 3 and 4 of the Exhibit B, Attachment I – Budget in order to compensate the contractor for actual expenditures.
  - 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~~).
  - Exhibit B, Attachment I, Budget Year 3 and Year 4 are hereby replaced in its entirety with Exhibit B, A01, Attachment I, Budget Year 3 and Year 4.

APPROVED BY FORM  
 COUNTY COUNSEL  
 BY H. W. Go  
 DEPUTY  
 20171444

All other terms and conditions shall remain the same.

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

<b>CONTRACTOR</b>		<b>CALIFORNIA</b> Department of General Services Use Only
Contractor's Name (If other than an individual, state whether a corporation, partnership, etc.) <u>Tulare County Department of Public Health</u>		
By (Authorized Signature) <u>[Signature]</u>	Date Signed (Do not type)	
Printed Name and Title of Person Signing <u>Pete Vander Poel, Chairman of the Board</u>		
Address <u>2800 West Burrel Avenue, Visalia, CA 93291</u>		
<b>STATE OF CALIFORNIA</b>		
Agency Name <u>California Department of Public Health</u>		<input checked="" type="checkbox"/> Exempt per: SB 71 (Chapter 2013)
By (Authorized Signature) <u>[Signature]</u>	Date Signed (Do not type)	
Printed Name and Title of Person Signing <u>Marshay Gregory, Chief, Contracts Management Unit</u>		
Address <u>1616 Capitol Avenue, Suite 74.262, MS 1802, P.O. Box 997377, Sacramento, CA 95899-7377</u>		

Exhibit B, Attachment I  
Budget  
Year 3  
July 1, 2017 – June 30, 2018

PERSONNEL

Classification	Monthly Salary		Percent of Time	Months on Project	Original Budget	This Amendment	Amended Budget
	Original	Amended					
Nurse—Public Health II <u>Nurse I</u> <u>Supervising</u>	\$6,756	<u>\$6,966</u>	0.15	12	\$42,161	\$379	<u>\$12,540</u>
<b>Total Personnel</b>					<b>\$42,161</b>	<b>\$379</b>	<b><u>\$12,540</u></b>
Fringe Benefits @	31%				\$3,770	\$117	<u>\$3,887</u>
<b>Total Personnel &amp; Benefits</b>					<b>\$45,931</b>	<b>\$496</b>	<b><u>\$16,427</u></b>

OPERATING EXPENSES

General Office Expense (paper, pens, pencils, envelopes)	\$649	(\$200)	<u>\$449</u>
Printing/Duplication (brochures, pamphlets)	\$600	(\$422)	<u>\$178</u>
<u>IT/Data Processing Charges</u>		\$771	<u>\$771</u>
<b>Total Operating Expenses</b>	<b>\$1,249</b>	<b>\$149</b>	<b><u>\$1,398</u></b>
<b>EQUIPMENT</b> (If >\$50K, please itemize)	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>TRAVEL</b> (mileage)	<b>\$369</b>	<b>(\$69)</b>	<b><u>\$300</u></b>
<b>SUBCONTRACTORS</b> (If >\$50K, itemize on subcontractor budget template)			
Name of subcontractor or service to be performed	\$0	\$0	\$0
<b>Total Subcontractors</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>OTHER COSTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>INDIRECT COSTS (19.4% <u>15.31%</u> OF PERSONNEL AND BENEFITS)</b>	<b>\$3,091</b>	<b>(\$576)</b>	<b><u>\$2,515</u></b>
<b>BUDGET GRAND TOTAL</b>	<b>\$20,640</b>	<b>\$0</b>	<b>\$20,640</b>

Exhibit B, Attachment I  
Budget  
Year 4  
July 1, 2018 – June 30, 2019

PERSONNEL

Classification	Monthly Salary		Percent of Time	Months on Project	Original Budget	This Amendment	Amended Budget
	Original	Amended					
Nurse – Public Health II <u>Nurse I</u> <u>Supervising</u>	\$6,756	<u>\$6,966</u>	0.15	12	\$12,161	\$379	<u>\$12,540</u>
Total Personnel					<u>\$12,161</u>	<u>\$379</u>	<u>\$12,540</u>
Fringe Benefits @	31%				\$3,770	\$117	<u>\$3,887</u>
Total Personnel & Benefits					<u>\$15,931</u>	<u>\$496</u>	<u>\$16,427</u>

OPERATING EXPENSES

General Office Expense (paper, pens, pencils, envelopes)	\$649	(\$200)	<u>\$449</u>	
Printing/Duplication (brochures, pamphlets)	\$600	(\$422)	<u>\$178</u>	
<u>IT/Data Processing Charges</u>		\$771	<u>\$771</u>	
Total Operating Expenses		<u>\$1,249</u>	<u>\$149</u>	<u>\$1,398</u>

EQUIPMENT (If >\$50K, please itemize)      \$0      \$0      \$0

TRAVEL (mileage)      ~~\$369~~      (\$69)      \$300

SUBCONTRACTORS (If >\$50K, itemize on subcontractor budget template)  
Name of subcontractor or service to be performed      \$0      \$0      \$0

Total Subcontractors      \$0      \$0      \$0

OTHER COSTS      \$0      \$0      \$0

INDIRECT COSTS (19.4% 15.31% OF PERSONNEL AND BENEFITS)      \$3,091      (\$576)      \$2,515

BUDGET GRAND TOTAL      \$20,640      \$0      \$20,640