

STANDARD AGREEMENT AMENDMENT

STD 213A_CDPH (12/08)

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

Agreement Number 08-85524	Amendment Number A01
Registration Number:	

1. 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 Health & Human Services Agency

(Also referred to as Contractor)

2. The term of this Agreement is: October 1, 2008 through June 30, 2011
Or upon approval by State whichever is later3. The maximum amount of this Agreement after this amendment is: \$ 195,000
One hundred ninety-five thousand 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, 2009
- II. **Purpose of amendment:** This amendment makes adjustments to the personnel who are meeting the requirements of the Scope of Work and shifts funds among Operating Expenses and Travel line items.
- 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. All references to Exhibit B Attachment I, II, and III in any exhibit incorporated into this agreement shall hereinafter be deemed to read Exhibit B Attachment I A1, II A1, and III A1.
- V. All other terms and conditions shall remain the same.

APPROVED AS TO FORM:
COUNTY COUNSEL
BY [Signature] 5/4/09
DEPUTY 2009676

All other terms and conditions shall remain the same.

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

CONTRACTOR		CALIFORNIA Department of General Services Use Only
Contractor's Name (If other than an individual, state whether a corporation, partnership, etc.) Tulare County Health & Human Services Agency		
By (Authorized Signature) <u>[Signature]</u>	Date Signed (Do not type)	
Printed Name and Title of Person Signing Connie Conway, Chairman, Board of Supervisors		
Address 2800 West Burrel Avenue Visalia, CA 93291		
STATE OF CALIFORNIA		
Agency Name California Department of Public Health		
By (Authorized Signature) <u>[Signature]</u>	Date Signed (Do not type)	
Printed Name and Title of Person Signing Sandra Winters, Chief, Contracts and Purchasing Services Section		
Address 1501 Capitol Avenue, Suite 71.5178, MS 1802, P.O. Box 997377, Sacramento, CA 95899-7377		

 Exempt per:

Exhibit B Attachment I A1
Budget
(Year 1)
(10/01/08 through 06/30/09)

Personnel			Annual	This	Amended
<u>Position Title and Number of Each</u>	<u>Monthly Salary</u>	<u>FTE%</u>	<u>Cost*</u>	<u>Amendment</u>	<u>Total</u>
Prevention Services Coordinator - 1	\$3,724 4,539 <u>\$4,663</u>	25%	\$10,212	\$280	<u>\$10,492</u>
Health Education Assistant - 1	\$2,021 3,560 <u>\$3,658</u>	86% <u>35%</u>	\$27,553	-\$16,030	<u>\$11,523</u>
<u>PH Division Manager - 1</u>	<u>\$9,418</u>	<u>10%</u>	\$0	\$8,476	<u>\$8,476</u>
<u>HHS Unit Manager I - 1</u>	<u>\$5,707</u>	<u>15%</u>	\$0	\$7,704	<u>\$7,704</u>
Total Personnel			\$37,765	\$430	<u>\$38,195</u>
Fringe Benefits (40% of Personnel)			\$15,106	\$172	<u>\$15,278</u>
Operating Expenses:					
<u>Expense Description</u>					
Office supplies			\$640	\$308	<u>\$948</u>
Training			\$670	\$0	\$670
Phone			\$150	\$0	\$150
Printing			\$738	\$0	\$738
Total Operating Expenses			\$2,198	\$308	<u>\$2,506</u>
Travel			\$2,000	-\$1,000	<u>\$1,000</u>
Indirect Costs (15% of personnel including fringe benefits)			\$7,931	\$90	<u>\$8,021</u>
Total Costs			\$65,000	\$0	\$65,000

*This budget period is nine months.

Exhibit B Attachment II A1
Budget
(Year 2)
(07/01/09 through 06/30/10)

Personnel			Annual	This	Amended
<u>Position Title and Number of Each</u>	<u>Monthly Salary</u>	<u>FTE%</u>	<u>Cost</u>	<u>Amendment</u>	<u>Total</u>
Prevention Services Coordinator - 1	\$4,630 <u>\$4,804</u>	43% <u>25%</u>	\$7,222	\$7,190	<u>\$14,412</u>
Health Education Assistant - 1	\$3,284 <u>\$3,767</u>	50% <u>35%</u>	\$19,704	-\$3,883	<u>\$15,821</u>
Office Assistant - 1	\$2,513	25% <u>0%</u>	\$7,538	-\$7,538	<u>\$0</u>
<u>HHS Unit Manager I - 1</u>	<u>\$5,878</u>	<u>10%</u>	\$0	\$7,054	<u>\$7,054</u>
Total Personnel			\$34,464	\$2,823	<u>\$37,287</u>
Fringe Benefits (40% of Personnel)			\$13,786	\$1,129	<u>\$14,915</u>
Operating Expenses:					
<u>Expense Description</u>					
Office Supplies			\$640	\$775	<u>\$1,415</u>
Training			\$670	\$330	<u>\$1,000</u>
Phone			\$150	\$0	<u>\$150</u>
Printing			\$500	\$403	<u>\$903</u>
Education & Outreach Materials			\$5,553	-\$5,553	<u>\$0</u>
Total Operating Expenses			\$7,513	-\$4,045	<u>\$3,468</u>
Travel			\$2,000	-\$500	<u>\$1,500</u>
Indirect Costs (15% of personnel including fringe benefits)			\$7,237	\$593	<u>\$7,830</u>
Total Costs			\$65,000	\$0	<u>\$65,000</u>

Exhibit B Attachment III A1
Budget
(Year 3)
(07/01/10 through 06/30/11)

Personnel			Annual	This	Amended
<u>Position Title and Number of Each</u>	<u>Monthly Salary</u>	<u>FTE%</u>	<u>Cost</u>	<u>Amendment</u>	<u>Total</u>
Prevention Services Coordinator - 1	\$4,723 <u>\$4,804</u>	13% <u>25%</u>	\$7,367	\$7,045	<u>\$14,412</u>
Health Education Assistant - 1	\$3,514 <u>\$3,767</u>	50% <u>35%</u>	\$21,083	-\$5,262	<u>\$15,821</u>
Office Assistant - 1	\$2,563	25% <u>0%</u>	\$7,689	-\$7,689	<u>\$0</u>
<u>HHS Unit Manager I - 1</u>	<u>\$5,878</u>	<u>10%</u>	\$0	\$7,054	<u>\$7,054</u>
Total Personnel			\$36,139	\$1,148	<u>\$37,287</u>
Fringe Benefits (40% of Personnel)			\$14,455	\$460	<u>\$14,915</u>
Operating Expenses:					
<u>Expense Description</u>					
Office Supplies			\$640	\$770	<u>\$1,410</u>
Training			\$670	\$500	<u>\$1,170</u>
Phone			\$150	\$0	<u>\$150</u>
Printing			\$500	\$238	<u>\$738</u>
Education & Outreach Materials			\$2,857	-\$2,857	<u>\$0</u>
Total Operating Expenses			\$4,817	-\$1,349	<u>\$3,468</u>
Travel			\$2,000	-\$500	<u>\$1,500</u>
Indirect Costs (15% of personnel including fringe benefits)			\$7,589	\$241	<u>\$7,830</u>
Total Costs			\$65,000	\$0	\$65,000