

STANDARD AGREEMENT AMENDMENT

STD 213A (Rev 6/03)

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

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|--|-------------------------|
| Agreement Number 11-10592 | Amendment Number A01 |
| Registration Number: <i>ef 1192512</i> | |

- 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: County of Monterey (Also referred to as Contractor)
- The term of this Agreement is: July 1, 2011 through June 30, 2013
- The maximum amount of this Agreement after this amendment is: \$ 324,546
 Three Hundred Twenty-Four Thousand Five Hundred Forty-Six 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:

- Amendment effective date:** December 1, 2012
- Purpose of amendment:** The purpose of this amendment is a realignment of budget in Year 2. The realignment of budget will allow County of Monterey to utilize funds in order to better perform the same services stated in the original Agreement. The amendment reflects changes in in personnel to staff the vacant Chronic Disease Prevention Coordinator/Immunization Coordinator position, vacated in December 2012. The total budget remains the same.
- 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~~).
- Paragraph 4 (Incorporated Exhibits) on the face of the original STD. 213 is amended to replace the following revised exhibit:

 Exhibit B, Attachment II A1 – Budget (Year 2)

(Continued on next page)

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 <i>g/kc</i> <div style="border: 2px solid blue; padding: 5px; text-align: center;"> APPROVED MAY - 9 2013 DEPT OF GENERAL SERVICES <i>Kyada</i> </div> <input type="checkbox"/> Exempt per: |
|---|--------------------------------------|--|
| Contractor's Name (If other than an individual, state whether a corporation, partnership, etc.) County of Monterey | | |
| By (Authorized Signature) <i>[Signature]</i> | Date Signed (Do not type) 4-12-13 | |
| Printed Name and Title of Person Signing Ray Bullick Director of Health or designee | | |
| Address 1270 Natividad Road, Salinas, CA 93906 | | |
| STATE OF CALIFORNIA | | |
| Agency Name California Department of Public Health | | |
| By (Authorized Signature) <i>[Signature]</i> | Date Signed (Do not type) 5/2/13 | |
| Printed Name and Title of Person Signing Yolanda Murillo, Chief Contracts Management Unit | | |
| Address 1616 Capitol Avenue, Suite 74.317, MS 1802, P.O. Box 997377, Sacramento, CA 95899-7377 | | |

Exhibit B, Attachment II A1
 Budget (Year 2) A1
 (07/12/01/12 through 06/30/13)

| I. Personnel | % of time or hours on project | Monthly salary range or hourly rate | Total |
|---|----------------------------------|--|----------------------------|
| 1 - Chronic Dis Prev Coord/IZ Coord | 100% <u>42.343%</u> | \$4,679 - \$6,416 | \$76,987.00 |
| 1 - Health Educator | <u>8.426%</u> | <u>\$4,407 - \$6,019</u> | <u>\$6,086.00</u> |
| 1 - Public Health Nurse II | <u>25%</u> | <u>\$5,314 - \$7,258</u> | <u>\$21,774.00</u> |
| 1 - Sup PH Epi/Prog Mgr | <u>20.195%</u> | <u>\$5,407 - \$7,381</u> | <u>\$17,887.00</u> |
| 1 - Deputy Health Officer Prog Mngr | 5% <u>4.202%</u> | \$10,394 - \$14,198 | \$8,519.00 |
| 1 - Public Health Nurse III | 7% | \$5,487 - \$7,535 | \$6,329.00 |
| 1 - Office Assistant III | 30% | \$2,537 - \$3,464 | \$12,470.00 |
| Total Personnel | | | <u>\$104,305.00</u> |
| II. Fringe Benefits (38% of Personnel) | | | \$39,636.00 |
| III. Operating Expenses or General Expenses | | | |
| Office Supplies | | | \$0.00 |
| Health Education Materials | | | \$1,000.00 |
| Printing | | | \$1,500.00 |
| Other | | | \$14,632.00 |
| IV. Equipment | | | \$0.00 |
| V. Travel* | | | \$1,200.00 |
| (*The contractor shall be reimbursed for the actual claimed and invoiced) | | | |
| VI. Subcontracts | | | \$0.00 |
| VII. Other Costs | | | \$0.00 |
| VIII. Indirect Costs (0%) | | | <u>\$0.00</u> |
| Total Budget | | | \$162,273.00 |