



# RESOLUTION NO. 18-335

## OF THE BOARD OF SUPERVISORS OF THE COUNTY OF NEVADA

### RESOLUTION APPROVING EXECUTION OF AMENDMENT A03 TO THE RENEWAL AGREEMENT NUMBER 15-10096 WITH THE CALIFORNIA DEPARTMENT OF PUBLIC HEALTH FOR THE WOMEN, INFANTS, AND CHILDREN (WIC) SUPPLEMENTAL NUTRITION PROGRAM (RES. 15-444; RES. 16- 344; RES. 17-480)

WHEREAS, per Resolution 15-444 the Board of Supervisors approved Agreement Number 15-10096 with the California Department of Public Health (CDPH) for the County's Women, Infants, and Children (WIC) Supplemental Nutrition Program; and

WHEREAS, the Agreement was subsequently amended as approved per Resolution 16-344, which increased the maximum amount; and

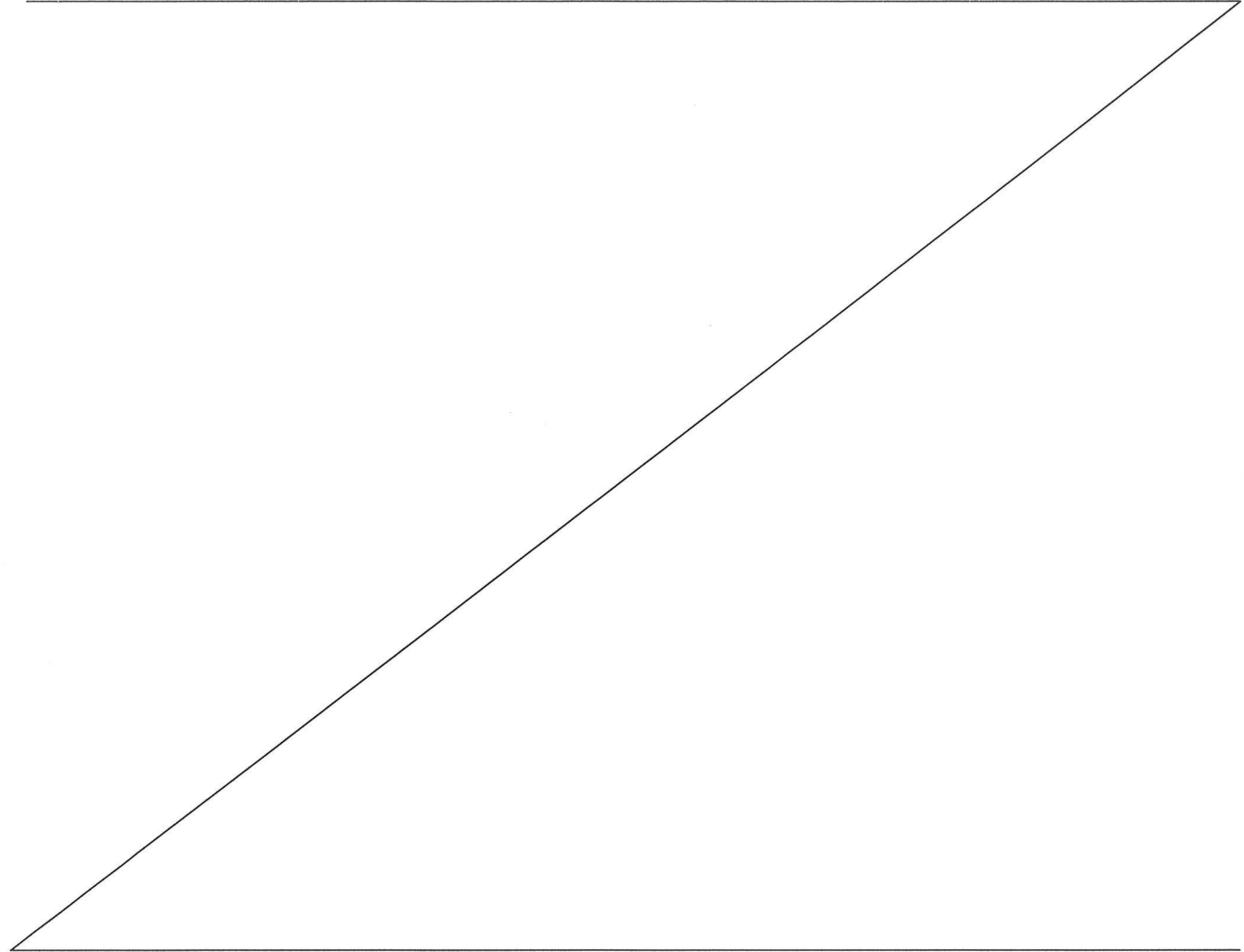
WHEREAS, the Agreement was subsequently amended again as approved per Resolution 17-480 which shifted funds for Federal Fiscal Years 2016/17, 2017/18 and 2018/19 and revised the Scope of Work to coincide with Federal Guidelines; and

WHEREAS, the WIC Program provides beneficial services to the community including: supplemental food vouchers, nutrition education, and referral services for eligible pregnant, breastfeeding, and postpartum women, infants and children under the age of five; and

WHEREAS, Amendment A03 shifts funds between budget lines of the state agency approved budgets for Federal Fiscal Years 2017/18 and 2018/19.

NOW, THEREFORE, BE IT HEREBY RESOLVED by the Board of Supervisors of the County of Nevada, State of California, that Amendment A03 to Agreement Number 15-10096 with the California Department of Public Health which shifts funds between budget lines of the state agency approved budgets for Federal Fiscal Years 2017/18 and 2018/19 for the Women, Infants, and Children (WIC) Supplemental Nutrition Program in the maximum amount of \$2,683,081 for the agreement term of October 1, 2015 through September 30, 2019 be and hereby is approved in substantially the form attached hereto and that the Chair of the Board of Supervisors be and is hereby authorized to execute the Amendment on behalf of the County of Nevada.

Funds to be deposited into revenue account: 1589-40102-492-3401/446080.



PASSED AND ADOPTED by the Board of Supervisors of the County of Nevada at a regular meeting of said Board, held on the 10th day of July, 2018, by the following vote of said Board:

Ayes: Supervisors Heidi Hall, Edward Scofield, Dan Miller, Hank Weston and Richard Anderson

Noes: None.

Absent: None.

Abstain: None.

ATTEST:

JULIE PATTERSON HUNTER  
Clerk of the Board of Supervisors

By: \_\_\_\_\_

Edward Scofield, Chair

7/10/2018 cc: PH (2)  
AC\* (Hold)

8/7/2018 cc: PH\*  
AC\* (Release)

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

Check here if additional pages are added: 1 Page(s)

Agreement Number 15-10096	Amendment Number A03
Registration Number:	

- This Agreement is entered into between the State Agency and Contractor named below:  




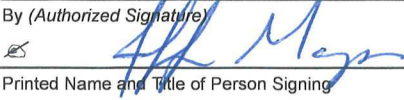
State Agency's Name <b>California Department of Public Health</b>	Also known as CDPH or the State
<hr/>	
Contractor's Name <b>County of Nevada</b>	(Also referred to as Contractor)
- The term of this Agreement is: **October 1, 2015 through September 30, 2019**
- The maximum amount of this Agreement after this amendment is: **\$ 2,683,081**  
 Two Million Six Hundred Eighty-Three Thousand Eighty One 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:

- I. **Purpose of amendment:** This amendment revises the Contractor's name from "Nevada County Public Health Department" to "County of Nevada." This amendment also shifts funds for fiscal years 3 and 4 of the Exhibit B, Attachment I, II, and III Budget, Detail Worksheet and Facility Costs in order to compensate the Contractor for actual expenditures invoiced.
- II. 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~~).

(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.**

<b>CONTRACTOR</b>		CALIFORNIA Department of General Services Use Only  
Contractor's Name (If other than an individual, state whether a corporation, partnership, etc.) <b>County of Nevada</b>		
By (Authorized Signature) 	Date Signed (Do not type) <b>7/10/18</b>	
Printed Name and Title of Person Signing <b>Edward Scofield, Chair, Board of Nevada County Supervisors</b>		
Address <b>950 Maidu Avenue Nevada City, CA 95959</b>		
<b>STATE OF CALIFORNIA</b>		  <input type="checkbox"/> Exempt per:
Agency Name <b>California Department of Public Health</b>		
By (Authorized Signature) 	Date Signed (Do not type) <b>7/19/18</b>	
Printed Name and Title of Person Signing <b>Jeffrey Mapes, Chief, Contracts Management Unit</b>		
Address <b>1616 Capitol Avenue, Suite 74.262, MS 1802, P.O. Box 997377, Sacramento, CA 95899-7377</b>		

III. Exhibit A, Scope of Work, Provision 5 is revised as follows:

**5. Project Representatives**

A. The project representatives during the term of this Agreement will be:

<b>California Department of Public Health</b>	<del>Nevada County Public Health Department</del> <b>County of Nevada</b>
Paul Melnikov <b><u>Pia Boling</u></b> , Contract Manager Telephone: (916) 928-8646 <b><u>8543</u></b> Fax: (916) 440-8850 E-mail: <del>Paul.Melnikov@cdph.ca.gov</del> <b><u>Pia.Boling@cdph.ca.gov</u></b>	Jill Blake, Public Health Director, MPA Telephone: (530) 265-1732 Fax: (530) 271-0837 E-mail: jill.blake@co.nevada.ca.us

B. Direct all inquiries to:

<b>California Department of Public Health</b>	<del>Nevada County Public Health Department</del> <b>County of Nevada</b>
CDPH/WIC Division Attention: Paul Melnikov <b><u>Pia Boling</u></b> Local Operations Section I 3901 Lennane Drive Sacramento, CA 95834  Telephone: (916) 928-8646 <b><u>8543</u></b> Fax: (916) 440-8850 E-mail: <del>Paul.Melnikov@cdph.ca.gov</del> <b><u>Pia.Boling@cdph.ca.gov</u></b>	Nevada County Public Health Department Attention: Debra Wilson Senior Nutritionist, MPH, RD, CLE 988 McCourtney Road Grass Valley, CA 95949  Telephone: (530) 470-2439 Fax: (530) 273-8290 E-mail: debra.wilson@co.nevada.ca.us

C. All payments from CDPH to the Contractor shall be sent to the following address:

<b>Remittance Address</b>
<b><u>Contractor: County of Nevada</u></b>
<b><u>Attention: Agency Director</u></b>
<b><u>950 Maidu Avenue</u></b>
<b><u>Nevada City, CA 95959</u></b>
<b><u>Phone: (530) 265-1732</u></b>
<b><u>Fax:</u></b>
<b><u>E-mail: Jill.Blake@co.nevada.ca.us</u></b>

C. ~~D.~~ Either party may change the information in paragraphs A or B **A, B or C** above by giving written notice to the other party. These changes shall not require an amendment to this Agreement.

Exhibit B, Attachment I A2-A3  
Budget

	Year 1 10/1/2015 - 9/30/2016		Year 2 10/1/2016 - 9/30/2017		Year 3 10/1/2017 - 9/30/2018		Year 4 10/1/2018 - 9/30/2019		Totals	Total Adj.	Totals Amendment A02
	Budget Amendment-A02	Budget	Budget Adj.	Budget Amendment-A02	Budget Adj.	Budget Amendment-A02	Budget Adj.	Budget Amendment A02			
<b>Personnel</b>											
Total Salaries and Wages	304,288	316,207	319,491	316,207	342,815	327,237	22,854	350,091	1,267,223	46,178	1,313,401
Fringe Benefits	202,321	203,921	207,637	203,921	205,346	207,959	1,745	209,704	821,838	(546)	821,292
<b>Personnel</b>	<b>506,609</b>	<b>520,128</b>	<b>527,128</b>	<b>520,128</b>	<b>548,161</b>	<b>535,196</b>	<b>24,599</b>	<b>569,795</b>	<b>2,089,061</b>	<b>45,632</b>	<b>2,134,693</b>
<b>Operating Expenses</b>											
Minor Equipment	7,200	-	-	-	-	-	-	-	7,200	-	7,200
General Office Expenses	15,070	24,251	19,943	24,251	8,126	15,832	(13,911)	1,921	75,096	(25,729)	49,368
Training	3,000	3,600	3,275	3,600	3,275	2,375	675	3,050	12,250	675	12,925
Travel	4,860	5,290	3,835	5,290	670	3,315	(3,315)	-	17,300	(6,480)	10,820
Professional Certifications	-	-	-	-	-	-	-	-	-	-	-
Outreach	1,000	500	500	500	(500)	500	(500)	-	2,500	(1,000)	1,500
Media/Promotion	-	-	-	-	-	-	-	-	-	-	-
Program Materials	-	-	-	-	-	-	-	-	-	-	-
Vehicle Maintenance	-	-	-	-	-	-	-	-	-	-	-
Audit	-	-	-	-	-	-	-	-	-	-	-
Facility Costs (See Exhibit B Attachment III for breakdown)	38,772	38,772	38,772	38,772	38,772	38,772	-	38,772	155,088	-	155,088
<b>Operating Expenses</b>	<b>89,902</b>	<b>72,413</b>	<b>66,325</b>	<b>72,413</b>	<b>60,843</b>	<b>60,784</b>	<b>(17,061)</b>	<b>43,743</b>	<b>269,434</b>	<b>(32,633)</b>	<b>236,901</b>
<b>Major Equipment</b>											
Telephone System	-	-	-	-	-	-	-	-	-	-	-
Information Technology Equipment	-	-	-	-	-	-	-	-	-	-	-
Vehicle (s)	-	-	-	-	-	-	-	-	-	-	-
Photocopy Equipment	-	-	-	-	-	-	-	-	-	-	-
<b>Major Equipment</b>											
<b>Subcontracts</b>											
Subcontracts	20,800	17,700	17,700	17,700	9,625	17,700	(10,500)	7,200	73,900	(16,575)	57,325
<b>Indirect Costs</b>											
Indirect Costs	60,783	62,415	63,265	62,415	65,779	64,223	2,952	67,175	260,686	5,476	266,162
<b>TOTAL COSTS</b>	<b>668,104</b>	<b>672,666</b>	<b>674,408</b>	<b>672,666</b>	<b>674,408</b>	<b>677,913</b>	<b>-</b>	<b>677,913</b>	<b>2,683,081</b>	<b>-</b>	<b>2,683,081</b>

Exhibit B, Attachment II A2-A3  
Detail Worksheet

Personnel	Exhibit A SOW & Attach	Year 1 10/1/2015 - 9/30/2016			Year 2 10/1/2016 - 9/30/2017			Year 3 10/1/2017 - 9/30/2018			Year 4 10/1/2018 - 9/30/2019			Totals Adj.	Totals Amend Adj.
		FTE	Budget Amend Adj.	Percent	FTE	Budget Amend Adj.	Percent	FTE	Budget Amend Adj.	Percent	FTE	Budget Amend Adj.	Percent		
WIC Director	1-8, 20-22	1.00	76,956	1.00	89,663	1.00	86,663	1.00	86,663	1.00	86,663	1.00	86,663	87,361	339,750
WIC Nutritionist	1-9, 12, 15	1.00	67,501	0.75	50,678	0.75	55,484	0.75	57,443	0.75	57,443	0.75	57,443	58,300	221,048
Senior WIC Nutritionist	1-4, 5-7	1.00	40,585	1.00	39,624	1.00	42,248	1.00	44,388	1.00	46,289	1.00	44,388	46,289	170,650
WIC Nutrition Assistant	1-9, 12	1.00	40,585	0.40	16,230	0.40	18,320	0.40	18,320	0.40	18,320	0.40	18,320	21,293	73,290
WIC Nutrition Assistant (Peer Counselor)	1-9, 12	1.00	36,732	1.00	32,621	1.00	35,919	1.00	35,919	1.00	40,762	1.00	40,762	45,001	143,907
Peer Counselor	9, 12, 11, 19, 7, 8	1.45	45,164	1.40	42,596	1.40	42,596	1.40	42,596	1.40	42,596	1.40	42,596	42,596	135,078
Program Manager	11, 19, 7, 8	0.08	8,315	0.02	2,079	0.02	1,233	0.01	1,233	0.01	1,233	0.01	1,233	1,177	4,638
<b>Total Salaries and Wages</b>			<b>304,288</b>		<b>318,207</b>		<b>319,481</b>		<b>319,481</b>		<b>319,481</b>		<b>319,481</b>	<b>327,237</b>	<b>1,307,223</b>
<b>Fringe Benefits</b>			<b>207,221</b>		<b>209,921</b>		<b>207,637</b>		<b>207,637</b>		<b>207,637</b>		<b>207,637</b>	<b>207,637</b>	<b>871,859</b>
<b>Total Personnel</b>			<b>511,509</b>		<b>528,128</b>		<b>527,118</b>		<b>527,118</b>		<b>527,118</b>		<b>527,118</b>	<b>534,874</b>	<b>2,179,082</b>
<b>Operating Expenses</b>			<b>15,000</b>		<b>21,251</b>		<b>18,943</b>		<b>18,943</b>		<b>18,943</b>		<b>18,943</b>	<b>15,832</b>	<b>72,098</b>
General Office Expenses	EXHIBIT A Attach 1		3,000		3,000		3,275		3,275		3,275		3,275	3,050	12,870
Travel	EXHIBIT A Attach 1		4,500		4,500		4,500		4,500		4,500		4,500	4,500	17,500
Professional Certifications	EXHIBIT A Attach 1		1,000		1,000		1,000		1,000		1,000		1,000	1,000	4,000
Media/Printing	EXHIBIT A Attach 1		500		500		500		500		500		500	500	2,000
Program Materials	EXHIBIT A Attach 1		500		500		500		500		500		500	500	2,000
Vehicle Maintenance	EXHIBIT A Attach 1		500		500		500		500		500		500	500	2,000
Audit	EXHIBIT A Attach 1		500		500		500		500		500		500	500	2,000
<b>Total Operating Expenses</b>			<b>15,000</b>		<b>21,251</b>		<b>18,943</b>		<b>18,943</b>		<b>18,943</b>		<b>18,943</b>	<b>15,832</b>	<b>72,098</b>
<b>Major Equipment</b>			<b>39,772</b>		<b>72,413</b>		<b>86,328</b>		<b>86,328</b>		<b>86,328</b>		<b>86,328</b>	<b>39,772</b>	<b>150,098</b>
Telephone System	EXHIBIT A Attach 1		39,772		39,772		39,772		39,772		39,772		39,772	39,772	150,098
Technology Equipment	EXHIBIT A Attach 1		39,772		39,772		39,772		39,772		39,772		39,772	39,772	150,098
Photocopy Equipment	EXHIBIT A Attach 1		39,772		39,772		39,772		39,772		39,772		39,772	39,772	150,098
<b>Total Major Equipment</b>			<b>39,772</b>		<b>72,413</b>		<b>86,328</b>		<b>86,328</b>		<b>86,328</b>		<b>86,328</b>	<b>39,772</b>	<b>150,098</b>
<b>Subcontracts</b>			<b>13,000</b>		<b>10,500</b>		<b>10,500</b>		<b>10,500</b>		<b>10,500</b>		<b>10,500</b>	<b>10,500</b>	<b>41,500</b>
Lincoln - BCLC support	EXHIBIT A Attach 1		13,000		10,500		10,500		10,500		10,500		10,500	10,500	41,500
Provides Bilingual/translation support services to participants	EXHIBIT A Attach 1		13,000		10,500		10,500		10,500		10,500		10,500	10,500	41,500
Provides Bilingual/translation support services to participants	EXHIBIT A Attach 1		13,000		10,500		10,500		10,500		10,500		10,500	10,500	41,500
<b>Total Subcontracts</b>			<b>13,000</b>		<b>10,500</b>		<b>10,500</b>		<b>10,500</b>		<b>10,500</b>		<b>10,500</b>	<b>10,500</b>	<b>41,500</b>
<b>Total Indirect Costs</b>			<b>80,183</b>		<b>87,218</b>		<b>87,218</b>		<b>87,218</b>		<b>87,218</b>		<b>87,218</b>	<b>87,218</b>	<b>342,062</b>
<b>Total Costs</b>			<b>655,104.00</b>		<b>676,860.00</b>		<b>676,860.00</b>		<b>676,860.00</b>		<b>676,860.00</b>		<b>676,860.00</b>	<b>676,860.00</b>	<b>2,682,081</b>

Revised Yr. 3 Budget: 674,488.00  
Yr. 3 - Budget Increase: 0  
Yr. 3 - Checks/Balances: 0

Revised Yr. 4 Budget: 677,913.00  
Yr. 4 - Budget Increase: 0  
Yr. 4 - Checks/Balances: 0

- 1 Bilingual - Positions that receive Bilingual pay will show a higher salary. Justification will be kept on file with the original contract.
- 2 Longevity, Retention, Differential and COLA - Positions that receive these compensations will show a higher salary. Justification and Union Contract will be kept on file with the original contract.
- 3 Overtime - is budgeted for up to a 3% increase for each year.
- 4 Fringe Benefits - Any fringe benefit Years 1-4 that exceeds 50% will need a written justification.
- 5 Vehicle Maintenance - maintenance over \$500 will need GDM/PMC Director approval.
- 6 Facility Costs - includes Rent, Janitorial, Security, Maintenance and Utilities
- 7 Major Equipment - Refer to Exhibit D(F) page 3, Paragraph 3 for instructions. Vehicle(s) will be used for Facility Site Visits, Conferences, Trainings and Outreach. Unit cost must be \$5,000 or more.
- 8 Subcontractors - List the subcontractor's name and short list of services provided. If the subcontractor has not been selected, enter TBD and list of services to be provided.

**Exhibit B, Attachment III A2 A3  
Facility Costs**

		Total Facility Costs: 155,088														
		Year 1 Total Costs			Year 2 Total Costs			Year 3 Total Costs			Year 4 Total Costs					
WIC MIS Clinic Site # or N/A	Type of Space / Clinic Site / Administrative Site / Training Center / Warehouse / Storage Area / satellite clinic site)	Total Cost of Site Per Month Amendment A02	New Total Amendment A02	Amended Cost of Space Per Year	Total Cost of Site Per Month Amendment A02	New Total Amendment A02	Amended Cost of Space Per Year	Total Cost of Site Per Month Amendment A02	Price Per Square Foot Adj.	Total Cost of Site Per Month Amendment A02	New Total Amendment A02	Amended Cost of Space Per Year	Total Cost of Site Per Month Amendment A02	Price Per Square Foot Adj.	New Total Amendment A02	Amended Cost of Space Per Year
471 SuttonWay #204, GrassValley 95945	1 Clinic Site	3,111	1,36	12,444					1.36		1.36				1.36	
175 Spring Hill Dr Grass Valley 95945	N/A Storage Area	120	1,20	1,440	120	1,20	1,440	120	1.20	120	1,20	1,440	120	1.20	1,20	1,440
10075 Levon Ave. #207 Truckee, 96161	4 Clinic Site															
988 McCourtney Road, Grass Valley, 95949	1 Clinic Site	3,111	1,03	24,888	3,111	1,06	37,332	3,111	1.09	3,111	1,09	37,332	3,111	1.12	1,12	37,332