

Check here if additional pages are added: 2 Page(s)

Agreement Number 16-10852	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 County of Nevada	(Also referred to as Contractor)
2. The term of this Agreement is: November 30, 2016 through September 29, 2020
3. The maximum amount of this Agreement after this amendment is: \$ 382,550 Three Hundred Eighty Two Thousand, Five Hundred Fifty 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. **Purpose of amendment:** This amendment increases the funding level in the amount of \$258,550 of this agreement, due to a revised state allocation formula that reflects the annual Ryan White Part B HIV Care Grant Program Supplemental (X08) award to California for FY 2017-18. Also, it will extend the contract term for two additional years, adds 1 position, and adds Contractor's remittance address.
- 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.**

CONTRACTOR		CALIFORNIA Department of General Services Use Only
Contractor's Name (If other than an individual, state whether a corporation, partnership, etc.) County of Nevada		
By (Authorized Signature) 	Date Signed (Do not type)	
Printed Name and Title of Person Signing Edward Scofield, <del>Hank Weston</del> , Chair, Board of Supervisors		
Address  500 Crown Point Circle, Suite 110, Grass Valley, CA 95945		
STATE OF CALIFORNIA		
Agency Name California Department of Public Health		
By (Authorized Signature) 	Date Signed (Do not type)	
Printed Name and Title of Person Signing		
Address 1616 Capitol Avenue, Suite 74.317, MS 1802, P.O. Box 997377, Sacramento, CA 95899-7377		
		<input checked="" type="checkbox"/> Exempt per: OA Budget Act 2017 AB 93, Chapter 14

III. Exhibit A – Scope of Work, Provision 4 is revised to include Provision 4.C. and 4.D, as described below:

4. **Project Representatives**

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

<b><u>Remittance Address</u></b>
<b><u>Contractor: County of Nevada</u></b>
<b><u>Attention: Cashier, James Kraywinkel</u></b>
<b><u>500 Crown Point Circle, Suite 110</u></b>
<b><u>Grass Valley, CA 95945</u></b>
<b><u>Phone: (530) 470-2415</u></b>
<b><u>Fax: (530) 265-9860</u></b>
<b><u>E-mail: james.kraywinkel@co.nevada.ca.us</u></b>

~~C.~~ **D.** Either party may make changes to the information above by giving written notice to the other party. Said changes shall not require an amendment to this agreement.

All references to Exhibit A, Scope of Work, in any exhibit incorporated into this agreement shall hereinafter be deemed to read Exhibit A A01, Scope of Work.

IV. Exhibit B - Budget Detail and Payment Provisions, Provision 1.E, Invoicing and Payment, is amended to read as follows:

1. **Invoicing and Payment**

E. Amounts Payable

The amounts payable under this Agreement shall not exceed:

- 1) \$62,000 for the budget period of 11/30/16 through 09/29/17.
- 2) ~~\$62,000~~ **\$106,850** for the budget period of 09/30/17 through 09/29/18.
- 3) **\$106,850 for the budget period of 09/30/18 through 09/29/19.**
- 4) **\$106,850 for the budget period of 09/30/19 through 09/29/20.**

V. Exhibit B – Attachment I, Budget (Year 1- 2) is hereby replaced in its entirety with Exhibit B A01, Attachment I, Budget (Year 1- 4).

All references to Exhibit B, Attachment I, Budget (Year 1-2), in any exhibit incorporated into this agreement shall hereinafter be deemed to read Exhibit B A01, Attachment I, Budget (Year 1-4).

Exhibit B - Attachment I (2)  
HIV Care Program

Budget Year 1 (November 30, 2016 - September 29, 2017), Year 2 (September 30, 2017-September 29, 2018), Year 3 (September 30, 2018-September 29, 2019), Year 4 (September 30, 2019-September 29, 2020)

		Year (1)			Year (2)			Year (2) Amendment			Year (3)			Year (4)			Totals		
A. Personnel		Annual Salary																	
Position Title	SOW Reference	Range	FTE	Avg. Salary	Budget	FTE	Avg. Salary	Budget	FTE	Avg. Salary	Budget	FTE	Avg. Salary	Budget	FTE	Avg. Salary	Budget		
Care Services Case Manager	II-A-1	\$55,935-\$65,935	0.07	\$60,935	\$3,961	0.07	\$60,935	\$3,961	0.30	\$63,628	\$19,090	0.30	\$63,628	\$19,090	0.30	\$63,628	\$19,090	\$-7,922	\$61,231
HIV Prevention Coordinator		\$65,302-\$75,302							0.30	\$70,302	\$2,504	0.30	\$70,302	\$2,504	0.30	\$70,302	\$2,504		\$7,512
<b>Total Salaries and Wages</b>					\$3,961			\$3,961			\$21,594			\$21,594			\$21,594	\$-7,922	\$68,743
Fringe Benefits				Percentage			Percentage			Percentage			Percentage			Percentage			
				65.99%	\$2,614		66.89%	\$2,614		47.49%	\$10,256		47.49%	\$10,256		47.49%	\$10,256	\$-5,228	\$33,382
<b>Total Personnel</b>					\$6,575		\$6,575			\$31,850			\$31,850			\$31,850		\$-12,160	\$102,125
<b>B. Operating Expenses</b>					Budget			Budget			Budget			Budget					
General Office Supplies	II-A-1				\$25		\$25			\$0			\$0			\$0		\$0	\$25
<b>Total Operating Expenses</b>					\$25		\$25			\$0			\$0			\$0		\$0	\$25
<b>C. Capitol Expenditures</b>					Budget			Budget			Budget			Budget					
<b>Total Capitol Expenditures</b>					\$0		\$0			\$0			\$0			\$0		\$0	\$0
<b>D. Other Cost</b>					Budget			Budget			Budget			Budget					
Contractors Non-Personnel Costs (1)	II-A-1 5.B., Page 10				\$55,400		\$55,400			\$0			\$0			\$0		\$0	\$-110,800
<b>Total Other Costs</b>					\$55,400		\$55,400			\$75,000			\$75,000			\$75,000		\$-110,800	\$280,400
<b>E. Indirect Costs</b>					Percentage Budget			Percentage Budget			Percentage Budget			Percentage Budget					
<b>Total Indirect Costs</b>				0.0%	\$0		0.0%	\$0		0.0%	\$0		0.0%	\$0		0.0%	\$0		\$0
<b>Total Costs</b>					\$62,000		\$62,000			\$106,850			\$106,850			\$106,850		\$-124,000	\$382,550

(1) Contractors Non-Personnel Costs Associated Directly with Services - includes Medical Transportation, Food Bank/Home Delivered Meals, Housing, Health Insurance Premium and Cost Sharing Assistance.

(2) Rounding might occur.