



# **RESOLUTION No. 25-082**

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

**RESOLUTION APPROVING EXECUTION OF AMENDMENT NO. A04 TO REVENUE AGREEMENT NUMBER 22-10266 WITH THE CALIFORNIA DEPARTMENT OF PUBLIC HEALTH WHICH INCREASES THE MAXIMUM AMOUNT FROM \$2,896,535 TO \$2,935,063 (AN INCREASE OF \$38,528), AMEND EXHIBIT B TO INCORPORATE THE CHANGE IN AMOUNT AND AMEND EXHIBIT A TO INCREASE THE YEAR 3 PARTICIPANT CASELOAD FOR THE WOMEN, INFANTS, AND CHILDREN SUPPLEMENTAL NUTRITION PROGRAM FOR THE TERM OF OCTOBER 1, 2022 THROUGH SEPTEMBER 30, 2025 (RES 22-398) (RES. 23-127) (RES 24-005) (RES 24-525)**

WHEREAS, renewal funding is available to the Nevada County Public Health Department from the California Department of Public Health for the County's Women, Infants, and Children (WIC) Supplemental Nutrition Program; 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, the County's WIC Program serves an average ongoing caseload of 1,170 clients, has seen an increase in participation of more than 20% in the past two years, and the services provided improve the health of participants during critical times of growth and development; and

WHEREAS, Amendment A04 increases the funding level of the Revenue Agreement in Federal Fiscal Years 22/23, 23/24, and 24/25 by a total \$38,528 for costs reimbursable under the County's WIC Supplemental Nutrition Program, amends Exhibit B accordingly and amends Exhibit A increasing the Year 3 participant monthly caseload.

NOW, THEREFORE, BE IT HEREBY RESOLVED by the Board of Supervisors of the County of Nevada, State of California that Amendment No. A04 to Revenue Agreement Number 22-10266 with the California Department of Public Health for funding the County's Women, Infants, and Children Supplemental Nutrition Program in the maximum amount of \$2,935,063 for the agreement term of October 1, 2022, through September 30, 2025, 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 and all necessary documents 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 11th day of March 2025, by the following vote of said Board:

Ayes: Supervisors Heidi Hall, Robb Tucker, Lisa Swarthout, Susan Hoek, and Hardy Bullock.

Noes: None.

Absent: None.

Abstain: None.

Recuse: None.

ATTEST:

TINE MATHIASSEN  
Chief Deputy Clerk of the Board of Supervisors

By: 



Heidi Hall, Chair



Health and Human Services Agency  
California Department of Public Health



Erica Pan, MD, MPH

Director and State Public Health Officer

Gavin Newsom

Governor

Date: February 12, 2025

TO: County of Nevada

FROM: California Department of Public Health (CDPH)

SUBJECT: Contract # 22-10266 A04

Please find the above-referenced Contract Agreement between the California Department of Public Health and County of Nevada, attached for your review and signature.

**IMPORTANT:** The Agreement is an Adobe Acrobat PDF document with "READ ONLY" attributes. Please **do not alter** this Agreement for any reason. If you encounter any problems or find that a correction is needed, please contact your Contract Manager immediately.

To approve this Agreement, submit one (1) electronic copy (**do not mail in hard copies**) of each document listed below, to the following mailbox: [LocalContracts@cdph.ca.gov](mailto:LocalContracts@cdph.ca.gov). Please title the email Subject line as follows: Signed Agreement for 22-10266 A04 (Nevada).

- One (1) signed copy of the Standard Agreement - Amendment (STD 213A). This document can be signed electronically pursuant to the Uniform Electronic Transactions Act (Civil Code 1633.1 et seq.) or it may be physically signed, scanned and returned via email.
- One (1) signed copy of the Board Resolution/Order/Motion, ordinance or other similar document authorizing execution of the Agreement and any signatory designees.
  - If outlined in the document, please ensure the following information is correct:
    - The contract term;
    - The contract amount;
    - If applicable, the increase/decrease amount included in this amendment.
- One (1) signed copy of the Contractor's current insurance policy certificates and endorsements.

In an effort to expedite this Contract Agreement through the approval process, we request that the items listed above be returned no later than **three weeks from the date of this letter**, in order to avoid disruption in services. Failure to sign and submit the required forms by the date indicated will result in delayed approval of your Agreement.

Please contact your Contract Manager if you have any questions or will need additional time to return the signed documents.



CDPH Women, Infants and Children (WIC) Division  
3901 Lennane Drive, Sacramento, CA 95834  
MS 8600 • P.O. Box 997375 • Sacramento, CA 95899-7375  
(916) 928-8500 • [www.wicworks.ca.gov](http://www.wicworks.ca.gov)



County of Nevada  
February 12, 2025

Thank you,

*Contract and Procurement Support Unit*

Attachments

CONFIDENTIALITY NOTICE: This communication along with its contents may contain confidential and/or legally privileged information. It is solely for the use of the intended recipient(s). Unauthorized interception, review, use or disclosure is prohibited and may violate applicable laws including the Electronic Communications Privacy Act. If you are not the intended recipient, please contact the sender and destroy all copies of the communication.

**STANDARD AGREEMENT - AMENDMENT**

STD 213A (Rev. 4/2020)

☒ CHECK HERE IF ADDITIONAL PAGES ARE ATTACHED 1 PAGES

AGREEMENT NUMBER

22-10266

AMENDMENT NUMBER

A04

Purchasing Authority Number

1. This Agreement is entered into between the Contracting Agency and the Contractor named below:

CONTRACTING AGENCY NAME

California Department of Public Health

CONTRACTOR NAME

County of Nevada

2. The term of this Agreement is:

START DATE

October 1, 2022

THROUGH END DATE

September 30, 2025

3. The maximum amount of this Agreement after this Amendment is:

\$ 2,935,063.00 Two Million Nine Hundred Thirty-Five Thousand Sixty-Three 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. This amendment increases the contract by \$38,528.00, changing the total amount to read \$2,935,063.00, to better support the Contractor's needs, and is shifting funds in fiscal year 3 to accommodate anticipated expenses.

All other terms and conditions shall remain the same.

IN WITNESS WHEREOF, THIS AGREEMENT HAS BEEN EXECUTED BY THE PARTIES HERETO.

**CONTRACTOR**

CONTRACTOR NAME (if other than an individual, state whether a corporation, partnership, etc.)

County of Nevada

CONTRACTOR BUSINESS ADDRESS

950 Maidu Ave, Suite 120

CITY

Nevada City

STATE

CA

ZIP

95959

PRINTED NAME OF PERSON SIGNING

Heidi Hall

TITLE

Chair, Board of Supervisors

CONTRACTOR AUTHORIZED SIGNATURE

s. Heidi Hall

Heidi Hall (Apr 17, 2025 10:00 PDT)

DATE SIGNED

**STATE OF CALIFORNIA**

CONTRACTING AGENCY NAME

California Department of Public Health

CONTRACTING AGENCY ADDRESS

1616 Capitol Avenue, Suite 74.262, MS 1802, PO Box 997377

CITY

Sacramento

STATE

CA

ZIP

95899

PRINTED NAME OF PERSON SIGNING

Joseph Torrez

TITLE

Chief, Contracts Management Unit

CONTRACTING AGENCY AUTHORIZED SIGNATURE

DATE SIGNED

CALIFORNIA DEPARTMENT OF GENERAL SERVICES APPROVAL

EXEMPTION (if Applicable)

II. Exhibit A, Scope of Work, Provision 8.1.a has been revised as follows:

a) The Contractor's participant monthly caseload is listed below. The Contractor shall meet the performance standard by serving one hundred percent (100%) of the authorized caseload.

1. Year 1 participant monthly caseload: 1,020
2. Year 2 participant monthly caseload: 1,130
3. Year 3 participant monthly caseload: ~~4,130~~ **1,170**

III. Exhibit B, Budget Detail and Payment Provisions, Provision 1.F has been revised as follows:

F. Amounts Payable

The amounts payable under this Agreement shall not exceed:

~~\$ 2,896,535.00~~ **\$ 2,935,063.00** for the budget period of 10/01/2022 through 09/30/2025.

IV. Exhibit B, Attachment I, Budget Detail has been replaced in its entirety.

V. Exhibit C, GTC 04/2017 has been replaced with Exhibit C, GTC 02/2025. This exhibit is hereby incorporated by reference and made part of this agreement as if attached hereto. It can be viewed at <https://www.dgs.ca.gov/OLS/Resources>.

VI. Exhibit D, Special Terms and Conditions has been replaced in its entirety.

Exhibit B, Attachment I  
Budget Detail  
October 1, 2022 - September 30, 2025

All costs will be reviewed by CDSN for approval.

(1) **Budget**. Persons who receive BiPAP may have higher budgeted amount. Justification and backup documentation will be kept on file.

(2) **Additional Pay**. Inpatient, Residential, Detentional, COA+. Functions that receive one or more of these additional compensations may be kept on file.

(3) **Outtime**. Reasonable Justification if amount does not seem reasonable. Justification will be kept on file.

(4) **Program Expenses**. Justification and backup documentation will be kept on file for all program expenses.

(5) **Group Expenses**. Includes initial equipment (i.e., office furniture, IT equipment, software term), professional consultation, staff costs, vehicle maintenance (if maintenance program matches, other expenses, etc.)

(6) **Travel**. All costs reimbursed shall be in accordance with CAHHS rules.

(7) **Fueler**. Costs included shall be in accordance with CAHHS rules.

(8) **Fueler**. Credits includes rent, utilities, janitorial, security, and maintenance.

(9) **Capital Expenditures**. Unit cost must be \$2,000 or more. Refer to Exhibit C.

(10) **Medical Equipment**. Unit cost must be \$2,000 or more. Refer to Exhibit C.

(11) **Supplies**. Will be used for facility tests, conferences, training, and outreach.

(12) **Other Costs**. All the miscellaneous services provided.

(13) **Backup Funds** provided by the Parent Agency to cover IWC Program costs not included in the IWC Budget.

II. Exhibit A, Scope of Work, Provision 8.1.a has been revised as follows:

- a) The Contractor's participant monthly caseload is listed below. The Contractor shall meet the performance standard by serving one hundred percent (100%) of the authorized caseload.
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