



RESOLUTION No. 18-334

OF THE BOARD OF SUPERVISORS OF THE COUNTY OF NEVADA

RESOLUTION APPROVING EXECUTION OF AMENDMENT A01 TO AGREEMENT NO. 16-10852 WITH THE CALIFORNIA DEPARTMENT OF PUBLIC HEALTH, OFFICE OF AIDS, (CDPH/OA) (RES. 17-006)

WHEREAS, the Board of Supervisors approved Agreement Number 16-10852 with the California Department of Public Health, Office of AIDS (CDPH/OA) for HIV Care Program Services on January 10, 2017 per Resolution 17-006; and

WHEREAS, the California Department of Public Health, Office of AIDS, utilizes federal Health Resources Administration (HRSA) funds to provide support for HIV/AIDS services in local areas; and

WHEREAS, supplemental funds from the CDPH/OA were made available to provide additional supports to existing HIV Care Programs; and

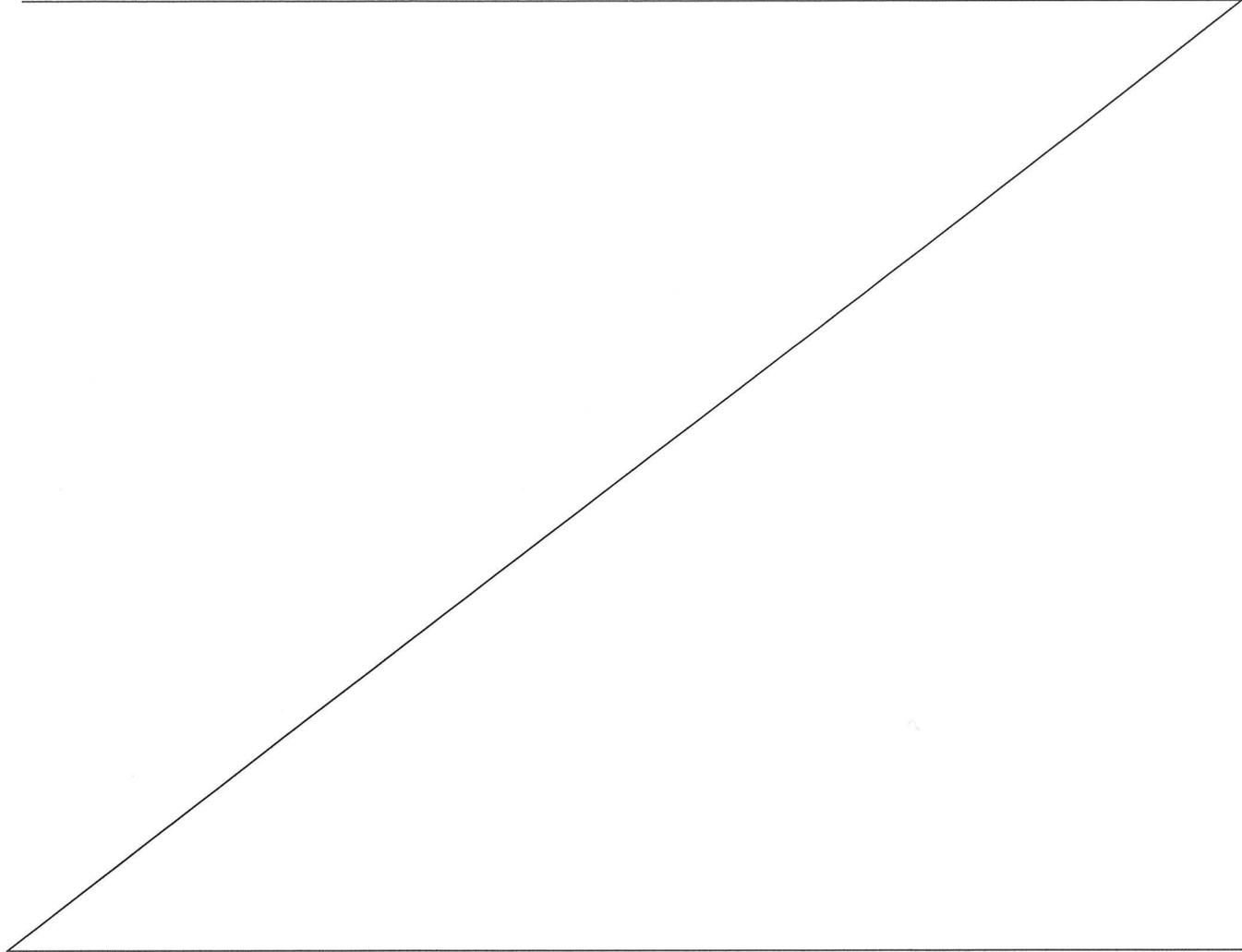
WHEREAS, the County applied for and was successful in obtaining supplemental funding for administration of the HIV Care Program; and

WHEREAS, the services provided under this Agreement include HIV Care Program Core Medical and Support Services which ensure the provision of comprehensive, ongoing health and support to individuals with HIV/AIDS in the community; and

WHEREAS, the parties desire to amend the Agreement to increase the maximum amount and extend the contract term for two years.

NOW, THEREFORE, BE IT HEREBY RESOLVED by the Board of Supervisors of the County of Nevada, State of California, that Amendment A01 to Agreement No. 16-10852 by and between the County and the California Department of Public Health, Office of AIDS, pertaining to supplemental funding for administration of the HIV Care Program to increase the maximum amount from \$124,000 to \$382,550 (an increase of \$258,550) and extending the contract term for two years for a revised term of November 30, 2016 through September 29, 2020, 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 1589-40114-492-2453/446700.



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

STANDARD AGREEMENT AMENDMENT

STD 213A (Rev 6/03)

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

Agreement Number 16-10852	Amendment Number A01
Registration Number:	

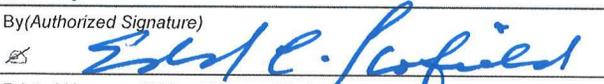
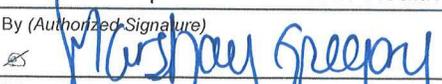
1. This Agreement is entered into between the State Agency and Contractor named below:

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 **November 30, 2016** through **September 29, 2020** Agreement is:
3. The maximum amount of this **\$ 382,550** Agreement after this amendment is: **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) 7/10/18
Printed Name and Title of Person Signing Edward Scofield, Hank Weston, 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) 7/28/18
Printed Name and Title of Person Signing Marshay Gregory Chief Contracts Management Unit	
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:

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

G- **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)

A. Personnel	Annual Salary	Year (1)			Year (2)			Year (3)			Year (4)			Totals
		FTE	Avg. Salary	Budget	FTE	Avg. Salary	Budget	FTE	Avg. Salary	Budget	FTE	Avg. Salary	Budget	
Position Title	Range	FTE	Avg. Salary	Budget	FTE	Avg. Salary	Budget	FTE	Avg. Salary	Budget	FTE	Avg. Salary	Budget	
Care Services Case Manager	\$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	\$7,922
HIV Prevention Coordinator	\$65,302-\$75,302							0.30	\$70,302	\$2,504	0.30	\$70,302	\$2,504	\$7,512
Total Salaries and Wages				\$3,961			\$3,961			\$21,594			\$21,594	\$68,743
Fringe Benefits														
Total Personnel				\$2,614			\$2,614			\$10,256			\$10,256	\$33,382
				\$6,575			\$6,575			\$31,850			\$31,850	\$102,125
B. Operating Expenses														
General Office Supplies				Budget			Budget			Budget			Budget	
				\$25			\$25			\$0			\$0	\$0
Total Operating Expenses				\$25			\$25			\$0			\$0	\$25
C. Capitol Expenditures														
Total Capitol Expenditures				Budget			Budget			Budget			Budget	\$0
				\$0			\$0			\$0			\$0	\$0
D. Other Cost														
Contractors Non-Personnel Costs (1)				Budget			Budget			Budget			Budget	
				\$55,400			\$55,400			\$0			\$0	\$140,800
Total Other Costs				\$55,400			\$55,400			\$75,000			\$75,000	\$280,400
E. Indirect Costs														
Total Indirect Costs				Budget			Budget			Budget			Budget	\$0
				\$0			\$0			\$0			\$0	\$0
Total Costs				\$62,000			\$62,000			\$106,850			\$106,850	\$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.