

**STANDARD AGREEMENT AMENDMENT**

STD 213A (Rev 6/03)

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



Agreement Number 15-10491	Amendment Number A01
Registration Number:	

1. This Agreement is entered into between the State Agency and Contractor named below:
- |   |                                  |
|---|----------------------------------|
| State Agency's Name<br>California Department of Public Health | Also known as CDPH or the State  |
| Contractor's Name<br>County of Nevada                         | (Also referred to as Contractor) |
2. The term of this Agreement is: July 1, 2015 through June 30, 2017
3. The maximum amount of this Agreement after this amendment is: \$ 9,852  
Nine Thousand Eight Hundred Fifty Two 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 to \$4,926 for years 1 and 2 due to an increase of Legislative appropriations to the ADAP program. Continuous efforts from advocates, and stakeholder organizations have aided in the increase of funding to the state, local health jurisdictions, community based organizations, and providers. There are no changes in services. Funds are solely for activities pertaining to the provision of ADAP client enrollment services.
- 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>		<b>CALIFORNIA</b> 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 <del>Rick Haffey, County Executive Officer</del> Dan Miller, Chair, Board of Supervisors		
Address 500 Crown Point Circle, Suite 110 Grass Valley, CA 95945		
<b>STATE OF CALIFORNIA</b>		
Agency Name California Department of Public Health		<input checked="" type="checkbox"/> Exempt per: OA Budget Act of 2015
By (Authorized Signature) 	Date Signed (Do not type)	
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		

III. Exhibit B – Budget Detail and Payment Provisions, is amended to read as follows:

**F. Amounts Payable**

The amounts payable under this agreement shall not exceed:

- 1) ~~\$2,463~~ 4,926 for the budget period of 07/01/15 through 06/30/16.
- 2) ~~\$2,463~~ 4,926 for the budget period of 07/01/16 through 06/30/17.

IV. Exhibit B – Attachment I-II (Year 1 and 2), is hereby replaced in its entirety with Exhibit B, A01 – Attachment I-II.  
"All references to Exhibit B – Attachment I-II (Year 1 and 2), in any exhibit incorporated into this agreement shall hereinafter be deemed to read Exhibit B, A01 – Attachment I-II (Year 1 and 2)."

Exhibit B - Attachment I  
Budget Detail - Year 1  
July 1, 2015 - June 30, 2016

A. PERSONNEL	Title	Original Salary	<u>Amended</u> <u>Salary</u>	Original Total FTE %	<u>Amended</u> <u>Total FTE%</u>	Original Annual Cost	<u>Amended</u> <u>Annual Cost</u>
	HIV Case Manager	\$72,800-	<u>\$58,468</u>	3.1600%	<u>7.4000%</u>	\$2,300	<u>\$4,327</u>
					Total Personnel	\$2,300	<u>\$4,327</u>
B. FRINGE BENEFITS	0.00% <u>10.000%</u> of salaries				Total Fringe	\$0	<u>\$433</u>
					Total Personnel & Fringe Benefits	\$2,300	<u>\$4,759</u>
C. OPERATING EXPENSES							
	Office Expenses (supplies, copying, etc.)					\$163	<u>\$167</u>
					Total Operating Expenses	\$163	<u>\$167</u>
D. OTHER COSTS					Total Other Costs		
E. INDIRECT COSTS							
	0.00% of total personnel and fringe benefits				Total Indirect Costs		
					Total Budget	\$2,463	<u>\$4,926</u>

Exhibit B - Attachment II  
 Budget Detail - Year 2  
 July 1, 2016 - June 30, 2017

A. PERSONNEL	Title	Original Salary	Amended Salary	Original Total FTE %	Amended Total FTE%	Original Annual Cost	Amended Annual Cost
	HIV Case Manager	<del>\$72,800</del>	<u>\$58,468</u>	3.1600%	<u>6.5600%</u>	\$2,300	<u>\$3,836</u>
					Total Personnel	\$2,300	<u>\$3,836</u>
B. FRINGE BENEFITS	0.00% <u>24.000%</u> of salaries				Total Fringe	\$0	<u>\$921</u>
					Total Personnel & Fringe Benefits	\$2,300	<u>\$4,756</u>
C. OPERATING EXPENSES							
	Office Expenses (supplies, copying, etc.)					\$463	<u>\$170</u>
					Total Operating Expenses	\$463	<u>\$170</u>
D. OTHER COSTS							
					Total Other Costs		
E. INDIRECT COSTS							
	0.00% of total personnel and fringe benefits						
					Total Indirect Costs		
					Total Budget	\$2,463	<u>\$4,926</u>