## AMENDMENT #1 TO CONTRACT WITH SIERRA NEVADA MEMORIAL HOSPITAL FOUNDATION (RES 18-339)

**THIS AMENDMENT** is executed this 10<sup>th</sup> day of September, 2019 by and between SIERRA NEVADA MEMORIAL HOSPITAL FOUNDATION and COUNTY OF NEVADA. Said Amendment will amend the prior agreement between the parties entitled PERSONAL SERVICES CONTRACT executed on July 10<sup>th</sup>, 2018 by Resolution No. 18-339.

**WHEREAS**, the parties desire to amend their agreement to increase the maximum contract price from \$189,704 to \$190,004 (an increase of \$300) due to increased mileage costs and amend Exhibit "B" to reflect the change in the total maximum amount.

## **NOW, THEREFORE,** the parties hereto agree as follows:

1. This amendment shall be effective as of June 1, 2019.

COLINEY OF MEVADA.

- 2. That Section (§2), Maximum Contract Price, shall be changed to the following: \$190,004
- 3. That Exhbit "B", "Schedule of Charges and Payments", shall be revised to the amended Exhibit "B" as attached hereto and incorporated herein.
- 4. That in all other respects the prior agreement of the parties shall remain in full force and effect except as amended herein.

CONTRACTOR

COUNTY OF NEVADA:	CONTRACTOR:
By:	By:
Honorable Richard Anderson	Kimberly Parker
Chair of the Board of Supervisors	Executive Director
	P.O. Box 1810
	Grass Valley, California 95945
ATTEST:	
By:	
Julie Patterson Hunter	
Clerk of the Board of Supervisors	

# EXHIBIT "B" SCHEDULE OF CHARGES AND PAYMENTS SIERRA NEVADA MEMORIAL HOSPITAL FOUNDATION

The County shall pay to the Contractor for satisfactory performance of services as described in Exhibit "A", a maximum not to exceed \$190,004 for the entire contract term. Of this total, the maximum amount shall not exceed \$94,852 for fiscal year 2018/19 and \$95,152 for fiscal year 2019/20.

#### **CONTINGENCY**

Contract maximum is contingent and dependent upon the County's annual receipt of anticipated State/Federal Funds for contract services.

Reimbursement for services shall be based on the following:

## **Operating Budget**

## <u>Sierra Nevada Memorial Hospital Foundation/Falls Prevention Coalition of Nevada</u> County / Alzheimer's Outreach Program

Expenses	FY 18/19	FY 19/20
Personnel		
Falls Prevention Coordinator	\$25,000	\$25,000
24 months @ \$2,083.33/ month		
Contracted Nurse/ Social Worker (.4 FTE)	\$29,395	\$29,395
Alzheimer's Outreach Coordinator	\$30,000	\$30,000
Mileage		
Mileage Reimbursement for Nurse/ Social Worker	\$1,733	\$2,033
At current IRS rate at time incurred		
Direct Operating Expenses		
Fall Prevention Week Events	\$2,620	\$2,620
Vendor fees, promotion, rentals		
SNMHF Expenses for Falls Prevention activities	\$1,000	\$1,000
Office Supplies	\$100	\$100
Administrative Fee	\$5,004	\$5,004
Costs associated with Sierra Nevada Memorial Hospital Foundation as the fiscal agent		
Total Expenses	\$94,852	\$95,152

Should the categories budgeted above change by more than ten percent (10%); a budget modification shall be submitted for approval. The Department of Social Services at its sole discretion shall determine if the change in the operating budget will continue to meet the outcomes of the Agreement.

Any computer equipment provided by County to Contractor for use for services pursuant to this Agreement shall remain the property of the County.

The Contractor shall bill a monthly rate for administrative fees, not to exceed \$417 per month up to a maximum of \$10,008 for the contract term.

The County will pay to the Contractor for expenses incurred and documented for the month being invoiced in accordance with the activities detailed in Exhibit "A".

Contractor shall submit monthly invoices to:

HHSA Administration Attn: DSS Fiscal 950 Maidu Avenue Nevada City, California 95959

## **Billing and Payment Exception:**

By the tenth of June, Contractor shall provide an invoice for services rendered for the month of May. By the tenth of July, Contractor shall provide an invoice for services rendered for the month of June.