II. Certain changes made in this amendment are displayed as follows: Text additions are displayed in bold and underline. Text deletions are displayed with a strike through the text (i.e., Strike).
III. Revised Exhibit A, Scope of Work, Provision 4. as follows:
4. Project Representatives
A. The project representatives during the term of this agreement will be:

| California Department of Public Health | County of Nevada |
| :--- | :--- |
| Pia Boling, Contract Manager | Jill Blake, Public Health Director, MPA |
| Telephone: (916) 928-8543 | Telephone: (530) 265-1732 |
| Fax: (916) 928-8341 | Fax: (530) 271-0894 |
| E-mail: Pia.Boling@cdph.ca.gov | E-mail: Jill.Blake@co.nevada.ca.us |

B. Direct all inquiries to:

| California Department of Public Health | County of Nevada |
| :--- | :--- |
| CDPH/WIC Division | Attention: Debra Wilson, Senior Nutritionist, |
| Attention: Pia Boling, Contract Manager | MPH, RD, IBCLC |
| Local Services Branch | 988 McCourtney Road |
| 3901 Lennane Drive | Grass Valley, CA 95949 |
| Sacramento, CA 95834 |  |
|  |  |
| Telephone: (916) 928-8543 | Telephone: (530) 470-2439 |
| Fax: (916) 928-8341 | Fax: (530) 273-8290 |
| E-mail: Pia.Boling@cdph.ca.gov | E-mail: Debra.Wilson@co.nevada.ca.us |

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

| Remittance Address |
| :--- |
| Federal ID\#: 94-6000526 |
| FI\$CAL ID\#: |
| Contractor: County of Nevada |
| Attention: "Cashier" |
| Address: |
| 950 Maidu Ave \#120 |
| Nevada City, CA 95959 |
| Contract Number: 19-10166 A02 |
| Email: Jill.Blake@co.nevada.ca.us |

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.
IV. Revised Exhibit B, Budget Detail and Payment Provisions, Provision 1.E. as follows:
E. Amounts Payable

The amounts payable under this agreement shall not exceed: $\$ 2,030,525.00$ \$2,065,035.00 .

-Al costs will be reviewed by CDPH for appoiva
Year 1 Funding Changes $s \quad 686,655$.

| Year 2 Contract Amount $s$ | 690,659 |
| :---: | :---: |
| Year 2 Funding Changes |  | | Year 3 Contract Amount $s$ | 687,717 |
| :--- | :--- |
| Year 3 Funding Changes |  |
|  | 15,784 |

(1) Bilingual - Postions that reecive Bilingual pay will show a higher budgeted amount. Justification and back-up documentation will be kept on filie
(4) Fringe Benefits - Justification and back-up documentation will be kept on file for any tinge benefit rate that exceeds $50 \%$.

(©) Travel - All osts reimbursed shal be in a acocrdance with Calth raites.

(9) Equipment- Includes items such as: Telephone systems, intomation technology equipment, photococpy machines, etc
(1) Venicles- Will be used for Facility Site Visits, Conterences, Trainings, and Outreac

