- 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: Pia Boling, Contract Manager Local Services Branch 3901 Lennane Drive Sacramento, CA 95834	Attention: Debra Wilson, Senior Nutritionist, MPH, RD, IBCLC 988 McCourtney Road Grass Valley, CA 95949
Telephone: (916) 928-8543 Fax: (916) 928-8341 E-mail: Pia.Boling@cdph.ca.gov	Telephone: (530) 470-2439 Fax: (530) 273-8290 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 <u><b>#120</b></u>
Nevada City, CA 95959
Contract Number: 19-10166 <u>A02</u>
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.

Year 3 Contract Amount \$

Year 3 Checks/Balances \$

Year 3 Funding Changes \$ 15,784

687,717

## Exhibit B, Attachment I Budget Detail Worksheet October 1, 2019 - September 30, 2022

								'ear 1 9 - 9/30/2020									10						
Personnel	Exhibit A	Exhibit A	Current Base Annual Salary	Amended Current Base Annual Salary	Current Base Annual	Amended Current Base Annual Salary	Amended	Amended Budgeted		FTE	Amended	Budgeted	Budget	Amended Budgeted		FTE	Amended	/1/2021 - 9/30/2022 Budgeted	Budget	Amended Budgeted		Total	Amended
WIC Position Title	SOW 7.A.	Attach I	Minimum	Minimum	Maximum N	Maximum	FTE	Amount	FTE	Adj.	FTE	Amount	Adj.	Amount	FTE	Adj.	FTE	Amount	Adj.	Amount	Total	Budget Adj.	Total
WIC Director	1-23	1-8	79,167		96,647		1.00	84,384	1.00		1.00	84,384		84,384	1.00		1.00	84,384		84,384	253,152	-	253,152
Nutritionist	3-15, 21	1-5, 7-8	71,652		87,472		0.75	58,410	0.70	0.14	0.84	53,461	12,504	65,965	0.70	0.10	0.80	53,461	8,989	62,450	165,332	21,493	186,825
Senior WIC Nutrition Assistant	3-12, 21	1-5, 7-8	42,230		51,554		1.00	45,013	1.00		1.00	45.013		45.013	1.00		1.00	45,013		45,013	135.039	-	135.039
Senior WIC Nutrition Assistant - (1) (2)	3-12, 21	1-5, 8	42,230		51,554		0.40	20,706	0.40		0.40	20,706		20,706	0.40		0.40	20,706		20,706	62,118		62,118
WIC Nutrition Assistant	3-12, 21	1-5	38,221		46.600		1.00	40,739			1.00	40,739		40,739			1.00	40,739		40,739	122,217	-	122,217
WIC Nutrition Assistant - (1)	3-12, 18, 21, 23		38.221		46.600		1.00	42,777			1.00	42,777		42,777	1.00		1.00	42,777		42,777	128.331	-	128.331
Peer Counselor (Truckee) Temp	5-12, 21	1-5. 8	38.221		46.600		0.30	13.048			0.30	13.048		13.048	0.30		0.30	13.048		13.048	39.144		39.144
Peer Counselor (Grass Valley) Temp	5-12, 21	3-4, 8	34.592		42.230		1.30	45,230			1.30	45.230		45,230			1.30	45,230		45,230	135.690		135.690
Program Manager	1-23	5	98,407		120.135		0.05	5,200			0.05	5,200		5,200			0.05	5,200		5,200	15,600		15,600
r rogram managor	1 20		50,401		120,100		0.00	0,200	0.00		0.00	0,200		0,200	0.00		0.00	0,200		0,200	10,000		10,000
							0.00				0.00			_			0.00			_		_	_
							0.00				0.00						0.00			_			_
Overtime (3)							0.00	<u> </u>		l	0.00			-	-		0.00			-		-	_
Salaries and Wages		1						355,507	-		-	350,558	12,504	363,062	-		-	350,558	8,989	359,547	1,056,623	21,493	1,078,116
Total FTE							6.80	355,507	6.75	0.14	6.89	350,558	12,504	363,062	6.75	0.10	6.85	350,558	8,989	359,547	1,056,623	21,493	1,078,116
Fringe Benefits (4)							Amended Percent	Amended Budgeted Amount	Percent	0.14	Amended Percent	Budgeted Amount	Budget Adi.	Amended Budgeted Amount	Percent	0.10	Amended Percent	Budgeted Amount	Budget Adi.	Amended Budgeted Amount	Total	Total Budget Adj.	Amended Total
Tilige Deliella (4)							56.0700%	199.332	56.0700%		reicent	196,557	7,011	203.568	56.0700%		Fercent	196.557	5,041	201,598	592,446	12,052	604.498
T-1-10							36.0700%		36.0700%	I			7,011		36.0700%				3,041			33,545	
Total Personnel  Operating Expenses	Exhibit A SOW 7.A.	Exhibit A Attach I						554,839 Amended Budgeted Amount				547,115 Budgeted Amount	Budget Adi.	566,630 Amended Budgeted Amount				547,115 Budgeted Amount	Budget Adj.	561,145 Amended Budgeted Amount	1,649,069 Total	Total Budget Adj.	1,682,614 Amended Total
General Expenses (5)	6, 17,18,19	1-9						8,711				2,674	3,047					9,574	Auj.	9,574	20,959	3,047	
Travel (6)	0, 17,10,19	1-9	ł					8,/11	-			2,074	3,047	5,721	-			9,574		9,574	20,959	3,047	24,006
	4, 5, 7, 17	1-9	ł					1,375	-			1.375	625	2,000	-			1.375		1.375	4.125	625	4.750
Training Outreach/Media/Promotion	4, 5, 7, 17	1-9	ł					1,3/5	-			1,3/5	625	2,000	-			1,3/5		1,3/5	4,125	625	4,750
Facility Costs (See Exhibit B, Attach II for breakdown) (7)	11	1-9	ł					45,480	-			45,480		45.480	-		-	45,480		45.480	136.440	-	136.440
	11	1-9							-		-				-		-						
Total Operating Expenses	1	1						55,566 Amended				49,529	3,672	53,201 Amended				56,429	-	56,429 Amended	161,524	3,672	165,196
Major Equipment ® (Unit Cost of \$5,000 or More)	Exhibit A SOW 7.A.	Exhibit A Attach I						Budgeted Amount				Budgeted Amount	Budget Adj.	Budgeted Amount				Budgeted Amount	Budget Adj.	Budgeted Amount	Total	Total Budget Adj.	Amended Total
Equipment (9)	6,17,18, 20, 21		]				L	-	_		L	-		-	_		L	-		-	-	-	-
Vehicles (10)	8, 17,18,19	1-9						-	_		L	-		-	_			-		-	-	-	-
Total Major Equipment								-				-	-	-				-	-	-	-	-	-
Subcontracts (1)	Exhibit A SOW 7.A.	Exhibit A Attach I						Amended Budgeted Amount				Budgeted Amount	Budget Adj.	Amended Budgeted Amount				Budgeted Amount	Budget Adj.	Amended Budgeted Amount	Total	Total Budget Adj.	Amended Total
Kristine Jessen-Mather, International Board Certified Lacation Consultant (IBCLC) - Provide lactation/consulting services to WIC Participants	16	1-5, 8						6,900				6,900	(6,900)	-				-			13,800	(6,900)	6,900
								-	-			-		-	-			-		-	-	-	-
								-				-		-			Γ	-			-	-	-
Total Subcontracts								6,900				6,900	(6,900)					-		-	13,800	(6,900)	6,900
Indirect Costs							Amended Percent	Amended Budgeted Amount	Percent		Amended Percent	Budgeted Amount	Budget Adj.	Amended Budgeted Amount	Percent		Amended Percent	Budgeted Amount	Budget Adj.	Amended Budgeted Amount	Total	Total Budget Adj.	Amended Total
Total Personnel Costs							12.5000%	69,354	12.5000%			68,389	2,439	70,828	12.5000%			68,389	1,754	70,143	206,132	4,193	210,325
Total Indirect Costs								69,354				68,389	2,439	70,828				68,389	1,754	70,143	206,132	4,193	210,325
Total Budget								\$ 686,659				\$ 671,933	\$ 18,726	\$ 690,659				\$ 671,933	\$ 15,784	\$ 687,717	\$ 2,030,525	\$ 34,510	\$ 2,065,035

\*All costs will be reviewed by CDPH for approval

① Bilingual - Positions that receive Bilingual pay will show a higher budgeted amount. Justification and back-up documentation will be kept on file.

Year 1 Contract Amount \$

Year 1 Funding Changes \$

Year 1 Checks/Balances \$

686,659

Year 2 Contract Amount \$

Year 2 Funding Changes \$

Year 2 Checks/Balances \$

② Additional Pay (Longevity, Retention, Differential and COLA) - Positions that receive these compensations will show a higher budgeted amount. Justification and back-up documentation will be kept on file.

③ Overtime - Requires justification if amount does not seem reasonable. Justification will be kept on file.

<sup>4</sup> Fringe Benefits - Justification and back-up documentation will be kept on file for any fringe benefit rate that exceeds 50%.

③ General Expenses - Includes items such as: Minor equipment (i.e., office furniture, IT equipment, anthropometric items, etc.), professional certifications, audit costs, vehicle maintenance, IT maintenance, program materials, office expenses (i.e., telephone services, printing, postage, supplies, etc.), etc.

Travel - All costs reimbursed shall be in accordance with CalHR rates.

Tacility Costs - Includes Rent, Utilities, Janitorial, Security, and Maintenance.

<sup>(8)</sup> Major Equipment - Unit cost must be \$5,000 or more. Refer to Exhibit D, Provision 1 for procurement rules.

<sup>9</sup> Equipment - Includes items such as: Telephone systems, information technology equipment, photocopy machines, etc.

Vehicles - Will be used for Facility Site Visits, Conferences, Trainings, and Outreach.

Subcontractors - List the subcontractor's name and short list of services provided.