

RESOLUTION No. 21-143

OF THE BOARD OF SUPERVISORS OF THE COUNTY OF NEVADA

RESOLUTION APPROVING EXECUTION OF AMENDMENT A02 TO THE RENEWAL AGREEMENT NUMBER 19-10166 WITH THE CALIFORNIA DEPARTMENT OF PUBLIC HEALTH (CDPH) WHICH INCREASES THE MAXIMUM AMOUNT FROM \$2,030,525 TO \$2,065,035 (AN INCREASE OF \$34,510) FOR THE WOMEN, INFANTS, AND CHILDREN (WIC) SUPPLEMENTAL NUTRITION PROGRAM FOR THE TERM OF OCTOBER 1, 2019 THROUGH SEPTEMBER 30, 2022 AND AUTHORIZING AND DIRECTING THE AUDITOR- CONTROLLER TO AMEND THE PUBLIC HEALTH DEPARTMENT'S BUDGET FOR FISCAL YEAR 2020/21 (4/5 AFFIRMATIVE VOTE REQUIRED)

WHEREAS, per Resolution 19-517 the Board of Supervisors approved Agreement Number 19-10166 with the California Department of Public Health (CDPH) for the County's Women, Infants, and Children (WIC) Supplemental Nutrition Program and was subsequently amended on September 22, 2020, per Resolution 20-407; and

WHEREAS, the WIC Program provides beneficial services to the community including supplemental food vouchers, nutrition education, and referral services for eligible pregnant, breastfeeding, and postpartum women, infants and children under the age of five; and

WHEREAS, Amendment A02 increases the funding level of the Agreement in Federal Fiscal Year 2020/21 and 2021/22 for costs reimbursable under the Families First Coronavirus Response Act.

NOW, THEREFORE, BE IT HEREBY RESOLVED by the Board of Supervisors of the County of Nevada, State of California that Amendment A02 to Agreement Number 19-10166 with the California Department of Public Health for funding the County's Women, Infants, and Children (WIC) Supplemental Nutrition Program pertaining to increasing the maximum amount from \$2,030,525 to \$2,065,035 (an increase of \$34,510) for the agreement term of October 1, 2019 through September 30, 2022 be and hereby is approved in substantially the form attached hereto and that the Chair of the Board of Supervisors be and hereby authorized to execute the Amendment on behalf of the County of Nevada.

BE IT FURTHER RESOLVED that the Auditor-Controller is authorized and directed to amend the Public Health Department's Budget for Fiscal Year 2020/21 as follows:

	Fiscal Year 2020/21	
Revenue	1589-40102-492-3401 / 446080	\$12,746
Expenditure	1589-40102-492-3401 / 522090	\$12,746

PASSED AND ADOPTED by the Board of Supervisors of the County of Nevada at a regular meeting of said Board, held on the <u>11th</u> day of <u>May</u>, <u>2021</u>, by the following vote of said Board:

Ayes:	Supervisors Heidi Hall, Edward Scofield, Dan Miller, Susan K. Hoek and Hardy Bullock.
Noes:	None.
Absent:	None.
Abstain:	None.

ATTEST:

JULIE PATTERSON HUNTER Clerk of the Board of Supervisors

Dan Miller, Chair

6/29/2021 cc:

PH* AC* (Release)

5/11/2021 cc:

PH* AC*(hold)

STATE OF CALIFORNIA - DEPARTMENT OF GENERAL SERVICES STANDARD AGREEMENT - AMENDMENT		SCO ID	: 4265-1910166-	-A2						
STD 213A (Rev. 4/2020)	AGREEMENT NUMBER		AMENDMENT NUMBER	Purchasing Autho	aritu Numbar					
CHECK HERE IF ADDITIONAL PAGES ARE ATTACHED 1 PAGES	19-10166		A02	Furthasing Autor	only Number					
1. This Agreement is entered into between the Contracting Agen		ned below								
	cy and the contractor nam	neu beluw	•							
CONTRACTING AGENCY NAME California Department of Public Health										
CONTRACTOR NAME										
County of Nevada										
2. The term of this Agreement is:			•							
START DATE										
October 1, 2019										
THROUGH END DATE										
September 30, 2022										
3. The maximum amount of this Agreement after this Amendmen	nt is:									
\$2,065,035.00 Two Million Sixty-Five Thousand Thirty Five	Dollars									
4. The parties mutually agree to this amendment as follows. A incorporated herein:	Il actions noted below an	re by this	reference made a pa	rt of the Agreeme	int and					
I. This amendment increases the contract by \$34,510.00, changing and is shifting funds in fiscal years 2 and 3 in order to accommode the second se										
All other terms and conditions shall remain the same.										
IN WITNESS WHEREOF, THIS AGREEMENT HAS BEEN EXECUTED	BY THE PARTIES HERETO.									
	CONTRACTOR									
CONTRACTOR NAME (if other than an individual, state whether a corporat										
Country of Nevada	ion, partnersnip, etc.)									
,		Land		lezar	T					
CONTRACTOR BUSINESS ADDRESS		CITY	ada City	STATE	ZIP 95959					
950 Maidu Avenue					32323					
PRINTED NAME OF PERSON SIGNING		TITLE								
Dan Miller		Chai	Chair, Board of Supervisors							
CONTRACTOR AUTHORIZED GRATURE			SIGNED 111/2021							
S	TATE OF CALIFORNIA									
CONTRACTING AGENCY NAME California Department of Public Health										
CONTRACTING AGENCY ADDRESS		CITY		STATE	ZIP					
1616 Capitol Avenue, Suite 74.262, MS 1802, PO Box 99737	7		amento	CA	95899					
•		TITLE								
printed name of person signing Joseph Torrez			Chief, Contracts Management Unit							
				mencom						
CONTRACTING AGENCY AUTHORIZED SIGNATURE	PROVED	DATE	SIGNED 6/2/21							
CALIFORNIA DEPARTMENT OF GENERAL SERVICES APPROVAL	JUN 17 2021 EE:pg OF LEGAL SERVICES ENT OF GENERAL SERVICES	5	PTION (lf Applicable)							

- II. Certain changes made in this amendment are displayed as follows: Text additions are displayed in <u>bold and underline</u>. Text deletions are displayed with a strike through the text (i.e., <u>Strike</u>).
- 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>#120</u>	
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.

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

Personnel Current Curr							10/1/201	fear 1 9 - 9/30/2020		1000	10/	Year 2 1/2020 - 9/30/2021			Year 3 10/1/2021 - 9/30/2022						-	Total	Amended
	Amended Current Base Annual Salary	Amended	Amended Budgeted		FTE	Amended	Budgeted	Budget	Amended Budgeted		FTE	Amended	Budgeted	Budget	Amended Budgeted								
WIC Position Title	SOW 7.A.	Attach I	Minimum	Minimum	Maximum	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		95,647		1.00	84,384	1.00		1.00	84,384		84,384	1.00		1.00	84,384		84,384	253,152		253,1
Nutritionist	3-15, 21	1-5. 7-8	71.652		87.472		0.75	58,410	0.70			53,461	12,504	65,965	0.70	0.10		53,461	8,989	62,450	165,332	21,493	
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		135.0
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		62,1
WIC Nutrition Assistant	3-12, 21	1-5	38,221		46,600		1.00	40,739	1.00		1.00	40,739		40,739	1.00		1.00	40.739		40,739	122,217	•	122,2
WIC Nutrition Assistant - (1)		1-6	38.221		46,600		1.00	42,777	1.00		1.00	42,777		42,777	1.00		1.00	42,777		42,777	128,331	•	
Peer Counselor (Truckee) Temp	5-12, 21	1-5.8	38.221		46,600		0.30	13,048	0.30		0.30	13,048		13,048	0,30		0.30	13.048		13,048	39,144	i	39,1 135.6
Peer Counselor (Grass Valley) Temp	5-12.21	3-4.8	34.592		42,230		1.30	45,230	1.30		1.30	45,230		45,230	1.30		1.30	45.230		45.230	135,690	·	
Program Manager	1-23	5	98,407		120,135		0.05	5,200	0.05		0.05	5,200		5,200	0.05		0.05	5.200		5.200	15,600		15.6
							0.00		1. St		0.00			•			0.00				· ·	· · · ·	
							0,00	-			0.00						0.00				· · ·	·	
							0,00				0.00			•			0,00		+			ا	
Overtime ③			L				, ŀ	•			H			•			H	No. of the second s					
Salaries and Wages								355,507				350,558	12,504	363,052				350,558	8,989	359,547	1,056,623	21,493	1,078,1
Total FTE							6.80		6.75	0.14	6.89				6.75	0.10	6.85						
							Amended Percent	Amended Budgeted Amount	Percent		Amended	Budgeted	Budget Adi,	Amended Budgeted Amount	Percent		Amended Percent	Budgeted Amount	Budget Adi.	Amended Budgeted Amount	Total	Total Budget Adj.	Amended
Fringe Benefits (4)							56,0700%				Percent			203.568	56.0700%		Percent	196,557	5.041	201,598	592.446	12,052	604.4
							56.0700%	199,332	56.0700%			196,557	7,011		56,0700%				5,041				1,682,6
Total Personnel		1	1					554,839 Amended				547,115		566,630 Amended				547,115		561,145 Amended	1,649,069	33.545	1,682,6
Operating Expenses	Exhibit A SOW 7.A.	Exhibit A Attach I						Budgeted				Budgeted Amount	Budget Adj.	Budgeted				Budgeted Amount	Budget Adj.	Budgeted	Total	Total Budget Adj.	Amended Total
General Expenses (\$)	6. 17, 18, 19	1-9						8,711				2,674	3,047	5,721				9,574		9.574	20,959	3,047	24,00
Travel (6)	8	1-9	1				ł				F				1						-	-	
Training	4, 5, 7, 17	1-9	1				1	1,375			F	1,375	625	2,000	1			1,375		1,375	4,125	625	4,75
Outreach/Media/Promotion	17	1-9	1				ł				E E				1						-	-	
Facility Costs (See Exhibit B, Attach II for breakdown) (7)	11	1-9	1				t t	45.480			F	45,480		45,480	1			45,480	-	45,480	136,440	-	136,44
Total Operating Expenses	distantin and a second	dia mana						55,566			t	49,529	3,672	53,201	1			56.429	-	56,429	161.524	3.672	165,19
Total Operating Expenses	Exhibit A	Exhibit A	1					Amended Budgeted		105 5.3	no. sy ensited	Budgeted	Budget	Amended Budgeted	0.0	S	1	Budgeted	Budget	Amended Budgeted		Total	Amended
Major Equipment (8) (Unit Cost of \$5,000 or More)	SOW 7.A.	Attach I						Amount	8 W. (11		1.12	Amount	Adj.	Amount	1.55			Amount	Adj.	Amount	Total	Budget Adj.	Total
Equipment (9)	6,17,18, 20, 21																					· · · · · ·	
Vehicles (10)	8, 17, 18, 19	1-9	1				1				t				1		-					()	
Total Major Equipment	0, 11,10,10	1-0	1								E E				1		F						
rotal major Equipment	1	1	1					Amended						Amended						Amended			
Subcontracts (1)	Exhibit A SOW 7.A.	Exhibit A Attach I						Budgeted Amount		1.1		Budgeted Amount	Budget Adj.	Budgeted Amount				Budgeted Amount	Budget Adj.	Budgeted Amount	Total	Total Budget Adj.	Amended Total
Kristine Jessen-Mather, International Board Certified Lacation Consultant (IBCLC) - Provide lactation/consulting services to WIC												6 000	(5.000)							1.4	13,800	(6,900)	6,90
Participants	10	1-5, 8	1					6,900				6,900	(6.900)									(6.300)	6,3
			1					:			ł	-					E						
Total Subcontracts								6,900 Amended			-	6,900	(6,900)	- Amended					· ·	- Amended	13,800	(6,900)	6,90
Indirect Costs							Amended Percent	Amended Budgeted Amount	Percent		Amended Percent	Budgeted Amount	Budget Adi,	Budgeted Amount	Percent		Amended Percent	Budgeted Amount	Budget Adj.	Budgeted	Total	Total Budget Adj.	Amended Total
Total Personnel Costs	1						12,5000%	69,354	12,5000%			68.389	2,439	70,828	12.5000%			68,389	1,754	70,143	206,132	4,193	210.33
Total Indirect Costs							1	69.354				68,389	2,439	70,828	1			68,389	1,754	70,143	206,132	4,193	
Total indirect costs								05,004															
Total Budget								\$ 686,659				\$ 671,933	\$ 18,726	\$ 690,659			1	671,933	\$ 15,784	\$ 687,717	\$ 2,030,525	IS 34.510	\$ 2,065.03

*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.

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.

() 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 funiture, IT equipment, anthropometric items, etc.), professional conflications, audit costs, vehicle maintenance, IT maintenance, IT maintenance, IT maintenance, items and items and

Year 1 Checks/Balances \$

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

(7) Facility Costs - Includes Rent, Utilities, Janitorial, Security, and Maintenance.

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

Equipment - Includes items such as: Telephone systems, information technology equipment, photocopy machines, etc.

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

(1) Subcontractors - List the subcontractor's name and short list of services provided,

Year 2 Checks/Balances \$

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Year 3 Checks/Balances \$

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