

STANDARD AGREEMENT AMENDMENT

STD 213A (Rev 6/03)

Check here if additional pages are added: 1 Page(s)

Agreement Number 14-10503	Amendment Number A02
Registration Number: <u>ep 1382459</u>	

1. This Agreement is entered into between the State Agency and Contractor named below:

State Agency's Name California Department of Public Health	Also known as CDPH or the State
Contractor's Name Humboldt County	(Also referred to as Contractor)
2. The term of this Agreement is: July 1, 2014 through June 30, 2017
3. The maximum amount of this Agreement after this amendment is: **\$ 1,952,679.00**
 One Million Nine Hundred Fifty Two Thousand Six Hundred Seventy Nine 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. The purpose of this amendment is to amend Exhibit A, Scope of Work, and Exhibit B, Budget, to adjust the funding amount for State Fiscal Year (SFY) 15/16 to allow the contractor to complete the services outlined in the original scope of work (SOW).
- 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 through~~).



(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.

CONTRACTOR		CALIFORNIA Department of General Services Use Only
Contractor's Name (If other than an individual, state whether a corporation, partnership, etc.) Humboldt County		
By (Authorized Signature) 	Date Signed (Do not type) <u>2.26.2016</u>	
Printed Name and Title of Person Signing Estelle Fennell, Chair, Board of Supervisors <u>Susan Buckley, Director</u>		
Address 825 5th Street, Eureka, CA 95501		
STATE OF CALIFORNIA		<input checked="" type="checkbox"/> Exempt per: HSC 101319
Agency Name California Department of Public Health		
By (Authorized Signature) 	Date Signed (Do not type) <u>3/10/16</u>	
Printed Name and Title of Person Signing Jeff Mapes, Chief, Contracts Management Unit		
Address 1616 Capitol Avenue, Suite 74.317, MS 1802, P.O. Box 997377, Sacramento, CA 95899-7377		

III. Exhibit A, Scope of Work, Attachment 1, is hereby replaced in its entirety.

IV. Exhibit B – Page 2, paragraph 4, and page 6 – paragraph 11, are amended as follows:

4. Amounts Payable

A. The maximum amount payable under this agreement shall not exceed the total sum of ~~\$1,887,696.00~~ ~~\$1,925,329.00~~ **\$1,952,679.00**. Financial year individual fund limits are:

1) Financial Year July 1, 2014 through June 30, 2015. **Funds pursuant to this amendment must be expended by June 30, 2015 and will be liquidated first.**

1. ~~\$175,136.00~~ **\$151,096.00**, CDC PHEP Base Funds.
2. ~~\$260,246.00~~ **\$234,702.00**, Laboratory Funds.
3. \$0.00, Laboratory Trainee Funds.
4. \$0.00, Laboratory Training Assistance Funds.
5. \$0.00, Cities Readiness Initiative Funds.
6. ~~\$129,293.00~~ ~~\$166,926.00~~ **\$118,255.00**, HPP Funds.
7. \$64,557.00, State General Funds Pandemic Influenza Funds.

2) Financial Year July 1, 2015 through June 30, 2016

1. ~~\$175,136.00~~ **\$197,452.00**, CDC PHEP Base Funds.
2. ~~\$260,246.00~~ **\$315,790.00**, Laboratory Funds.
3. \$0.00, Laboratory Trainee Funds.
4. \$0.00, Laboratory Training Assistance Funds.
5. \$0.00, Cities Readiness Initiative Funds.
6. ~~\$129,293.00~~ **\$177,153.00**, HPP Funds.
7. ~~\$64,557.00~~ **\$64,442.00**, State General Funds Pandemic Influenza Funds.

3) Financial Year July 1, 2016 through June 30, 2017

1. \$175,136.00, CDC PHEP Base Funds.
2. \$260,246.00, Laboratory Funds.
3. \$0.00, Laboratory Trainee Funds.
4. \$0.00, Laboratory Training Assistance Funds
5. \$0.00, Cities Readiness Initiative Funds
6. \$129,293.00, HPP Funds.
7. \$64,557.00, State General Funds Pandemic Influenza Funds.

11. Advance Payment Authority and Limitation

B. Each fiscal year, upon the submission of an application for funding by the administrative body of a local health jurisdiction, the department shall make the first quarterly payment to each eligible local health jurisdiction. Subsequent payments will be made pursuant to this Agreement or an amendment to this agreement, and those payments would not be advance payments, they would be quarterly allocations **as detailed in Attachment 1 - Payment Criteria.**

V. Paragraph 4 (incorporated exhibits) Exhibit B. Attachment 1 – Payment Criteria is hereby revised and replaced in its entirety.

VI. Exhibit B – Attachment 2 and 3, are hereby replaced in their entirety.