

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

Agreement Number 15-10253	Amendment Number A01
Registration Number:	

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 County of Fresno	(Also referred to as Contractor)

2. The term of this Agreement is: **July 1, 2015 through June 30, 2019**

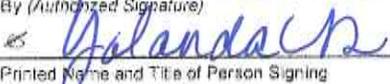
3. The maximum amount of this Agreement after this amendment is: **\$ 426,780**
Four Hundred Twenty-Six Thousand, Seven Hundred Eighty Dollars

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 modify the budgets for Years 2, 3, and 4. This amendment reduces the budget for Year 2 by \$16,000 and \$32,000 for Years 3 and 4 through a reduction in the activities by omitting Part 6 of the Scope of Work. The amendment adjusts the salaries and benefit rate to align it with current rates, omits the Supervising Communicable Disease Specialist, reduces the travel line item, and updates the Indirect Cost Rate. These modifications bring the salaries and benefit rate into alignment with the current rates for the local health jurisdictions to allow for the continuation of services.
- 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~~).
- iii. Exhibit A, Scope of Work, page 23 of 29, is hereby amended and replaced in its entirety.
- iv. Exhibit B, Attachment I, Budget, Year 2, 3, and 4, are hereby replaced in its entirety with Exhibit B, A01, Attachment I, Budget (Year 2), (Year 3), and (Year 4).

All other terms and conditions shall remain the same.

IN WITNESS WHEREOF, this Agreement has been executed by the parties hereto.

CONTRACTOR	
Contractor's Name (If other than an individual, state whether a corporation, partnership, etc.) County of Fresno	
By (Authorized Signature) 	Date Signed (Do not type) February 7, 2017
Printed Name and Title of Person Signing Brian Pacheco, Chairman, Board of Supervisors	
Address 2281 Tulare Street, Room #301 Fresno, CA 93721	
STATE OF CALIFORNIA	
Agency Name California Department of Public Health	
By (Authorized Signature) 	Date Signed (Do not type) 2/14/17
Printed Name and Title of Person Signing Yolanda Murillo, Chief, Contracts Management Unit	
Address 1616 Capitol Avenue, Suite 74.317, MS 1802, P.O. Box 997277 Sacramento, CA 95899-7377	

CALIFORNIA Department of General Services Use Only   OFFICE OF LEGAL SERVICES DEPT. OF GENERAL SERVICES
 <input type="checkbox"/> Exempt per:

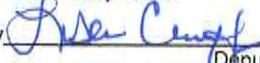
ATTEST:
 BERNICE E. SEIDEL, Clerk
 Board of Supervisors
 By 
 Deputy

Exhibit A
Scope of Work

Part 6: Chlamydia Screening Quality Improvement in Primary Care (CT QI Project and Evaluation)

- Goal 1:** Improve chlamydia screening among young women within the primary care setting.
Goal 2: Evaluate effectiveness of CT QI project efforts.

Participating in CT QI Project Not participating in CT QI Project

The Contractor is responsible for completing all CT QI Project activities as outlined below. End-of-Year reports should be submitted to the STDLHJContracts@cdph.ca.gov by July 31 following the end of each fiscal year during the term of this contract. The report for the period of July 1, 2018 through June 30, 2019 will be due on June 30, 2109.

Activities		Performance Indicators or Deliverables <small>* = CDPH will provide biannual reports with indicator</small>	Timeline
I. Support CT QI efforts within partnering health plans and primary care provider groups serving LHJ.			
A.	Identify a project manager who will provide dedicated time, as per the percent FTE identified and funded in budget, to the coordination and implementation of this project.	Inclusion in the End-of-Year report.	7/1/15 – 6/30/19
B.	Participate in and plan site visitations with STDCB and their partners, as needed.	Site visits attended, if applicable.	7/1/15 – 6/30/19
C.	Attend CT QI project meetings and conference calls, as scheduled; and assist in planning meetings, as requested.	Meetings and conference calls attended, as requested.	7/1/15 – 6/30/19

Exhibit B, Attachment II
Budget
Year 2
July 1, 2016 – June 30, 2017

PERSONNEL

Classification	Monthly Salary		Percent of Time		Months on Project	Budget	Amended Budget	Amended Total
	Original	Amended	Original	Amended				
Communicable Disease Specialist II	\$4,484	<u>\$4,454</u>	0.65626	<u>0.61955</u>	12	<u>\$32,926</u>	<u>\$188</u>	<u>\$33,114</u>
Office Assistant III	\$2,980	<u>\$1,930</u>	0.44448	<u>0.1785</u>	12	<u>\$3,976</u>	<u>\$158</u>	<u>\$4,134</u>
Supervising Communicable Disease Specialist	\$4,500	<u>\$4,799</u>	0.27547	<u>0.12971</u>	12	<u>\$14,859</u>	<u>(\$7,389)</u>	<u>\$7,470</u>
Total Personnel						\$51,761	(\$7,043)	\$44,718
* Fringe Benefits @ 86.038%						<u>\$44,534</u>	<u>(\$6,690)</u>	<u>\$37,844</u>
Total Personnel & Benefits						\$96,295	(\$13,733)	\$82,562
OPERATING EXPENSES								
Lab services (approximately 360 tests)						\$13,968	\$0	\$13,968
Specimen courier service (bi-weekly deliveries)						\$1,300	\$0	\$1,300
Total Operating Expenses						\$15,268	\$0	\$15,268
EQUIPMENT						\$0		
TRAVEL (meetings, 8 - 10 site visits/year)						<u>\$1,000</u>	<u>(\$250)</u>	<u>\$750</u>
SUBCONTRACTORS								
Total Subcontractors						\$0	\$0	\$0
OTHER COSTS						\$0	\$0	\$0
INDIRECT COSTS (14.676% <u>14.674%</u> OF PERSONNEL AND BENEFITS)						<u>\$14,132</u>	<u>(\$2,017)</u>	<u>\$12,115</u>
BUDGET GRAND TOTAL						\$126,695	(\$16,000)	\$110,695

* Fringe Benefits- Rates are calculated by County of Fresno budget office and MOU personnel Services. The median County of Fresno fringe benefit rates vary based on classification.

Exhibit B, Attachment III
Budget
Year 3
July 1, 2017 – June 30, 2018

PERSONNEL

Classification	Monthly Salary		Percent of Time		Months on Project	Budget	Amended Budget	Amended Total
	Original	Amended	Original	Amended				
Communicable Disease Specialist II	\$4,184	\$4,563	0.65089	0.6009	12	\$32,656	\$247	\$32,903
Office Assistant III	\$2,980	\$1,991	0.14023	0.17253	12	\$3,942	\$180	\$4,122
Supervising Communicable Disease Specialist	\$4,600	\$0	0.27293	0	12	\$14,738	(\$14,738)	\$0
Total Personnel						\$51,336	(\$14,311)	\$37,025
* Fringe Benefits @ 87.578%		85.891%				\$44,959	(\$13,158)	\$31,801
Total Personnel & Benefits						\$96,295	(\$27,470)	\$68,825
OPERATING EXPENSES								
Lab services (approximately 360 tests)						\$13,968	\$0	\$13,968
Specimen courier service (bi-weekly deliveries)						\$1,300	\$0	\$1,300
Total Operating Expenses						\$15,268	\$0	\$15,268
EQUIPMENT								
						\$0	\$0	\$0
TRAVEL (meetings, 8 - 10 site visits/year)								
						\$1,000	(\$500)	\$500
SUBCONTRACTORS								
						\$0	\$0	\$0
Total Subcontractors						\$0	\$0	\$0
OTHER COSTS								
						\$0	\$0	\$0
INDIRECT COSTS (44.676% 14.6778% OF PERSONNEL AND BENEFITS)								
						\$14,132	(\$4,030)	\$10,102
BUDGET GRAND TOTAL						\$126,695	(\$32,000)	\$94,695

* Fringe Benefits- Rates are calculated by County of Fresno budget office and MOU personnel Services. The median County of Fresno fringe benefit rates vary based on classification.

Exhibit B, Attachment IV
Budget
Year 4
July 1, 2018 – June 30, 2019

PERSONNEL

Classification	Monthly Salary		Percent of Time		Months on Project	Budget	Amended Budget	Amended Total
	Original	Amended	Original	Amended				
Communicable Disease Specialist II	\$4,184	<u>\$4,563</u>	0.6466	<u>0.59606</u>	12	<u>\$32,391</u>	<u>\$247</u>	<u>\$32,638</u>
Office Assistant III	\$2,980	<u>\$2,055</u>	0.10926	<u>0.1666</u>	12	<u>\$3,907</u>	<u>\$201</u>	<u>\$4,108</u>
Supervising Communicable Disease Specialist	\$4,500	<u>\$0</u>	0.2707	<u>0</u>	12	<u>\$14,618</u>	<u>(\$14,618)</u>	<u>\$0</u>
Total Personnel						\$50,916	(\$14,170)	\$36,746
* Fringe Benefits @ 89.126% 87.299%						\$45,379	(\$13,300)	\$32,079
Total Personnel & Benefits						\$96,295	(\$27,470)	\$68,825
OPERATING EXPENSES								
Lab services (approximately 360 tests)						\$13,968	\$0	\$13,968
Specimen courier service (bi-weekly deliveries)						\$1,300	\$0	\$1,300
Total Operating Expenses						\$15,268	\$0	\$15,268
EQUIPMENT								
EQUIPMENT						\$0	\$0	\$0
TRAVEL (meetings, 8 - 10 site visits/year)								
TRAVEL (meetings, 8 - 10 site visits/year)						<u>\$1,000</u>	<u>(\$500)</u>	<u>\$500</u>
SUBCONTRACTORS								
SUBCONTRACTORS						\$0	\$0	\$0
Total Subcontractors						\$0	\$0	\$0
OTHER COSTS								
OTHER COSTS						\$0	\$0	\$0
INDIRECT COSTS (14.676% OF PERSONNEL AND BENEFITS)						\$14,132	(\$4,030)	\$10,102
BUDGET GRAND TOTAL						\$126,695	(\$32,000)	\$94,695

* Fringe Benefits- Rates are calculated by County of Fresno budget office and MOU personnel Services. The median County of Fresno fringe benefit rates vary based on classification.

AGREEMENT BETWEEN THE COUNTY OF FRESNO AND THE STATE OF CALIFORNIA

CA Dept. of Public Health, STD Control Branch
STD Prevention and Control Agreement Amendment
(#15-10253, A01)

Term: July 1, 2015 – June 30, 2019

APPROVED AS TO LEGAL FORM:
DANIEL C. CEDERBORG,
COUNTY COUNSEL

By  _____

APPROVED AS TO ACCOUNTING FORM:
OSCAR J. GARCIA, C.P.A., AUDITOR-CONTROLLER/
TREASURER -TAX COLLECTOR

By  _____

REVIEWED AND RECOMMENDED FOR APPROVAL:

By  _____
David Pomaville
Director
Department of Public Health

Fund/Subclass: 0001/10000
Organization #: 56201661
Revenue: 3530