

AMENDMENT I TO AGREEMENT

THIS AMENDMENT, hereinafter referred to as "Amendment I", is made and entered into this 27th day of September, 2016, by and between the **COUNTY OF FRESNO**, a Political Subdivision of the State of California, hereinafter referred to as "COUNTY", and **CALIFORNIA HEALTH COLLABORATIVE**, a California Non-Profit Organization, whose address is 1680 West Shaw Avenue, Fresno, CA 93711-3504, hereinafter referred to as "CONTRACTOR" (collectively the "parties").

WHEREAS the parties entered into that certain Agreement, identified as COUNTY Agreement No. A-13-723, effective November 12, 2013, hereinafter referred to as "Agreement", whereby CONTRACTOR agreed to provide certain community engagement and nutrition education services to COUNTY's Department of Public Health; and

WHEREAS the parties now desire to amend the Agreement regarding changes as stated below and restate the Agreement in its entirety.

NOW, THEREFORE, in consideration of their mutual promises, covenants and conditions, hereinafter set forth, the sufficiency of which is hereby acknowledged, the parties agree as follows:

1. This Agreement shall be extended for an additional three (3) month period beginning October 1, 2016 through and including December 31, 2016 upon the same terms and conditions herein set forth.

2. For the additional three (3) month period, from October 1, 2016 to December 31, 2016, CONTRACTOR shall perform all services and fulfill all responsibilities as set forth in the extended Scope of Work, attached hereto as Exhibit A-1, incorporated herein by reference and made part of this Agreement.

3. That the following be added to existing COUNTY Agreement No. A-13-723, Section Four (4), "COMPENSATION," beginning on Page 4, Line 1 before the letter "A":

"In no event shall services performed under this Agreement be in excess of Fifty-Eight Thousand, Seven Hundred Forty-Nine Dollars (\$58,749) for the period beginning on October 1, 2016 through December 31, 2016 at the rates identified in Exhibit B-1, attached hereto and incorporated herein by this reference."

1 4. Except as otherwise provided in this Amendment I, all other provisions of the
2 Agreement remain unchanged and in full force and effect. This Amendment I shall become effective
3 October 1, 2016.

4 5. COUNTY and CONTRACTOR agree that this Amendment I is sufficient to amend the
5 Agreement, and that upon execution of this Amendment I, the Agreement and Amendment II together
6 shall be considered the Agreement.

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1 IN WITNESS WHEREOF, the parties hereto have executed this Amendment I to Agreement as
2 of the day and year first hereinabove written.

3 **CONTRACTOR:**
4 **CALIFORNIA HEALTH COLLABORATIVE**

COUNTY OF FRESNO:

5
6 By Stephen Ramirez

By Emmett B. Smith
Chairman, Board of Supervisors

7 Print Name: Stephen Ramirez

8 Title: PRESIDENT / CEO
9 Chairman of the Board, or
10 President, or any Vice President

Date: September 27, 2016

11 Date: Sept 27th 2016

BERNICE E. SEIDEL, Clerk
Board of Supervisors

12
13 By Aida Vareldjian

14 Print Name: Aida Vareldjian

15 Title: Accounting Manager
16 Secretary (of Corporation), or
17 any Assistant Secretary, or
18 Chief Financial Officer, or
any Assistant Treasurer

By Rosei Cuyt, Deputy

Date: September 27, 2016

19 Date: 09/08/2016

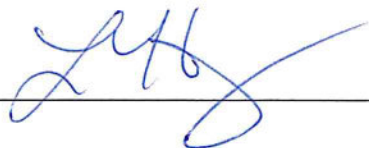
**PLEASE SEE ADDITIONAL
SIGNATURE PAGE ATTACHED**

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21
22 Mailing Address:
23 1680 West Shaw Ave.
24 Fresno, CA 93711-3504

25 Phone #: (559) 221-6315

26 Contact: Steven Ramirez, CEO
27
28

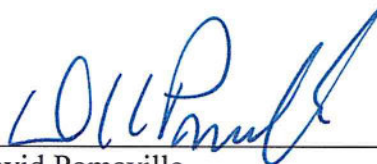
1 APPROVED AS TO LEGAL FORM:
2 DANIEL C. CEDERBORG, COUNTY COUNSEL

3
4 By  _____

6 APPROVED AS TO ACCOUNTING FORM:
7 VICKI CROW, C.P.A., AUDITOR-CONTROLLER/
8 TREASURER-TAX COLLECTOR

9
10 By  _____

12 REVIEWED AND RECOMMENDED FOR APPROVAL:

14
15 By  _____
16 David Pomaville
17 Director
18 Department of Public Health

20
21 Fund/Subclass: 0001/10000
22 Organization: 56201662
23 Account #: 7295

24
25
26 ET

Fresno County SNAP-Ed Amended FY16 Scope of Work- 3 Month Extension – California Health Collaborative

SNAP-Ed Local Objective 1: Healthy Communities

Activity Number	Activity Description	Intervention Categories*	Responsible SNAP-Ed Agency(ies)	Subcontractors	Documentation
1.12	Provide referrals to partner agencies both SNAP-Ed and non-SNAP-Ed to provide strategic coordinated nutrition and physical activity education to eligible SNAP-Ed population. For example, LHD will provide referrals to UCCE when receiving a request for services outside of the LHD six targeted communities.	<input type="checkbox"/> CED <input type="checkbox"/> CEI <input type="checkbox"/> MPR <input checked="" type="checkbox"/> C&C <input type="checkbox"/> TTA	<input checked="" type="checkbox"/> LHD <input checked="" type="checkbox"/> UCCE	<u>LHD:</u> CHC <u>LHD:</u> PHI <u>LHD:</u> CFB <u>LHD:</u> FCOE	Referral Log, e-mails
1.13	Provide training and support to at least 10 (PHI) adult and 30 (PHI-15, 15-FCOE) youth Champions to complete nutrition and physical activity PSE projects.	<input type="checkbox"/> CED <input checked="" type="checkbox"/> CEI <input type="checkbox"/> MPR <input type="checkbox"/> C&C <input checked="" type="checkbox"/> TTA	<input checked="" type="checkbox"/> LHD <input type="checkbox"/> UCCE	<u>LHD:</u> CHC <u>LHD:</u> PHI <u>LHD:</u> CFB <u>LHD:</u> FCOE	ATF On file: Sign-in sheets, agendas, evaluations, pictures, Champion Engagement System (tracking), identified project documentation
1.17	Participate in at least 2 community events reaching at least 100 SNAP-Ed eligible population.	<input type="checkbox"/> CED <input checked="" type="checkbox"/> CEI <input type="checkbox"/> MPR <input type="checkbox"/> C&C <input type="checkbox"/> TTA	<input checked="" type="checkbox"/> LHD <input checked="" type="checkbox"/> UCCE	<u>LHD:</u> PHI <u>LHD:</u> CFB <u>LHD:</u> CHC	ATF, event flyer, event registration

***Intervention Categories Legend:** **CED** = Community/Nutrition Education Direct; **CEI** = Community/Nutrition Education Indirect; **MPR** = Media, Social Media, Public Relations and Messaging; **C&C** = Coordination and Collaboration; **TTA** = Training and Technical Assistance

SNAP-Ed Local Objective 2: Healthy Retail

Activity Number	Activity Description	Intervention Categories*	Responsible SNAP-Ed Agency(ies)	Subcontractors	Documentation
2.1	In partnership with LHD Tobacco Prevention, NEOP will participate in at least one Healthy Stores for Healthy Community Workgroup meetings. Potential partners to include LHD NEOP subcontractors, and other non-SNAP-Ed partners to strategically coordinate activities, provide consistent messaging, and enhance impact of funded activities.	<input type="checkbox"/> CED <input type="checkbox"/> CEI <input type="checkbox"/> MPR <input checked="" type="checkbox"/> C&C <input type="checkbox"/> TTA	<input checked="" type="checkbox"/> LHD <input type="checkbox"/> UCCE	<u>LHD</u> :CHC	ATF On file: Agenda, notes
2.2	Maintain and partner with a minimum of one qualifying large retail site and one qualifying corner store within the six targeted communities to facilitate a healthy sustainable change.	<input type="checkbox"/> CED <input type="checkbox"/> CEI <input checked="" type="checkbox"/> MPR <input checked="" type="checkbox"/> C&C <input checked="" type="checkbox"/> TTA	<input checked="" type="checkbox"/> LHD <input type="checkbox"/> UCCE	<u>LHD</u> : CHC	ATF On file: meeting notes, e-mails, pictures, evaluations, media stories
2.3	Provide two retail store tours to at least 50 individuals (total from all tours) in qualifying retail locations. Taste-testing may be included during some tours.	<input type="checkbox"/> CED <input checked="" type="checkbox"/> CEI <input type="checkbox"/> MPR <input type="checkbox"/> C&C <input type="checkbox"/> TTA	<input checked="" type="checkbox"/> LHD <input type="checkbox"/> UCCE	<u>LHD</u> : FCOE, California Health Collaborative (CHC)	Flyers, ATF, materials distributed
2.4	Recruit and/or maintain a total of at least one qualifying retail site within the six targeted communities to reach a minimum of 1,333 SNAP-Ed eligible individuals using NEOPB Retail program activities and merchandising materials.	<input type="checkbox"/> CED <input checked="" type="checkbox"/> CEI <input checked="" type="checkbox"/> MPR <input type="checkbox"/> C&C <input type="checkbox"/> TTA	<input checked="" type="checkbox"/> LHD <input type="checkbox"/> UCCE	<u>LHD</u> : CHC	MOA/MOU, ATF, RE-AIM
2.5	Utilize media, social media, and agency websites to promote and cross-promote at least four SNAP-Ed activities, success stories, events and/or town hall meetings as appropriate. Also in objective 1.	<input type="checkbox"/> CED <input checked="" type="checkbox"/> CEI <input checked="" type="checkbox"/> MPR <input checked="" type="checkbox"/> C&C <input type="checkbox"/> TTA	<input checked="" type="checkbox"/> LHD <input checked="" type="checkbox"/> UCCE	<u>LHD</u> : CFB <u>LHD</u> : PHI	On file: Facebook analytics, blog analytics, copy of Fit Food Friday posts

***Intervention Categories Legend:** **CED** = Community/Nutrition Education Direct; **CEI** = Community/Nutrition Education Indirect; **MPR** = Media, Social Media, Public Relations and Messaging; **C&C** = Coordination and Collaboration; **TTA** = Training and Technical Assistance

SNAP-Ed Local Objective 4: Worksite Wellness

Activity Number	Activity Description	Intervention Categories*	Responsible SNAP-Ed Agency(ies)	Subcontractors	Documentation
4.2	Each of the 11 worksites will complete a minimum of one activity in the California Fit Business Kit over the contract term.	<input type="checkbox"/> CED <input type="checkbox"/> CEI <input type="checkbox"/> MPR <input checked="" type="checkbox"/> C&C <input type="checkbox"/> TTA	<input checked="" type="checkbox"/> LHD <input type="checkbox"/> UCCE	<u>LHD</u> : CHC	ATF, RE-AIM On file: Activity documentation, pictures,
4.3	Provide ongoing technical assistance to worksites on the California Fit Business Kit.	<input type="checkbox"/> CED <input type="checkbox"/> CEI <input type="checkbox"/> MPR <input type="checkbox"/> C&C <input checked="" type="checkbox"/> TTA	<input checked="" type="checkbox"/> LHD <input type="checkbox"/> UCCE	<u>LHD</u> : CHC	ATF, RE-AIM On file: notes, e-mails, TA log
4.4	Provide technical assistance to worksites requesting support in developing and implementing environmental support activities.	<input type="checkbox"/> CED <input type="checkbox"/> CEI <input type="checkbox"/> MPR <input type="checkbox"/> C&C <input checked="" type="checkbox"/> TTA	<input checked="" type="checkbox"/> LHD <input type="checkbox"/> UCCE	<u>LHD</u> : CHC	ATF, RE-AIM On file: meetings notes, e-mails, TA log, pictures, media stories
4.5	Continue the pilot worksite program in two school districts and start the program with one new school district, each working to complete a minimum of one activity in the California Fit Business Kit over the contract term.	<input type="checkbox"/> CED <input type="checkbox"/> CEI <input type="checkbox"/> MPR <input checked="" type="checkbox"/> C&C <input checked="" type="checkbox"/> TTA	<input checked="" type="checkbox"/> LHD <input type="checkbox"/> UCCE	<u>LHD</u> : CHC <u>LHD</u> : FCOE	ATF, RE-AIM On file: Check for Health documents, meetings notes, e-mails, TA log, pictures, media stories
4.6	Connect each worksite with the Regional Lactation Liaison (WIC) who will provide technical assistance and resources to ensure worksites have lactation accommodations available to their employees.	<input type="checkbox"/> CED <input type="checkbox"/> CEI <input type="checkbox"/> MPR <input checked="" type="checkbox"/> C&C <input checked="" type="checkbox"/> TTA	<input checked="" type="checkbox"/> LHD <input type="checkbox"/> UCCE	<u>LHD</u> : CHC	ATF, RE-AIM On file: Activity documentation, Worksite WIC referral log

***Intervention Categories Legend:** **CED** = Community/Nutrition Education Direct; **CEI** = Community/Nutrition Education Indirect; **MPR** = Media, Social Media, Public Relations and Messaging; **C&C** = Coordination and Collaboration; **TTA** = Training and Technical Assistance

Sub Staffing A

Exhibit B-1

Prime Grantee Name: County of Fresno (CDPH)
 Grant Number: 13-20524
 Sub Grant A Name: California Health Collaborative

Budget Adjustment		Position Title		Position Names	Description of Job Dutie		FTEs charged to SNAP-Ed	Total Annual Salary	Total SNAP-Ed Salary	Benefit Rate	Benefits *Total SNAP-Ed Salary X Benefit Rate	SNAP-Ed Salary, Benefits and Wages, Federal Dollars only	Budget Adjustment Justification
Action	Last Amt Approved				% of SNAP-Ed Time spent on Mgmt/Adm-in Duties	% of SNAP-Ed Time spent on Direct SNAP-Ed Delivery							
1		3	Administrator (e.g., Director of Programs)	Brandi Muro	95.00%	5.00%	0.1	\$17,690.77	\$1,769.08	21.000%	\$371.51	\$2,140.58	
2		27	Project Coordinator	Norma Vail	20.00%	80.00%	1	\$11,669.90	\$11,669.90	30.000%	\$3,500.97	\$15,170.87	
3		27	Project Coordinator	Karen Ard	20.00%	80.00%	1	\$11,669.90	\$11,669.90	30.000%	\$3,500.97	\$15,170.87	
4		27	Project Coordinator	Michelle Alcantara	20.00%	80.00%	1	\$11,669.90	\$11,669.90	21.000%	\$2,450.68	\$14,120.58	
Totals: 155.00% 245.00% 3.1 \$52,700.47 \$36,778.78 \$9,824.13 \$46,602.90													

Definition and basis for calculations of benefit rate(s): Health-0.105%, Vision-0.004%, Dental-0.009%, Life Ins-0.007%, WC-0.011%, SUI-0.010%,

Sub A Budget Justification

Exhibit B-1

Prime Grantee Name: County of Fresno (CDPH)
Grant Number: 13-20524
Sub Grant A Name: California Health Collaborative

Budget Adjustment		Operating Expenses						
Action	Cost Approved	Budget Item	Description/Justification	Unit Cost	Quantity	FTE	Total	Budget Adjustment Justification
		Rent	CHC Office Space 3.10 FTE Staff (approx. 450sq X \$1.34 X 3 mo.)	\$191.4285	3.00	3.10	\$1,780.29	
		Communications	Phone & Fax + Internet + IT Support (3.10 FTE staff X \$200. X 3 mo.)	\$200.00	3.00	3.10	\$1,860.00	
		Office Supplies	General supplies, duplicating, postage (3.10 FTE staff X \$100 X 3 mo.)	\$50.00	3.00	3.10	\$465.00	
							\$0.00	
							\$0.00	
Total Operating Expenses:							\$4,105.29	

Budget Adjustment		Travel and Per Diem													
Action	Cost Approved	Travel/Position Title	Location	Trips	FTE	Days	Nights	Per Diem	Lodging	Air	Miles	Reg. Fee	Other	Total	Budget Adjustment Justification
														\$0.00	
														\$0.00	
		Local mileage for three Program Coordinators and one Program Manager - travel to local retail stores, worksites, meetings, and trainings within Fresno County or the Central Valley Region	Fresno County/Central Valley Region	1							1,603.00			\$921.73	
														\$0.00	
Total Travel and Per Diem:														\$921.73	

Sub A Budget Justification

Exhibit B-1

Budget Adjustment		Sub Grant(s)					
Action	Last Amt Approved	Name			Description/Justification	Total	Budget Adjustment Justification
		A					
Total Sub Grant(s):						\$0.00	

Budget Adjustment		Other Costs						Budget Adjustment Justification
Action	Last Amt Approved	Budget Item	Description/Justification	Unit Cost	Quantity	Misc.	Total	
							\$0.00	
							\$0.00	
		Food Taste Testing	15 sites retail sites, 1 taste testings per site, reaching 50 people per taste testing.	\$0.60	750.00	1.00	\$450.00	
		Storage Space	Storage for Food Demo Supplies & Ed. Materials (\$125 X 3 mo.)	\$125.00	3.00	1.00	\$375.00	
Total Other Costs:							\$825.00	

Budget Adjustment		Indirect Costs				
Action	Last Amt Approved	Calculation Method	%	\$ of Method	Total	Budget Adjustment Justification
		12% of Total Direct Costs	12.0000%	\$52,454.91	\$6,294.59	
Total Indirect Costs:					\$6,294.59	

Total Budget:						\$58,749.50	
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