

**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 **COMMUNITY FOOD BANK**, a California Non-Profit Organization, whose address is 3403 East Central Avenue, Fresno, CA 93725, hereinafter referred to as "CONTRACTOR" (collectively the "parties").

WHEREAS the parties entered into that certain Agreement, identified as COUNTY Agreement No. A-13-724, 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-13-724, Section Four (4), "COMPENSATION," beginning on Page 3, Line 28 before the letter "A":

"In no event shall services performed under this Agreement be in excess of Twenty-Five Thousand, One Hundred Ninety-Eight Dollars (\$25,198) 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."

4. Except as otherwise provided in this Amendment I, all other provisions of the

Agreement remain unchanged and in full force and effect. This Amendment I shall become effective October 1, 2016.

5. COUNTY and CONTRACTOR agree that this Amendment I is sufficient to amend the Agreement, and that upon execution of this Amendment I, the Agreement and Amendment I together 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.

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4 **CONTRACTOR:**  
5 **COMMUNITY FOOD BANK**

6 By Andrew T. Souza

7 Print Name: ANDREW T. SOUZA

8 Title: PRESIDENT / CEO

9 Chairman of the Board, or  
10 President, or any Vice President

11 Date: 9/8/16

12  
13 By Tony Lee

14 Print Name: Tony Lee

15 Title: Director of Finance

16 Secretary (of Corporation), or  
17 any Assistant Secretary, or  
18 Chief Financial Officer, or  
19 any Assistant Treasurer

20 Date: 9/8/16

21  
22 Mailing Address:  
23 3403 East Central Avenue  
24 Fresno, CA 93725

25 Phone #: (559) 237-3663

26 Contact: Andy Souza, CEO  
27  
28

**COUNTY OF FRESNO:**

By Em + Bully M...  
Chairman, Board of Supervisors

Date: September 27, 2016

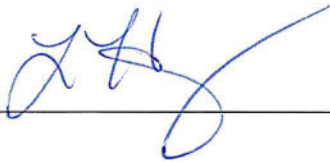
BERNICE E. SEIDEL, Clerk  
Board of Supervisors

By Lorei Cough, Deputy

Date: September 27, 2016

**PLEASE SEE ADDITIONAL  
SIGNATURE PAGE ATTACHED**


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

3  
4 By  \_\_\_\_\_  
5

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

9  
10 By  \_\_\_\_\_  
11

12 REVIEWED AND RECOMMENDED FOR APPROVAL:

13  
14 By  \_\_\_\_\_  
15 David Pomaville  
16 Director  
17 Department of Public Health  
18

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20  
21 Fund/Subclass: 0001/10000  
22 Organization: 56201662  
23 Account #: 7295  
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26 ET  
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## Fresno County SNAP-Ed Amended FY16 Scope of Work- 3 Month Extension – Community Food Bank

### SNAP-Ed Local Objective 1: Healthy Communities

Activity Number	Activity Description	Intervention Categories*	Responsible SNAP-Ed Agency(ies)	Subcontractors	Documentation
1.6	Provide 25 (LHD=0, UCCE=0, CFB= 17, PHI,= 2, FCOE=6) single session nutrition and physical activity education to at least 350 unduplicated eligible individuals at qualifying community centers, schools, afterschool's, churches, worksites, public housing locations, retail locations, and food distributions. Taste-testing will be included. LHD will conduct education activities in LHD six targeted communities only. UCCE will conduct education activities in other communities throughout Fresno County.	<input checked="" type="checkbox"/> CED <input 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> : FCOE, <u>LHD</u> : Community Food Bank (CFB) <u>LHD</u> : Public Health Institute (PHI)	ATF, RTW, Sign-in sheets, evaluation tools
1.10	Utilize media, social media, and agency websites to promote and cross-promote at least 6 SNAP-Ed activities, success stories, events and/or town hall meetings as appropriate. Also in Objective 2, 5	<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 CFB Fit Food Friday posts
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

Activity Number	Activity Description	Intervention Categories*	Responsible SNAP-Ed Agency(ies)	Subcontractors	Documentation
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: CHC</u> <u>LHD: PHI</u> <u>LHD: CFB</u> <u>LHD: FCOE</u>	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: PHI</u> <u>LHD: CFB</u> <u>LHD: CHC</u>	ATF, event flyer, event registration
1.19	Provide indirect nutrition education and food tastings in conjunction with food distributions to a minimum of 1500 SNAP-Ed eligible individuals.	<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 - CFB</u>	ATF, food distribution flyer, pictures

**\*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 B

Exhibit B-1

Prime Grantee Name: County of Fresno (CDPH)  
 Grant Number: 13-20524  
 Sub Grant B Name: Community Food Bank

Budget Adjustment		Position Title		Position Names		Description of Job Duties		FTEs	Total Annual	Total SNAP-Ed	Benefit	Benefits	SNAP-Ed	Budget Adjustment Justification
Action	Last Amt Approved		* Job Descriptions for each position can be found on the Job Descriptions tab.			% of SNAP-Ed Time spent on Mgmt/Admin Duties	% of SNAP-Ed Time spent on Direct SNAP-Ed Delivery	charged to SNAP-Ed	Salary	Salary	Rate	*Total SNAP-Ed Salary X Benefit Rate	Salary, Benefits and Wages, Federal Dollars only	
1		3	Administrator (e.g., Director of Programs)	Natalie Caples	100.00%	0.00%	0.05		\$23,700.00	\$1,185.00	20.000%	\$237.00	\$1,422.00	
2		21	Nutritionist/Nutrition Educator/Nutrition Aide	Maricruz Moreno	20.00%	80.00%	1		\$7,250.00	\$7,250.00	20.000%	\$1,450.00	\$8,700.00	Maricruz will be on maternity leave until November 1- so we have only included salary expenses from November and December
3		8	Contract Manager	Angelica Romero	100.00%	0.00%	0.12		\$11,934.00	\$1,432.08	20.000%	\$286.42	\$1,718.50	
4		3	Administrator (e.g., Director of Programs)	Maria Ayala	90.00%	10.00%	0.25		\$12,750.75	\$3,187.69	20.000%	\$637.54	\$3,825.23	
5										\$0.00		\$0.00	\$0.00	
			Totals:		310.00%	90.00%	1.42		\$55,634.75	\$13,054.77		\$2,610.95	\$15,665.72	

Definition and basis for calculations of benefit rate(s):

Social Security-24.80%, Medicare-5.80%, CA Disability-4.40%, Workers Comp-26.11, Medical-6.46%, ER FSA-6.31%, Dental-2.37%, Vision-.62%, LT/ST Dis-2.27%, 401K-12%

## Sub B Budget Justification

Exhibit B-1

**Prime Grantee Name:** County of Fresno (CDPH)  
**Grant Number:** 13-20524  
**Sub Grant B Name:** Community Food Bank

Budget Adjustment		Operating Expenses						
Action	Last Amt Approved	Budget Item	Description/Justification	Unit Cost	Quantity	FTE	Total	Budget Adjustment Justification
		Office Supplies	Pens, paper for printing, staples, files, desk calendars, notebooks, paper cutter, day planner, desk organizers, bankers boxes (storage), trifold boards, printer/copier toner	\$48.0833	3.00	1.42	\$204.83	
Total Operating Expenses:							\$204.83	

Budget Adjustment		Travel and Per Diem														
Action	Last Amt 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		
		Mileage- Staff reimbursement (1 Administrator, 1 Nutritionist); Mileage using personal vehicles for C4C program meetings and individual champion meetings (in the 6 focus areas), potential agency meetings, and shopping for NOW events/visitation. 100tripsx30 miles x.575 per mile= \$1725.00	In County	20							20.00			\$230.00		
		Fuel- Diesel gas: 330 miles per month (avg. 30 miles/demo x 11 demos per month) for NOW vehicle, owned by CFB, driven to approved site locations to provide nutrition education and food demo/tasting.	In County	2							330.00			\$379.50	only utilizing vehicle in November and december (once Maricruz has returned from maternity leave)	
														\$0.00		
<b>Total Travel and Per Diem:</b>														<b>\$609.50</b>		



# Sub B 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						
Action	Last Amt Approved	Budget Item	Description/Justification	Unit Cost	Quantity	Misc.	Total	Budget Adjustment Justification
		Food for Tasting	Ingridients for recipe demonstrations, paper supplied, plastic ramekins, utensils and pH strips (1733 individuals x \$1.75/sample)	\$1.75	1733.00	1.00	\$3,032.75	
							\$0.00	
							\$0.00	
							\$0.00	
							\$0.00	

# Sub B Budget Justification

Exhibit B-1

		Kitchen Appliance Maintenance	Repair cost to maintain kitchen appliance equipment (unrelated to the engine and general vehicle maintenance category) such as stove, refrigerator system, and generator.	\$1,000.00	1.00	1.00	\$1,000.00	
							\$0.00	
		Propane	Propane for gas stove and generator (66 x trips/ x 2 food demonstrations = 132 food demonstrations @ .25 gallons of propane = \$3.45 ) (\$3.45 x 132 food demonstrations = \$455.40 for the Nutrition on Wheels Vehicle owned by CFB. The generator is propane operated and supplies the energy for the lights, air conditioner, and refrigerator on the NOW vehicle.	\$3.45	25.00	1.00	\$86.25	
Total Other Costs:							\$4,119.00	

Budget Adjustment		Indirect Costs						
Action	Last Amt Approved	Calculation Method	%	\$ of Method	Total	Budget Adjustment Justification		
		15% of Total Direct Costs	15.0000%	\$30,662.57	\$4,599.39			
Total Indirect Costs:					\$4,599.39			
Total Budget:					\$25,198.45			