

THE INFORMATION IN THIS BOX IS NOT A PART OF THE CONTRACT AND IS FOR COUNTY USE ONLY



Contract Number
19-605 A-2

SAP Number
N/A

Department of Public Health

Department Contract Representative	Heather Wellons-Blum
Telephone Number	(909) 388-5669
Contractor	California Department of Public Health, Women, Infants and Children Division
Contractor Representative	WIC Contract Administration
Telephone Number	(916) 928-8500
Contract Term	October 1, 2019 through September 30, 2022
Original Contract Amount	\$38,931,866
Amendment Amount	\$1,561,302
Total Contract Amount	\$40,493,168
Cost Center	9300061000

Briefly describe the general nature of the contract: Amended grant award agreement, Amendment No. 2 to County Agreement No. 19-605 (State Agreement No. 19-10180 A02), effective October 1, 2020, from the California Department of Public Health, increasing the award by \$1,561,302, from \$38,931,866 to \$40,493,168, to accommodate anticipated COVID-19 related expenses for the Department of Public Health's Women, Infants, and Children Nutrition Program, for the period of October 1, 2019 through September 30, 2022.

FOR COUNTY USE ONLY

Approved as to Legal Form

Adam Ebright, Deputy County Counsel

Date 5/10/21

Reviewed for Contract Compliance

Date

Reviewed/Approved by Department

Andrew Goldfrach, Interim Director

Date 5/10/21



SANDRA SHEWRY, MPH, MSW
Acting Director

State of California—Health and Human Services Agency
California Department of Public Health



GAVIN NEWSOM
Governor

Date: April 8, 2021

TO: County of San Bernardino

FROM: California Department of Public Health (CDPH)

SUBJECT: Contract # 19-10180 A02

Please find the above-referenced Contract Agreement between the California Department of Public Health and County of San Bernardino, attached for your review and signature.

IMPORTANT: The Agreement is an Adobe Acrobat PDF document with "READ ONLY" attributes. Please do not alter this Agreement for any reason. If you encounter any problems or find that a correction is needed, please contact your Contract Manager immediately.

Due to the COVID-19 pandemic, we are only accepting electronic copies of the required documents via email, no hard copies are required at this time. To approve this Agreement, please submit one (1) copy of each document listed below to the following mailbox:
LocalContracts@cdph.ca.gov.

- One (1) signed copy of the Standard Agreement - Amendment (STD 213A). This document can be signed electronically or physically signed, scanned and returned via email.
- One (1) signed copy of the Board Resolution/Order/Motion, ordinance or other similar document authorizing execution of the Agreement.
- One (1) signed copy of the Contractor's current insurance policy certificates and endorsements.

In an effort to expedite this Contract Agreement through the approval process, we request that the items listed above be returned no later than April 29, 2021, in order to avoid disruption in services. Failure to sign and submit the required forms by the date indicated will result in delayed approval of your Agreement.

Please contact your Contract Manager if you have any questions or will need additional time to return the signed documents.



CDPH Women, Infants and Children (WIC) Division
3901 Lennane Drive, MS 8600, Sacramento, CA 95834
P.O. Box 997375, MS 8600, Sacramento, CA 95899-7375
(916) 928-8500 | www.wicworks.ca.gov



County of San Bernardino

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April 8, 2021

Thank you,

Local Agency Contracts Unit

Attachments

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STATE OF CALIFORNIA - DEPARTMENT OF GENERAL SERVICES
STANDARD AGREEMENT - AMENDMENT

SCO ID: 4265-1910180-A2

STD 213A (Rev. 4/2020)

☒ CHECK HERE IF ADDITIONAL PAGES ARE ATTACHED 2 PAGES

AGREEMENT NUMBER

19-10180

AMENDMENT NUMBER

A02

Purchasing Authority Number

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

CONTRACTING AGENCY NAME

California Department of Public Health

CONTRACTOR NAME

County of San Bernardino

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 Amendment is:

\$40,493,168.00 Forty Million Four Hundred Ninety-Three Thousand One Hundred Sixty-Eight 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. This amendment increases the contract by \$1,561,302.00, changing the total amount to read \$40,493,168.00, to better support the Contractor's needs, and is shifting funds in fiscal years 2 and 3 in order to accommodate anticipated expenses for the H.R. 6201 - Families First Coronavirus Response Act.

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 corporation, partnership, etc.)

County of San Bernardino

CONTRACTOR BUSINESS ADDRESS

385 N. Arrowhead Avenue, Fifth Floor

CITY

San Bernardino

STATE

CA

ZIP

92415

PRINTED NAME OF PERSON SIGNING

Curt Hagman

TITLE

Chairman, Board of Supervisors

CONTRACTOR AUTHORIZED SIGNATURE

DATE SIGNED

MAY 18 2021

STATE OF CALIFORNIA

CONTRACTING AGENCY NAME

California Department of Public Health

CONTRACTING AGENCY ADDRESS

1616 Capitol Avenue, Suite 74.262, MS 1802, PO Box 997377

CITY

Sacramento

STATE

CA

ZIP

95899

PRINTED NAME OF PERSON SIGNING

Joseph Torrez

TITLE

Chief, Contracts Management Unit

CONTRACTING AGENCY AUTHORIZED SIGNATURE

DATE SIGNED

5/26/21

CALIFORNIA DEPARTMENT OF GENERAL SERVICES APPROVAL

EXEMPTION (If Applicable)

APPROVED

JUN 14 2021

EE:pg

**OFFICE OF LEGAL SERVICES
DEPARTMENT OF GENERAL SERVICES**

II. Certain changes made in this amendment are displayed as follows: Text additions are displayed in **bold and underline**. Text deletions are displayed with a strike through the text (i.e., ~~Strike~~).

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 San Bernardino
Marques Almeida <u>Michele Melendez</u> , Contract Manager Telephone: (916) 928-8810 <u>(916) 928-8545</u> Fax: (916) 263-3314 E-mail: Marques.Almeida@cdph.ca.gov <u>Michele.Melendez@cdph.ca.gov</u>	Trudy Raymundo <u>Andrew Goldfrach, FACHE</u> , <u>Interim Director of Public Health</u> Telephone: (909) 387-9146 Fax: (909) 387-6228 E-mail: Trudy.Raymundo@dph.sbcounty.gov <u>GoldfrachA@armc.sbcounty.gov</u>

B. Direct all inquiries to:

California Department of Public Health	County of San Bernardino
CDPH/WIC Division Attention: Marques Almeida <u>Michele Melendez</u> , Contract Manager Local Services Branch 3901 Lennane Drive Sacramento, CA 95834 Telephone: (916) 928-8810 <u>(916) 928-8545</u> Fax: (916) 263-3314 E-mail: Marques.Almeida@cdph.ca.gov <u>Michele.Melendez@cdph.ca.gov</u>	Attention: Heather Wellons-Blum, RD 1505 S. D Street, <u>Suite 203</u> San Bernardino, CA 92415-0058 <u>92408</u> Telephone: (909) 388-5669 <u>(909) 388-5663</u> Fax: (909) 388-8523 E-mail: hblum-wellons@dph.sbcounty.gov

C. All payments from CDPH to the Contractor; shall be sent to the following address:

Remittance Address
Federal ID#: 95-6002748
FISCAL ID #:
Contractor:
County of San Bernardino
Attention: "Cashier"
Address:
351 North Mountain View Avenue, Room 104
San Bernardino, CA 92415-0010
Contract Number: 19-10180 <u>A02</u>
Email: Paul.Chapman@dph.sbcounty.gov

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: ~~\$38,931,866.00~~ **\$40,493,168.00**.

*All costs will be reviewed by CDPH for approval

- (1) Bilingual - Persons that receive Bilingual pay will show a higher budgeted amount. Justification and back-up documentation will be kept on file.
- (2) Additional Pay (Longevity, 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.
- (4) Fringe Benefits - Justification if back-up documentation is not seen for any of the following:
 - (a) General Expenses - Includes items such as: Minor equipment (i.e., office furniture, IT equipment, transportation (taxis, etc.), professional certifications, audit costs, vehicle maintenance, IT maintenance, program materials, office expenses (i.e., telephone services, printing, postage, supplies, etc.), etc.
 - (b) Food Costs - Includes food, utilities, janitorial, security, and maintenance.
 - (c) Facility Costs - Includes Rent, Utilities, Janitorial, Security, and Maintenance.
 - (d) Major Equipment - Unit cost must be \$10,000 or more. Refer to Exhibit D, Provision 1 for procurement rules.
 - (e) Equipment - Includes items such as: Telephone systems, Information technology equipment, photocopy machines, etc.
 - (f) Vehicles - Will be used for Facility Site Visits, Conferences, Trainings, and Outreach.
 - (g) Subcontractors - List the subcontractor's name and short list of services provided.

**Exhibit B, Attachment II
Facility Cost Worksheet
OCTOBER 1, 2019 - SEPTEMBER 30, 2022**

Total Facility Costs:		Year 1 Amended Total				Year 2 Amended Total				Year 3 Amended Total			
\$		\$ 1,526,712				\$ 1,493,352				\$ 1,527,168			
4,739,556													
Site Street Address, City, State & Zip Code	Type of Space (i.e., Clinic Site, Admin, Training Center, Warehouse, Storage Area, Satellite site)	Total Square Footage	Amended Total Cost of Site Per Month	Amended Total Site Costs Per Year	Total Cost of Site Per Month Adj.	Amended Total Cost of Site Per Month	Amended Total Site Costs Per Year	Total Cost of Site Per Month Adj.	Amended Total Cost of Site Per Month	Total Site Cost Per Year	Year 3 Total	Amended Total Site Costs Per Year	
2035 N D' Street, San Bernardino, CA 92405	Clinic Site	4000	8,308	99,696	50	8,605	102,660	8,810	8,810	105,720	105,720	105,720	
9507 Arrow Rte Bdg 7 Site A, Rancho Cucamonga, 91730	Clinic Site	3700	7,843	94,116	100	8,177	96,924	8,317	8,317	99,804	99,804	99,804	
850 E. Foothill Blvd, Rialto, 92376	Clinic Site	3614	5,679	68,148	109	5,929	69,840	5,964	5,964	71,568	71,568	71,568	
16453 Bear Valley Road, Hesperia, 92345	Clinic Site	3214	2,233	26,796	-	-	-	-	-	-	-	-	
6627 Desert Queen Ave., Twentynine Palms, 92277	Clinic Site	1900	3,580	42,960	453	4,088	43,620	3,691	4,091	44,292	44,292	44,292	
1505 South D Street, San Bernardino, 92415	Administrative Site	9374	17,557	210,684	132	18,216	217,008	18,626	18,626	223,512	223,512	223,512	
1515 S. Riverside Ave, Rialto, 92376	Clinic Site	2769	5,844	70,128	-	5,963	71,556	6,125	6,125	73,500	73,500	73,500	
606 E. Mill St. San Bernardino, 92408	Clinic Site	4173	9,608	115,296	1,000	10,785	129,420	9,866	120	119,562	119,562	119,562	
19247 11th St., Ste. 700, Victorville, 92395	Clinic Site	3903	8,327	99,924	65	8,640	102,900	8,829	-	105,948	105,948	105,948	
1140 E. Cooley Drive, Colton, 92324	Storage	825	167	2,004	172	312	2,064	177	-	2,124	2,124	2,124	
800 E. Lugonia Ave., Suite K, Redlands, 92374	Clinic Site	3000	5,441	65,292	200	5,772	66,864	5,707	100	68,484	68,484	68,484	
322 S. Waleman Ave., San Bernardino, 92408	Storage	1910	1,582	18,984	-	1,614	19,368	1,662	-	19,944	19,944	19,944	
1535 E. Highland Ave., San Bernardino, 92404	Clinic Site	3313	9,509	114,108	25	9,744	116,628	9,935	-	119,220	119,220	119,220	
9161 Sierra Ave., Suite 104, Fontana, 92335	Clinic Site	5793	14,308	171,696	10,927	15,700	131,124	11,253	4,760	135,036	135,036	135,036	
56357 Pima Trail, Yucca Valley, 92284	Clinic Site	776	1,733	20,796	1,784	1,784	21,408	1,937	-	22,044	22,044	22,044	
150 E. Holt Blvd., Ontario, 91761	Clinic Site	4628	11,645	139,740	-	11,894	142,728	11,894	-	142,728	142,728	142,728	
301 East Mountain View Ave., Suite A, Barstow, 92311	Clinic Site	1493	1,075	12,900	1,550	2,625	12,900	1,075	-	12,900	12,900	12,900	
290 E "O" Street, Colton, 92324	Clinic Site	2000	1,845	22,140	300	2,145	22,140	1,845	200	22,140	22,140	22,140	
Bldg. 1317, Inner Loop & Goldstone, Room 9, Ft. Irwin, 92310	Clinic Site	1225	-	-	-	-	-	-	-	-	-	-	
14135 Main Street, Hesperia, 92345	Clinic Site	4646	10,942	131,304	1,433	12,763	136,200	11,551	117	138,612	138,612	138,612	

