

**EL DORADO COUNTY BOARD OF SUPERVISORS
AGENDA ITEM TRANSMITTAL**

**Meeting of
May 22, 2007**

AGENDA TITLE: Amendment 1 to FFY 2005-2008 Supplemental Food Program for Women, Infants & Children (WIC) Contract #05-45756

DEPARTMENT: Human Services (CS)
CONTACT: John Litwinovich
DATE: 4/27/2007 **PHONE:** 6163

DEPT SIGNOFF:
John Litwinovich

CAO USE ONLY: 5/2
C. Laura Schwartz

DEPARTMENT SUMMARY AND REQUESTED BOARD ACTION:

Human Services, Community Services Division, recommends that the Board authorize the Chairman to sign Amendment 1 to Contract #05-45756 with the California State Department of Health Services in the amount of \$1,818,960, an increase of \$102,960 for the operation of the Supplemental Food Program for Women, Infants & Children (WIC), for the three-year period of October 1, 2005 through September 30, 2008. The allocation for each of the three years was previously \$572,000. This Amendment increases the FFY 2006-07 and 2007-08 allocations by \$51,480 to \$623,480 each.

CAO RECOMMENDATIONS: *Recommend approval. Laura J. Hill 5/8/07*

Financial impact? () Yes (X) No	
BUDGET SUMMARY:	
Total Est. Cost	\$1,818,960.00
Funding	
Budgeted	\$1,818,960.00
New Funding	_____
Savings*	_____
Other	_____
Total Funding	\$1,818,960.00
Change in Net County Cost	\$0.00

Funding Source: () Gen Fund (X) Other
Other: Federal Grant Funds

CAO Office Use Only:
4/5's Vote Required () Yes (X) No
Change in Policy () Yes (X) No
New Personnel () Yes (X) No

CONCURRENCES:
Risk Management _____
County Counsel _____
Other _____

***Explain** Funds budgeted for FY 05/06, 06/07, 07/08 and will be budgeted for a portion of FY 2008/09.

BOARD ACTIONS:

Vote: Unanimous _____ **Or**
Ayes: _____
Noes: _____
Abstentions: _____
Absent: _____
Rev. 5/04 ISKW001 Agenda

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BOARD OF SUPERVISORS
2007 MAY 11 PM 2:44

I hereby certify that this is a true and correct copy of an action taken and entered into the minutes of the Board of Supervisors
Date: _____
Attest: Cindy Keck, Board of Supervisors Clerk
By: _____



EL DORADO COUNTY
DEPARTMENT OF HUMAN SERVICES
John Litwinovich
Director

April 27, 2007

El Dorado County Board of Supervisors
330 Fair Lane
Placerville, California 95667

Members of the Board:

Title: Amendment 1 to FFY 2005-2008 Supplemental Food Program for Women, Infants & Children (WIC)
Contract #05-45756

Recommendations:

Human Services, Community Services Division, recommends that the Board authorize the Chairman to sign Amendment 1 to Contract #05-45756 with the California State Department of Health Services in the amount of \$1,818,960, an increase of \$102,960 for the operation of the Supplemental Food Program for Women, Infants & Children (WIC), for the three-year period of October 1, 2005 through September 30, 2008. The allocation for each of the three years was previously \$572,000. This Amendment increases the FFY 2006-07 and 2007-08 allocations by \$51,480 to \$623,480 each.

Reasons for Recommendations:

The Supplemental Food Program for Women, Infants & Children (WIC) is federally funded and regulated to provide supplemental food, referral services, and nutrition education for eligible women, infants, and children under the age of five. The El Dorado/Alpine County caseload is currently approximately 2,525 participants per month. The Board executed Contract #05-45756 on November 8, 2005. The amended allocation results from a change in the WIC Funding Formula due to an increase in available program funding. County Counsel and Risk Management have approved the Contract Amendment. A Copy is on file with the Board Clerk.

Fiscal Impact:

Total Cost (or Savings)

The maximum amount payable by the State to El Dorado County under this Agreement, as amended is \$1,818,960 for the three-year period. The allocation increase was anticipated and funds are budgeted for FY 2006-07 and FY 2007-08 and a portion will be budgeted for FY 2008/09.

Net County Cost: None.

Action to be Taken Following Approval:

Board Clerk to provide Human Services, Community Services Division, with eight (8) copies of Amendment 1 to Contract #05-45756 signed by the Chairman.

Sincerely,

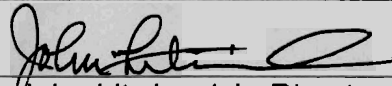
John Litwinovich
Director of Human Services

CONTRACT ROUTING SHEET

Date Prepared: 4/24/07

Need Date: 4/30/07 RUSH

PROCESSING DEPARTMENT:

Department: Human Services
Dept. Contact: Jasara Bento
Phone #: 7312
Department
Head Signature: 
John Litwinovich, Director

CONTRACTOR:

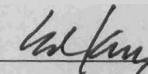
Name: CA Dept of Health Services
Address: 3901 Lennane Drive
Sacramento, CA 95834
Phone: 916-928-8806

EL DORADO COUNTY
2007 APR 24 PM 3:53
Handwritten signature

CONTRACTING DEPARTMENT: Human Services

Service Requested: Approve Contract Amendment for submission to Board of Supervisors
Contract Term: 1/1/05 - 9/30/08 Contract Value: \$1,818,960
Compliance with Human Resources requirements? Yes: x No:
Compliance verified by: With original agreement.

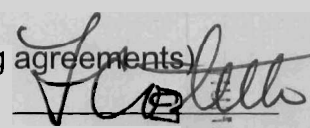
COUNTY COUNSEL: (Must approve all contracts and MOU's)

Approved: Disapproved: Date: 4-26-07 By: 
Approved: Disapproved: Date: By:

ASSIGNMENT
DATE 04/24/07
ATTORNEY EP KAPPA
DEPT./INDEX NO. 531000
BY: AR

PLEASE HAND CARRY TO RISK MANAGEMENT AND
CALL JASARA AT # 7312 FOR PICKUP. THANKS!

RISK MANAGEMENT: (All contracts and MOU's except boilerplate grant funding agreements)

Approved: ✓ Disapproved: Date: 4/27/07 By: 
Approved: Disapproved: Date: By:

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HUMAN RESOURCES DEPT
APR 27 AM 8:04

OTHER APPROVAL: (Specify department(s) participating or directly affected by this contract).

Departments:
Approved: Disapproved: Date: By:
Approved: Disapproved: Date: By:

CHECK HERE IF ADDITIONAL PAGES ARE ADDED 1 PAGES


AGREEMENT NUMBER	AMENDMENT NUMBER
05-45756	A01
REGISTRATION NUMBER:	

1. This Agreement is entered into between the State Agency and Contractor named below:
 STATE AGENCY'S NAME (Also CDHS, DHS, or the State)
 California Department of Health Services
 CONTRACTOR'S NAME (Also referred to as the Contractor)
 El Dorado County Department of Human Services
2. The term of this Agreement is October 1, 2005 through September 30, 2008
3. The maximum amount of this Agreement is: 1,818,960
One million eight hundred eighteen thousand nine hundred sixty 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. **Amendment effective date:** October 1, 2006
 - II. **Purpose of amendment:** This amendment reflects an increase in funding resulting from a change in the WIC Funding Formula due to an increase in available program funding.
 - III. 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~~).
 - IV. Provision 3 (maximum amount payable) on the face of the original Standard Agreement (STD 213) is increased by **\$102,960** and is amended to read: ~~\$1,716,000 (One million seven hundred sixteen thousand dollars)~~ **\$1,818,960 (One million eight hundred eighteen thousand nine hundred sixty dollars)**.

(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 <i>(If other than an individual, state whether a corporation, partnership, etc.)</i> El Dorado County Department of Human Services		
BY <i>(Authorized Signature)</i> 	DATE SIGNED <i>(Do not type)</i>	
PRINTED NAME AND TITLE OF PERSON SIGNING Helen K. Baumann, Chairman El Dorado County Board of Supervisors		
ADDRESS 937 Spring Street Placerville, CA 95667		
STATE OF CALIFORNIA		
AGENCY NAME California Department of Health Services		
BY <i>(Authorized Signature)</i> 	DATE SIGNED <i>(Do not type)</i>	
PRINTED NAME AND TITLE OF PERSON SIGNING Allan Chinn, Chief, Contracts and Purchasing Services Section		
ADDRESS 1501 Capitol Avenue, Suite 71.2101, MS 1403, P.O. Box 997413 Sacramento, CA 95899-7413		<input checked="" type="checkbox"/> Exempt per: 99.6KA1

- V. Paragraph 4 on the face of the original Standard Agreement (STD 213) is amended to add the following revised budget exhibits:

Exhibit B, Attachment II A1 – Budget (Year 2)

1 page

Exhibit B, Attachment III A1 – Budget (Year 3)

1 page

All references to Exhibit B, Attachment **II and III** in any exhibit incorporated into this agreement shall hereinafter be deemed to read Exhibit B, Attachment **II and III A1** which is replaced in its entirety by the attached revised budget exhibit.

- VI. Provision 4 entitled, Amounts Payable of Exhibit B entitled, “Budget Detail and Payment Provisions”, is amended to read:

4. Amounts Payable

A. The amounts payable under this Agreement shall not exceed:

- 1) \$572,000 for the budget period of October 1, 2005 through September 30, 2006.
- 2) ~~\$572,000~~ **\$623,480** for the budget period of October 1, 2006 through September 30, 2007.
- 3) ~~\$572,000~~ **\$623,480** for the budget period of October 1, 2007 through September 30, 2008.

B. Reimbursement shall be made for allowable expenses up to the amount annually encumbered commensurate with the state fiscal year in which services are performed and/or goods are received.

C. The Contractor must maintain records reflecting actual expenditures for each state fiscal year covered by the term of this Agreement.

- VII. All other terms and conditions shall remain the same.

Exhibit B, Attachment II A1
Budget
Year 2
10/01/06 through 09/30/07

<u>Budget Line-Item</u>	<u>Current Total</u>	<u>Prior Adjustment/ Line Item Shift</u>	<u>This Amendment</u>	<u>Revised Total</u>
1. Personnel	\$ <u>476,953</u>	\$ <u>-</u>	\$ <u>-</u>	\$ <u>476,953</u>
2. Operating Expenses	\$ <u>83,047</u>	\$ <u>-</u>	\$ <u>51,480</u>	\$ <u>134,527</u>
3. Capital Expenditures	\$ <u>-</u>	\$ <u>-</u>	\$ <u>-</u>	\$ <u>-</u>
4. Other Costs	\$ <u>-</u>	\$ <u>-</u>	\$ <u>-</u>	\$ <u>-</u>
5. Indirect Costs *	\$ <u>12,000</u>	\$ <u>-</u>	\$ <u>-</u>	\$ <u>12,000</u>
Total Per Column	\$ <u>572,000</u>	\$ <u>-</u>	\$ <u>51,480</u>	\$ <u>623,480</u>

* (Maximum 10% of Total Salaries & Wages, excluding Total Fringe Benefits)

Exhibit B, Attachment III A1
 Budget
 Year 3
 10/01/07 through 09/30/08

<u>Budget Line-Item</u>	<u>Current Total</u>	<u>Prior Adjustment/ Line Item Shift</u>	<u>This Amendment</u>	<u>Revised Total</u>
1. Personnel	\$ <u>487,101</u>	\$ <u>-</u>	\$ <u>-</u>	\$ <u>487,101</u>
2. Operating Expenses	\$ <u>71,899</u>	\$ <u>-</u>	\$ <u>51,480</u>	\$ <u>123,379</u>
3. Capital Expenditures	\$ <u>-</u>	\$ <u>-</u>	\$ <u>-</u>	\$ <u>-</u>
4. Other Costs	\$ <u>-</u>	\$ <u>-</u>	\$ <u>-</u>	\$ <u>-</u>
5. Indirect Costs *	\$ <u>13,000</u>	\$ <u>-</u>	\$ <u>-</u>	\$ <u>13,000</u>
Total Per Column	\$ <u><u>572,000</u></u>	\$ <u><u>-</u></u>	\$ <u><u>51,480</u></u>	\$ <u><u>623,480</u></u>

* (Maximum 10% of Total Salaries & Wages, excluding Total Fringe Benefits)