

STANDARD AGREEMENT AMENDMENT

STD 213A (Rev 6/03)

Check here if additional pages are added: 2 Page(s)

Agreement Number 14-10500	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 El Dorado County	(Also referred to as Contractor)
2. The term of this Agreement is: **July 1, 2014** through **June 30, 2017**
3. The maximum amount of this Agreement after this amendment is: **\$ 1,495,616.00** One Million Four Hundred Ninty Five Thousand Six Hundred Sixteen Dollars and No Cents
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. **Purpose of amendment:** This amendment is to increase the funding amount for SFY 14/15 to allow the contractor to complete more of the same services outlined in the original scope of work (SOW).
- 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. Paragraph 3 (maximum amount payable) on the face of the original STD 213 is increased by \$102,983.00 and is amended to read ~~\$1,392,633.00 (One Million Three Hundred Ninty Two Thousand Six Hundred Thirty Three Dollars and No Cents)~~ **\$1,495,616.00 (One Million Four Hundred Ninty Five Thousand Six Hundred Sixteen Dollars and No Cents)**.

(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 (If other than an individual, state whether a corporation, partnership, etc.) El Dorado County		
By (Authorized Signature) 	Date Signed (Do not type)	
Printed Name and Title of Person Signing Brian Veerkamp Norma Santiago , Chair, El Dorado County Board of Supervisors		
Address 3057 Briw Road, Suite A, Placerville, CA 95667		
STATE OF CALIFORNIA		
Agency Name California Department of Public Health		
By (Authorized Signature) 	Date Signed (Do not type)	
Printed Name and Title of Person Signing Angela Salas, Chief, Contracts and Purchasing		
Address 1616 Capitol Avenue, Suite 74.317, MS 1802, P.O. Box 997377, Sacramento, CA 95899-7377		
		<input checked="" type="checkbox"/> Exempt per: HSC 101319

IV. Provision 5, Project Representatives, A. of Exhibit A – Scope of Work is amended to read as follows:

a. The project representatives during the term of this Agreement will be:

California Department of Public Health	El Dorado County
EPO Contract Manager Joseph Pacheco <u>Greg Gurganus</u> Telephone: (916) 650-6452 <u>650-6785</u> Fax: (916) 650-6420 Email: Joseph.Pacheco@cdph.ca.gov <u>Gregory.Gurganus@cdph.ca.gov</u>	Name: Kristine Oase Guth Telephone: (530) 621-7582 Fax: (530) 621-2758 Email: <u>Kristine.Oase@edcgov.us</u>

V. Provision 4, Amounts Payable, A. of Exhibit B – Budget Detail and Payment Provisions is amended to read as follows:

4. Amounts Payable

A. The maximum amount payable under this agreement shall not exceed the total sum of ~~\$1,392,633.00~~ **\$1,495,616.00**. Financial year individual fund limits are:

Financial Year July 1, 2014 through June 30, 2015

1. ~~\$201,297.00~~ **\$248,820.00**, CDC PHEP Base Funds.
2. \$0.00, Laboratory Funds.
3. \$0.00, Laboratory Trainee Funds.
4. \$0.00, Laboratory Training Assistance Funds.
5. ~~\$37,825.00~~ **\$47,312.00**, Cities Readiness Initiative Funds.
6. ~~\$158,946.00~~ **\$204,919.00**, HPP Funds.
7. \$66,143.00, State General Funds Pandemic Influenza Funds.

Financial Year July 1, 2015 through June 30, 2016

1. \$201,297.00, CDC PHEP Base Funds.
2. \$0.00, Laboratory Funds.
3. \$0.00, Laboratory Trainee Funds.
4. \$0.00, Laboratory Training Assistance Funds
5. \$37,825.00, Cities Readiness Initiative Funds
6. \$158,946.00, HPP Funds.
7. \$66,143.00, State General Funds Pandemic Influenza Funds

Financial Year July 1, 2016 through June 30, 2017

1. \$201,297.00, CDC PHEP Base Funds.
2. \$0.00, Laboratory Funds.
3. \$0.00, Laboratory Trainee Funds.
4. \$0.00, Laboratory Training Assistance Funds.
5. \$37,825.00, Cities Readiness Initiative Funds.
6. \$158,946.00, HPP Funds.
7. \$66,143.00, State General Funds Pandemic Influenza Funds

VI. Provision 11, Advance Payment Authority and Limitation, B of Exhibit B – Budget Detail and Payment Provisions is amended to read as follows:

11. Advance Payment Authority and Limitation

- A. Each fiscal year, upon the submission of an application for funding by the administrative body of a local health jurisdiction, the department shall make the first quarterly payment to each eligible local health jurisdiction. Subsequent payments will be made pursuant to this Agreement or an amendment to this agreement, and those payments would not be advance payments, they would be quarterly allocations payments as detailed in Attachment 1 - Payment Criteria.

VII. Paragraph 4 (incorporated exhibits) Exhibit B. Attachment 1 – Payment Criteria is hereby revised and replaced in its entirety.

VIII. Paragraph 4 (incorporated exhibits) on the face of the original STD213, Exhibit B. Attachment 2 – El Dorado County Budget Cost Sheet – Year 1 is hereby revised and replaced in its entirety.

Exhibit B - Attachment 2
El Dorado County Budget Cost Sheet - Year 1

El Dorado County
14-10500 A01

2014 - 2015 PROJECT BUDGET	CDC PHEP Base Funds	Laboratory Funds	Laboratory Trainee Funds	Laboratory Training Assistance Funds	Cities Readiness Initiative Funds	HPP Funds	GFPF	TOTALS
Other Costs								
Software and Licenses	\$4,000	\$0	\$0	\$0	\$0	\$0	\$0	\$4,000
Training	\$550	\$0	\$0	\$0	\$0	\$0	\$0	\$550
Exercise Materials	\$0	\$0	\$0	\$0	\$1,000	\$5,190	\$0	\$6,190
Maintenance Agreements	\$0	\$0	\$0	\$0	\$500	\$0	\$0	\$500
	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Other Costs Subtotal	\$0	\$0	\$0	\$0	\$1,000	\$5,190	\$0	\$6,190
Total Direct Costs	\$220,588	\$0	\$0	\$0	\$39,938	\$175,525	\$57,630	\$493,681
Total Indirect Costs	\$28,231	\$0	\$0	\$0	\$7,375	\$29,394	\$8,513	\$73,513
(15-25%,15%,25%,15% of Total Personnel and Fringe Benefits)								
Total Costs	\$248,820	\$0	\$0	\$0	\$47,313	\$204,919	\$66,143	\$567,194

Out of State Travel: Public Health Preparedness Summit, Atlanta Georgia

Supplies means: consumables office supply these are item that may be destroyed, dissipated, wasted are products that consumers buy recurrently i.e., items which "get used up" or discarded. For example consumable office supplies are such products as paper, pens, file folder, binders, post-it notes, computer disks, and toner or ink cartridges..etc..

Note: Supplies do not include capital goods such as computers, fax machines, and other business machines or office furniture these would need to be set up in there own line item.

Note: Budget should link back to the SOW i.e. subcontractors/conferences/meeting/training/travel/printing/major equipment etc.... these types of services must be identified in the SOW (who/what/when and where)

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Exhibit B, Attachment 1 - Payment Criteria

2014-15 CDC Public Health Emergency Preparedness (PHEP), State General Fund (GF)
Pandemic Influenza and HHS Hospital Preparedness Program (HPP) Funding
2014-15 Allocation Agreement

		CDC PHEP and Cities Readiness Initiative (CRI)	Reference Lab Funds (\$260,246 total to each Reference Lab)
1st Quarter Payment	Criteria	<p>CDPH must receive the following:</p> <ul style="list-style-type: none"> • Signed Contract • Receipt of all required application documents • Approved PHEP/CRI Work Plan • Approved PHEP/CRI Budget • Submission of FY13-14 PHEP/CRI Year End Progress Report 	<p>CDPH must receive the following:</p> <ul style="list-style-type: none"> • Signed Contract • Receipt of all required application documents • Approved PHEP Lab Work Plan • Approved PHEP Lab Budget • Submission of FY 13-14 PHEP Lab Year End Progress Report
	Payment	Advance payment of 25% of initial FY 14-15 CDC PHEP Base and/or CRI Fund	Advance payment of 25% of initial FY 14-15 Lab Fund (not including lab trainees or lab assistance)
2nd Quarter Payment	Criteria	<p>CDPH must receive the following:</p> <ul style="list-style-type: none"> • 1st Quarter Payment Criteria must be met • Receipt of FY13-14 PHEP/CRI Year End Expenditure Report • Approved Carry-Forward amount, if applicable. • Signed Agreement Amendment, includes Carry-Forward Receipt of PHEP Supporting Documentation demonstrating unique expenditures for a minimum of 25% of Initial PHEP Base and/or CRI to cover the Q1 advance payment. • <u>If the Contractor has a "Payment Balance" recorded in their approved FY13-14 Year End Expenditure and Carry-Forward report as funds paid in advance reported as unspent at the end of FY13-14 also known as "Money in Hand" from FY13-14.</u> <ul style="list-style-type: none"> <u>i) Contractor submits an invoice for unique PHEP/CRI approvable expenditures to cover the "Money in Hand" plus a minimum of 25% of their initial allocation to cover the Q1 advance payment.</u> • <u>If the Contractor does not have a "Payment Balance" of unspent funds from FY13-14 also known as "Money in Hand" from FY13-14.</u> <ul style="list-style-type: none"> <u>i) Contractor submits an invoice for unique approvable PHEP/CRI expenditures for a minimum of 25% of their initial allocation enough to cover the Q1 advance payment.</u> 	<p>CDPH must receive the following:</p> <ul style="list-style-type: none"> • same as PHEP/CRI <u>as it applies to Lab</u>
		<p>If receipt of more than the 25% minimum requirement, first pay carry-forward, if applicable, matching PHEP-Supporting Documentation submission up to the carry-forward total. Second pay 25% of PHEP allocation, if there is still PHEP Supporting Documentation remaining will be 25% of the total CDC PHEP Base and/or CRI Fund.</p>	

Exhibit B, Attachment 1 - Payment Criteria

2014-15 CDC Public Health Emergency Preparedness (PHEP), State General Fund (GF)
Pandemic Influenza and HHS Hospital Preparedness Program (HPP) Funding
2014-15 Allocation Agreement

	<p>Payment <u>Receipt of an invoice equivalent to the "Money in Hand" from FY13-14 plus the Q1 advance payment, is a no payment.</u> <u>Receipt of an invoice equivalent to the Q1 advance payment, is a no payment.</u> <u>Receipt of an invoice for more than the Q1 advance payment plus, if applicable, the "Money in Hand" from FY13-14, payment will be according to the Contract amount for FY14-15.</u> <u>If the Contractor has an executed Contract for the initial FY14-15 allocation, payment less the Q1 advancement, and if applicable "Money in Hand", from the initial FY14-15 allocation.</u> <u>If the Contractor has an executed Contract Amendment that includes FY13-14 Carry-Forward, payment less the Q1 advancement, and if applicable "Money in Hand" from FY13-14, will be in the following order:</u> <u>i) first, payment from FY13-14 Carry-Forward until all Carry-Forward is paid or it is the FY13-14 Carry-Forward cut off date, 07/11/15, whichever comes first,</u> <u>ii) second, payment from the initial FY14-15 allocation</u></p>	<p>same as PHEP/CRI <u>as it applies to Lab</u></p>
<p>3rd Quarter Payment</p>	<p>Criteria</p> <ul style="list-style-type: none"> • 1st & 2nd Payment Criteria must be met • Receipt of FY 14-15 PHEP/CRI Mid-Year reports • if required, completed PHEP/CRI Supplemental Work Plan and final report • Receipt of PHEP Supporting Documentation demonstrating unique expenditures for a minimum of 25% of Initial Allocation. • <u>Contractor submits an invoice for unique approvable PHEP/CRI expenditures.</u> <p>Payment <u>If the Contractor has an executed Contract for the initial FY14-15 allocation, payment will be from the initial FY14-15 allocation.</u></p>	<ul style="list-style-type: none"> • 1st & 2nd Payment Criteria must be met • same as PHEP/CRI <u>as it applies to Lab</u> <p>same as PHEP/CRI <u>as it applies to Lab</u></p>

Exhibit B, Attachment 1 - Payment Criteria

2014-15 CDC Public Health Emergency Preparedness (PHEP), State General Fund (GF)
Pandemic Influenza and HHS Hospital Preparedness Program (HPP) Funding
2014-15 Allocation Agreement

		<p><u>If the Contractor has an executed Contract Amendment that includes FY13-14 Carry-Forward, payment will be in the following order:</u> <u>i) first, payment from FY13-14 Carry-Forward until all Carry-Forward is paid or it is the FY13-14 Carry-Forward cut off date, 07/11/15, whichever comes first,</u> <u>ii) second, payment from the initial FY14-15 allocation</u></p>	
<p>Final Payment</p>	<p>Criteria</p>	<ul style="list-style-type: none"> • 1st, 2nd & 3rd Payment Criteria must be met • Receipt of required Performance Measure reports • Receipt of PHEP Supporting Documentation demonstrating unique expenditures for a minimum of 25% of Initial Allocation. • <u>Contractor submits an invoice for unique approvable PHEP/CRI expenditures.</u> 	<ul style="list-style-type: none"> • 1st, 2nd & 3rd Payment Criteria must be met • same as PHEP/CRI <u>as it applies to Lab</u>
	<p>Payment</p>	<p>If receipt of more than the 25% minimum requirement, first pay carry forward, if applicable, matching PHEP Supporting Documentation submission up to the carry forward total. Second pay 25% of PHEP allocation, if there is still PHEP Supporting Documentation remaining will be 25% of the total CDC PHEP Base and/or CRI Fund.</p> <p><u>If the Contractor has an executed Contract for the initial FY14-15 allocation, payment will be from the initial FY14-15 allocation.</u></p> <p><u>If the Contractor has an executed Contract Amendment that includes FY13-14 Carry-Forward, payment will be in the following order:</u> <u>i) first, payment from FY13-14 Carry-Forward until all Carry-Forward is paid or it is the FY13-14 Carry-Forward cut off date, 07/11/15, whichever comes first,</u> <u>ii) second, payment from the initial FY14-15 allocation</u></p>	<p>same as PHEP/CRI <u>as it applies to Lab</u></p>

Exhibit B, Attachment 1 - Payment Criteria

2014-15 CDC Public Health Emergency Preparedness (PHEP), State General Fund (GF)
Pandemic Influenza and HHS Hospital Preparedness Program (HPP) Funding
2014-15 Allocation Agreement

		Lab Trainee Funds	Lab Training Assistance Funds
1st Quarter Payment	Criteria	CDPH must receive the following: <ul style="list-style-type: none"> • Signed Contract Amendment, includes Lab Trainee Funds • Receipt of all required Trainee application documents • Approved Lab trainee(s) must be included in the approved Work Plan and Lab budget • same as PHEP/CRI <u>as it applies to Lab Trainee</u> 	CDPH must receive the following: <ul style="list-style-type: none"> • Signed Contract Amendment, includes Lab Training Assistance Funds • Receipt of all required Training Assistance application documents • Approved Lab Training Assistance must be included in the approved Work Plan and Lab budget • same as PHEP/CRI <u>as it applies to Lab Training Assistance</u>
	Payment	Advance payment of 25% of initial FY 14-15 PHEP Trainee initial allocation	Advance payment of 25% of initial FY 14-15 PHEP Training Assistance initial allocation
2nd Quarter Payment	Criteria	N/A <u>same as PHEP/CRI as it applies to Lab Trainee</u>	N/A <u>same as PHEP/CRI as it applies to Lab Training Assistance</u>
	Payment	N/A <u>same as PHEP/CRI as it applies to Lab Trainee</u>	N/A <u>same as PHEP/CRI as it applies to Lab Training Assistance</u>
3rd Quarter Payment	Criteria	N/A <u>same as PHEP/CRI as it applies to Lab Trainee</u>	N/A <u>same as PHEP/CRI as it applies to Lab Training Assistance</u>
	Payment	N/A <u>same as PHEP/CRI as it applies to Lab Trainee</u>	N/A <u>same as PHEP/CRI as it applies to Lab Training Assistance</u>
Final Payment	Criteria	N/A <u>same as PHEP/CRI as it applies to Lab Trainee</u>	N/A <u>same as PHEP/CRI as it applies to Lab Training Assistance</u>
	Payment	N/A <u>same as PHEP/CRI as it applies to Lab Trainee</u>	N/A <u>same as PHEP/CRI as it applies to Lab Training Assistance</u>

Exhibit B, Attachment 1 - Payment Criteria

2014-15 CDC Public Health Emergency Preparedness (PHEP), State General Fund (GF)
Pandemic Influenza and HHS Hospital Preparedness Program (HPP) Funding
2014-15 Allocation Agreement

		HPP	State GF Pandemic Influenza
1st Quarter	Criteria	<p>CDPH must receive the following:</p> <ul style="list-style-type: none"> • Signed Contract • Receipt of all required application documents • Five Letters of Support (Refer to the FY 14-15 Application Guidance) • Approved HPP Work Plan • Approved HPP Budget • Submission of Health Care Facility (HCF) Form • Receipt of FY 13-14 HPP Year End Progress Report 	<p>CDPH must receive the following:</p> <ul style="list-style-type: none"> • Signed Contract • Receipt of all required application documents • Receipt of FY 13-14 GF Pan Flu Year End Progress Report • Approved GF Pan Flu Work Plan • Approved GF Pan Flu Budget
	Payment	Advance payment of 25% of HPP Initial Allocation	Advance payment of 25% of State GF Pandemic Influenza Initial Allocation.
2nd Quarter	Criteria	<ul style="list-style-type: none"> • 1st Payment Criteria must be met • Receipt of HPP FY13-14 Year End Expenditure Report • An invoice for unique HPP expenditures for a minimum of 25% of Initial Allocation to cover the Q1 advance payment • <u>Contractor invoice for unique approvable HPP expenditures for a minimum of 25% of Initial Allocation to cover the Q1 advance payment.</u> 	<ul style="list-style-type: none"> • 1st Payment Criteria must be met • Receipt of GF Pan Flu FY13-14 Year End Expenditure Report • An invoice for unique GF Pan Flu expenditures for a minimum of 25% of Initial Allocation to cover the Q1 advance payment • <u>Contractor invoice for unique approvable GF Pan Flu expenditures for a minimum of 25% of Initial Allocation to cover the Q1 advance payment.</u>
	Payment	<p>HPP for unique expenditures less the advance payment of 25% of HPP Initial Allocation.</p> <p><u>Receipt of an invoice equivalent to the Q1 advance payment, is a no payment.</u></p> <p><u>Receipt of an invoice for more than the Q1 advancement payment will be equivalent to invoice less the Q1 advance payment according to the Contract amount for FY14-15.</u></p> <p><u>If the Contractor has an executed Contract for the initial FY14-15 allocation payment will be from the initial FY14-15 allocation.</u></p> <p>If the Contractor has an executed Contract Amendment that includes FY13-14 Carry-Forward, payment less the Q1 advancement will be in the following order:</p> <ul style="list-style-type: none"> <u>i) first, payment from FY13-14 Carry-Forward until all Carry-Forward is paid or it is the FY13-14 Carry-Forward cut off date, 07/11/15, whichever comes first,</u> <u>ii) second, payment from the initial FY14-15 allocation</u> 	<p>GF Pandemic Influenza for unique expenditures less the advance payment of 25% of State GF Pandemic Influenza Initial Allocation.</p> <p><u>Receipt of an invoice equivalent to the Q1 advance payment, is a no payment.</u></p> <p><u>Receipt of an invoice for more than the Q1 advancement, payment will be equivalent to invoice less the Q1 advance payment.</u></p>
3rd Quarter	Criteria	<ul style="list-style-type: none"> • 1st & 2nd Payment Criteria must be met 	<p>1st & 2nd Payment Criteria must be met</p>

Exhibit B, Attachment 1 - Payment Criteria

2014-15 CDC Public Health Emergency Preparedness (PHEP), State General Fund (GF)
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2014-15 Allocation Agreement

	<ul style="list-style-type: none"> • An invoice for unique HPP expenditures for a • <u>Contractor invoice for unique approvable HPP expenditures.</u> • <u>if required, completed HPP Supplemental Work Plan and final progress report</u> 	<ul style="list-style-type: none"> • An invoice for unique GF Pan Flu expenditures for • <u>Contractor invoice for unique approvable GF Pan Flu expenditures</u> • <u>if required, completed GF Pan Flu Supplemental Work Plan and final progress report</u>
Payment	<p>HPP for unique expenditures.</p> <p><u>If the Contractor has an executed Contract for the initial FY14-15 allocation payment will be from the initial FY14-15 allocation.</u></p> <p><u>If the Contractor has an executed Contract Amendment that includes FY13-14 Carry-Forward, payment will be in the following order:</u></p> <p><u>i) first, payment from FY13-14 Carry-Forward until all Carry-Forward is paid or it is the FY13-14 Carry-Forward cut off date, 07/11/15, whichever comes first,</u></p> <p><u>ii) second, payment from the initial FY14-15 allocation</u></p>	<p>GF Pandemic Influenza for unique expenditures.</p> <p><u>Payment for unique approvable GF Pan Flu expenditures.</u></p>
Final Pay	<p>Criteria</p> <ul style="list-style-type: none"> • 1st, 2nd & 3rd Payment Criteria must be met • Receipt of required Performance Measure reports • An invoice for unique HPP expenditures for a mini • <u>Contractor invoice for unique HPP approvable expenditures</u> 	<ul style="list-style-type: none"> • 1st, 2nd & 3rd Payment Criteria must be met • An invoice for unique GF Pan Flu expenditures for • <u>Contractor invoice for unique approvable GF Pan Flu expenditures</u>
Payment	<p>HPP for unique expenditures.</p> <p><u>If the Contractor has an executed Contract for the initial FY14-15 allocation payment will be from the initial FY14-15 allocation.</u></p> <p><u>If the Contractor has an executed Contract Amendment that includes FY13-14 Carry-Forward, payment will be in the following order:</u></p> <p><u>i) first, payment from FY13-14 Carry-Forward until all Carry-Forward is paid or it is the FY13-14 Carry-Forward cut off date, 07/11/15, whichever comes first,</u></p> <p><u>ii) second, payment from the initial FY14-15 allocation</u></p>	<p>GF Pandemic Influenza for unique expenditures.</p> <p><u>Payment for unique approvable GF Pan Flu expend</u></p>