

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

**SCO ID: 4265-2210264-A4**

STD 213A (Rev. 4/2020)

CHECK HERE IF ADDITIONAL PAGES ARE ATTACHED 1 PAGES

AGREEMENT NUMBER 22-10264	AMENDMENT NUMBER A04	Purchasing Authority Number
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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

Napa County

2. The term of this Agreement is:

START DATE

October 1, 2022

THROUGH END DATE

September 30, 2025

3. The maximum amount of this Agreement after this Amendment is:

\$ 3,374,496.00 Three Million, Three Hundred Seventy-Four Thousand Four Hundred Ninety-Six 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:

- 1. This amendment increases the contract by \$45,843.00, changing the total amount to read \$3,374,496.00, to better support the Contractor's needs, and is shifting funds in fiscal year 3 to accommodate anticipated expenses.

*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.)

Napa County

CONTRACTOR BUSINESS ADDRESS

2751 Napa Valley Corporate Dr., Building B

CITY

Napa

STATE

CA

ZIP

94558

PRINTED NAME OF PERSON SIGNING

Anne Cottrell

TITLE

Chair, Board of Supervisors

CONTRACTOR AUTHORIZED SIGNATURE

DATE SIGNED

**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

CALIFORNIA DEPARTMENT OF GENERAL SERVICES APPROVAL

EXEMPTION (If Applicable)

II. Exhibit A, Scope of Work, Provision 8.1.a has been revised as follows:

a) The Contractor's participant monthly caseload is listed below. The Contractor shall meet the performance standard by serving one hundred percent (100%) of the authorized caseload.

1. Year 1 participant monthly caseload: 2,020
2. Year 2 participant monthly caseload: 2,020
3. Year 3 participant monthly caseload: ~~2,020~~ **2,050**

III. Exhibit B, Budget Detail and Payment Provisions, Provision 1.F has been revised as follows:

F. Amounts Payable

The amounts payable under this Agreement shall not exceed:

~~\$ 3,328,653.00~~ **\$ 3,374,496.00** for the budget period of 10/01/2022 through 09/30/2025.

IV. Exhibit B, Attachment I, Budget Detail has been replaced in its entirety.

Approved as to form:  
Napa County Counsel

Dated: 2/7/2025

By: /S/ Rachel L. Ross  
Rachel L. Ross, Deputy

**Exhibit B, Attachment I  
Budget Detail  
October 1, 2022 - September 30, 2025**

PERSONNEL	Exhibit A, SOW 8	Exhibit A, Attach I	Minimum Base Annual Salary	Amended Minimum Base Annual Salary	Maximum Base Annual Salary	Amended Maximum Base Annual Salary	Year 1 10/1/2022 - 9/30/2023		Year 2 10/1/2023 - 9/30/2024		Year 3 10/1/2024 - 9/30/2025					Total	Total Budget Adj.	Amended Total	
							FTE	Budgeted Amount	FTE	Budgeted Amount	FTE	FTE Adj.	Amended FTE	Budgeted Amount	Budget Adj.				Amended Budgeted Amount
Public Health Manager (2)	1-22	5	120,973	157,914	147,014	189,530	0.10	14,775	0.40	73,265	0.40		0.40	54,843	2,719	57,562	142,883	2,719	145,602
WIC Coordinator/Nutrition Supervisor (2)	1-22	1-8	84,573	98,862	101,358	118,123	1.00	88,080	1.00	101,859	1.00		1.00	82,193	3,559	85,752	272,132	3,559	275,691
Staff Services Analyst II (2)	2,3,5-13,15,17,21,22	7, 8	77,896		93,080		0.50	44,974	0.00	-	0.00		0.00	-		-	44,974	-	44,974
Public Health Nutritionist (2)	1-3,5-9,12,14,15,21,22	1-5, 7, 8	76,461		91,458		0.96	82,702	0.00	-	0.00		0.00	-		-	82,702	-	82,702
Health Education Specialist (1)(2)	1-3,6-9,12,14,15,21,22	1-8	73,195	85,779	87,443	102,149	1.00	89,978	2.00	156,000	2.00		2.00	140,917	11,598	152,515	386,895	11,598	398,493
Community Aide (1)(2)	1,2,6,8,9,12,14,15,21,22	1-5, 8	48,506	57,408	57,429	67,641	3.00	152,610	0.00	-	0.00		0.00	-		-	152,610	-	152,610
Senior Office Assistant (1)(2)	1,2,6,8,9,12,15,17,18,19,21,22	3-5, 8	52,957	62,525	62,858	73,923	1.60	101,470	1.60	116,738	1.60		1.60	83,932	8,056	91,988	302,140	8,056	310,196
Office Assistant II (1)(2)	1,2,6,8,12,15,17,19,21,22	3-5, 8	48,776	57,720	57,637	67,912	1.00	51,189	1.00	61,356	1.00		1.00	45,333	4,129	49,462	157,878	4,129	162,007
WIC Nutrition Assitant I (1)(2)	1,2,6,8,9,12,14,15,21,22	1-5, 8	59,571	61,963	70,491	73,320			1.00	67,748	0.00		0.00	-		-	67,748	-	67,748
WIC Nutrition Assitant II (1)(2)	1,2,6,8,9,12,14,15,21,22	1-5, 8	63,502	66,040	75,129	78,125			2.00	142,000	4.00	(1.00)	3.00	198,618	(34,958)	163,660	340,618	(34,958)	305,660
											0.00		0.00			-	-	-	-
													0.00			-	-	-	-
													0.00			-	-	-	-
Overtime (3)																-	-	-	-
Salaries and Wages								625,778		718,966				605,836	(4,897)	600,939	1,950,580	(4,897)	1,945,683
<b>Total FTE</b>							<b>9.16</b>		<b>9.00</b>				<b>10.00</b>	<b>(1.00)</b>	<b>9.00</b>				
<b>Fringe Benefits (4)</b>							<b>Percent</b>	<b>Budgeted Amount</b>	<b>Percent</b>	<b>Budgeted Amount</b>	<b>Percent</b>	<b>Amended Percent</b>	<b>Budgeted Amount</b>	<b>Budget Adj.</b>	<b>Amended Budgeted Amount</b>	<b>Total</b>	<b>Total Budget Adj.</b>	<b>Amended Total</b>	
							48.72351%	304,901	60.03480%	431,629	53.69070%	62.47530%	325,277	50,161	375,438	1,061,807	50,161	1,111,968	
<b>TOTAL PERSONNEL (paid by State WIC contract)</b>								<b>930,679</b>		<b>1,150,695</b>			<b>931,113</b>	<b>45,264</b>	<b>976,377</b>	<b>3,012,387</b>	<b>45,264</b>	<b>3,057,651</b>	
<b>Total In-Kind for Personnel (12)</b>								21,090		381,365			809,006	(498,798)	310,208	1,211,461	(498,798)	712,663	
<b>OPERATING</b>	<b>Exhibit A, SOW 8</b>	<b>Exhibit A, Attach I</b>						<b>Budgeted Amount</b>		<b>Budgeted Amount</b>			<b>Budgeted Amount</b>	<b>Budget Adj.</b>	<b>Amended Budgeted Amount</b>	<b>Total</b>	<b>Total Budget Adj.</b>	<b>Amended Total</b>	
General Expenses (5)	5-7,17-21,23	1-10								4,788					-	4,788	-	4,788	
Travel (6)	8	1-10													-	-	-	-	
Training	4,5,7,17,21,23	1-10													-	-	-	-	
Outreach/Media/Promotion	17	1-10													-	-	-	-	
Facility Costs (see Exhibit B, Attach II for breakdown) (7)	11,23	1-10													-	-	-	-	
<b>TOTAL OPERATING (paid by State WIC contract)</b>								-		4,788			-	-	-	4,788	-	4,788	
<b>Total In-Kind for Operating (12)</b>								111,826		115,180			118,636	225,521	344,157	345,642	225,521	571,163	
<b>CAPITAL EXPENDITURES (8) (Unit Cost of \$5,000 or More)</b>	<b>Exhibit A, SOW 8</b>	<b>Exhibit A, Attach I</b>						<b>Budgeted Amount</b>		<b>Budgeted Amount</b>			<b>Budgeted Amount</b>	<b>Budget Adj.</b>	<b>Amended Budgeted Amount</b>	<b>Total</b>	<b>Total Budget Adj.</b>	<b>Amended Total</b>	
Equipment (9)	6,17,18,20,21	1-10													-	-	-	-	
Vehicles (10)	8,17-19	1-10													-	-	-	-	
<b>TOTAL CAPITAL EXPENDITURES (paid by State WIC contract)</b>								-		-			-	-	-	-	-	-	
<b>Total In-Kind for Capital Expenditures (12)</b>															-	-	-	-	
<b>OTHER COSTS (11)</b>	<b>Exhibit A, SOW 8</b>	<b>Exhibit A, Attach I</b>						<b>Budgeted Amount</b>		<b>Budgeted Amount</b>			<b>Budgeted Amount</b>	<b>Budget Adj.</b>	<b>Amended Budgeted Amount</b>	<b>Total</b>	<b>Total Budget Adj.</b>	<b>Amended Total</b>	
															-	-	-	-	
															-	-	-	-	
<b>TOTAL OTHER COSTS (paid by State WIC contract)</b>								-		-			-	-	-	-	-	-	
<b>Total In-Kind for Other Costs (12)</b>															-	-	-	-	
<b>INDIRECT</b>							<b>Percent</b>	<b>Budgeted Amount</b>	<b>Percent</b>	<b>Budgeted Amount</b>	<b>Percent</b>	<b>Amended Percent</b>	<b>Budgeted Amount</b>	<b>Budget Adj.</b>	<b>Amended Budgeted Amount</b>	<b>Total</b>	<b>Total Budget Adj.</b>	<b>Amended Total</b>	
Total Personnel Costs							1.28000%	11,912	25.00000%	287,648	1.28000%		11,918	579	12,497	311,478	579	312,057	
<b>TOTAL INDIRECT (paid by State WIC contract)</b>								<b>11,912</b>		<b>287,648</b>			<b>11,918</b>	<b>579</b>	<b>12,497</b>	<b>311,478</b>	<b>579</b>	<b>312,057</b>	
<b>Total In-Kind for Indirect (12)</b>								98,318		101,268			104,306	217,340	321,646	303,892	217,340	521,232	
<b>TOTAL BUDGET (paid by State WIC contract)</b>								<b>\$ 942,591</b>		<b>\$ 1,443,031</b>			<b>\$ 943,031</b>	<b>\$ 45,843</b>	<b>\$ 988,874</b>	<b>\$ 3,328,653</b>	<b>\$ 45,843</b>	<b>\$ 3,374,496</b>	
<b>Total In-Kind for All Budget Line-Items (12)</b>								<b>\$ 231,233</b>		<b>\$ 597,813</b>			<b>\$ 1,031,947</b>	<b>\$ (55,937)</b>	<b>\$ 976,010</b>	<b>\$ 1,860,993</b>	<b>\$ (55,937)</b>	<b>\$ 1,805,056</b>	

Contract Year:  
Contract Amount:  
Funding Changes:  
Checks/Balances:

Year 1	Year 2	Year 3
\$ 942,591	\$ 1,443,031	\$ 988,874
\$ -	\$ -	\$ 45,843
\$ -	\$ -	\$ -

\*All costs will be reviewed by CDPH for approval

- (1) Bilingual - Positions that receive Bilingual pay may show a higher budgeted amount. Justification and back-up documentation will be kept on file.
- (2) Additional Pay (i.e., Longevity, Retention, Differential, COLA) - Positions that receive one or more of these additional compensations may 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 and back-up documentation will be kept on file for any fringe benefit rate that exceeds 50%.
- (5) General Expenses - Includes minor equipment (i.e., office furniture, IT equipment, anthropometric items), professional certifications, audit costs, vehicle maintenance, IT maintenance, program materials, office expenses, etc.
- (6) Travel - All costs reimbursed shall be in accordance with CalHR rates.
- (7) Facility Costs - Includes rent, utilities, janitorial, security, and maintenance.
- (8) Capital Expenditures - Unit cost must be \$5,000 or more. Refer to Exhibit D, Provision 1 for procurement rules.
- (9) Equipment - Include telephone systems, information technology equipment, photocopy machines, etc.
- (10) Vehicles - Will be used for facility site visits, conferences, trainings, and outreach.
- (11) Other Costs - List the subcontractor's name and brief description of services provided.
- (12) In-Kind - Funds provided by the Parent Agency to cover WIC Program costs not included in the WIC Budget.



Health and Human Services Agency  
California Department of Public Health



Tomás J. Aragón, MD, DrPH  
Director and State Public Health Officer

Gavin Newsom  
Governor

**Date:** January 9, 2025

**TO:** Napa County

**FROM:** California Department of Public Health (CDPH)

**SUBJECT:** Contract # 22-10264 A04

Please find the above-referenced Contract Agreement between the California Department of Public Health and Napa County, 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.

To approve this Agreement, submit one (1) electronic copy (**do not mail in hard copies**) of each document listed below, to the following mailbox: [LocalContracts@cdph.ca.gov](mailto:LocalContracts@cdph.ca.gov). Please title the email Subject line as follows: Signed Agreement for 22-10264 A04 (Napa).

- One (1) signed copy of the Standard Agreement - Amendment (STD 213A). This document can be signed electronically pursuant to the Uniform Electronic Transactions Act (Civil Code 1633.1 et seq.) or it may be 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 and any signatory designees.
  - If outlined in the document, please ensure the following information is correct:
    - The contract term;
    - The contract amount;
    - If applicable, the increase/decrease amount included in this amendment.
- 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 **three weeks from the date of this letter**, 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, Sacramento, CA 95834  
MS 8600 • P.O. Box 997375 • Sacramento, CA 95899-7375  
(916) 928-8500 • [www.wicworks.ca.gov](http://www.wicworks.ca.gov)



Napa County  
January 9, 2025

Thank you,

*Contract and Procurement Support Unit*

Attachments

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