

**SUBMITTAL TO THE BOARD OF SUPERVISORS
COUNTY OF RIVERSIDE, STATE OF CALIFORNIA**

621



FROM: Community Health Agency/Department of Public Health

SUBMITTAL DATE:
May 3, 2011

SUBJECT: Ratify Amendment A04 with the California Department of Public Health and Riverside County Community Health Agency (CHA), Department of Public Health for Women, Infants and Children (WIC) Supplemental Nutrition Program (#08-85460 A04).

RECOMMENDED MOTION: That the Board of Supervisors:

- 1) Ratify Amendment A04 with the California Department of Public Health and the Community Health Agency, Department of Public Health for Women, Infants and Children (WIC) Supplemental Nutrition Program (#08-85460 A04) to increase the maximum amount payable by \$3,780,000 ; and
- 2) Authorize the Chairperson to sign ten (10) originals of said Agreement on behalf of the County.

BACKGROUND (Continued on page 2)

GH:nw/ys

Susan D. Harrington
Susan D. Harrington, Director of Public Health

FINANCIAL DATA

| | | | |
|-------------------------------|--------------|-------------------------|-------|
| Current F.Y. Total Cost: | \$ 3,780,000 | In Current Year Budget: | YES |
| Current F.Y. Net County Cost: | \$ 0 | Budget Adjustment: | NO |
| Annual Net County Cost: | \$ 0 | For Fiscal Year: | 10/11 |

SOURCE OF FUNDS: 100% Federal funding.

| | |
|----------------------------------|-------------------------------------|
| Positions To Be Deleted Per A-30 | <input checked="" type="checkbox"/> |
| Requires 4/5 Vote | |

C.E.O. RECOMMENDATION:

APPROVE

County Executive Office Signature

Debra Cournoyer
Debra Cournoyer

Policy Policy

Consent Consent

Dep't Recomm.:
Per Exec. Ofc.:

Prev. Agn. Ref.: 3.20 5/4/2010 **District:** ALL **Agenda Number:**

ATTACHMENTS FILED
WITH THE CLERK OF THE BOARD

3.7

FORWARDED COUNTY COUNSEL
BY: NEAL R. KIPNIS
DATE: 5/11/11
Departmental Concurrence

SUBJECT: Ratify Amendment A04 with the California Department of Public Health and Riverside County Community Health Agency (CHA), Department of Public Health for Women, Infants and Children (WIC) Supplemental Nutrition Program (#08-85460 A04).

BACKGROUND:

The Women, Infants and Children (WIC) Supplemental Nutrition program offers nutrition education, counseling, vouchers for the purchase of nutritious food and referral to health care and other resources needed by women, infants and children served throughout Riverside County. Riverside County currently serves over 86,000 participants per month and has the potential to grow to 95,775 participants under this current agreement.

The State Department of Public Health maximum funding allocation under this Agreement is increased by \$3,780,000 to \$47,022,000 for three years. As State WIC releases available funding, a "Local Agency Contract Authority to Spend (ATS)" letter or an Award letter will be received by the Community Health Agency. Current funding level increases were included during the midyear budget process.

STANDARD AGREEMENT AMENDMENT

STD 213A_CDPH (9/09)

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

| | |
|-------------------------------------|--------------------------------|
| Agreement Number 08-85460 | Amendment Number A04 |
| Registration Number: | |

- 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 Riverside County Community Health Agency, Department of Public Health | (Also referred to as Contractor) |
- The term of this Agreement is: **October 1, 2008 through September 30, 2011**
- The maximum amount of this Agreement after this amendment is: **\$ 47,022,000**
Forty-Seven Million, Twenty-Two Thousand Dollars
- 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, 2010.
- II. **Purpose of amendment:** This amendment reflects an increase in funding resulting from a change in the Contractor's maximum caseload and alters applicable contract provisions affected by the maximum caseload change. This amendment also reflects an increase in the maximum amount resulting from a change in available program funding and alters applicable contract provisions affected by the funding change.
- 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) on the face of the original Standard Agreement (STD 213) is increased by **\$3,780,000** and is amended to read: ~~\$43,242,000 (Forty-Three Million Two Hundred Forty-Two Thousand Dollars)~~ **\$47,022,000 (Forty-Seven Million Twenty-Two Thousand 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 (If other than an individual, state whether a corporation, partnership, etc.) Riverside County Community Health Agency, Department of Public Health | | |
| By (Authorized Signature)  | Date Signed (Do not type) 5/11/11 | |
| Printed Name and Title of Person Signing Bob Buster, Chairman, Board of Supervisors | | |
| Address 4065 County Circle Drive Riverside, CA 92503 | | <input checked="" type="checkbox"/> Exempt per: 99.7KA1 |
| STATE OF CALIFORNIA | | |
| Agency Name California Department of Public Health | | |
| By (Authorized Signature)  | Date Signed (Do not type) 5/11/11 | |
| Printed Name and Title of Person Signing Sandra Winters, Chief, Contracts and Purchasing Services Section | | |
| Address 1501 Capitol Avenue, Suite 71.5178, MS 1802, P.O. Box 997377, Sacramento, CA 95899-7377 | | |

FORM APPROVED BY CONTRACT COUNSEL
 BY: NEAL R. KIPNIS
 DATE: 5/11/11

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

Exhibit B, Attachment III A3 – Budget (Year 3)

1 page

All references to Exhibit B, Attachment III A2 in any exhibit incorporated into this Agreement shall hereinafter be deemed to read Exhibit B, Attachment III A3 which is replaced in its entirety by the attached revised budget exhibit.

- VI. Provision 6 entitled, Services to be Performed of Exhibit A, entitled, "Scope of Work", is amended to read:

6. Services to be Performed

- A. The Contractor is provided a maximum caseload as listed below. The maximum caseload identifies the authorized caseload combined with the unauthorized caseload that may be funded, per month, for each budget period. Caseload management requirements are outlined in the CMB, Chapter 1, as referenced in Exhibit E, Provision 1.

| <u>Budget Period</u> | <u>Maximum Caseload Per Month</u> |
|----------------------|--|
| 1) FFY 2008/2009 | 83,000 |
| 2) FFY 2009/2010 | 88,950 |
| 3) FFY 2010/2011 | 93,700 <u>95,775</u> |

- B. Contractor's initial authorized caseload will be identified through a local agency award letter and is effective upon execution of this Agreement. Authorized caseload is used to calculate the authorized annual base funding amount.
- C. If and when the authorized caseload is increased after the execution of this Agreement, Contractor will receive a local agency award letter. An increase in the authorized caseload will increase the authorized base funding amount. An amendment to this Agreement shall not be required unless the increase in caseload or funding exceeds the maximum caseload or maximum payable for a budget period. The maximum payable is the total dollar amount shown in the contract budgets in Exhibit B, Attachments I, II and III.
- D. Any changes to the authorized caseload shall be made through a Local Agency Award Letter informing the Contractor of the change. An amendment to this Agreement shall not be required unless the maximum amount payable for any budget period is increased.

**Exhibit B, Attachment III A3
Budget
Year 3
10/01/10 through 09/30/11**

| <u>Budget Line-Item</u> | <u>Current Total</u> | <u>This Amendment</u> | <u>Revised Total</u> |
|-------------------------|--------------------------------|----------------------------|-----------------------------|
| 1. Personnel* | \$ <u>10,500,000</u> | \$ <u>2,325,000</u> | \$ <u>12,825,000</u> |
| 2. Operating Expenses | \$ <u>3,921,000</u> | \$ <u>994,150</u> | \$ <u>4,915,150</u> |
| 3. Capital Expenditures | \$ <u> </u> | \$ <u>110,000</u> | \$ <u>110,000</u> |
| 4. Other Costs | \$ <u> </u> | \$ <u>30,000</u> | \$ <u>30,000</u> |
| 5. Indirect Costs ** | \$ <u>1,449,000</u> | \$ <u>320,850</u> | \$ <u>1,769,850</u> |
| Total Per Column | \$ <u><u>15,870,000</u></u> | \$ <u><u>3,780,000</u></u> | \$ <u><u>19,650,000</u></u> |

| | |
|--|---------------------|
| *Revised Total" of Salaries & Wages | \$ <u>8,550,000</u> |
| "Revised Total" of Fringe Benefits | \$ <u>4,275,000</u> |
| The total of these two lines must equal the "Revised Total" for the "Personnel" line item. | |

** Maximum 13.8% of "Personnel"

Do not round up when determining "Indirect Costs" amount.