

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

31601

Agreement Number 08-85418	Amendment Number A02
Registration Number: <i>of 1022236</i>	

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 City of Long Beach	(Also referred to as Contractor)
2. The term of this Agreement is: October 1, 2008 through September 30, 2011
3. The maximum amount of this Agreement after this amendment is: \$ 16,053,000
Sixteen Million Fifty-Three Thousand 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:** July 15, 2010
 - II. **Purpose of amendment:** This amendment modifies the budget exhibit for Year 2 to reflect line item shifts made in excess of the limits specified in Exhibit B, Provision 6. Said line item shifts do not alter any annual budget total and the maximum amount of this Agreement remains unchanged.
 - 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. Paragraph 4 (incorporated exhibits) on the face of the original Standard Agreement (STD 213) is amended to add the following revised budget exhibits:

<u>Exhibit B, Attachment II A2 – Budget (Year 2)</u>	<u>1 page</u>
<u>Exhibit B, Attachment III A2 – Budget (Year 3)</u>	<u>1 page</u>

All references to Exhibit B, Attachment II A 1 and III A 1 in any exhibit incorporated into this agreement shall hereinafter be deemed to read Exhibit B, Attachment II A2 and III A2 which is replaced in its entirety by the attached revised budget exhibit.

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.) City of Long Beach		
By (Authorized Signature) 	Date Signed (Do not type) 8/13/10	
Printed Name and Title of Person Signing Patrick H. West, City Manager		
Address 2525 Grand Avenue Long Beach, CA 90815		
STATE OF CALIFORNIA		
Agency Name California Department of Public Health		<input checked="" type="checkbox"/> Exempt per: 99.7KA1
By (Authorized Signature) 	Date Signed (Do not type) 8/15/10	
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		

**Exhibit B, Attachment II A2
Budget
Year 2
10/01/09 through 09/30/10**

<u>Budget Line-Item</u>	<u>Current Total</u>	<u>This Amendment</u>	<u>Revised Total</u>
1. Personnel*	\$ <u>4,254,465</u>	\$ <u>(223,182)</u>	\$ <u>4,031,283</u>
2. Operating Expenses	\$ <u>846,717</u>	\$ <u>60,000</u>	\$ <u>906,717</u>
3. Capital Expenditures	\$ <u>50,000</u>	\$ <u>(40,000)</u>	\$ <u>10,000</u>
4. Other Costs	\$ _____	\$ _____	\$ _____
5. Indirect Costs **	\$ <u>276,818</u>	\$ <u>203,182</u>	\$ <u>480,000</u>
Total Per Column	\$ <u>5,428,000</u>	\$ <u>0</u>	\$ <u>5,428,000</u>

*Revised Total" of Salaries & Wages	\$ <u>2,629,850</u>
"Revised Total" of Fringe Benefits	\$ <u>1,401,433</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.

**Exhibit B, Attachment III A2
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>4,748,622</u>	\$ <u>(326,540)</u>	\$ <u>4,422,082</u>
2. Operating Expenses	\$ <u>950,918</u>	\$ <u>30,000</u>	\$ <u>980,918</u>
3. Capital Expenditures	\$ <u>30,000</u>	\$ <u>10,000</u>	\$ <u>40,000</u>
4. Other Costs	\$ _____	\$ _____	\$ _____
5. Indirect Costs **	\$ <u>302,460</u>	\$ <u>286,540</u>	\$ <u>589,000</u>
Total Per Column	\$ <u><u>6,032,000</u></u>	\$ <u><u>0</u></u>	\$ <u><u>6,032,000</u></u>

*Revised Total" of Salaries & Wages	\$ <u>2,870,779</u>
"Revised Total" of Fringe Benefits	\$ <u>1,551,303</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.