

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

Agreement Number 14-10964	Amendment Number A02
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 City of Long Beach	(Also referred to as Contractor)
- The term of this Agreement is: January 1, 2015 through December 31, 2017
- The maximum amount of this Agreement after this amendment is: \$ 1,808,916
One Million, Eight Hundred Eight Thousand, Nine Hundred Sixteen 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:

- Purpose of amendment:** This purpose of this amendment is to allow for budgetary line item shifts in the budget for Year 3. This amendment does not increase or decrease the total amount of this contract.
- 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).
- Exhibit B, Attachment III, Budget Detail – Year 3, is hereby replaced in its entirety with Exhibit B, A02, Attachment III, Budget Detail – Year 3.

"All references to Exhibit B, Attachment III, Budget Detail – Year 3, in any exhibit incorporated into this agreement shall hereinafter be deemed to read, Exhibit B, A02, Attachment III, Budget Detail – Year 3."

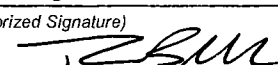
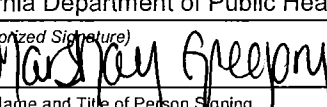
APPROVED AS TO FORM

11/9, 2017
CHARLES PARKIN, City Attorney

All other terms and conditions shall remain the same.

By Linda T. Vu
LINDA T. VU

IN WITNESS WHEREOF, this Agreement has been executed by the parties hereto.

CONTRACTOR		DEPUTY CITY ATTORNEY 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) 11/13/17	
Printed Name and Title of Person Signing Patrick H. West, City Manager Tom Modica Assistant 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: OA Budget Act 2017
By (Authorized Signature) 	Date Signed (Do not type) 12/30/17	
Printed Name and Title of Person Signing Marshay Gregory Chief Contracts Management Unit		
Address 1616 Capitol Avenue, Suite 74.317, MS 1802, P.O. Box 997377, Sacramento, CA 95899-7377		

**Exhibit B - Attachment III
HIV Prevention Program
Budget (Year 3)**

January 1, 2017 through December 31, 2017

A. PERSONNEL	Position Title	Monthly Salary	Amended Monthly Salary	Total FTE %	Amended Total FTE %	Annual Cost	Amended Annual Cost	
	Clinical Services Director/PA	\$105,824	<u>\$113,340</u>	15%		\$ 15,874	<u>\$17,001</u>	
	Public Health Prof. II	\$82,063	<u>\$83,720</u>	5%	2%	\$ 4,103	<u>\$1,674</u>	
	Health Educator/PHA III	\$73,813	<u>\$73,798</u>	100%		\$ 73,813	<u>\$73,798</u>	
	Analyst/PHA III <u>CPSV</u>	\$73,813	<u>\$83,705</u>	2%	20%	\$ 1,476	<u>\$16,741</u>	
	Outreach Worker II	\$50,035	<u>\$24,824</u>	40%	100%	\$ 5,004	<u>\$24,824</u>	
	Health Educator II	\$54,252	<u>\$58,869</u>	100%		\$ 54,252	<u>\$58,869</u>	
	Community Worker <u>Proj. Tech. III</u>	\$18,327	<u>\$43,123</u>	400%	70%	\$ 18,327	<u>\$30,186</u>	
	Health Educator I	\$40,454	<u>\$37,386</u>	100%		\$ 40,454	<u>\$37,386</u>	
	Medical Asst. II	\$38,130		45%	16.8%	\$ 5,720	<u>\$6,406</u>	
	Public Health Associate II	\$44,416		80%		\$ 35,533		
	Medical Asst. II	\$38,130		400%		\$ 38,130		
	Nurse Consultant	\$30,785		400%		\$ 30,785		
	Health Educator II	\$57,714		75%		\$ 43,286		
	Health Educator II	\$57,714	<u>\$45,679</u>	45%	100%	\$ 8,657	<u>\$45,679</u>	
Subtotal Personnel						\$ 375,409	\$ 312,564	
B. FRINGE BENEFITS (.5173 <u>.676794%</u> of Personnel)						Total Fringe	\$ 194,199	\$ 211,542
Total Personnel & Fringe Benefits						\$ 569,609	\$ 524,106	
C. OPERATING EXPENSES								
	General Office Supplies					\$ 2,450	\$ 4,888	
	Program Materials					\$ 5,000	\$ 5,500	
	Medical Supplies/Lab					\$ 6,200	\$ 5,500	
	Mileage/Travel					\$ 3,293	\$ 2,510	
Total Operating Expenses						\$ 16,943	\$ 18,398	
D. INDIRECT COSTS								
(up to 45% <u>11.5373%</u> of Total Personnel and Fringe Benefits)						Total Indirect Costs	\$ 16,420	\$ 60,468
Total Budget							\$ 602,972	