

Check here if additional pages are added: 1 Page(s) **33940**

Agreement Number 14-10964	Amendment Number A01
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 amendment increases the funding level by \$602,972 and extends the term of this agreement by one year. The Contractor will continue to provide direct services for HIV/AIDS prevention to individuals living with HIV or at risk of HIV infection.
- 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~~).

**APPROVED AS TO FORM**  
11/8, 2016  
 CHARLES PARKIN, ~~City~~ Attorney  
 By [Signature] (Continued on next page)  
 LINDA T. VU  
 DEPUTY CITY ATTORNEY

All other terms and conditions shall remain the same.

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

<b>CONTRACTOR</b>		CALIFORNIA Department of General Services Use Only
Contractor's Name (If other than an individual, state whether a corporation, partnership, etc.) <u>City of Long Beach</u>		
By (Authorized Signature) <u>[Signature]</u>	Date Signed (Do not type) <u>11/10/16</u>	
Printed Name and Title of Person Signing <u>Patrick H. West, City Manager</u>		
Address <u>2525 Grand Avenue Long Beach, CA 90815</u>		
<b>STATE OF CALIFORNIA</b>		
Agency Name <u>California Department of Public Health</u>		<input checked="" type="checkbox"/> Exempt per: OA Budget Act 2016
By (Authorized Signature) <u>[Signature]</u>	Date Signed (Do not type) <u>11/23/16</u>	
Printed Name and Title of Person Signing <u>Yolanda Murillo, Chief, Contracts Management Unit</u>		
Address <u>1616 Capitol Avenue, Suite 74.317, MS 1802, P.O. Box 997377, Sacramento, CA 95899-7377</u>		

III. Exhibit B – Budget Detail and Payment Provisions, is hereby amended to read as follows:

1. Amounts Payable

A. The amounts payable under this agreement shall not exceed:

- 1) \$ 602,972 for the budget period of 01/01/15 through 12/31/15.
- 2) \$ 602,972 for the budget period of 01/01/16 through 12/31/16.
- 3) **\$ 602,972 for the budget period of 01/01/16 through 12/31/17.**

B. Reimbursement shall be made for allowable expenses up to the amount annually encumbered commensurate with the state fiscal year in which services are performed and/or goods are received.

IV. Exhibit B, Attachment III, A01, HIV Prevention Program, Budget (Year 3), is hereby augmented to this agreement.

**Exhibit B - Attachment III  
HIV Prevention Program  
Budget (Year 3)  
January 1, 2017 through December 31, 2017**

<b>A. PERSONNEL</b>	<b>Position Title</b>	<b>Monthly Salary</b>	<b>Total FTE %</b>	<b>Annual Cost</b>
	Clinical Services Director	\$105,824	15%	\$ 15,874
	Public Health Prof. II	\$82,063	5%	\$ 4,103
	Health Educator/PHA III	\$73,813	100%	\$ 73,813
	Analyst/PHA III	\$73,813	2%	\$ 1,476
	Outreach Worker II	\$50,035	10%	\$ 5,004
	Health Educator II	\$54,252	100%	\$ 54,252
	Community Worker	\$18,327	100%	\$ 18,327
	Health Educator I	\$40,451	100%	\$ 40,451
	Medical Asst. II	\$38,130	15%	\$ 5,720
	Public Health Associate II	\$44,416	80%	\$ 35,533
	Medical Asst. II	\$38,130	100%	\$ 38,130
	Nurse Consultant	\$30,785	100%	\$ 30,785
	Health Educator II	\$57,714	75%	\$ 43,286
	Health Educator II	\$57,714	15%	\$ 8,657
			<b>Subtotal Personnel</b>	<b>\$ 375,409</b>
<b>B. FRINGE BENEFITS (.5173 of Personnel)</b>			<b>Total Fringe</b>	<b>\$ 194,199</b>
			<b>Total Personnel &amp; Fringe Benefits</b>	<b>\$ 569,609</b>
<b>C. OPERATING EXPENSES</b>				
	General Office Supplies			\$ 2,450
	Program Materials			\$ 5,000
	Medical Supplies/Lab			\$ 6,200
	Mileage/Travel			\$ 3,293
			<b>Total Operating Expenses</b>	<b>\$ 16,943</b>
<b>D. INDIRECT COSTS</b>				
(up to 15% of Total Personnel and Fringe Benefits)			<b>Total Indirect Costs</b>	<b>\$ 16,420</b>
			<b>Total Budget</b>	<b>\$ 602,972</b>