

**33961**

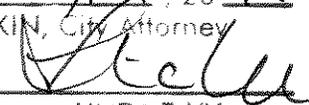
Check here if additional pages are added: \_\_\_ Page(s)

Agreement Number <b>15-10256</b>	Amendment Number <b>A01</b>
Registration Number:	

- This Agreement is entered into between the State Agency and Contractor named below:  

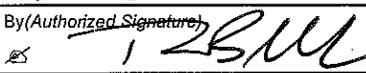
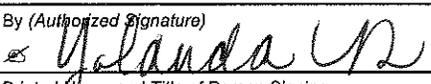
State Agency's Name <b>California Department of Public Health</b>	Also known as CDPH or the State
Contractor's Name <b>City of Long Beach</b>	(Also referred to as Contractor)
- The term of this Agreement is: **July 1, 2015 through June 30, 2019**
- The maximum amount of this Agreement after this amendment is: **\$ 189,420**  
**One Hundred Eighty-Nine Thousand, Four Hundred Twenty 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:

- This amendment adjusts the salary of the personnel to the current local health jurisdiction salary rate, reduces the percent of time the staff spend on the program, and adds funds for General Office Expense and Indirect Costs.
- 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 I, Budget (Year 2) is hereby replaced in its entirety with Exhibit B, A01, Attachment I, Budget (Year 2).

APPROVED AS TO FORM  
 2/16, 20 17  
 CHARLES PARKIN, City Attorney  
 By   
 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>	<b>CALIFORNIA</b> Department of General Services Use Only
Contractor's Name (If other than an individual, state whether a corporation, partnership, etc.) <b>City of Long Beach</b>	 <b>APPROVED</b> <b>MAR 20 2017</b> OFFICE OF LEGAL SERVICES DEPT. OF GENERAL SERVICES
By (Authorized Signature)  <b>EXECUTED PURSUANT TO SECTION 301 OF THE CITY CHARTER.</b> Date Signed (Do not type) <b>2/21/17</b>	
Printed Name and Title of Person Signing <b>Patrick H. West, City Manager Assistant City Manager</b>	
Address <b>2525 Grand Avenue, Long Beach, CA 90815</b>	
<b>STATE OF CALIFORNIA</b>	
Agency Name <b>California Department of Public Health</b>	
By (Authorized Signature)  Date Signed (Do not type) <b>3/9/17</b>	
Printed Name and Title of Person Signing <b>Yolanda Murillo, Chief, Contracts Management Unit</b>	
Address <b>1616 Capitol Avenue, Suite 74.317, MS 1802, P.O. Box 997377, Sacramento, CA 95899-7377</b>	

Exempt per:

Exhibit B, Attachment I  
 Budget  
 Year 2  
 July 1, 2016 – June 30, 2017

**PERSONNEL**

<u>Classification</u>	<u>Monthly Salary</u>		<u>Percent of Time</u>		<u>Months on Project</u>	<u>Budget</u>	<u>Amended Budget</u>	<u>Amended Total</u>
	<u>Current</u>	<u>Amended</u>	<u>Current</u>	<u>Amended</u>				
Health Educator	\$2,907	\$3,053	100%	70%	12	\$34,884	(\$9,239)	\$25,645
<b>Total Personnel</b>						\$34,884	(\$9,239)	\$25,645
Fringe Benefits @ 35.75%						\$12,471	\$4,198	\$16,669
<b>Total Personnel &amp; Benefits</b>						\$47,355	(\$5,041)	\$42,314
<b>OPERATING EXPENSES</b>								
General Office Expense (pens, paper, envelopes)						\$0	\$810	\$810
<b>Total Operating Expenses</b>						\$0	\$810	\$810
<b>EQUIPMENT</b>								
						\$0	\$0	\$0
<b>TRAVEL</b>								
						\$0	\$0	\$0
<b>SUBCONTRACTORS</b>								
<b>Total Subcontractors</b>						\$0	\$0	\$0
<b>OTHER COSTS</b>								
						\$0	\$0	\$0
<b>INDIRECT COSTS (10% OF PERSONNEL AND BENEFITS)</b>								
						\$0	\$4,231	\$4,231
<b>BUDGET GRAND TOTAL</b>						\$47,355	(\$0)	\$47,355

Note: Benefit rates are calculated on an annual basis based on classification and employee.