

33601

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

Agreement Number 14-10513	Amendment Number A01
Registration Number: <u>ep1388960</u>	

- 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: July 1, 2014 through June 30, 2017
- The maximum amount of this Agreement is: \$ 227,280.00
 Agreement after this amendment is: Two Hundred Twenty Seven Thousand Two Hundred Eighty Dollars and No Cents
- 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:

- The purpose of this amendment is to align the budget and inform the contractor of payment criteria changes for State Fiscal Year (SFY) 14/15 to allow the contractor to complete more of the same services outlined in the original scope of work (SOW).
- 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
7/29, 2015
 CHARLES PARKIN, City Attorney
 By [Signature]
 LINDA T. VU
 DEPUTY CITY ATTORNEY

(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.) City of Long Beach	
By (Authorized Signature) <u>[Signature]</u> Patrick West, City Manager	
Address 333 W. Ocean Boulevard, Long Beach, CA 90802	
Printed Name and Title of Person Signing Assistant City Manager	
Date Signed (Do not type) 9/6/15	
STATE OF CALIFORNIA	
Agency Name California Department of Public Health	
By (Authorized Signature) <u>[Signature]</u> Elizabeth Stone, Chief, Contracts Management Unit	
Address 1616 Capitol Avenue, Suite 74.317, MS 1802, P.O. Box 997377, Sacramento, CA 95899-7377	
	<input checked="" type="checkbox"/> Exempt per: HSC 101319

III. Exhibit B – Page 2, paragraph 4, and page 6 – paragraph 11, are amended as follows:

4. Amounts Payable

A. The maximum amount payable under this agreement shall not exceed the total sum of \$227,280.00. Financial year individual fund limits are:

- 1) Financial Year July 1, 2014 through June 30, 2015. **Funds added pursuant to this amendment must be expended by June 30, 2015 and will be liquidated first.**
 1. \$0.00, CDC PHEP Base Funds.
 2. \$0.00, Laboratory Funds.
 3. \$0.00, Laboratory Trainee Funds.
 4. \$0.00, Laboratory Training Assistance Funds.
 5. \$0.00, Cities Readiness Initiative Funds.
 6. \$0.00, HPP Funds.
 7. \$75,760.00, State General Funds Pandemic Influenza Funds.
- 2) Financial Year July 1, 2015 through June 30, 2016
 1. \$0.00, CDC PHEP Base Funds.
 2. \$0.00, Laboratory Funds.
 3. \$0.00, Laboratory Trainee Funds.
 4. \$0.00, Laboratory Training Assistance Funds
 5. \$0.00, Cities Readiness Initiative Funds
 6. \$0.00, HPP Funds.
 7. \$75,760.00, State General Funds Pandemic Influenza Funds.
- 3) Financial Year July 1, 2016 through June 30, 2017
 1. \$0.00, CDC PHEP Base Funds.
 2. \$0.00, Laboratory Funds.
 3. \$0.00, Laboratory Trainee Funds.
 4. \$0.00, Laboratory Training Assistance Funds
 5. \$0.00, Cities Readiness Initiative Funds
 6. \$0.00, HPP Funds.
 7. \$75,760.00, State General Funds Pandemic Influenza Funds.

IV. Paragraph 11, Advance Payment Authority and Limitation is amended to read as follows:

11. Advance Payment Authority and Limitation

B. Each fiscal year, upon the submission of an application for funding by the administrative body of a local health jurisdiction, the department shall make the first quarterly payment to each eligible local health jurisdiction. Subsequent payments will be made pursuant to this Agreement or an amendment to this agreement, and those payments would not be advance payments, ~~they would be quarterly allocations~~ **as detailed in Attachment 1 - Payment Criteria.**

V. Paragraph 4 (incorporated exhibits) Exhibit B. Attachment 1 – Payment Criteria is hereby revised and replaced in its entirety.

Exhibit B, Attachment 1 - Payment Criteria

2014-15 CDC Public Health Emergency Preparedness (PHEP), State General Fund (GF)
Pandemic Influenza and HHS Hospital Preparedness Program (HPP) Funding
2014-15 Allocation Agreement

		CDC PHEP and Cities Readiness Initiative (CRI)	Reference Lab Funds (\$260,246 total to each Reference Lab)
1st Quarter Payment	Criteria	<p>CDPH must receive the following:</p> <ul style="list-style-type: none"> • Signed Allocation Agreement <u>Contract</u> • Receipt of all required application documents • Approved PHEP/CRI Work Plan • Approved PHEP/CRI Budget • Submission of FY13-14 PHEP Year End Progress Report 	<p>CDPH must receive the following:</p> <ul style="list-style-type: none"> • Signed Allocation Agreement <u>Contract</u> • Receipt of all required application documents • Approved PHEP Lab Work Plan • Approved PHEP Lab Budget • Submission of FY 13-14 Year End Progress Report
	Payment	Advance payment of 25% of initial FY 14-15 CDC PHEP Base and/or CRI Fund	Advance payment of 25% of initial FY 14-15 Lab Fund (not including lab trainees)
2nd Quarter Payment	Criteria	<p>CDPH must receive the following:</p> <ul style="list-style-type: none"> • 1st Quarter Payment Criteria must be met • Receipt of FY13-14 PHEP Year End Expenditure Report • Approved Carry-Forward amount • Signed Agreement Amendment, includes Carry-Forward • If required, submission of FY13-14 Supplemental Work Plan Progress Report • Receipt of PHEP Supporting Documentation demonstrating unique expenditures for a minimum of 25% of Initial PHEP Base and/or CRI to cover the Q1 advance payment. • <u>Contractor submits an invoice for unique approvable PHEP/CRI expenditures for a minimum of 25% of their initial allocation enough to cover the Q1 advance payment.</u> 	<p>CDPH must receive the following:</p> <ul style="list-style-type: none"> • same as PHEP <u>as it Applies to Lab</u>
	Payment	<p>If receipt of more than the 25% minimum requirement, first pay carry forward, if applicable, matching PHEP Supporting Documentation submission up to the carry forward total. Second pay 25% of PHEP allocation, if there is still PHEP Supporting Documentation remaining will be 25% of the total CDC PHEP Base and/or CRI Fund.</p> <p><u>Receipt of an invoice equivalent to the Q1 advance payment, is a no payment.</u></p> <p><u>Any expenditures exceeding the Q1 advance payment will be paid from funds expiring June 30, 2015, in the appropriate category, first.</u></p>	same as PHEP/CRI <u>as it applies to Lab</u>

Exhibit B, Attachment 1 - Payment Criteria

2014-15 CDC Public Health Emergency Preparedness (PHEP), State General Fund (GF)
Pandemic Influenza and HHS Hospital Preparedness Program (HPP) Funding
2014-15 Allocation Agreement

3rd Quarter Payment	Criteria	<ul style="list-style-type: none"> • 1st & 2nd Payment Criteria must be met • Receipt of FY 14-15 <u>PHEP/CRI</u> Mid-Year reports • if required, completed <u>PHEP/CRI</u> Supplemental Work Plan and <u>final</u> report • Receipt of PHEP Supporting Documentation demonstrating unique expenditures for a minimum of 25% of Initial Allocation. • <u>Contractor Submits an invoice for unique approvable PHEP/CRI expenditures.</u> 	<ul style="list-style-type: none"> • 1st & 2nd Payment Criteria must be met • same as PHEP/CRI as it applies to Lab
	Payment	<p>If receipt of more than the 25% minimum requirement, first pay carry-forward, if applicable, matching PHEP Supporting Documentation submission up to the carry-forward total. Second pay 25% of PHEP allocation, if there is still PHEP Supporting Documentation remaining will be 25% of the total CDC PHEP Base and/or CRI Fund.</p> <p><u>Additional expenditures will be paid from funds expiring June 30, 2015, in the appropriate category first.</u></p>	<p>same as PHEP/CRI <u>as it applies to Lab</u></p>
Final Payment	Criteria	<ul style="list-style-type: none"> • 1st, 2nd & 3rd Payment Criteria must be met • Receipt of required Performance Measure reports • Receipt of PHEP Supporting Documentation demonstrating unique expenditures for a minimum of 25% of Initial Allocation. • <u>Contractor Submits an invoice for unique approvable PHEP/CRI expenditures.</u> 	<ul style="list-style-type: none"> • 1st, 2nd & 3rd Payment Criteria must be met • same as PHEP/CRI as it applies to Lab
	Payment	<p>If receipt of more than the 25% minimum requirement, first pay carry-forward, if applicable, matching PHEP Supporting Documentation submission up to the carry-forward total. Second pay 25% of PHEP allocation, if there is still PHEP Supporting Documentation remaining will be 25% of the total CDC PHEP Base and/or CRI Fund.</p> <p><u>Additional expenditures will be paid from funds expiring June 30, 2015, in the appropriate category first.</u></p>	<p>same as PHEP/CRI <u>as it applies to Lab</u></p>

Exhibit B, Attachment 1 - Payment Criteria

2014-15 CDC Public Health Emergency Preparedness (PHEP), State General Fund (GF)
Pandemic Influenza and HHS Hospital Preparedness Program (HPP) Funding
2014-15 Allocation Agreement

		Lab Trainee Funds	Lab Training Assistance Funds
1st Quarter Payment	Criteria	CDPH must receive the following: <ul style="list-style-type: none"> • Signed Allocation Agreement Contract Amendment, includes Lab Trainee Funds • Receipt of all required Trainee application documents • Approved Lab trainee(s) must be included in the approved Work Plan and Lab budget • same as PHEP/<u>CRI as it applies to Lab Trainee</u> 	LHD must: CDPH must receive the following: <ul style="list-style-type: none"> • Signed Allocation Agreement Contract Amendment, includes Lab Trainee Funds • Receipt of all required Training Assistance application documents • Approved Lab Training Assistance must be included in the approved Work Plan and Lab budget • same as PHEP/<u>CRI as it applies to Lab Trainee Assistance</u>
	Payment	Advance payment of 25% of initial FY 14-15 PHEP Trainee initial allocation	Advance payment of 25% of initial FY 14-15 PHEP Training Assistance initial allocation
2nd Quarter Payment	Criteria	N/A <u>same as PHEP/CRI as it applies to Lab Trainee</u>	N/A <u>same as PHEP/CRI as it applies to Lab Trainee Assistance</u>
	Payment	N/A <u>same as PHEP/CRI as it applies to Lab Trainee</u>	N/A <u>same as PHEP/CRI as it applies to Lab Trainee Assistance</u>
3rd Quarter Payment	Criteria	N/A <u>same as PHEP/CRI as it applies to Lab Trainee</u>	N/A <u>same as PHEP/CRI as it applies to Lab Trainee Assistance</u>
	Payment	N/A <u>same as PHEP/CRI as it applies to Lab Trainee</u>	N/A <u>same as PHEP/CRI as it applies to Lab Trainee Assistance</u>
Final Payment	Criteria	N/A <u>same as PHEP/CRI as it applies to Lab Trainee</u>	N/A <u>same as PHEP/CRI as it applies to Lab Trainee Assistance</u>
	Payment	N/A <u>same as PHEP/CRI as it applies to Lab Trainee</u>	N/A <u>same as PHEP/CRI as it applies to Lab Trainee Assistance</u>
		HPP	State GF
1st Quarter Payment	Criteria	CDPH must receive the following: <ul style="list-style-type: none"> • Signed Allocation Agreement Contract • Receipt of all required application documents • Five Letters of Support (Refer to the FY 14-15 Application Guidance) • Approved HPP Work Plan • Approved HPP Budget • Submission of Health Care Facility (HCF) Form • Receipt of FY 13-14 HPP Year End Progress Report 	CDPH must receive the following: <ul style="list-style-type: none"> • Signed Allocation Agreement Contract • Receipt of all required application documents • Receipt of FY 13-14 GF Pan Flu Year End Progress Report • Approved GF Pan Flu Work Plan • Approved GF Pan Flu Budget
	Payment	Advance payment of 25% of HPP Initial Allocation	Advance payment of 25% of State GF Pandemic Influenza Initial Allocation.

Exhibit B, Attachment 1 - Payment Criteria

2014-15 CDC Public Health Emergency Preparedness (PHEP), State General Fund (GF)
Pandemic Influenza and HHS Hospital Preparedness Program (HPP) Funding
2014-15 Allocation Agreement

2nd Quarter Payment	Criteria	<ul style="list-style-type: none"> • 1st Payment Criteria must be met • Receipt of HPP FY13-14 Year End Expenditure Report • An invoice for unique HPP expenditures for a minimum of 25% of Initial Allocation to cover the Q1 advance payment • If required, submission of completed FY 13-14 Supplemental Work Plan • <u>Contractor submits an invoice for unique approvable HPP expenditures for a minimum of 25% of initial allocation to cover the Q1 advance payment.</u> 	<ul style="list-style-type: none"> • 1st Payment Criteria must be met • Receipt of GF Pan Flu FY13-14 Year End Expenditure Report • An invoice for unique GF Pan Flu expenditures for a minimum of 25% of Initial Allocation to cover the Q1 advance payment • If required, submission of completed FY 13-14 Supplemental Work Plan • <u>Contractor submits an invoice for unique approvable GF Pan Flu expenditures for a minimum of 25% of initial allocation to cover the Q1 advance payment.</u>
	Payment	<p>HPP for unique expenditures less the advance payment of 25% of HPP Initial Allocation.</p> <p><u>Receipt of an invoice equivalent to the Q1 advance payment, is a no payment.</u></p> <p><u>Any expenditures exceeding the Q1 advance payment will be paid from funds expiring June 30, 2015, in the appropriate category, first.</u></p>	<p>GF Pandemic Influenza for unique expenditures less the advance payment of 25% of State GF Pandemic Influenza Initial Allocation.</p> <p><u>Receipt of an invoice equivalent to the Q1 advance payment, is a no payment.</u></p> <p><u>Receipt of an invoice for more than the Q1 advance payment, is a payment of expenditures less the Q1 advance payment.</u></p>
3rd Quarter Payment	Criteria	<ul style="list-style-type: none"> • 1st & 2nd Payment Criteria must be met • An invoice for unique HPP expenditures for a minimum of 25% of Initial Allocation • <u>Contractor Submits an invoice for unique approvable HPP expenditures.</u> 	<ul style="list-style-type: none"> • 1st & 2nd Payment Criteria must be met • An invoice for unique GF Pan Flu expenditures for a minimum of 25% of Initial Allocation • <u>Contractor Submits an invoice unique approvable GF Pan Flu expenditures.</u>
	Payment	<p>HPP for unique expenditures.</p> <p><u>Additional expenditures will be paid from funds expiring June 30, 2015, in the appropriate category, first.</u></p>	<p>GF Pandemic Influenza for unique expenditures.</p> <p><u>Additional expenditures will be paid out of the appropriate category.</u></p>
Final Payment	Criteria	<ul style="list-style-type: none"> • 1st, 2nd & 3rd Payment Criteria must be met • Receipt of required Performance Measure reports • An invoice for unique HPP expenditures for a minimum of 25% amount of Initial Allocation • <u>Contractor Submits an invoice for unique approvable HPP expenditures.</u> 	<ul style="list-style-type: none"> • 1st, 2nd & 3rd Payment Criteria must be met • An invoice for unique GF Pan Flu expenditures for a minimum of 25% of Initial Allocation • <u>Contractor Submits an invoice unique approvable GF Pan Flu expenditures.</u>
	Payment	<p>HPP for unique expenditures.</p> <p><u>Contractor Submits an invoice for unique approvable HPP expenditures.</u></p>	<p>GF Pandemic Influenza for unique expenditures.</p> <p><u>Additional expenditures will be paid out of the appropriate category.</u></p>