

STANDARD AGREEMENT AMENDMENT

STD 213 A (DHS Rev 5/06)

☒ CHECK HERE IF ADDITIONAL PAGES ARE ADDED 2 PAGES

AGREEMENT NUMBER 04-35754	AMENDMENT NUMBER A01
REGISTRATION NUMBER:	



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

STATE AGENCY'S NAME California Department of Health Services	(Also referred to as CDHS, DHS, or the State)
CONTRACTOR'S NAME County of San Mateo Public Health Division Health Services Agency	(Also referred to as Contractor)
2. The term of this Agreement is July 1, 2004 through June 30, 2009
3. The maximum amount of this Agreement is: **\$ 160,000**
One Hundred Sixty 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 1, 2007
 - II. **Purpose of amendment:** This amendment expands the Scope of Work for years 4 & 5 and increases the budget for the same years to compensate the Contractor for performing additional services.
 - 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 3 (maximum amount payable) on the face of the original STD 213 is increases by \$80,000 and is amended to read: ~~\$80,000 (Eighty Thousand Dollars)~~ **\$160,000 (One Hundred Sixty Thousand Dollars)**.

(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.) County of San Mateo Public Health Division Health Services Agency		
BY (Authorized Signature) 	DATE SIGNED (Do not type)	
PRINTED NAME AND TITLE OF PERSON SIGNING Rose Jacobs Gibson, President, Board of Supervisors		
ADDRESS 400 County Center, CMO-105 Redwood City, CA 94063-1662		
STATE OF CALIFORNIA		
AGENCY NAME California Department of Health Services		<input type="checkbox"/> Exempt per:
BY (Authorized Signature) 	DATE SIGNED (Do not type)	
PRINTED NAME AND TITLE OF PERSON SIGNING Allan Chinn, Chief, Contracts and Purchasing Services Section		
ADDRESS 1501 Capitol Avenue, Room 71.2101, MS 1403, P.O. Box 997413 Sacramento, CA 95899-7413		

- V. All references to Exhibit A – Scope of Work in any exhibit incorporated into this agreement shall hereinafter be deemed to read Exhibit A A1 – Scope of Work which is replaced in its entirety by the attached revised Scope of Work.
- VI. Paragraph 4 (incorporated exhibits) on the face of the original STD 213 is amended to add Exhibit B, Attachment IV A1 – Budget (Year 4); Exhibit B, Attachment IV A1 – Schedule 1 (Year 4); Exhibit B, Attachment V A1 – Budget (Year 5); Exhibit B, Attachment V A1 – Schedule 1 (Year 5). All references to Exhibit B, Attachments I, II, III, IV, and V in any exhibit incorporated into this agreement shall hereinafter be deemed to read Exhibit B, Attachment I, II, III, IV A1, IV A1 Schedule 1, V A1 and V A1 Schedule 1, respectively.
- VII. Provision 1 (Invoicing and Payment) of Exhibit B – Budget Detail and Payment Provisions is amended to read as follows:

1. Invoicing and Payment

- A. For services satisfactorily rendered, and upon receipt and approval of the invoices, the State agrees to compensate the Contractor for actual expenditures incurred in accordance with the budget(s) attached hereto.
- B. Invoices shall include the Agreement Number and shall be submitted in duplicate not more frequently than quarterly in arrears to:

California Department of Health Services
 STD Control Branch
 Attn: ~~Linda Parsons~~ **Invoice Desk**
 MS 7320
 P.O. Box 997413 **997377**
 Sacramento, CA 95899-7413 **7377**

- C. Invoices shall:

- 1) Be prepared on Contractor letterhead. If invoices are not on produced letterhead invoices must be signed by an authorized official, employee or agent certifying that the expenditures claimed represent actual expenses for the service performed under this contract.
- 2) Bear the Contractor's name as shown on the agreement.
- 3) Identify the billing and/or performance period covered by the invoice. Itemize costs for the billing period in the same or greater level of detail as indicated in this agreement. Subject to the terms of this agreement, reimbursement may only be sought for those costs and/or cost categories expressly identified as allowable in this agreement and approved by DHS.
- 4) **Be submitted separately for each program listed in Exhibit B, Attachment IV A1 – Schedule 1 and Exhibit B, Attachment V A1 – Schedule 1.**

VIII. Provision 4 (Amounts Payable) of Exhibit B - Budget Detail and Payment Provisions is amended to read as follows:

4. Amounts Payable

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

- 1) \$16,000 for the budget period of 7/01/04 through 6/30/05.
- 2) \$16,000 for the budget period of 7/01/05 through 6/30/06.
- 3) \$16,000 for the budget period of 7/01/06 through 6/30/07.
- 4) ~~\$16,000~~ **56,000** for the budget period of 7/01/07 through 6/30/08.
- 5) ~~\$16,000~~ **56,000** for the budget period of 7/01/08 through 6/30/09.

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.

IX. All other terms and conditions shall remain the same.

Exhibit A A-1
Scope of Work

1. Contractor agrees to provide to the California Department of Health Services (CDHS) the services described herein.

Conduct a sexually transmitted disease awareness and prevention program incorporating information/education services, awareness, outreach, and counseling with special emphasis on at-risk-individuals.

2. The services shall be performed in the County of San Mateo.
3. The services shall be provided Monday through Friday from 8:00 a.m. to 5:00 p. m. and sometimes may require evenings, weekends, and holidays.
4. **Project Representatives**

A. The project representatives during the term of this agreement will be:

California Department of Health Services	Contractor
Christine Nelson Assistant Branch Chief Telephone: (916) 552-9819 Fax: (916) 552-9777	Heather Cross Contract Administrator (650) 573-2563 Fax: (650) 573-2397

B. Direct all inquiries to:

California Department of Health Services	Contractor
STD Control Branch Attention: Marshay Greene 1616 Capitol Avenue, MS 7320 P.O. Box 997413- <u>997377</u> Sacramento, CA 95899-7320- <u>7377</u> Telephone: (916) 552-9789 Fax: (916) 552-9777	Contract Administrator Attn: Heather Cross 225 W. 37th Avenue, Room 19 San Mateo, CA 94403 Telephone: (650) 573-2563 Fax: (650) 573-2397

C. Either party may make changes to the information above by giving written notice to the other party. Said changes shall not require an amendment to this agreement.

5. **Allowable Informal Scope of Work Changes**

- A. The Contractor or the State may propose informal changes or revisions to the activities, tasks, deliverables and/or performance time frames specified in the Scope of Work, provided such changes do not alter the overall goals and basic purpose of the agreement.
- B. Informal SOW changes may include the substitution of specified activities or tasks; the alteration or substitution of agreement deliverables and modifications to anticipated completion/target dates.

Exhibit A A-1
Scope of Work

- C. Informal SOW changes processed hereunder, shall not require a formal agreement amendment, provided the Contractor's annual budget does not increase or decrease as a result of the informal SOW change.
- D. Unless otherwise stipulated in this contract, all informal SOW changes and revisions are subject to prior written approval by the State.
- E. In implementing this provision, the State may provide a format for the Contractor's use to request informal SOW changes. If no format is provided by the State, the Contractor may devise its own format for this purpose.

6. Services to be Performed

See the following pages for a detailed description of the work to be performed.

Exhibit A A-1
Scope of Work

Part 1: STD Program Support

Goal: Increase STD Program infrastructure at the local level, to reduce transmission of STDs in California.

Objective 1: STD Prevention and Control

Enhance local capacity to implement timely and complete STD prevention and control.

A. **Key Activities**

Analyze STD program structure, systems and morbidity to identify resources, strengths, and gaps in local jurisdiction's STD prevention and control services. Augment STD prevention and control efforts with the following activities, as state and local priorities dictate: (1) Identify and prioritize STD consultation, training and technical assistance needs of priority youth-serving agencies; (2) Provide STD trainings, materials, resource guides and technical assistance to priority partner agencies, utilizing appropriate local and state resources; (3) Facilitate timely and complete STD reporting; (4) Facilitate timely and appropriate treatment of clients diagnosed with STD, specifically syphilis, gonorrhea and chlamydia; (5) Provide STD screening for priority populations in high risk clinical and non-clinical venues, as deemed necessary through morbidity and prevalence analysis; (6) Provide timely STD interview and case management of suspected and diagnosed early syphilis cases, and priority GC cases, in accordance with California Syphilis Case Management Standards and CDC National Center for HIV/AIDS Viral Hepatitis STD and TB Prevention (NCHSTP); Division of STD Prevention (DSTDP) Program Operation Guidelines, and partner services; (7) Conduct enhanced surveillance for syphilis and select gonorrhea cases.

B. Timeline: Ongoing

Part 2: Chlamydia Screening Project (ClaSP)

Goal: To reduce the prevalence of chlamydia in female juvenile justice detainees.

Objective 1: Screening

To screen female bookings in juvenile justice facilities.

A. **Key Activities**

1. Provide chlamydia screening to all eligible youth at juvenile justice sites at intake or as close to intake as possible (must be within 24-48 hours).
2. Ensure rapid notification of positive test results.

B. Timeline: Ongoing

Exhibit A A-1
Scope of Work

Objective 2: Treatment

To treat females testing positive for chlamydia or gonorrhea in juvenile justice facilities.

A. Key Activities

1. Provide appropriate and expedient treatment
2. Ensure rapid follow up and appropriate referral for those testing positive that are released prior to treatment

B. Timeline: Ongoing

7. Required Reports and Data

A. Yearly Work Plans

Yearly work plans will be prepared in collaboration with the State and will be due by June 30 of each year. Work plan format and submission instructions will be provided by the State to the Contractor.

B. Progress Reports

Progress Reports will be submitted twice during each period and will be due January 31 and July 31 of each year. Progress report format and submission instructions will be provided by the State to the Contractor at the beginning of each budget period.

C. Data

Data will be submitted quarterly as required by the program. Data format and submission instructions will be provided by the State to the Contractor at the beginning of each budget period.

8. Regional and Statewide Meetings

Program coordinators should attend all regional and statewide meetings as scheduled. Budgets should include a line item to support travel costs for these meetings.

**EXHIBIT B, Attachment IV A1
BUDGET**

(Year 4)

July 1, 2007 through June 30, 2008

	Original Budget	This Amendment	Amended Total
A. Personnel	\$9,105	\$16,314	\$25,419
B. Fringe Benefits (33.2% of Personnel)	\$2,732	\$5,710	\$8,442
C. Operating Expenses	\$2,663	\$16,451	\$19,114
D. Equipment	\$0	\$25	\$25
E. Travel	\$1,500	\$1,500	\$3,000
F. Subcontractors	\$0	\$0	\$0
G. Other Costs	\$0	\$0	\$0
H. Indirect Costs	\$0	\$0	\$0
Total	\$16,000	\$40,000	\$56,000

EXHIBIT B, Attachment V A1

BUDGET

(Year 5)

July 1, 2008 through June 30, 2009

	Original Budget	This Amendment	Amended Total
A. Personnel	\$9,105	\$16,314	\$25,419
B. Fringe Benefits (33.2% of Personnel)	\$2,732	\$5,710	\$8,442
C. Operating Expenses	\$2,663	\$16,451	\$19,114
D. Equipment	\$0	\$25	\$25
E. Travel	\$1,500	\$1,500	\$3,000
F. Subcontractors	\$0	\$0	\$0
G. Other Costs	\$0	\$0	\$0
H. Indirect Costs	\$0	\$0	\$0
Total	\$16,000	\$40,000	\$56,000