

CONTRACT AMENDMENT

Contract No.: HHS000280A

Begins: March 31, 2021

Administering Agency: Adult System of Care **Ends:** January 31, ~~2022~~ **2023**

Description: First amendment to this contract between Stand Up Placer, INC., a California corporation, hereinafter referred to as "CONTRACTOR" and the County of Placer, hereinafter referred to as "COUNTY," to extend the term of the agreement.

WHEREAS, COUNTY wishes to reduce COVID-19 treatment barriers for re-entry clients, enhance COVID-19 mitigation efforts for both in-custody and out of custody re-entry programs, and provide safe housing resources that mitigate spread of COVID-19 for the re-entry population, and

WHEREAS, CONTRACTOR is experienced in providing victims of domestic violence, sexual assault, and human trafficking in Placer County with a safe, caring and nurturing environment, and has agreed to provide services to assist in this venture as outlined below, and

WHEREAS, funds are still available to assist CONTRACTOR and it is necessary to modify the current agreement to extend the end date to allow the CONTRACTOR to continue providing these services.

WHEREAS, the parties wish to enter into this Agreement to provide a full and complete statement of their respective responsibilities in connection with the recitals set forth above,

NOW, THEREFORE, in consideration of the mutual covenants and agreements of this Agreement, the parties hereby agree *effective March 31, 2021, the following amendment is made to HHS000280, additions are shown in bold italics, deletions are shown in strike-through. Exhibit B is replaced by Exhibit B-1 in its entirety.*

3. **PAYMENT:** COUNTY will pay to CONTRACTOR as full payment for all services rendered pursuant to this Agreement in the amount set forth in Exhibit ~~BB-1~~, titled Payment Provisions, attached hereto. The payment specified in Exhibit ~~BB-1~~ shall be the only payment made to CONTRACTOR for services rendered pursuant to this Agreement. The total amount of this contract and payments made under this Agreement shall not exceed FIFTY THOUSAND AND 00/100 (\$50,000). This payment amount shall be inclusive of all CONTRACTOR costs, including, but not limited to travel, transportation, lodging, meals, supplies, and incidental expenses except as otherwise might be specifically set forth in this Agreement. CONTRACTOR shall charge for travel according to the Federal General Services Administration (GSA) guidelines.
5. **INVOICES:**
 - 5.1. CONTRACTOR shall provide invoices to the COUNTY on a monthly basis, within 30 calendar days of the close of each calendar month with the exception of June billing. For all contracts, invoices for services provided during the month of June shall be received by COUNTY by 5:00 p.m. on July 15th. Exhibit ~~BB-1~~, titled Payment Provisions shall indicate if this contract is reimbursed with funds from the CEC/Cash Claim. COUNTY will review, approve, and pay all valid invoices within 30 calendar days of receipt. In the event of multiple invoices being submitted to the COUNTY at one time or insufficient documents supporting an invoice, payment by the COUNTY may be delayed beyond the 30-day timeline.
 - 5.2. All Grant expenditures must be incurred by the end of the grant project cycle, January 31, ~~2022~~**2023**. A statement of expenditures is due to the COUNTY even if the grant funds are not expended during the reporting period. Supporting documentation must be submitted for

expenditures. Any unspent funds remaining at the end of the agreement term must be returned to the COUNTY within 15 days of the end of the grant agreement.

- 5.3. Invoices for payment shall be on the Sample Invoice provided by COUNTY or on CONTRACTOR's letterhead and shall include the contract number, the CONTRACTOR name and remittance address, a unique invoice number, and a detailed list of expenses with dollar amounts. Backup documentation to support each expense should be attached to the invoice. Client personally identifiable information (PII) and protected health information (PHI) should not be submitted as backup documentation unless it is legally permissible and there is a business need. When submitting invoices electronically when there is a business need to include PII or PHI, emails should be encrypted. Invoices for payment shall be submitted to the following address or via email to the address below:

Placer County HHS Fiscal
Attn: Accounts Payable
3091 County Center Drive, Suite 290
Auburn, CA 95603
Email: HHSPayables@placer.ca.gov

- 5.4. Payment Delay. Notwithstanding any other terms of this Agreement, no payments will be made to CONTRACTOR until COUNTY is satisfied that work of such value has been rendered pursuant to this Agreement. However, COUNTY will not unreasonably withhold payment and, if a dispute exists, the withheld payment shall be proportional only to the item in dispute.
6. **EXHIBITS:** Exhibits expressly listed on the signature page of this Agreement are hereby incorporated herein by this reference and collectively, along with this base document, form the Agreement. In the event of any conflict or inconsistency between provisions contained in the base agreement or exhibits such conflict or inconsistency shall be resolved by giving precedence according to the following priorities: Exhibit A, Exhibit **BB-1**, base agreement, then followed by any remaining exhibits. Responsibilities and obligations mandated by federal or state regulations or otherwise at law shall be liberally construed to meet legal requirements
11. **CONTRACT TERM:** This Agreement shall remain in full force and effect from finalization of contract but no sooner than March 31, 2021 through January 31, ~~2022~~**2023**. Contract provisions that contain report deadlines or record obligations which occur after contract termination survive as enforceable continuing obligations.

// Signatures on the following page

IN WITNESS WHEREOF, the parties hereto have caused their duly authorized representatives to execute this contract amendment as of the day first above stated:

Stand Up Placer, INC. ("CONTRACTOR")*

COUNTY OF PLACER ("COUNTY")

_____ Signature
_____ Print Name
<input type="checkbox"/> Chair of the Board, <input type="checkbox"/> President, or <input type="checkbox"/> Vice President
Date: _____

_____ Robert L. Oldham, Director, Department of Health & Human Services
Date: _____

_____ Signature
_____ Print Name
<input type="checkbox"/> Secretary, <input type="checkbox"/> Asst. Secretary, <input type="checkbox"/> Chief Financial Officer, or <input type="checkbox"/> Asst. Treasurer
Date: _____

Approved as to Form Office of Placer County Counsel

Date: _____

With the exception of Exhibit B-1, exhibits are not attached. Please reference original agreement to view the exhibits that have not changed.

EXHIBITS:

Exhibit B **B-1**– Payment Provisions - Exhibit **B-1** replaces Exhibit **B** in its entirety.

*Agreement must have two signatures, one in each of the two categories of corporate offices indicated above. Check the box indicating the corporate office of the signing party. The same person may sign the contract twice if that person holds an office in each of the two categories. (California Corporations Code § 313) One signature will suffice, if the corporation's board of directors has passed a resolution that gives one person authority to sign. A copy of the most recent resolution must be sent with the signed contract, even if it is the same as the previous year.

PAYMENT PROVISIONS

CONTRACTOR will be reimbursed based on its actual cost, in accordance with the Budget below, and subject to other limitations and specifics contained in this Agreement and at law.

This payment provision is subject to modification with written approval of the County Contract Administrator and the Revenue and Budget Manager, not to exceed the total payment indicated in Section 3 of the main Agreement and limited to moving identified funding amounts between lines.

This contract is reimbursed with funds from the Coronavirus Emergency Grant. The CESF grant funds must be used to supplement existing funds for program activities and may not replace (Supplant) non-state/state grant funds that have been appropriated for the same purpose. Potential supplanting will be the subject of the grant monitoring. Violations can result in a range of penalties (e.g. recoupment of monies provided under this grant, suspension of any future programming through BSCC Grants, and civil/criminal penalties).

For all contracts with funding related to the Federal calendar year, invoices for actual services provided through September 30th shall be received by COUNTY by 5pm October 2.

Budget:

2020 Coronavirus Emergency Supplemental Funding - Project Budget and Budget Narrative	
Contract Term: March 31, 2021 - January 31, 2023	
Budget Line Item	Total
1. Salaries and Benefits	\$30,427.76
2. Services and Supplies	\$19,572.24
3. Professional Services or Public Agency Subcontracts	\$5,350.00
4. Equipment/Fixed Assets	-
5. Other (Travel, Training, etc.)	-
Total	\$50,000.00
1a. Salaries and Benefits	
Name and Title (Shown as either % FTE or Hourly Rate) & Benefits	Total
Detention Advocate (Full Time at \$17/hour) 15% benefits	\$20,332.00
Project Manager (\$5,555/month at 5%) 15% benefits	\$1,915.98
Finance Manager (\$6,566/month at 5%) 15% benefits	\$2,264.06
Data and Tech infrastructure Administrator (\$30.29 an hour at 2.6%) 15% benefits	\$1,696.02
Admin Assistant (\$1,796.88/month at 5%) 15% benefit	\$619.86
Office Manager (\$3,762.02/month at 5%) 15% benefits	\$1,297.89
Detention Coordinator (\$3,336.16/month at 10%) 15% benefits	\$2,301.95
	-
Subtotal Salaries and Benefits	\$30,427.76

1b. Salaries and Benefits Narrative:

Salaries and benefits are proportionate to expected time to be sent by staff to complete project activities. Detention program staff to be funded include 50% FTE for the detention advocate and 10% FTE for the Program Coordinator. The Operations Manager oversees the Advocacy in Detention Facilities program. The Project Manager and Finance manager administer the grant. The Office Manager and Admin Assistant coordinate ordering and distribution of program supplies.

2a. Services and Supplies

Description of Services or Supplies (Calculation of Expenditure)	Total
Hotels/Motels (\$105 per night * 3-5 nights per person * 20 People)	\$8,100.00
Food, Clothes and Basic Needs (\$250 per person * 20 People)	\$5,000.00
PPE For Staff and Clients (Masks, Gloves, etc)	\$4,500.00
Supplies (Office and other)	\$1,000.00
Rent and Facility Usage Fees	\$972.24
Subtotal Services and Supplies	\$19,572.24

2b. Services and Supplies Narrative:

Services are primarily intended to help inmates with reintegration post-release. Motel vouchers provide safe, housing as a bridge to other housing options and offer protection from COVID infection by avoiding congregate settings. Basic needs items assist inmates post-release with basic items to enhance their reintegration and seek housing and employment. PPE supplies for staff and clients will help to suppress disease transmission during in-person services. Supplies are the office and program supplies needed to perform the project work.

3a. Professional Services

Description of Professional Service(s) (Calculation for Expenditure)	Total
	-
	-
	-
	-
Subtotal Professional Services	-

CONTRACT AMENDMENT

Contract No.: HHS000279**AB**

Begins: March 31, 2021

Administering Agency: Adult System of Care

Ends: January 31, ~~2022~~**2023**

Description: Second amendment to this contract between Granite Wellness Centers, a California corporation, hereinafter referred to as "CONTRACTOR" and the County of Placer, hereinafter referred to as "COUNTY," to extend the term of the agreement.

WHEREAS, COUNTY wishes to reduce COVID-19 treatment barriers for re-entry clients, enhance COVID-19 mitigation efforts for both in-custody and out of custody re-entry programs, and provide safe housing resources that mitigate spread of COVID-19 for the re-entry population, and

WHEREAS, CONTRACTOR is experienced, duly licensed and qualified, and has agreed to provide services to assist in these ventures as outlined below, and

WHEREAS, COUNTY wishes to increase funds to meet the need for increased services, and

WHEREAS, funds are still available to assist CONTRACTOR and it is necessary to modify the current agreement to provide these services

WHEREAS, the parties wish to enter into this Agreement to provide a full and complete statement of their respective responsibilities in connection with the recitals set forth above, and

NOW, THEREFORE, in consideration of the mutual covenants and agreements of this Agreement, the parties hereby agree *effective March 31, 2021, the following amendment is made to HHS000279A, additions are shown in bold italics, deletions are shown in strike-through. Exhibit B-1 is hereby replaced by Exhibit B-2 in its entirety.*

3. **PAYMENT:** COUNTY will pay to CONTRACTOR as full payment for all services rendered pursuant to this Agreement in the amount set forth in Exhibit ~~B-1B-2~~, titled Payment Provisions, attached hereto. The payment specified in Exhibit ~~B-1B-2~~ shall be the only payment made to CONTRACTOR for services rendered pursuant to this Agreement. The total amount of this contract and payments made under this Agreement shall not exceed ONE HUNDRED NINETY-EIGHT THOUSAND EIGHT HUNDRED NINETY-FIVE DOLLARS (\$198,895). This payment amount shall be inclusive of all CONTRACTOR costs, including, but not limited to travel, transportation, lodging, meals, supplies, and incidental expenses except as otherwise might be specifically set forth in this Agreement. CONTRACTOR shall charge for travel according to the Federal General Services Administration (GSA) guidelines.
5. **INVOICES:**
 - 5.1. CONTRACTOR shall provide invoices to the COUNTY on a monthly basis, within 30 calendar days of the close of each calendar month with the exception of June billing. For all contracts, invoices for services provided during the month of June shall be received by COUNTY by 5:00 p.m. on July 15th. Exhibit ~~B-1B-2~~, titled Payment Provisions shall indicate if this contract is reimbursed with funds from the CEC/Cash Claim. COUNTY will review, approve, and pay all valid invoices within 30 calendar days of receipt. In the event of multiple invoices being submitted to the COUNTY at one time or insufficient documents supporting an invoice, payment by the COUNTY may be delayed beyond the 30-day timeline.
 - 5.2. All Grant expenditures must be incurred by the end of the grant project cycle, January 31, ~~2022~~**2023**. A statement of expenditures is due to the COUNTY even if the grant funds are not expended during the reporting period. Supporting documentation must be submitted for expenditures. Any unspent funds remaining at the end of the agreement term must be returned to the COUNTY within 15 days of the end of the grant agreement.

5.3. Invoices for payment shall be on the Sample Invoice provided by COUNTY or on CONTRACTOR's letterhead and shall include the contract number, the CONTRACTOR name and remittance address, a unique invoice number, and a detailed list of expenses with dollar amounts. Backup documentation to support each expense should be attached to the invoice. Client personally identifiable information (PII) and protected health information (PHI) should not be submitted as backup documentation unless it is legally permissible and there is a business need. When submitting invoices electronically when there is a business need to include PII or PHI, emails should be encrypted. Invoices for payment shall be submitted to the following address or via email to the address below:

Placer County HHS Fiscal
Attn: Accounts Payable
3091 County Center Drive, Suite 290
Auburn, CA 95603
Email: HHSPayables@placer.ca.gov

5.4. Payment Delay. Notwithstanding any other terms of this Agreement, no payments will be made to CONTRACTOR until COUNTY is satisfied that work of such value has been rendered pursuant to this Agreement. However, COUNTY will not unreasonably withhold payment and, if a dispute exists, the withheld payment shall be proportional only to the item in dispute.

6. **EXHIBITS:** Exhibits expressly listed on the signature page of this Agreement are hereby incorporated herein by this reference and collectively, along with this base document, form the Agreement. In the event of any conflict or inconsistency between provisions contained in the base agreement or exhibits such conflict or inconsistency shall be resolved by giving precedence according to the following priorities: Exhibit A, Exhibit **B-1B-2**, base agreement, then followed by any remaining exhibits. Responsibilities and obligations mandated by federal or state regulations or otherwise at law shall be liberally construed to meet legal requirements.
11. **CONTRACT TERM:** This Agreement shall remain in full force and effect from finalization of contract but no sooner than March 31, 2021 through January 31, ~~2022~~**2023**. Contract provisions that contain report deadlines or record obligations which occur after contract termination survive as enforceable continuing obligations.

// Signatures on the following page

IN WITNESS WHEREOF, the parties hereto have caused their duly authorized representatives to execute this Agreement as of the day first above stated:

GRANITE WELLNESS CENTERS
("CONTRACTOR")*

_____ Signature
_____ Print Name
<input type="checkbox"/> Chair of the Board, <input type="checkbox"/> President, or <input type="checkbox"/> Vice President
Date: _____

COUNTY OF PLACER ("COUNTY")

_____ Robert L. Oldham, Director, Department of Health & Human Services
Date: _____

_____ Signature
_____ Print Name
<input type="checkbox"/> Secretary, <input type="checkbox"/> Asst. Secretary, <input type="checkbox"/> Chief Financial Officer, or <input type="checkbox"/> Asst. Treasurer
Date: _____

Approved as to Form Office of Placer County Counsel
_____ Date: _____

With the exception of Exhibit B-2 exhibits are not attached. Please reference original agreement HHS000279 and the previously executed amendments HHS000297A to view the exhibits that have not changed.

EXHIBITS:

Exhibit ~~B~~**B-2** – Payment Provisions – ***Exhibit B-2 replaces Exhibit B-1 in its entirety.***

*Agreement must have two signatures, one in each of the two categories of corporate offices indicated above. Check the box indicating the corporate office of the signing party. The same person may sign the contract twice if that person holds an office in each of the two categories. (California Corporations Code § 313) One signature will suffice, if the corporation's board of directors has passed a resolution that gives one person authority to sign. A copy of the most recent resolution must be sent with the signed contract, even if it is the same as the previous year.

PAYMENT PROVISIONS

CONTRACTOR will be reimbursed based on its actual cost, in accordance with the Budget below, and subject to other limitations and specifics contained in this Agreement and at law.

This payment provision is subject to modification with written approval of the County Contract Administrator and the Revenue and Budget Manager, not to exceed the total payment indicated in Section 3 of the main Agreement and limited to moving identified funding amounts between lines.

This contract is reimbursed with funds from the Coronavirus Emergency Grant. The CESF grant funds must be used to supplement existing funds for program activities and may not replace (Supplant) non-state/state grant funds that have been appropriated for the same purpose. Potential supplanting will be the subject of the grant monitoring. Violations can result in a range of penalties (e.g., recoupment of monies provided under this grant, suspension of any future programming through BSCC Grants, and civil/criminal penalties).

For all contracts with funding related to the Federal calendar year, invoices for actual services provided through September 30th shall be received by COUNTY by 5pm October 2.

Budget:

Coronavirus Emergency Response Grant Granite Wellness Centers	
Proposed Start Date: 3/1/2021 End Date: 1/31/2023	
I. Personnel (Job Title and Salaries)	Total Budget
1. Vaccine Coordinators (\$30/hour)	\$52,000
2. Interim Service Coordinators (\$20/hour)	\$34,666
3. Fiscal Support (\$51.50/hour)	\$5,350
Subtotal Salaries	\$92,016
Payroll Taxes & Benefits (23%)	\$21,164
Subtotal Personnel	\$113,180
II. Other Direct Expenses	
1. Local Mileage	\$0.00
2. Flex Funds	\$14,994
3. Transitional/Interim Shelter/Housing	\$10,003
4. PPE Equipment	\$30,002
5. Supplies	\$30,716
6. Rent and Facility Usage Fee	\$0.00
7. Recruitment Expense	\$0.00
8. Cell Phone w/plan	\$0.00
9. IT / Security	\$0.00
Subtotal Other Direct Expenses	\$85,715
Total Project	\$198,895

CONTRACT AMENDMENT

Contract No.: HHS000277A

Begins: March 31, 2021

Administering Agency: Adult System of Care **Ends:** January 31, ~~2022~~ **2023**

Description: First amendment to this contract between California Forensic Medical Group, Inc (CFMG), a California corporation, hereinafter referred to as "CONTRACTOR" and the County of Placer, hereinafter referred to as "COUNTY," to extend the term of the agreement.

WHEREAS, COUNTY wishes to reduce COVID-19 treatment barriers for re-entry clients, enhance COVID-19 mitigation efforts for both in-custody and out of custody re-entry programs, and provide safe housing resources that mitigate spread of COVID-19 for the re-entry population, and

WHEREAS, CONTRACTOR is a qualified inmate medical services provider, and has agreed to provide Jail Based Competency Program services to assist in this venture as outlined below, and

WHEREAS, funds are still available to assist CONTRACTOR and it is necessary to modify the current agreement to extend the end date to allow the CONTRACTOR to continue providing these services.

WHEREAS, the parties wish to enter into this Agreement to provide a full and complete statement of their respective responsibilities in connection with the recitals set forth above,

NOW, THEREFORE, in consideration of the mutual covenants and agreements of this Agreement, the parties hereby agree *effective March 31, 2021, the following amendment is made to HHS000277, additions are shown in bold italics, deletions are shown in strike-through. Exhibit B is replaced by Exhibit B-1 in its entirety*

3. **PAYMENT:** COUNTY will pay to CONTRACTOR as full payment for all services rendered pursuant to this Agreement in the amount set forth in Exhibit ~~BB-1~~, titled Payment Provisions, attached hereto. The payment specified in Exhibit ~~BB-1~~ shall be the only payment made to CONTRACTOR for services rendered pursuant to this Agreement. The total amount of this contract and payments made under this Agreement shall not exceed TWO HUNDRED THIRTEEN THOUSAND, EIGHT HUNDRED NINETY FIVE AND 00/100 DOLLARS (\$213,895.00). This payment amount shall be inclusive of all CONTRACTOR costs, including, but not limited to travel, transportation, lodging, meals, supplies, and incidental expenses except as otherwise set forth in this Agreement. CONTRACTOR shall charge for travel according to the Federal General Services Administration (GSA) guidelines
5. **INVOICES:**
 - 5.1. CONTRACTOR shall provide invoices to the COUNTY on a monthly basis, within 30 calendar days of the close of each calendar month with the exception of June billing. For all contracts, invoices for services provided during the month of June shall be received by COUNTY by 5:00 p.m. on July 15th. Exhibit ~~BB-1~~, titled Payment Provisions shall indicate if this contract is reimbursed with funds from the CEC/Cash Claim. COUNTY will review, approve, and pay all valid invoices within 30 calendar days of receipt. In the event of multiple invoices being submitted to the COUNTY at one time or insufficient documents supporting an invoice, payment by the COUNTY may be delayed beyond the 30-day timeline.
 - 5.2. All Grant expenditures must be incurred by the end of the grant project cycle, January 31, ~~2022~~**2023**. A statement of expenditures is due to the COUNTY even if the grant funds are not expended during the reporting period. Supporting documentation must be submitted for expenditures. Any unspent funds remaining at the end of the agreement term must be returned to the COUNTY within 15 days of the end of the grant agreement.

5.3. Invoices for payment shall be on the Sample Invoice provided by COUNTY or on CONTRACTOR's letterhead and shall include the contract number, the CONTRACTOR name and remittance address, a unique invoice number, and a detailed list of expenses with dollar amounts. Backup documentation to support each expense should be attached to the invoice. Client personally identifiable information (PII) and protected health information (PHI) should not be submitted as backup documentation unless it is legally permissible and there is a business need. When submitting invoices electronically when there is a business need to include PII or PHI, emails should be encrypted. Invoices for payment shall be submitted to the following address or via email to the address below:

Placer County HHS Fiscal
Attn: Accounts Payable
3091 County Center Drive, Suite 290
Auburn, CA 95603
Email: HHSPayables@placer.ca.gov

5.4. Payment Delay. Notwithstanding any other terms of this Agreement, no payments will be made to CONTRACTOR until COUNTY is satisfied that work of such value has been rendered pursuant to this Agreement. However, COUNTY will not unreasonably withhold payment and, if a dispute exists, the withheld payment shall be proportional only to the item in dispute.

6. **EXHIBITS:** Exhibits expressly listed on the signature page of this Agreement are hereby incorporated herein by this reference and collectively, along with this base document, form the Agreement. In the event of any conflict or inconsistency between provisions contained in the base agreement or exhibits such conflict or inconsistency shall be resolved by giving precedence according to the following priorities: Exhibit A, Exhibit ~~BB-1~~, base agreement, then followed by any remaining exhibits. Responsibilities and obligations mandated by federal or state regulations or otherwise at law shall be liberally construed to meet legal requirements.

11. **CONTRACT TERM:** This Agreement shall remain in full force and effect from finalization of contract but no sooner than March 31, 2021 through January 31, ~~2022~~**2023**. Contract provisions that contain report deadlines or record obligations which occur after contract termination survive as enforceable continuing obligations.

// Signatures on the following page

IN WITNESS WHEREOF, the parties hereto have caused their duly authorized representatives to execute this contract amendment as of the day first above stated:

CALIFORNIA FORENSIC MEDICAL GROUP, INC.
("CONTRACTOR")*

COUNTY OF PLACER ("COUNTY")

_____ Signature
_____ Print Name
<input type="checkbox"/> Chair of the Board, <input type="checkbox"/> President, or <input type="checkbox"/> Vice President
Date: _____

_____ Robert L. Oldham, Director, Department of Health & Human Services
Date: _____

_____ Signature
_____ Print Name
<input type="checkbox"/> Secretary, <input type="checkbox"/> Asst. Secretary, <input type="checkbox"/> Chief Financial Officer, or <input type="checkbox"/> Asst. Treasurer
Date: _____

Approved as to Form Office of Placer County Counsel

Date: _____

With the exception of Exhibit B-1, exhibits are not attached. Please reference original agreement HHS000277 to view the exhibits that have not changed.

EXHIBITS:

Exhibit B **B-1** – Payment Provisions - Exhibit **B-1** replaces Exhibit **B** in its entirety.

*Agreement must have two signatures, one in each of the two categories of corporate offices indicated above. Check the box indicating the corporate office of the signing party. The same person may sign the contract twice if that person holds an office in each of the two categories. (California Corporations Code § 313) One signature will suffice, if the corporation's board of directors has passed a resolution that gives one person authority to sign. A copy of the most recent resolution must be sent with the signed contract, even if it is the same as the previous year.

PAYMENT PROVISIONS

CONTRACTOR will be reimbursed based on its actual cost, in accordance with the Budget below, and subject to other limitations and specifics contained in this Agreement and at law.

This payment provision is subject to modification with written approval of the County Contract Administrator and the Revenue and Budget Manager, not to exceed the total payment indicated in Section 3 of the main Agreement and limited to moving identified funding amounts between lines.

This contract is reimbursed with funds from the Coronavirus Emergency Grant. The CESF grant funds must be used to supplement existing funds for program activities and may not replace (Supplant) non-state/state grant funds that have been appropriated for the same purpose. Potential supplanting will be the subject of the grant monitoring. Violations can result in a range of penalties (e.g. recoupment of monies provided under this grant, suspension of any future programming through BSCC Grants, and civil/criminal penalties).

For all contracts with funding related to the Federal calendar year, invoices for actual services provided through September 30th shall be received by COUNTY by 5pm October 2.

Budget:

2020 Coronavirus Emergency Supplemental Funding - Project Budget and Budget Narrative		
Contract Term: March 31, 2021 - January 31, 2023		
<i>The total amount of funding each county is eligible to receive is provided on the Funding Allocation tab. Please request the full amount of funding next to your county name.</i>		
<i>Note: Rows 8-15 will auto-populate based on the information entered in the budget line items (Salaries and Benefits, Services and Supplies, Etc.)</i>		
Budget Line Item		Total
1. Salaries and Benefits		\$188,845
2. Services and Supplies		\$25,050
3. Professional Services or Public Agency Subcontracts		\$0
4. Equipment/Fixed Assets		\$0
5. Other (Travel, Training, etc.)		\$0
	TOTAL	\$213,895
1a. Salaries and Benefits		
Name and Title	(Show as either % FTE <u>or</u> Hourly Rate) & Benefits	Total
LVN (Vaccine Clinic & COVID Testing)	1 FTE (40 hours/week)	\$73,440
RN (Discharge Planner)	1 FTE (40 hours/week)	\$115,405
		\$
		\$
		\$
		\$
		\$

