

Contract Amendment Package

For Contract Period of October 1, 2015 to September 30, 2019

(amendment effective date 10/1/15)

March 18, 2016

1. General Information
2. Contract Amendment Instructions (with attachments)
3. Budget Plan Amendment Instructions

**California Department of Public Health
Women, Infants, and Children Division
3901 Lennane Drive
Sacramento, CA 95834**

GENERAL INFORMATION

- A. Effective Date
- B. Contract Amendment Process
- C. Allowable Use of Funds
- D. Important Dates
- E. Questions Regarding the Contract Amendment

GENERAL INFORMATION

A. Effective Date of Amendment

1. The effective date of the amendment is October 1, 2015.
2. Local Agencies may amend years 1, 2, 3 and 4 of their contract for all costs.

B. Contract Amendment Process Overview

1. The local agency submits the completed Contract Amendment documents to the Contract Manager as soon as completed, but no later than May 1, 2016.
2. The Contract Manager reviews the Contract Amendment documents and works with the local agency to ensure that the documents are complete and accurate.
3. The Contract Manager sends the completed Contract Amendment documents to the CDPH/WIC Contract and Procurement Services Unit (CPSU) for processing.
4. CPSU receives approval from the CDPH Contract Management Unit (CMU) to send the approved Contract Amendment to the local agency for signature. Local agencies will start receiving the amended contracts via email on June 21, 2016 on a flow-basis.
5. The local agency signs the approved Contract Amendment. Note: The Contract Amendment must be signed by the person who is authorized to legally bind the local agency and certify the Contract Amendment. In addition, any County or City Contract Amendment shall be accompanied by a copy of the resolution, order, motion or ordinance from the local governing body authorizing execution of the agreement.
6. The local agency returns the original, signed Contract Amendment to the CDPH/WIC CPSU for final processing.
7. CPSU sends the Contract Amendment to CMU for final packaging and sends the Contract Amendment to the Department of General Services (DGS) for final approval.
8. DGS will execute the Contract Amendments on a flow-basis.
9. CDPH CMU will send copies of the executed Contract Amendments to the local agencies. Note: Please be advised that a Contract Amendment is not effective until the Contract Amendment has been fully executed.

C. Allowable Use of Funds

The local agencies must continue to comply with all Federal regulations regarding funds expenditures. Title 2 of the Code of Federal Regulations (2 CFR), Subtitle A, Chapter II, Part 225 outlines cost principles for local governments; Part 230 outlines cost principles for nonprofit organizations.

D. Important Dates

Please refer to the table below for important dates. To provide support and guidance for completion of the required documents, CDPH/WIC will conduct webinars for the local agencies. The WIC Directors and Fiscal staff are encouraged to attend at least one webinar. The content of the webinar will be repeated. The webinar registration instructions will be provided prior to each webinar.

Event	Date
Contract Amendment Package Released	March 18, 2016
Contract Amendment Webinars	March 25, 2016 - 10:00am - 12:00pm March 29, 2016 - 1:30pm - 3:30pm
Contract Amendment Due Date	May 1, 2016

E. Questions Regarding the Contract Amendment

Please refer to the Frequently Asked Questions for questions regarding the Contract Amendment. Additional questions should be directed to your Contract Manager.

CONTRACT AMENDMENT INSTRUCTIONS

- A. Instructions for Completing the Contract Amendment Attachments
- Attachment 1 - Required Documents Checklist
 - Attachment 2 - Certification of Contract Amendment
 - Attachment 3 - Agency Information
 - Attachment 4 – Budget Plan
 - Exhibit B, Attachment II - Detail Worksheet
 - Exhibit B, Attachment III - Facility Costs Worksheet
 - Attachment 5 - Justification of Staffing Levels **(If applicable)**
 - Attachment 6 - Request for Authorization to Subcontract **(If applicable)**
 - Attachment 7 - Certification of Indirect Cost Rate **(If applicable)**
 - Attachment 8 - Payee Data Record, STD. 204 **(If applicable)**
- B. Instructions for Submitting the Contract Amendment Attachments

CONTRACT AMENDMENT INSTRUCTIONS

A. Instructions for Completing the Contract Amendment Attachments

Please review the instructions below prior to completing the attachments. If the Contract Amendment is submitted without the required attachments, or if a correction is needed, the review process may be delayed.

Attachment 1 - Required Documents Checklist

This form shall be completed by all local agencies. Check the box in the Yes column for each document that is included with your Contract Amendment. Check the box in the N/A column for each document that is not applicable and therefore is not included with your Contract Amendment.

Attachment 2 - Certification of Contract Amendment

This form shall be completed by all local agencies. It is recommended that this form be completed by the same individual listed in Attachment 3, Agency Information, Paragraph F, Certifying Signature.

Attachment 3 - Agency Information

This form shall be completed by all local agencies. Provide the Agency's Legal Name (Section A). Ensure that the legal name listed matches the legal name that is listed in the current contract. Ensure that the legal name is used throughout the Contract Amendment on all documents. Provide the Federal Employers ID #, Type of Organization, and DUNS # (Sections A and B). Provide the physical street, mailing, and shipping addresses (Sections C, D, and E). Provide the local agency contact information (Sections F through M). If applicable, complete the list of Five Highest Compensated Officers (Section N).

If the legal name has changed, please refer to Attachment 8, Payee Data Record, STD. 204.

Attachment 4 – Budget Plan

These forms shall be completed by all local agencies. The budget forms include: (1) Exhibit B, Attachment II - Detail Worksheet and (2) Exhibit B, Attachment III - Facility Costs Worksheet. Refer to *Budget Plan Amendment Instructions* for more in-depth guidance on how to fill out these forms.

Attachment 5 - Justification of Staffing Levels (If applicable)

This form shall be completed, **only if the local agency will be adding a new Position Title to the WIC Personnel Listing.** Explain how the agency's proposed staffing levels will continue to meet the minimum requirements of the WIC local agency contract and will continue to meet the needs of the Scope of Work.

Attachment 6 - Request for Authorization to Subcontract (If applicable)

This form shall be completed, **only if the local agency will be adding a new subcontract that exceeds \$2,500 or will be making changes to an existing subcontract that has already been approved.** If the name of the subcontractor is unknown, list the subcontractor as "To Be Determined." If other subcontractor information is unknown at the time you are submitting the Contract Amendment, provide all of the information that is available at the time. The form must be signed in blue ink and must be accompanied with a cover letter including the justification for the need to subcontract, bid documentation, and an unsigned copy of the subcontract. The original must be emailed and mailed to the Contract Manager. Please be advised that the subcontract may not be implemented until the Contract Amendment has been fully executed and the subcontract has been approved.

Attachment 7 - Certification of Indirect Cost Rate (If applicable)

This form shall be completed, **only if the local agency will be requesting an Indirect Cost Rate (ICR) that is different from the ICR listed in the FFY 2016 – 2019 Contract Application.** The ICR listed on the Certification of Indirect Cost Rate form must match the rate listed on Exhibit B, Attachment II, Detail Worksheet.

Attachment 8 - Payee Data Record, STD. 204 (If applicable)

This form shall be completed, **only if the local agency's legal name has changed since the local agency submitted the FFY 2016 – 2019 Contract Application.** The form must be signed in blue ink and the original must be emailed and mailed to the Contract Manager.

Instructions for Submitting the Contract Amendment Attachments

All Contract Amendment forms should be emailed to the Contract Manager and the forms requiring signature should be mailed to:

California Department of Public Health
Women, Infants, and Children Division
Attn: Contract Manager (Name)
3901 Lennane Drive, MS 8600
Sacramento, CA 95834

BUDGET PLAN AMENDMENT INSTRUCTIONS

Introduction

In order to amend the Budget Plan, local agencies must complete: (1) Exhibit B, Attachment II - Detail Worksheet and (2) Exhibit B, Attachment III - Facility Costs Worksheet.

NOTE: This document will be emailed to each local agency and will include the agency's current budget amounts and new annual funding totals. The cells highlighted in orange and grey are prepopulated, locked and cannot be changed. The cells in white are blank and shall be completed by the local agency.

Worksheet Tab 1: Budget Plan Years 1 – 4 (Exhibit B, Attachment II – Detail Worksheet)

Instructions for Amending the Personnel Section

Changes to current salary ranges shall be recorded in this section. In addition, any additional or new staff who provide direct program services, are required to be listed in the Personnel section. These positions shall continue to support program objectives described in Exhibit A, Scope of Work and Exhibit A, Attachment I, Local Agency Specific Services, and tie these tasks to the positions.

NOTE: Local agencies shall complete Attachment 5 - Justification of Staffing Levels, if the local agency will be adding a new Position Title.

If there are approved changes to your existing salary ranges or if you are adding salary ranges for new positions:

- **Current Base Annual Salary Minimum Amendment A-01** column: Enter in the new Current Base Annual Salary minimum for both new staff and staff who are receiving a pay increase.
- **Current Base Annual Salary Maximum Amendment A-01** column: Enter in the new Current Base Annual Salary maximum for both new staff and staff who are receiving a pay increase.

NOTE: Changes to salary ranges shall only be done if the changes have been approved by your Parent Agency and posted to your Parent Agency's website.

If there are changes to your FTEs or if you are adding FTEs for new positions:

- **FTE Amendment A-01** column: Enter in the new number of FTEs for each applicable Position Title for each applicable year in the corresponding row.

If there are changes to your Budget amounts or if you are adding Budget amounts for new positions:

- **Budget Adj.** column: Enter the increase or decrease amount for each applicable Position Title for each applicable year in the corresponding row.

If there are changes to your Overtime amounts:

- **Budget Adj.** column: Enter the increase or decrease amount for overtime for each applicable year in the Overtime row under the Budget Adj. column.

NOTE: Overtime shall be budgeted in one lump sum for all position titles for each year. Overtime shall not increase more than 3% from year to year.

If there are changes to your Fringe Benefits Rates:

- **Percentage Adj. Amendment A-01** column: Enter the new Fringe Benefit percentage for each applicable year in the Fringe Benefits row under the Percentage Adj. Amendment A-01 column.

NOTE: The budget amount will automatically calculate based on your new percentage and dollar amount for each year. ***Provide justification for any Fringe Benefit Rate that exceeds 50% in any year.***

Instructions for Amending the Operating Expenses Section

Adjustments to Operating Expenses shall be posted in this section. Operating Expenses are expenses incurred to operate the local agency.

If there are changes to your Operating Expenses:

- **Budget Adj.** column: Enter the increase or decrease amount for each applicable Operating Expenses category.

NOTE: Facility Costs are automatically populated from the Facility Costs Worksheet Tab 2. Instructions on how to complete the Facility Costs Worksheet are included on page 5.

Instructions for Amending the Major Equipment Section

Adjustments in Major Equipment expenses shall be posted in this section. Major Equipment items are those with a unit cost of \$5,000 or more and a useful life of one (1) year or more.

- **Budget Adj.** column: Enter the increase or decrease amount for each applicable Major Equipment category.

NOTE: If you currently have equipment included as Minor Equipment that has a per unit cost of less than \$5,000 in the Major Equipment category, it must be moved to the Minor Equipment category.

Instructions for Amending the Subcontracts Section

Changes in Subcontract expenses shall be posted in this section. This section is used to list all subcontracts.

If there are changes to the budgeted amount(s) for your subcontract(s):

- **Budget Adj.** column: Enter the increase or decrease amount for each applicable Subcontract.

If “TBD” is listed under Subcontracts in your current contract and you now have the name of your subcontractor(s):

- **Subcontracts** column: Enter the subcontractor’s name (company or individual) in the Subcontracts column in the corresponding row.

If the subcontractor has not yet been selected:

- **Subcontracts** column: Leave “TBD” listed. The name of the subcontractor can be changed during the next contract amendment period.

If adding a new subcontractor:

- **Subcontracts** column: Enter the subcontractor’s name (company or individual) and a short list of services provided. If the subcontractor has not been selected, enter “TBD” and list of services to be provided

- **Exhibit A, SOW** column: For each subcontract, enter all applicable paragraph numbers that tie back to Exhibit A, SOW Provision 6.A. Paragraphs 1 through 23. For example, to reference Exhibit A, 6.A.1, enter “1” into the cell.
- **Exhibit A, Attachment I** column: For each subcontract enter all applicable task numbers that tie back to Exhibit A, Attachment I, Tasks 1-9. For example, to reference Exhibit A, Attachment I, Tasks 6, enter “6” into the cell.
- **Budget Adj.** column: Enter the budgeted amount of each subcontract.

Instructions for Amending the Indirect Cost Section

Adjustments to the Indirect Cost Rate shall be posted in this section. Indirect costs are costs not related to direct services. Indirect costs represent a percentage of either Total Personnel Costs or Total Direct Costs. The ICR percentage rate listed in Attachment 4, Budget Plan must match the percentage listed on the Attachment 7, Certification of Indirect Cost Rate.

PRIVATE NONPROFIT AGENCIES

Private non-profit local agencies that have an approved ICR from their Federal cognizant agency are allowed to charge their approved ICR or may elect to charge less than the agency’s approved ICR percentage. However, the ICR rate may not exceed 25 percent of Total Personnel Costs or 15 percent of Total Direct Costs. A copy of the approved ICR from the Federal cognizant agency must be submitted with the Contract Amendment.

Private non-profits local agencies that do not have an approved ICR from their Federal cognizant agency are allowed a maximum ICR percentage of 19.6 percent of the Total Personnel Costs. A copy of the ICR proposal shall be submitted with the Contract Amendment. Private non-profit local agencies that wish to obtain an approved ICR from their cognizant agency, may submit the plan to WIC for assistance with obtaining an approved ICR.

LOCAL GOVERNMENT AGENCIES

Local Government Agencies are allowed up to the maximum ICR percentage that was approved by CDPH. A Local Government Agency may elect to charge less than its approved ICR percentage; however, the ICR method (i.e., Total Personnel Costs or Total Direct Costs) may not differ from what was approved.

If there are changes to your Indirect Cost Rate:

- **Percentage Adj. Amendment A-01 column:** Enter the new ICR percentage in the Total Indirect Cost row under the Percentage Adj. Amendment A-01 column.

NOTE: The budget amount will automatically calculate based on your new percentage and dollar amount for each year.

**Worksheet Tab 2: Facility Costs Worksheet
(Exhibit B, Attachment III Facility Costs)**

Instructions for Amending the Total Cost of Site Per Month Column

- **Total Cost of Site Per Month Adj. column:** Enter the increase or decrease amount per month for each applicable site.

Instructions for Amending the Price Per Square Foot Column

- **Price Per Square Foot Adj. column:** Enter the increase or decrease amount per month for each applicable site.

NOTE: If you have relocated or closed a site, please work with your Contract Manager.