

Contract Amendment Instructions

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

February 22, 2016

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



Supplemental Nutrition Program for Women, Infants and Children (WIC)

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Supplemental Nutrition Program for Women, Infants and Children (WIC)

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. This form should be completed by the same individual listed in Attachment 3, Agency Information, Paragraph F, Certifying Signature. The form must be completed in blue ink and the original must be emailed and mailed to the Contract Manager.

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

These forms shall be completed by all local agencies. The budget forms include: (1) Exhibit B, Attachment II - Detail Worksheet and the (2) Exhibit B, Attachment III - Facility Costs Worksheet. Information from each local agency's original budget worksheets will be input into the documents, once the funding amounts are final. The only cells that require entry are the Adj. (Adjustment) cells. Refer to Budget Instructions ([link](#)) for more in-depth instructions on how to fill out these forms.

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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/Official Classification 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 is not effective 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.

B. Instructions for Submitting the Contract Amendment Attachments

All Contract Amendment forms should be addressed to the Contract Manager and mailed to:

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