

Exhibit A–Sample Agreement

1. Service Overview

Contractor agrees to provide to the California Department of Public Health (CDPH) the services described herein.

This contract is to provide services mandated by Health and Safety Code 123550-123610 on the local level. The Catalog of Federal Domestic Assistance (CFDA) number for this contract is 93.994. Contractor will administer a program to provide pregnant women and newborns with medical problems access to specialized care to prevent and/or reduce occurrence of death or permanent disabilities. The Regional Perinatal Program of California (RPPC) provides access to appropriate levels of high quality care for high-risk pregnant women and their newborns by maintaining a multi-tiered network of care providers and facilities, providing resources, consultation, and technical assistance to hospitals and health care providers per RFA #22-10088.

2. Service Location

The services shall be performed at

3. Service Hours

The services shall be provided during Normal Contractor working hours, Monday through Friday, including state official holidays.

4. Project Representatives

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

California Department of Public Health Contract Manager Telephone: (916) 650-0397 E-mail: susan.henry@cdph.ca.gov	RPPC Contractor [Enter Name of Contractor's Contract Manager] Telephone: (XXX) XXX-XXXX E-mail: XXXXXXXX@XXXXXXXX
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B. Direct all inquiries to:

California Department of Public Health Maternal, Child and Adolescent Health Regional Perinatal Programs of California Coordinator Attention: Cielo Avalos Mail Station Code 8300 1615 Capitol Avenue, Suite 73.560 P.O. Box Number 997413 Sacramento, CA, 95899-7413 Telephone: (XXX) XXX-XXXX E-mail: cielo.avalos@cdph.ca.gov	RPPC Contractor Name Section or Unit Name (if applicable) Attention: [Enter name, if applicable] Street address & room number, if applicable P.O. Box Number (if applicable) City, State, Zip Code Telephone: (XXX) XXX-XXXX E-mail: XXXXXXXX@XXXXXXXX
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C. All payments from CDPH to the Contractor; shall be sent to the following address:

Remittance Address Contractor: [Legal Business Name] Attention "Cashier": Address City, Zip Phone Fax E-mail
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D. 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 but will require a new CDPH 9083 Governmental Entity Taxpayer ID Form or STD 204 Payee Data Record form, completed form must be submitted to the Contract Manager for processing.

5. Scope of Work Changes

A. Pursuant to Health and Safety Code Section 38077 (b)(2), changes and revisions to the Scope of Work contained in the agreement, utilizing the "**allowable cost payment system**", may be proposed by the Contractor in writing. All requested changes and revisions are subject to the approval of the State. Failure to notify the State of proposed revisions to the Scope of Work may result in an audit finding.

- B. The State will respond, in writing, as to the approval or disapproval of all such requests for changes or revisions to the Scope of Work within 30 calendar days of the date the request is received in the program. Should the State fail to respond to the Contractor's request within 30 calendar days of receipt, the Contractor's request shall be deemed approved.
 - C. The State may also request changes and revisions to the Scope of Work. The State will make a good-faith effort to provide the Contractor 30 calendar days advance written notice of said changes or revisions.
 - D. No changes to the Scope of Work agreed to pursuant to this provision shall take effect until the cooperative agreements are amended and the amendment is approved as required by law and this agreement
6. See Attachment 10 Scope of Work Table for a detailed description of the services to be performed.