STANDARD AGREEMENT - A	MENDMENT				
STD 213A (Rev. 10/2019)		AGREEMENT NUMBER	AMENDMENT NUMBER	Purchasing Autho	rity Number
CHECK HERE IF ADDITIONAL PAGES ARE		20-10884	02		
1. This Agreement is entered into betw	reen the State Agency an	d the Contractor named below:			
STATE AGENCY NAME	lat.				
California Department of Public He	ealth ——————				
CONTRACTOR NAME SLS Health Services LLC					
2. The term of this Agreement is:					
START DATE January 12, 2021					
THROUGH END DATE					
June 30, 2021					
3. The maximum amount of this Agree \$150,000,000.00		ent is:			
One Hundred Fifty Million Dollars a		All (:	41:		
4. The parties mutually agree to this incorporated herein:	amendment as follows.	All actions noted below are by	y this reference made a pai	rt of the Agreeme	nt and
I. The purpose of the amendment is to	o update the rate table du	ue to the recent surge in COVID1	19 throughout the State of Ca	alifornia.	
II. Exhibit A, Attachment I, Staffing Ag	reement, Exhibit D, Staffir	ng Rate Sheet has been revised	to include additional classific	ations. See attache	ed.
All other terms and conditions shall rema					
IN WITNESS WHEREOF, THIS AGREEM	ENT HAS BEEN EXECUTEI				
		CONTRACTOR			
CONTRACTOR NAME (if other than an indiv SLS Health Services LLC	idual, state whether a corpo	ration, partnership, etc.)			
CONTRACTOR BUSINESS ADDRESS			CITY	STATE	Z I P
Post Office Box 17017			Galveston	TX	77552
PRINTED NAME OF PERSON SIGNING			TITLE		
Stan Ledbetter			President		
CONTRACTOR AUTHORIZED SIGNATURE			DATE SIGNED		
Digitally signed by Stan Ledbetter DN: cn=Stan Ledbetter, o=SLSCO, ou=EVP, email=sledbetter@slsco.co Date: 2021.03.23 17:12.44 -05'00'			:om, c=US 3.23.21		
		STATE OF CALIFORNIA			
CONTRACTING AGENCY NAME					
California Department of Public He	ea l th				
CONTRACTING AGENCY ADDRESS			CITY	STATE	Z I P
1616 Capitol Avenue			Sacramento	CA	95814
PRINTED NAME OF PERSON SIGNING			TITLE		
Amy Manasero			Assistant Branch Chief		
CONTRACTING AGENCY AUTHORIZED SIGNATURE			DATE SIGNED		
Amy Manasero	Date: 2021.03.23	by Amy Manasero 3 16:23:47 -07'00'	3/23/2021		
CALIFORNIA DEPARTMENT OF GENERAL SERVICES APPROVAL			EXEMPTION (If Applicable) Proclamation of the State of Emergency Executive Order N-25-20 PCC 1102		
			1		

EXHIBIT D STAFFING RATE SHEET





- Overtime will be paid at 1.5 x's regular rate after 8 hours in a workday or over 40 hours in a workweek, unless the hours in a workday exceeds 12 hours.
- Overtime will be paid at 2 x's regular rate after 12 hours in a workday.
- Staff schedules will be 72 hours per week (e.g. 6 days per week; 12 hours per day).
- Employee support costs to be billed at Actual Cost + 10%.
- Per diem rates based upon local area GSA rates.
- Travel costs for Staff to and from the work Site will be invoiced.
- The Staffing Rates offered are based upon the unknown future market fluctuations. SLS HEALTH reserves the right to reprice the above Staffing Rates in the event the CLIENT wishes to extend the period of performance beyond the initial Term, or in the event of a change in scope of requested services, or due to market conditions adversely impacting available personnel.

Activation and Standby:

- Activation and Staff billing to begin upon arrival at Site.
- In the event that a Staff member is idle or in transition due to reassignment to another Site (other than for scheduled or requested days off), Staff will be paid for a full 8 hour shift.
- All training and orientation time to be billed at the Regular Rate. Staff to be paid for a full 12 hour day on orientation, provided that Staff are available to provide clinical services upon completion of training and orientation for the remainder of said 12 hour period.