This is the first amendment to the Agreement by and between the County of Santa Clara (COUNTY) and Samuels and Associates, Inc. (CONTRACTOR), effective as of March 1, 2012, to provide evaluation services for certain policy, systems, and environmental changes.

The Agreement is amended as follows, effective upon execution:

1. Section 2, Term of Agreement, is amended to provide that the Agreement shall begin on March 1, 2012 and expire on March 18, 2013.

2. Section 3.1, Maximum Amount Payable, is amended to provide that the County's maximum financial obligation for the entire term of the Agreement shall not exceed $250,000.

3. Section 1, Scope of Work, is revised to read as follows: "Contractor shall provide the services as specified in the Scope of Work in Exhibit A1."

4. Exhibit A1, "Scope of Work," attached hereto and incorporated herein by this reference, is hereby added to the Agreement.

5. Section A ("Objective/Milestone/Phases and Task Description") of Exhibit A, "Scope of Work & Payment Schedule" is deleted in its entirety.

6. The first sentence of Section 3.2, Payment / Invoices (Method of Payment), is deleted in its entirety and replaced by the following:
   "Payment will be made according to the Payment Schedule in Exhibit A and Exhibit C, "Budget for Additional Evaluation Services."

7. Exhibit C, "Budget for Additional Evaluation Services," attached hereto and incorporated herein by this reference, is hereby added to the Agreement.
8. Exhibit B-2A, regarding indemnification and insurance, is deleted in its entirety and replaced by Exhibit B-2, attached hereto and incorporated herein by this reference.

All other terms and conditions of the Agreement remain in full force and effect. In the event of a conflict between the Agreement and this Amendment, this Amendment controls.

SIGNATURES

COUNTY OF SANTA CLARA

By: [Signature]
George Shirakawa, President
Board of Supervisors

SAMUELS AND ASSOCIATES, INC.

By: [Signature]
Elizabeth Schwarte
Managing Director

APPROVED AS TO FORM AND LEGALITY:

[Signature]
Jenny S. Lau
Deputy County Counsel

ATTEST:

[Signature]
Lynn Regadaes
Interim Clerk Board of Supervisors

Exhibits/Attachments:
Exhibit A1 - Scope of Work
Exhibit B2 - Insurance Requirements
Exhibit C - Budget for Additional Evaluation Services
For County Use Only – SAP

<table>
<thead>
<tr>
<th>SCC Vendor Number</th>
<th>Account Assignment</th>
<th>General Ledger</th>
<th>Cost Center</th>
<th>Amount</th>
<th>WBS</th>
<th>Internal Order</th>
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<tbody>
<tr>
<td>Line 1</td>
<td>H410</td>
<td>5255500</td>
<td>2942</td>
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<tr>
<td>Line 2</td>
<td>H410</td>
<td>5255500</td>
<td>2942</td>
<td>$100,000</td>
<td>FY13</td>
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</tbody>
</table>


☐ Please give the reason for an increase in price, where there is no change in scope of service or term date:

☐ Amend amount of agreement as follows:

A. Maximum Financial Obligation: (Current Contract Amount) $100,000

B. Requested amount to be amended: $150,000

C. Revised maximum contract amount: (A + B will equal C) $250,000

**Contract History**

*If agreement covers services that occur in more than one fiscal year, enter information below.*

Total financial obligation from prior fiscal year(s): $
<table>
<thead>
<tr>
<th>Objective</th>
<th>Evaluation Questions</th>
<th>Method</th>
<th>Sample (n)</th>
<th>Tool developed?</th>
<th>Status/notes</th>
<th>Timeline</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Priority Area #1: Reaching Priority Populations (Objectives: 1-6, 14)</strong></td>
<td><strong>Evaluation targets:</strong> Assess the impact &amp; reach of communications/media strategies among priority populations (&quot;You Smoke, They Smoke&quot; &amp; &quot;Lame Reasons to Smoke&quot;)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Priority population:</strong> Latinos (adults), Vietnamese (adults), Youth of all ethnicities (ages 13-18); Additional targets: Young adults of all ethnicities (ages 18-24), African Americans, LGBTQ, mentally ill, drug/alcohol users, both males/females</td>
<td><strong>Intervention timeframe:</strong> Ending in May 2012</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td><strong>Overarching evaluation questions:</strong> Did the media campaigns reach the target populations, &amp; what was the impact on attitudes &amp; behavior regarding tobacco use, secondhand smoke exposure, &amp; related policy interventions? To what extent did this work support other CPPW strategies and promote health equity?</td>
<td><strong>Objective 1:</strong> Complete a communications plan, which includes an overall social &amp; mass media strategy for both earned &amp; paid media.</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>
| **Objective 6:** Develop & utilize key communication tools to support outreach, education & media efforts to address CPPW goals of preventing tobacco use, initiation, & exposure to secondhand smoke. | • To what extent did the communications plan, tools, & media campaign reach the priority populations?  
  o Facebook  
  o Websites  
  o YouTube  
  o Google ads  
  o Transit stops  
  o Print, TV, radio  
  o Mobile/text apps  
  o Gas station pump videos  | **Media review** to assess the penetration & reach of the mass media and social media campaigns within the priority populations  
  o Impressions  
  o Focus groups (Baseline only)  | Populations reached through targeted media & outreach | N/A | Data collected/analyzed by BWA | June 2012 |
| **Objectives 2-5:** Implement a multi-lingual & multi-faceted, hard-hitting media campaign that will impact perception & behavior by reaching 75% of both general market audiences & populations with higher rates of tobacco use to: | • What are the responses to the media campaigns in terms of attitudes re: cessation, initiation, secondhand smoke, support for policies, & civic engagement? | **Focus groups** to assess perceptions around tobacco use/secondhand smoke, behavior change, barriers, reactions to media, policy, pricing strategy, opinions, awareness, stigma, benefits, costs, safety, & health risks | Up to 8 groups with Latinos, African American, Vietnamese; LGBTQ: young adults; at-risk youth (ages 13-18, mixed gender, hold at alternative or high risk school) | X | | May-July 2012 |
# Exhibit A1 - Scope of Work
Samuels & Associates (S&A)
Santa Clara CPPW Tobacco Prevention Evaluation Plan

<table>
<thead>
<tr>
<th>Objective</th>
<th>Evaluation Questions</th>
<th>Method</th>
<th>Sample (n)</th>
<th>Tool developed?</th>
<th>Status/notes</th>
<th>Timeline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increase cessation (men). Decrease initiation (youth). Increase awareness of negative health effects &amp; perception of secondhand smoke (women). Build countywide support for tobacco prevention policies &amp; generate community action to contact policy makers &amp; demand a healthier environment.</td>
<td>• What are community norms &amp; perceptions among priority populations? • Which of the traditional &amp; social media platforms were best received?</td>
<td>Secondary data analyses: • Public opinion poll to assess opinion about key policies, state tobacco tax, tobacco retail licensing, &amp; other policy strategies as well as tobacco behavior • California Health Interview Survey (CHIS) to assess smoking related behaviors and perceptions.</td>
<td>• Convenience sample at community events (90% respondents), plus online sample; N=1349, all ages.* • Oversample in Santa Clara County</td>
<td>X</td>
<td>Need to remove youth data due to lack of consent</td>
<td>December 2012</td>
</tr>
</tbody>
</table>

## Objective 14: Educate community on the importance of tobacco prevention funding & the effectiveness of increases in tobacco product excise taxes as a public health intervention to promote tobacco use cessation & to reduce the initiation.

| Objective 14: Educate community on the importance of tobacco prevention funding & the effectiveness of increases in tobacco product excise taxes as a public health intervention to promote tobacco use cessation & to reduce the initiation. | Key informant interviews to assess the extent to which CPPW interventions reached priority populations, perceived impact, gaps, etc. | 2 community leaders from each priority population (up to 10 total) | | | October-November 2012 |

## Priority Area #2: City/County Policy Work (Objectives: 8-13)

**Evaluation targets:** Examine the range of strategies, policies, & programs related to tobacco use, initiation, & exposure to secondhand smoke pursued by 11 of 15 cities in the county that have CPPW funded contracts. The evaluation will assess the success of these efforts & gauge impact. The ability of these initiatives to create political momentum, foster community & youth engagement, & trigger organizing & advocacy efforts will be explored. Policy options offered to cities include smoke-free indoor air policies, smoke-free outdoor air policies, & tobacco retail policies. To support these efforts, policymakers were offered training and technical assistance, local businesses were engaged, and youth coalitions were involved in litter clean-ups and created an advocacy video.

**Priority cities (and populations):** Gilroy (Latinos), Milpitas (Filipinos), Sunnyvale (Latinos)

**Intervention timeframe:** Continuing

**Overarching evaluation questions:** Have policies been passed & implemented, & are they being enforced? To what extent is policy serving as a protective factor for communities that are disproportionately affected by tobacco and promoting health equity? Is granting money to cities an effective tobacco exposure prevention strategy?
<table>
<thead>
<tr>
<th>Objective</th>
<th>Evaluation Questions</th>
<th>Method</th>
<th>Sample (n)</th>
<th>Tool developed?</th>
<th>Status/ notes</th>
<th>Timeline</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Objective 8:</strong> Educate youth from at least 5 high schools including at least 1 in SJUSD about local tobacco-related policies &amp; evaluate change in positive attitudes toward tobacco prevention initiatives.</td>
<td>- How many youth have been engaged, what did they work on, &amp; where are they from?</td>
<td><strong>Youth participation data</strong></td>
<td>Youth in priority populations</td>
<td>X</td>
<td>Janelle will send data</td>
<td>December 2012</td>
</tr>
</tbody>
</table>
| **Objective 9:** San Jose & at least 1 other jurisdiction will adopt & implement a Smoke Free ordinance in outdoor areas such as parks, trails, service lines & outdoor eating areas. | - Have cities met the policy targets?  
- What is the quality & consistency of policies that were adopted?  
- What are the enforcement strategies being used for each adopted policy? | **Policy tracking system** to monitor: progress made towards the development of policies, content, and discussion of tobacco-related topics in city council meetings. The evaluation will gauge the extent to which policies have been implemented, quality of policies, potential for impact, strengths & weaknesses. The tracking matrix will also include progress toward CPPW objectives, grant amounts, workplans, & timelines. | 11 cities | X | | May-July 2012 |
| **Objective 10:** San Jose will strengthen the city’s current smoke-free workplace protection policies by adopting & implementing a policy that eliminates exemptions in the current city policy. | - To what extent have policies been implemented? Where/what were the greatest successes found? | **Environmental assessments** to assess signage, litter, and other observational factors related to policy implementation/ compliance (focus on parks)  
**Litter clean-ups** (Baseline only; in 5 cities, 2 parks/city) | Up to 15 cities | | | August-September 2012 |
<table>
<thead>
<tr>
<th>Objective</th>
<th>Evaluation Questions</th>
<th>Method</th>
<th>Sample (n)</th>
<th>Tool developed?</th>
<th>Status/notes</th>
<th>Timeline</th>
</tr>
</thead>
<tbody>
<tr>
<td>long-term health care facilities, tobacco-only shops, warehouses &amp; places of employment with &lt;5 employees or owner-operated).</td>
<td>• What were barriers or facilitators of change?</td>
<td>Key informant interviews to learn about the policy &amp; practice change process, advocacy, barriers, opportunities for impact, receptivity to various strategies, policy choices, &amp; potential for replication in other locales &amp; sectors</td>
<td>Staff &amp; elected officials from 11 cities that have contracts with DPH (up to 22 interviews total)</td>
<td>X</td>
<td>SJ last (still working)</td>
<td>May-July 2012</td>
</tr>
<tr>
<td>Objective 12: San Jose &amp; at least 1 other jurisdiction will adopt &amp; implement a policy requiring tobacco retailers to obtain an annual license to sell any form of tobacco with a portion of the license fee earmarked for tobacco enforcement activities &amp; includes adequate fines &amp; penalties (including revocation) of license for any federal, state or local infraction.</td>
<td>• How did funding, insider vs. outsider strategy, youth empowerment efforts, &amp; leadership team engagement affect the policy development &amp; implementation process?</td>
<td>Online survey to assess role in CPPW tobacco &amp; obesity, policy changes, opinions about impact on priority populations, integration among organizations, &amp; also involvement in other priority areas</td>
<td>Leadership team (15-20)</td>
<td></td>
<td>October 2012</td>
<td></td>
</tr>
<tr>
<td>Objective 13: San Jose &amp; at least 1 other jurisdiction will adopt &amp; implement a zoning ordinance to prohibit tobacco retailers from operating within a 1,000 feet radius of any premises or facility whose primary purpose is directed toward persons under the age of 18 years, such as: schools, parks, or playgrounds.</td>
<td>• What was the impact of engaging the leadership team in policy work?</td>
<td>Interviews to assess perspectives on multi-sector partnerships, lessons learned from CPPW, gaps, and ingredients for a healthy community</td>
<td>Up to 5 key leadership team &amp; health department members</td>
<td></td>
<td>November 2012</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• How did involvement of the leadership team affect the policy development &amp; implementation process?</td>
<td>Countywide storefront survey to assess the outdoor &amp; indoor environment of tobacco retailers in respect to marketing/ advertising of tobacco-related goods (TRL)</td>
<td>Stores (n=219)</td>
<td>X</td>
<td>Collected in 2010 &amp; 2011</td>
<td>December 2012</td>
</tr>
<tr>
<td></td>
<td>• How have policies impacted tobacco retailer store fronts?</td>
<td>Illegal tobacco sales data collected by law enforcement during enforcement operations</td>
<td>Retailers in San Jose where tobacco retail licensing policy has passed</td>
<td>X</td>
<td></td>
<td>December 2012</td>
</tr>
<tr>
<td>Objective</td>
<td>Evaluation Questions</td>
<td>Method</td>
<td>Sample (n)</td>
<td>Tool developed?</td>
<td>Status/ notes</td>
<td>Timeline</td>
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</table>

**Priority Area #3: Health Care & Cessation (Objectives: 15, 16)**

**Evaluation targets:** Examine policies & practices implemented by health insurer plans & health facilities to prevent tobacco use & exposure to secondhand smoke. The health plans & health facilities worked on a range of policies including smoke free campuses, assessing smoking status using the “Ask, Advise, Refer” model, & increased cessation services including nicotine replacement therapy & quit lines. Mini grants were given to facilities that serve priority populations.

**Priority populations:** Vietnamese, Latinos, South Asians, African Americans, low income, ESL, & LGBTQ

**Intervention timeframe:** Ending in March 2012.

**Overarching evaluation questions:** How did health plans & health facilities develop the new policies? What were the barriers & facilitators to developing & implementing the new policies? Which facilities have implemented new policies? Have the policies affected cessation rates? Are the interventions reaching priority populations and promoting health equity?

**Objective 15:** At least 2 health insurer plans will implement systems-level change to include & increase treatment services for nicotine dependency utilizing evidence-based best practice guidelines (U.S. Public Health Service Clinical Practice Guidelines).

- How many health plans & facilities implemented cessation services?
- What cessation services were implemented?

**Policy review** (rating system) to gauge the extent to which tobacco-related policies & systems changes have been implemented & enforced, tools used for implementation (e.g. paper, electronic) potential for impact, feasibility, strengths & weaknesses (don’t include policies passed pre-CPPW)

**Health plans & facilities in Tobacco Cessation network (30-40 facilities that serve priority populations)**
- 23 clinics/ facilities have passed policies
- 6 CBOs
- 2 healthcare plans-
- Valley Health & Santa Clara Family Plans are expanding cessation services & NRT

<table>
<thead>
<tr>
<th>Objective 16: At least 15 health facilities will implement systems-level change to include &amp; increase treatment services for nicotine dependency by integrating tobacco cessation protocols &amp; services utilizing evidence-based best practice</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have facilities implemented campus smoke free policies?</td>
</tr>
<tr>
<td>Environmental assessments to assess signage, litter, and other observational factors related to policy implementation/ compliance</td>
</tr>
<tr>
<td>5 facilities that made campus changes</td>
</tr>
<tr>
<td>Regional Hospital</td>
</tr>
<tr>
<td>X</td>
</tr>
</tbody>
</table>

Kris will send policies, memos, or other documentation

June-July 2012

June-July 2012

5
### Exhibit A1 - Scope of Work
Samuels & Associates (S&A)
Santa Clara CPPW Tobacco Prevention Evaluation Plan

<table>
<thead>
<tr>
<th>Objective</th>
<th>Evaluation Questions</th>
<th>Method</th>
<th>Sample (n)</th>
<th>Tool developed?</th>
<th>Status/notes</th>
<th>Timeline</th>
</tr>
</thead>
</table>
| guidelines. | - How have cessation services been incorporated across multiple systems?  
- Are systems more integrated & collaborative?  
- What were facilitators & barriers to policy change?  
- How was the process affected by Leadership Team involvement, mini-grants, having a champion, & multiple options for cessation services?  
- What was the impact on quit rates, especially among priority populations? | **Online survey** to assess outreach, policy development, expansion of services, inter-agency collaboration, integration, communication, use of mini-grants, reach to priority populations, shared vision & outcomes, use of mini-grants | Health plans & facilities in Tobacco Cessation network (30-40 facilities that serve priority populations)  
- 23 clinics/ facilities have passed policies  
- 6 CBOs  
- 2 healthcare plans- Valley Health & Santa Clara Family Plans | UC Davis Center of Tobacco Policy has sample tool that can be modified | | June-July 2012 |

**Priority Area #4: Smoke-free College Campuses (Objectives: 7)**

**Evaluation targets:** Examine smoke-free policies that were strengthened, adopted &/or implemented at colleges & universities.

**Intervention timeframe:** Continuing

**Overarching evaluation questions:** What were the barriers & facilitators to policy change? What policies were adopted? Did the report card system influence policy decisions? Is offering mini-grants to colleges an effective tobacco exposure prevention strategy? Are the interventions reaching priority populations and promoting health equity?
<table>
<thead>
<tr>
<th>Objective</th>
<th>Evaluation Questions</th>
<th>Method</th>
<th>Sample (n)</th>
<th>Tool developed?</th>
<th>Status/ notes</th>
<th>Timeline</th>
</tr>
</thead>
</table>
| Objective 7: Establish a countywide model for smoke-free policies on university or college campuses by strengthening existing &/or adopting & implementing new campus policies to become 100% smoke-free at a minimum of 5 public & private 2 & 4-year colleges & universities. | • What policies were implemented, adopted or strengthened?  
• What were barriers & facilitators to policy change?  
• How was the process affected by Leadership Team involvement & mini-grants?  
• How effective was the report card in influencing policy development, enforcement, & implementation?  
• What are opinions of students regarding the tobacco-related policies? | Key informant interviews to learn about the policy change process, advocacy, barriers, & potential for impact, role of student/staff organizing, administration priorities | Up to 10 campuses          |                  |                         | September 2012 |
|                                                                          |                                                                                                                                             | Environment assessments to assess signage, litter, and other observational factors related to policy implementation/compliance | 5 campuses                 |                  |                         | October 2012  |
|                                                                          |                                                                                                                                             | Outdoor air quality monitoring                                                                                     |                            |                  |                         | October 2012  |
|                                                                          |                                                                                                                                             | Survey to assess awareness of the smoke free policy that prohibits smoking within 25 feet of campus, effectiveness of the policy, support for a 100% tobacco free campus, tobacco use, quit attempts, awareness around secondhand smoke | Students, faculty, and staff at 2 campuses-SJSU & Santa Clara University (different tools) | X                | Baseline only (Whitney will analyze) | December 2012 |
EXHIBIT B-2 (revised)

INSURANCE REQUIREMENTS FOR
STANDARD CONTRACTS ABOVE $100,000

Indemnity

The Contractor shall indemnify, defend, and hold harmless the County of Santa Clara (hereinafter "County"), its officers, agents and employees from any claim, liability, loss, injury or damage arising out of, or in connection with, performance of this Agreement by Contractor and/or its agents, employees or sub-contractors, excepting only loss, injury or damage caused by the sole negligence or willful misconduct of personnel employed by the County. It is the intent of the parties to this Agreement to provide the broadest possible coverage for the County. The Contractor shall reimburse the County for all costs, attorneys' fees, expenses and liabilities incurred with respect to any litigation in which the Contractor is obligated to indemnify, defend and hold harmless the County under this Agreement.

Insurance

Without limiting the Contractor's indemnification of the County, the Contractor shall provide and maintain at its own expense, during the term of this Agreement, or as may be further required herein, the following insurance coverages and provisions:

A. Evidence of Coverage

Prior to commencement of this Agreement, the Contractor shall provide a Certificate of Insurance certifying that coverage as required herein has been obtained. Individual endorsements executed by the insurance carrier shall accompany the certificate. In addition, a certified copy of the policy or policies shall be provided by the Contractor upon request.

This verification of coverage shall be sent to the requesting County department, unless otherwise directed. The Contractor shall not receive a Notice to Proceed with the work under the Agreement until it has obtained all insurance required and such insurance has been approved by the County. This approval of insurance shall neither relieve nor decrease the liability of the Contractor.

B. Qualifying Insurers

All coverages, except surety, shall be issued by companies which hold a current policy holder's alphabetic and financial size category rating of not less than A- V, according to the current Best's Key Rating Guide or a company of equal financial stability that is approved by the County's Insurance Manager.

C. Notice of Cancellation

Rev. 4/2002
EXHIBIT B-2 (revised)

All coverage as required herein shall not be canceled or changed so as to no longer meet the specified County insurance requirements without 30 days' prior written notice of such cancellation or change being delivered to the County of Santa Clara or their designated agent.

D. Insurance Required

1. Commercial General Liability Insurance - for bodily injury (including death) and property damage which provides limits as follows:
   a. Each occurrence - $1,000,000
   b. General aggregate - $2,000,000
   c. Products/Completed Operations aggregate - $2,000,000
   d. Personal Injury - $1,000,000

2. General liability coverage shall include:
   a. Premises and Operations
   b. Products/Completed
   c. Personal Injury liability
   d. Severability of interest

3. General liability coverage shall include the following endorsement, a copy of which shall be provided to the County:

Additional Insured Endorsement, which shall read:

"County of Santa Clara, and members of the Board of Supervisors of the County of Santa Clara, and the officers, agents, and employees of the County of Santa Clara, individually and collectively, as additional insureds."

Insurance afforded by the additional insured endorsement shall apply as primary insurance, and other insurance maintained by the County of Santa Clara, its officers, agents, and employees shall be excess only and not contributing with insurance provided under this policy. Public Entities may also be added to the additional insured endorsement as applicable and the contractor shall be notified by the contracting department of these requirements.
EXHIBIT B-2 (revised)

4. **Automobile Liability Insurance**

For bodily injury (including death) and property damage which provides total limits of not less than one million dollars ($1,000,000) combined single limit per occurrence applicable to all owned, non-owned and hired vehicles.

4a. **Aircraft/Watercraft Liability Insurance** (Required if Contractor or any of its agents or subcontractors will operate aircraft or watercraft in the scope of the Agreement)

For bodily injury (including death) and property damage which provides total limits of not less than one million dollars ($1,000,000) combined single limit per occurrence applicable to all owned, non-owned and hired aircraft/watercraft.

5. **Workers' Compensation and Employer's Liability Insurance**

a. Statutory California Workers' Compensation coverage including broad form all-states coverage.

b. Employer's Liability coverage for not less than one million dollars ($1,000,000) per occurrence.

E. **Special Provisions**

The following provisions shall apply to this Agreement:

1. The foregoing requirements as to the types and limits of insurance coverage to be maintained by the Contractor and any approval of said insurance by the County or its insurance consultant(s) are not intended to and shall not in any manner limit or qualify the liabilities and obligations otherwise assumed by the Contractor pursuant to this Agreement, including but not limited to the provisions concerning indemnification.

2. The County acknowledges that some insurance requirements contained in this Agreement may be fulfilled by self-insurance on the part of the Contractor. However, this shall not in any way limit liabilities assumed by the Contractor under this Agreement. Any self-insurance shall be approved in writing by the County upon satisfactory evidence of financial capacity. Contractors obligation hereunder may be satisfied in whole or in part by adequately funded self-insurance programs or self-insurance retentions.

3. Should any of the work under this Agreement be sublet, the Contractor shall require each of its subcontractors of any tier to carry the aforementioned coverages, or Contractor may insure subcontractors under its own policies.
EXHIBIT B-2 (revised)

4. The County reserves the right to withhold payments to the Contractor in the event of material noncompliance with the insurance requirements outlined above.

F. **Fidelity Bonds**  (Required only if contractor will be receiving advanced funds or payments)

Before receiving compensation under this Agreement, Contractor will furnish County with evidence that all officials, employees, and agents handling or having access to funds received or disbursed under this Agreement, or authorized to sign or countersign checks, are covered by a BLANKET FIDELITY BOND in an amount of AT LEAST fifteen percent (15%) of the maximum financial obligation of the County cited herein. If such bond is canceled or reduced, Contractor will notify County immediately, and County may withhold further payment to Contractor until proper coverage has been obtained. Failure to give such notice may be cause for termination of this Agreement, at the option of County.
<table>
<thead>
<tr>
<th>Priority Area</th>
<th>Milestone/Deliverable</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reaching priority populations</td>
<td>Additional focus groups (5)</td>
<td>50,000</td>
</tr>
<tr>
<td></td>
<td>Key informant interviews with community leaders (10)</td>
<td>10,000</td>
</tr>
<tr>
<td></td>
<td>Briefs for each population (3)</td>
<td>6,000</td>
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<tr>
<td>Smoke-free college campuses</td>
<td>Environmental assessments (5)</td>
<td>15,000</td>
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<tr>
<td></td>
<td>Additional interviews (5)</td>
<td>5,000</td>
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<tr>
<td></td>
<td>Air quality monitoring</td>
<td>6,000</td>
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<tr>
<td>City policies</td>
<td>Additional environmental assessments (5)</td>
<td>15,000</td>
</tr>
<tr>
<td></td>
<td>Additional interviews (11)</td>
<td>13,000</td>
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<tr>
<td>Cross-cutting</td>
<td>Interviews with leadership team and health department staff (5)</td>
<td>5,000</td>
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<tr>
<td></td>
<td>Secondary data analyses</td>
<td>5,000</td>
</tr>
<tr>
<td></td>
<td>Brief/write-ups on lessons learned, partnerships, and ingredients for a healthy community</td>
<td>20,000</td>
</tr>
<tr>
<td></td>
<td><strong>Total Cost:</strong></td>
<td><strong>$150,000</strong></td>
</tr>
</tbody>
</table>