

**STANDARD AGREEMENT AMENDMENT**

STD 213 A (Rev 9/01)



CHECK HERE IF ADDITIONAL PAGES ARE ATTACHED 1 Pages

AGREEMENT NUMBER <b>99-86517</b>	AMENDMENT NUMBER <b>A2</b>
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1. This Agreement is entered into between the State Agency and Contractor named below:  
STATE AGENCY'S NAME  
**California Department of Health Services**  
CONTRACTOR'S NAME  
**San Mateo County Health Services Agency/Emergency Medical Services**
2. The term of this Agreement is 02/01/00 through 09/30/01
3. The maximum amount of this Agreement is: \$40,000  
Forty Thousand Dollars
4. The parties mutually agree to this amendment as follows. All actions noted below are by this reference made a part of the Agreement and incorporated herein:
  - I. Amendment effective date: July 1, 2001
  - II. Purpose of amendment: Revise the contractor's budget for FY 2000-2001 to reflect actual expenditures and to roll over unexpended funds from FY 2000-2001 to FY 2001-2002 for work that was not completed for FY 2000-2001 (late due to administrative delays). The contract amount for FY 2000-2001 will be reduced by \$14,507.91 and rolled over to FY 2001-2002. The maximum amount of the contract remains at \$40,000.
  - III. Provision 3 entitled, "Contracts Exhibits/Attachments" subparagraph E is hereby amended to read as follows:  
 Exhibit "~~BB-1~~", "**BB-2**", entitled, "Budget Detail, 2000-2001", consisting of one page.
  - IV. Provision 3 entitled, "Contracts Exhibits/Attachments" subparagraph M is hereby amended to read as follows:  
 Exhibit "~~BBB~~", "**BBB-1**", entitled, "Budget Detail, 2001-2002", consisting of one page.

All other terms and conditions shall remain the same.

**IN WITNESS WHEREOF, this Agreement has been executed by the parties hereto.**

<b>CONTRACTOR</b>		CALIFORNIA Department of General Services Use Only
<small>CONTRACTOR'S NAME (If other than an individual, state whether a corporation, partnership, etc.)</small> <b>San Mateo County Health Services Agency/Emergency Medical Services</b>		
<small>BY (Authorized Signature)</small> 	<small>DATE SIGNED (Do not type)</small>	
<small>PRINTED NAME AND TITLE OF PERSON SIGNING</small> <b>Jerry Hill, President, Board of Supervisors</b>		
<small>ADDRESS</small> <b>225 West 37th Avenue, San Mateo, CA 94403</b>		
<b>STATE OF CALIFORNIA</b>		
<small>AGENCY NAME</small> <b>California Department of Health Services</b>		
<small>BY (Authorized Signature)</small> 	<small>DATE SIGNED (Do not type)</small>	
<small>PRINTED NAME AND TITLE OF PERSON SIGNING</small> <b>Edward Stahlberg, Chief, Program Support Branch</b>		
<small>ADDRESS</small> <b>1800 3rd. Street, Rm. 455, P.O. Box 942732, Sacramento, CA 94234-7320</b>		
		<input type="checkbox"/> Exempt per:

- V. Provision 4 entitled, "Maximum Amount Payable" subparagraph B and C are hereby amended to read as follows:
- B. ~~\$30,825.60~~ \$16,317.69 for the 2000-2001 fiscal year (July 1, 2000 – June 30, 2001)
  - C. ~~\$ 7075.00~~ \$21,582.91 for the 2001-2002 fiscal year (July 1, 2001 – September 30, 2001)
  - D. \$40,000 for the entire contract term.
- VI. All other terms and conditions shall remain the same.

**EXHIBIT "BB-2"**  
**BUDGET DETAIL 2000-2001**  
**July 1, 2000-June 30, 2001**

	<b>Original Budget</b>	<b>This Amendment</b>	<b>Revised Budget</b>
<b>OPERATING EXPENSES:</b>			
General Expenses	\$0	\$0	\$0
Communications	\$0	\$0	\$0
Duplicating Costs	\$0	\$0	\$0
Printing	\$0	\$0	\$0
Staff Training	\$325.00	(\$325.00)	\$0
Travel	\$400.60	(\$225.84)	\$174.76
Consultant/Contractual Services	\$30,100.00	(\$13,957.07)	\$16,142.93
Other (Postage, Stipends)	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>
<b>Total Operating Expenses</b>	<b>\$30,825.60</b>	<b>(\$14,507.91)</b>	<b>\$16,317.69</b>
<b>TOTAL COSTS</b>	<b>\$30,825.60</b>	<b>(\$14,507.91)</b>	<b>\$16,317.69</b>

**EXHIBIT "BBB-1"**  
**BUDGET DETAIL 2001-2002**  
**July 1, 2001 - September 30, 2001**

	<b>Original Budget</b>	<b>This Amendment</b>	<b>Revised Budget</b>
<b>OPERATING EXPENSES:</b>			
General Expenses	\$0	\$0	\$0
Communications	\$0	\$0	\$0
Duplicating Costs	\$0	\$0	\$0
Printing	\$0	\$0	\$0
Staff Training	\$0	\$300.00	\$300.00
Travel	\$0	\$207.91	\$207.91
Consultant/Contractual Services	\$7,075.00	\$14,000.00	\$21,075.00
Other (Postage, Stipends)	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>
<b>Total Operating Expenses</b>	\$7,075.00	\$14,507.91	\$21,582.91
<b>TOTAL COSTS</b>	\$7,075.00	\$14,507.91	\$21,582.91