

STANDARD AGREEMENT AMENDMENT

STD 213 A (Rev 9/01)

 CHECK HERE IF ADDITIONAL PAGES ARE ATTACHED 1 Pages

AGREEMENT NUMBER

01-15099

AMENDMENT NUMBER

A-1

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

County of San Mateo

2. The term of this

Agreement is July 1, 2001 through June 30, 2004

3. The maximum amount

\$4,757,565

of this Agreement is: Four Million, Seven Hundred Fifty-Seven, Five Hundred Sixty-Five 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: This amendment decreases the budget and services in the Scope of Work for the Education and Prevention Program Memorandum of Understanding (MOU) by 10% for each budget year.

III. Paragraph 2 (maximum amount payable) on the face of the original STD 2 is amended to read as follows:



2. Maximum Amount Payable:

Subject to the provisions of Paragraph 5 "Limitations of State Liability" and Paragraph 6, "Funding Reduction in Subsequent Fiscal Years", the maximum amount payable shall not exceed the following amounts:

(Continued on next page)

All other terms and conditions shall remain the same.

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

CONTRACTOR		CALIFORNIA Department of General Services Use Only
CONTRACTOR'S NAME (If other than an individual, state whether a corporation, partnership, etc.) County of San Mateo		
BY (Authorized Signature) 	DATE SIGNED (Do not type)	
PRINTED NAME AND TITLE OF PERSON SIGNING Board of Supervisors Jerry Hill, President		
ADDRESS c/o Mary Jane Wood, AIDS Program Associate Director, County of San Mateo, 225 West 37th Avenue, San Mateo, CA 94403-4324		
STATE OF CALIFORNIA		
AGENCY NAME California Department of Health Services		
BY (Authorized Signature) 	DATE SIGNED (Do not type)	
PRINTED NAME AND TITLE OF PERSON SIGNING Edward Stahlberg, Chief, Program Support Branch		
ADDRESS 1800 3rd. Street, Rm. 455, P.O. Box 942732, Sacramento, CA 94234-7320		
		<input type="checkbox"/> Exempt per:

- A. ~~\$1,619,776~~ \$1,585,855 for the budget period of 7/01/01 through 6/30/02.
- B. ~~\$1,619,776~~ \$1,585,855 for the budget period of 7/01/02 through 6/30/03.
- C. ~~\$1,619,776~~ \$1,585,855 for the budget period of 7/01/03 through 6/30/04.
- D. ~~\$4,859,328~~ \$4,757,565 for the entire agreement term.

IV. All other terms and conditions shall remain the same.