

AMENDMENT TO AGREEMENT BETWEEN
THE COUNTIES OF:
ALAMEDA, CONTRA COSTA, MARIN, MERCED, MONTEREY,
SAN MATEO, SANTA CRUZ, SOLANO, SONOMA, AND STANISLAUS,
FOR ESTABLISHING THE BAY AREA CAPI CONSORTIUM

THIS AMENDMENT TO AN AGREEMENT, entered into on this _____ day
of _____, 2002, by and between the counties of Alameda, Contra Costa, Marin, Merced, Monterey,
San Mateo, Santa Clara, Santa Cruz, Solano, Sonoma and Stanislaus

WITNESSETH:

WHEREAS, the parties entered into an agreement on November 1, 1998; and

WHEREAS, the parties entered into a First amendment on August 8, 2000 extending the term of the
agree through June 20, 2002; and

WHEREAS, the parties now wish to further amend the agreement to extend the term to
June 30, 2005.

NOW, THEREFORE, IT IS HEREBY AGREED BY THE PARTIES AS FOLLOWS:

1. The first bullet of Section E of the Agreement: **Term of Agreement** shall be amended to read as follows:
 - This agreement shall be for the period of November 1, 1998 through June 30, 2005.
2. All other terms and conditions of the agreement dated November 1, 1998, between the County and Contractor shall remain in full force and effect.

IN WITNESS WHEREOF, the parties hereto, by their duly authorized representatives,
have affixed their hands.

COUNTY OF SAN MATEO

ATTEST:

Clerk of the Board

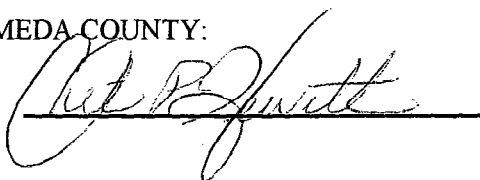
Dated _____

By: _____
Jerry Hill, President
Board of Supervisors

Date: _____

ALAMEDA COUNTY:

By: _____



SANTA CRUZ COUNTY:

By: _____

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COUNTY OF SAN MATEO

ATTEST:

Clerk of the Board

Dated _____

By: _____
Jerry Hill, President
Board of Supervisors

Date: _____

ALAMEDA COUNTY:

By: _____

SANTA CRUZ COUNTY:

By: Cecilia Espinola (ED)

Contractor Services

Title: Agency Director

Date: 8/16/02

CONTRA COSTA COUNTY:

By: _____

Title: _____

Date: _____

MARIN COUNTY:

By: _____

Title: _____

Date: _____

MERCED COUNTY:

By: _____

Title: _____

Date: _____

MONTEREY COUNTY:

By: _____

Title: _____

Date: _____

Title: _____

Date: _____

SOLANO COUNTY:

By: _____

Title: _____

Date: _____

SONOMA COUNTY:

By: _____

Title: _____

Date: _____

STANISLAUS COUNTY:

By: _____

Title: _____

Date: _____

Contractor Services

Title: _____

Date: _____

CONTRA COSTA COUNTY:

By: Purcell

Title: Director

Date: 5-8-02

MARIN COUNTY:

By: _____

Title: _____

Date: _____

MERCED COUNTY:

By: _____

Title: _____

Date: _____

MONTEREY COUNTY:

By: _____

Title: _____

Date: _____

Title: _____

Date: _____

SOLANO COUNTY:

By: _____

Title: _____

Date: _____

SONOMA COUNTY:

By: _____

Title: _____

Date: _____

STANISLAUS COUNTY:

By: _____

Title: _____

Date: _____

Contractor Services

Title: _____

Date: _____

CONTRA COSTA COUNTY:

By: _____

Title: _____

Date: _____

MARIN COUNTY:

By: _____

Title: Director Dept. of Health & Human
Services

Date: 5-10-07

MERCED COUNTY:

By: _____

Title: _____

Date: _____

MONTEREY COUNTY:

By: _____

Title: _____

Date: _____

Title: _____

Date: _____

SOLANO COUNTY:

By: _____

Title: _____

Date: _____

SONOMA COUNTY:

By: _____

Title: _____

Date: _____

STANISLAUS COUNTY:

By: _____

Title: _____

Date: _____

Contractor Services

Title: _____

Date: _____

CONTRA COSTA COUNTY:

By: _____

Title: _____

Date: _____

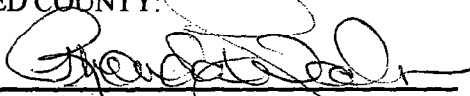
MARIN COUNTY:

By: _____

Title: _____

Date: _____

MERCED COUNTY:

By: 

Title: Interim Director

Date: May 13, 2002

MONTEREY COUNTY:

By: _____

Title: _____

Date: _____

Title: _____

Date: _____

SOLANO COUNTY:

By: _____

Title: _____

Date: _____

SONOMA COUNTY:

By: _____

Title: _____

Date: _____

STANISLAUS COUNTY:

By: _____

Title: _____

Date: _____

Contractor Services

Title: _____

Date: _____

CONTRA COSTA COUNTY:

By: _____

Title: _____

Date: _____

MARIN COUNTY:

By: _____

Title: _____

Date: _____

MERCED COUNTY:

By: _____

Title: _____

Date: _____

MONTEREY COUNTY:

By: 

Title: Director of Social Services

Date: 5/8/02

Title: _____

Date: _____

SOLANO COUNTY:

By: _____

Title: _____

Date: _____

SONOMA COUNTY:

By: _____

Title: _____

Date: _____

STANISLAUS COUNTY:

By: _____

Title: _____

Date: _____

Contractor Services

Title: Director

Date: 5/8/02

CONTRA COSTA COUNTY:

By: _____

Title: _____

Date: _____

MARIN COUNTY:

By: _____

Title: _____

Date: _____

MERCED COUNTY:

By: _____

Title: _____

Date: _____

MONTEREY COUNTY:

By: _____

Title: _____

Date: _____

Title: _____

Date: _____

SOLANO COUNTY:

By: _____

Title: _____

Date: _____

SONOMA COUNTY:

By: _____

Title: _____

Date: _____

STANISLAUS COUNTY:

By: _____

Title: _____

Date: _____

Contractor Services

Title: _____

Date: _____

CONTRA COSTA COUNTY:

By: _____

Title: _____

Date: _____

MARIN COUNTY:

By: _____

Title: _____

Date: _____

MERCED COUNTY:

By: _____

Title: _____

Date: _____

MONTEREY COUNTY:

By: _____

Title: _____

Date: _____

Title: _____

Date: _____

SOLANO COUNTY:

By: Diana C. Sparks

Title: Deputy Director - Health Services

Date: 05/14/02

SONOMA COUNTY:

By: _____

Title: _____

Date: _____

STANISLAUS COUNTY:

By: _____

Title: _____

Date: _____

Contractor Services

Title: _____

Date: _____

CONTRA COSTA COUNTY:

By: _____

Title: _____

Date: _____

MARIN COUNTY:

By: _____

Title: _____

Date: _____

MERCED COUNTY:

By: _____

Title: _____

Date: _____

MONTEREY COUNTY:

By: _____

Title: _____

Date: _____

Title: _____

Date: _____

SOLANO COUNTY:

By: _____

Title: _____

Date: _____

SONOMA COUNTY:

By: Maureen M. Edwards

Title: Director

Date: May 8, 2002

STANISLAUS COUNTY:

By: _____

Title: _____

Date: _____

Contractor Services

Title: _____

Date: _____

CONTRA COSTA COUNTY:

By: _____

Title: _____

Date: _____

MARIN COUNTY:

By: _____

Title: _____

Date: _____

MERCED COUNTY:

By: _____

Title: _____

Date: _____

MONTEREY COUNTY:

By: _____

Title: _____

Date: _____

Title: _____

Date: _____

SOLANO COUNTY:

By: _____

Title: _____

Date: _____

SONOMA COUNTY:

By: _____

Title: _____


Date: _____

STANISLAUS COUNTY:

By:  _____

Title: Director _____

Date: 5/8/02 _____

 5/9/02
**APPROVED
AS TO FORM**

Waiver Request Memo

Date: 05/07/02
To: John Maltbie, County Manager
From: Deborah Jaeger, Contract Specialist (Fax: 596-3478)
Subject: Waiver Request

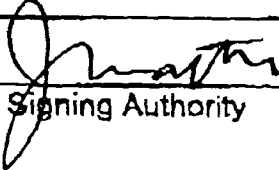
We are requesting a waiver of the Equal Benefits Ordinance to amend a contract with Alameda, Contra Costa, Marin, Merced, Monterey, San Mateo, Santa Cruz, Solano, Sonoma, and Stanislaus for establishing the Bay Area CAPI Consortium. All costs associated with the Cash Assistance Program for Immigrants are reimbursed by the State. There is no Net County Cost.

This waiver is necessary and in the best interest of the County for the following reason(s):

- Necessary in order to respond to an emergency
- Sole Source
- No compliant contractors are capable of providing the goods/service
- Inconsistent with a grant, subvention or agreement with a public agency
- Is part of a Cooperative or Joint Purchasing Agreement
- Other: This Amendment is with 9 surrounding Bay Area Counties that are exempt from San Mateo Counties ordinance - We are asking that a waiver be granted also to speed up the processing of this Amendment.**

Attached is a detailed explanation of the reason(s) checked above.

- Approved
- Not Approved



 Signing Authority

5-5-02

 Date