

STANDARD AGREEMENT AMENDMENT

STD 213 A (Rev 9/01)

<input checked="" type="checkbox"/> CHECK HERE IF ADDITIONAL PAGES ARE ATTACHED	1 Pages	AGREEMENT NUMBER 01-15099	AMENDMENT NUMBER A03
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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
County of San Mateo
2. The term of this Agreement is July 1, 2001 through June 30, 2004
3. The maximum amount of this Agreement is: \$4,773,093
Four Million, Seven Hundred Seventy-Three Thousand, Ninety-Three 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, 2002
- II. Purpose of amendment: This amendment adds the AIDS Case Management Program (CMP) and the Evaluating Local Interventions (ELI) MOUs.
- 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)	<input type="checkbox"/> Exempt per:
PRINTED NAME AND TITLE OF PERSON SIGNING Jerry Hill, President Board of Supervisors, San Mateo County		
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		<input type="checkbox"/> Exempt per:
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		

- A. \$1,595,855 for the budget period of 7/01/01 through 6/30/02.
- B. ~~\$1,599,355~~ \$1,591,089 for the budget period of 7/01/02 through 6/30/03.
- C. ~~\$1,599,355~~ \$1,586,149 for the budget period of 7/01/03 through 6/30/04.
- D. ~~\$4,794,565~~ \$4,773,093 for the entire agreement term.

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