

STATE OF CALIFORNIA
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 A04
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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: **\$4,778,033**
 Four Million, Seven Hundred Seventy-Eight Thousand, Thirty-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 provides additional funds and extends the term for the Evaluating Local Interventions Memorandum of Understanding (MOU) to compensate the Contractor for providing additional services. This amendment also corrects an error in the Maximum Amount Payable (MAP) in the Original Standard Agreement wherein the MAP was overstated for the AIDS Case Management Program.
 - III. Changes made in this amendment are shown as: Text additions are displayed in **bold and underline**. Text deletions are displayed as strike through text (i.e., ~~Strike~~).
 - IV. 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 Rose Jacobs Gibson, 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. \$1,595,855 for the budget period of 7/01/01 through 6/30/02.
- B. ~~\$1,591,089~~ \$1,596,029 for the budget period of 7/01/02 through 6/30/03.
- C. \$1,586,149 for the budget period of 7/01/03 through 6/30/04.
- D. ~~\$4,773,093~~ \$4,778,033 for the entire agreement term.

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