STATE OF CALIFORNIA							1) }	1 /	\cup \cup	X: 1-1	1
STANDARD	AGRE	EMENT-	_APPROVED BY THE ATTORNEY GENERAL				<i>D</i> 1	CONTR	CONTRACT NUMBER AM. NO.		
STD. 2(REV.5-91)	;		ATTORNET				EM	S-3060		1	
•	•							TAXPAY	R'S FEDERAL EN	APLOYER IDE	NTIFICATION NUM
THIS AGREEMENT,	made and en	tered into this	25th	_ day of	June	<u> </u>	,,				
in the State of Californ				th its duly ele	ected or a	appointed, o	ualified and a	cting	leu. 7	5	20169
									- 1, 0, 0	DAC	りもりつい
TITLE OF OFFICER ACTING FOR STATE AGENCY				•					HIO		
					cal Services Authority , hereafter called the State, and						
CONTRACTOR'S NAME											•
San Mateo Cou	inty EMS	Agency							_ , hereafter	called th	ne Contractor
WITNESSETH: That does hereby agree to fi for performance or con	urnish to the S	State services an	d materials as fo	llows: (Set f	condition forth serv	is, agreeme vice to be re	nts, and stipul ndered by Cor	ations of atractor,	the State he amount to b	reinafter e paid Co	expressed, ontractor, tim
The purpose of through December 1			endment is	s to ext	end ti	he prev	ious Cont	tract	(EMS-30	60)	
No other chan	raes have	heen made	to this 1	Arreemen	+						
WO OCICE Chan	iges nave	Deen made	; to tills r	igrealien							
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CONTINUED ON	SHEE	TS, EACH BEA	ARING NAME C	F CONTRA	CTOR A	ND CONTE	RACT NUMBE	R.			
The provisions on t											
IN WITNESS WHER	EOF, this agr	eement has beer	executed by the	e parties here	eto, upon	the date fir	st above writt	en.			
					<u> </u>				OTO D		
S	STATE O	F CALIFO	RNIA		CONTRACTOR						
AGENCY					5		nan an individual, sta			lnership, etc.	
Emergency Med	ıcal Ser	vices Auth	ority		San Mateo County EMS Agency						
BY (AUTHORIZED SIGNATURE)						HORIZED SIGN	ATURE)				
PRINTED NAME OF PERSON SIGNING					PRINTED NAME AND TITLE OF PERSON SIGNING Mark Church, President, Board of Supervisors						
Richard E. Watson					ADDRES		BOALG OF	Supe	IVISOIS		
TITLE	+or				1		tonuo C-	Mad	C7	04402	
Interim Direc		PROGRAMICATEG	ORY (CODE AND TIT	1 F)		57 LII AY	venue. Sa		epartment o	94403 of Gener	
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PRIOR AMOUNT ENCUMBE	RED FOR	Grants t	o Local Ag	rencies		•					
\$ 54.000.00		ITEM		CHAP	TER :	STATUTE	FISCALYEAR	7			
\$ 54,000.00 TOTAL AMOUNT ENCUMBE	PED TO	4120-101	-0890	15	7	2003	03/04	_			
DATE	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		NDITURE (CODE AND) TITLE)				11			
\$ 54,000.00		0010-702	·			——————————————————————————————————————		4			
I hereby certify upon I					, NO.	B.R. N	υ.				
are available for the p		puse of the expe	maiture statea al	DOVA.		DATE		-			
SIGNATURE OF ACCOUNTS	NO UITIVER					PUIL			•		
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