

**FOURTH AMENDMENT TO THE AGREEMENT BETWEEN THE COUNTIES OF:
ALAMEDA, CONTRA COSTA, MARIN, MERCED, MONTEREY, SAN MATEO,
SANTA CRUZ, SOLANO, SONOMA, and STANISLAUS FOR
CAPI ASSISTANCE PAYMENTS**

THIS AMENDMENT, entered into this _____ day of _____, 20____,
by and between the counties of ALAMEDA, CONTRA COSTA, MARIN, MERCED,
MONTEREY, SAN MATEO, SANTA CRUZ, SOLANO, SONOMA and STANISLAUS,
hereinafter called "Consortium Counties";

WHEREAS, the parties have entered into an Agreement to form the CAPI
Consortium, whereby the County of San Mateo administers the CAPI public assistance
program on behalf of all Consortium Counties; and

WHEREAS, the Agreement has been amended on three previous occasions to extend
the term, amend the consortium counties and add language about payments in the event of a
State Budget Impasse; and

WHEREAS, the parties now wish to further amend the Agreement for the purpose of
extending it.

**NOW, THEREFORE, IT IS HEREBY AGREED BY THE PARTIES HERETO
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, 2008.
2. All other terms and conditions of the Agreement dated March 21, 2000 and subsequent Amendments 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

By: _____
President, Board of Supervisors, San Mateo County

Date: _____

ATTEST:

By: _____
Clerk of Said Board

ALAMEDA COUNTY:

By: _____
Title: _____
Date: _____

SANTA CRUZ COUNTY:

By: _____
Title: _____
Date: _____

CONTRA COSTA COUNTY:

By: _____
Title: _____
Date: _____

SOLANO COUNTY:

By: _____
Title: _____
Date: _____

MARIN COUNTY:

By: _____
Title: _____
Date: _____

SONOMA COUNTY:

By: _____
Title: _____
Date: _____

MERCED COUNTY:

By: _____
Title: _____
Date: _____

STANISLAUS COUNTY:

By: _____
Title: _____
Date: _____

MONTEREY COUNTY:

By: _____

Title: _____

Date: _____

L:\CLIENTH_DEPTS\HSA\CAPM4TH Amendment 03-23-05.doc