							Total Contract								
TATE OF CALIFORNIA	ALVIL	APPROVED BY THE			CONTRACT NUMBER	AM. NO.	REGISTRATION NUMBER								
TANDARD AGREE	VIEIVI —	ATTORNEY GENERAL			EMS-4066	1	4120080444765.1								
STD. 2 (REV.5-91)				+		EMPLOYER	IDENTIFICATION NUMBER								
THIS AGREEMENT, made and enternation that the State of California, by and by	ntered into this petween State	<u>18th</u> day of <u>M</u> . of California, through its du	av , 2 Iy elected or app	005, oointed	, qualified and actin	g 									
TITLE OF OFFICER ACTING FOR S	TATE	AGENCY				boro	after called the State, and								
nterim Director	cal Services Authority , hereafter called the State, and														
CONTRACTOR'S NAME an Mateo County EMS	y don'di					, here	after called the Contractor.								
VITNESSETH: That the Contract loes hereby agree to furnish to the for performance or completion, ar	or for and in co se State service and attach plans	and specifications, if any.)	. (001/0101												
the purpose of this chrough December 31,	Contract 2005.	Amendment is to	extend th	e br	201003 001101	.400 (-									
To other changes hav	re been ma	ade to this Contr	ract.				5,646								
	*														
				190			ą.								
		a e													
		BEARING NAME OF CONT	RACTOR AND (CONTE	RACT NUMBER.										
IN WITNESS WHEREOF, this a	greement has	been executed by the partie	es nereto, upon t	ne date	e list above writer										
STATE OF CALIFORNIA			CONTRACTOR CONTRACTOR (If other than an individual, state whether a corporation, partnership, etc.)												
AGENCY			1												
Emergency Medical Services Authority BY (AUTHORIZED SIGNATURE) PRINTED NAME OF PERSON SIGNING			San Mateo County EMS Agency BY (AUTHORIZED SIGNATURE) SUPERVISOR RICHARD S. GORDON PRINTED NAME OF PERSON SIGNING												
											President, Board of Supervisors				
								Richard E. Watson			ADDRESS				
			225 37t	h Av	enue, San Ma	ateo, C	A 94403								
Interim Director AMOUNT ENCUMBERED BY THIS	PROGRAM/CA	TEGORY (CODE AND TITLE)	FUND.			Dep	artment of General Service Use Only								
DOCUMENT	10		Federal				USC OTHY								
\$ -0-	(OPTIONAL US														
PRIOR AMOUNT ENCUMBERED FOR Grants to Local Agenci				OT A TO IT	FISCAL YEAR										
\$ 75,000.00	ITEM	100		STATUTE A O O O											
TOTAL AMOUNT ENCUMBERED TO DATE		01-0890	208	2004	: 04/03										
DATE	I OBJECT OF F	XPENDITURE (CODE AND TITLE)			- 11										

B.R. NO.

□ OTHER

DATE

T.B.A NO.

☐ CONTROLLER

OBJECT OF EXPENDITURE (CODE AND TITLE)

DEPT. OF GEN. SER.

0010-720-50000

I hereby certify upon my own personal knowledge that budgeted funds are available for the period and purpose of the expenditure stated above. SIGNATURE OF ACCOUNTING OFFICER

\$ 75,000.00

☐ CONTRACTOR ☐ STATE AGENCY