STA	TE OF CALIFORNIA  TANDARD AGREEMENT AMENDMENT .213 A (Rev 6/03)			
c	CHECK HERE IF ADDITIONAL PAGES ARE ATTACHED Pages	AGREEMENT NUMBER HI-0405-08 REGISTRATION NUMBER	AMENDMENT NUMBER 2	
1.	This Agreement is entered into between the State Agency and	Contractor named below:		
	STATE AGENCY'S NAME California Department of Aging	California Department of Aging		
	CONTRACTOR'S NAME		The state of the s	
2.	County of San Mateo The term of this			
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3.	Agreement is July 1, 2004 through June 30, 2005  The maximum amount of this \$173,447,00			
V .	Agreement after this amendment is: One hundred seventy-three thousand, four hundred forty-seven dollars			
4.	The parties mutually agree to this amendment as follows. All actions noted below are by this reference made a par of the Agreement and incorporated herein:			
	Increases the total amount of funds available under this Agreement due to the additional MMA funding from the federal government.      This funding will assist with the implementation of MMA Part D.			
	3) The following terms and conditions are added to Exhibit B, Article I, Funds:			
	Payment for performance by the Contractor shall be dependent upon approval of an itemized HICAP Budget (CDA 229). No legal liability for payment shall arise under this contract until the itemized budget is received and approved by the State.			
	One-Time-Only funds are to be used for the purposes for which the  4) Exhibit B, Article II, Budget and Budget Revision, Paragraph A is changed to  The Contractor shall be compensated for expenses only as itemized entitled to payment for these expenses until the HICAP Budget (CD)	to read:	et (CDA 229) and shall not be	
	All other terms and conditions shall remain the same.			
IN V	WITNESS WHEREOF, this Agreement has been executed by the par	rties hereto.		
1 4 A	CONTRACTOR	De	CALIFORNIA partment of General Services	
	NTRACTOR'S NAME (If other than an individual, state whether a corporation, partnership, etc		Use Only	
_Cou	unty of San Mateo			
<u>s</u>	Authorized Signature) DATE SIGNED	(Do not type)		
	NTED NAME AND TITLE OF PERSON SIGNING	,		
Richa	ard Gordon, President of the Board of Supervisors, San Mateo	o County		
ADDRESS 225 37 <sup>th</sup> Avenue, Room 140, San Mateo, California 94403				
-	STATE OF CALIFORNIA			
	NCY NAME			
Cali	lifornia Department of Aging			
BY (A	Authorized Signature) DATE SIGNED	(Do not type)		
PRINT				
Rac	NTED NAME AND TITLE OF PERSON SIGNING Thel de la Cruz, Manager, Contracts and Business Services Section	on Exemp	ot per: Mello-Granlund Californians Act	

ADDRESS

1600 K Street, Sacramento California 95814