

STANDARD AGREEMENT AMENDMENT

STD 213 A (DHS Rev 7/04)

 CHECK HERE IF ADDITIONAL PAGES ARE ADDED 1 PAGES

AGREEMENT NUMBER 04-35379	AMENDMENT NUMBER A01
REGISTRATION NUMBER:	

1. This Agreement is entered into between the State Agency and Contractor named below:
- | | |
|---|---|
| STATE AGENCY'S NAME
California Department of Health Services | (Also referred to as CDHS, DHS, or the State) |
| CONTRACTOR'S NAME
County of San Mateo | (Also referred to as Contractor) |
2. The term of this Agreement is July 1, 2004 through June 30, 2007
3. The maximum amount of this Agreement is: \$ 4,144,018
Four Million, One Hundred Forty-Four Thousand, Eighteen 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, 2005
 - II. Purpose of amendment: This amendment decreases the funding for the HIV Prevention Program Memorandum of Understanding (MOU) for years 2 and 3.
 - III. Certain 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 3 (maximum amount payable) on the face of the original STD 213 is decreased by \$42,152 and is amended to read: ~~\$4,186,170 (Four Million, One Hundred Eighty Six Thousand, One Hundred Seventy Dollars)~~ **\$4,144,018 (Four Million, One Hundred Forty-Four Thousand, Eighteen Dollars)**.

(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

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

~~Richard S. Gordon~~, President, Board of Supervisors, Richard S. Gordon

ADDRESS

C/O Ellen Sweetin, County of San Mateo 94403
~~225-37th Street, San Mateo, CA 94403~~ 225 - 37th Ave., San Mateo, CA

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

Terri L. Anderson, Chief, Contracts and Purchasing Services Section

ADDRESS

1501 Capitol Avenue, Room 71.2101, MS 1403, P.O. Box 997413
Sacramento, CA 95899-7413CALIFORNIA
Department of General Services
Use Only Exempt per:

V. Provision 4 (Amounts Payable) of the Exhibit B – Budget Detail and Payment Provisions is amended to read as follows:

4. Amounts Payable

A. The amounts payable under this agreement via individual MOUs shall not exceed:

- 1) \$1,395,390 for the budget period of 07/01/04 through 06/30/05.
- 2) ~~\$1,395,390~~ 1,374,314 for the budget period of 07/01/05 through 06/30/06.
- 3) ~~\$1,395,390~~ 1,374,314 for the budget period of 07/01/06 through 06/30/07.

B. Reimbursement shall be made for allowable expenses up to the amount as displayed in each MOU commensurate with the state fiscal year in which services are performed and/or goods are received.

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