

**AMENDMENT NO. 3  
TO AGREEMENT NO. R-48244-26015-A  
BETWEEN  
SAN MATEO MEDICAL CENTER  
AND  
THE BOARD OF TRUSTEES OF THE LELAND STANFORD JUNIOR UNIVERSITY  
UNDER NIH Grant No. 5 R01 HL070781-03**

This Agreement is hereby amended as follows:

Description of change(s) made effective April 1, 2006:

1. Article 2: **PERIOD OF PERFORMANCE**

The period of performance for this Agreement is extended to March 31, 2007.

2. Article 3: **ALLOWABLE COSTS AND PAYMENT**

The funding under this Agreement is increased by \$173,723, from \$425,406.50 to a new total of \$599,129.50, in accordance with the budget attached and made a part of this Amendment.

3. Article 11: **BILLING**

Subrecipient shall submit quarterly invoices for costs incurred to date but not previously invoiced. Each invoice should follow the form of the sample invoice at **Attachment C**, and show the amount expended in the current period, and cumulatively to date by major cost category. Subrecipient will be notified if additional information is required. All invoices must reference STANFORD Subaward number and include the following signed certification:

I certify that the above charges accurately represent actual expenditures incurred during the period listed, that any prior approvals required for these items under the terms of the subaward have been obtained, and all claimed costs are allowable under the terms and conditions of the subaward. I further certify that payment for the costs claimed above have not been received.

The final invoice, clearly marked FINAL, must be received within 60 days of Agreement end date. STANFORD's final payment to Subrecipient shall be forwarded upon receipt and acceptance of all required reports. In order to comply with its sponsor obligations, STANFORD must receive Subrecipient's final invoice within 60 days of the Agreement end date. If final invoice is not received within 60 days, STANFORD may not pay Subrecipient's final invoice.

4. Attachment D. **COMMUNICATIONS**

The Stanford Authorized Official/Administrative Contact is changed to:

Glennia R. Campbell  
Contract & Grant Officer  
651 Serra St., Suite 220  
Stanford, CA 94305  
(650) 736-0625  
glennia@stanford.edu

5. Article 29: **EXPORT CONTROLLED INFORMATION.**

In the event that export controlled information is required to be provided by the Subrecipient to STANFORD, Subrecipient will so inform STANFORD in a writing, directed to the Authorized Official listed in Attachment D, prior to any such disclosure, and shall not forward or provide any export controlled information to STANFORD without the express written permission of STANFORD. The burden shall be on the party disclosing the export controlled information to make it available only to eligible individuals as designated by STANFORD, or to obtain the appropriate license or approval from the relevant agency, or to invoke an available exception, exemption, or exclusion. STANFORD shall have the right to terminate the Agreement under paragraph 17 "Termination," if the disclosure of export controlled information, under license or otherwise, would destroy STANFORD's ability to invoke the fundamental research exclusion with regard to the conduct or reporting of its research."

6. Article 30: **ORDER OF PRECEDENCE**

In the event of any inconsistency among sections of this Agreement, the order of precedence will be as follows: (1) the terms and conditions required to be flowed down from the prime award in **Attachment B**, except for the restrictions under Article 6 – Prior Approvals; (2) the terms and conditions of this Agreement.

The terms and conditions of this Agreement take precedence over any of the following documents which Subrecipient or Subrecipient's personnel may have executed in connection with this project: STANFORD Form SU-18 (Patent and Copyright Agreement for Stanford Personnel) or STANFORD Form SU-18-A (Patent and Copyright Agreement for Personnel at Stanford Who Have a Prior Existing and Conflicting Intellectual Property Agreement with Another Employer).

Except as modified above, all other terms and conditions remain unchanged.

SAN MATEO MEDICAL CENTER

THE BOARD OF TRUSTEES OF THE LELAND STANFORD JUNIOR UNIVERSITY

By: \_\_\_\_\_

By:  \_\_\_\_\_

Name: Jerry Hill

Name: CSILLA M CSAPLÁR

**ASSOCIATE CONTRACT AND GRANT OFFICER**

Title: President, Board of Supervisors  
San Mateo County

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Date: 4/26/04

## ATTACHMENT A

### Additional Subrecipient Statement of Work and Budget, as amended

The amendment to add an additional year of funding to the San Mateo County Health System (SMCHS) contract will allow the San Mateo Heart Study Project to fulfill its scope of work. The contract includes the payment of San Mateo County personnel to perform work on the San Mateo Heart Study Project and it allows for the rental of facilities at four San Mateo County facilities. The specific functions of San Mateo County personnel and the locations of facilities are described in detail below. The detailed budget for the contract is located in a separate Excel file. The contract involves handling of protected health information and SMCHS will ensure their employees have met HIPAA and human subjects training requirements.

Personnel supported through this subcontract are expected to contribute to the San Mateo Heart Study Project. The financial manager Angela M. Allen-Niles will provide itemized invoice billing. Sang-ick Chang will attend weekly meetings, help coordinate relations between SMCHS and Stanford personnel, and confer with clinic members to advise on study participant treatment. Case managers Angela Guardado and Silvana Rivera will attend weekly case manager meetings, work as case managers with participants. They report to our clinic director Kathy Berra and will provide forms from the participants they case manage.

The financial manager and liaison for the contract at San Mateo County is Angela M. Allen-Niles. Her contact information follows:

Angela M. Allen-Niles  
Director of Clinical Trials & Research  
San Mateo Medical Center  
111 W. 39th Avenue, San Mateo CA 94403  
Tel: (650) 573-2498  
Fax: (650) 571-1802

Invoices should be sent to the attention of Rebecca Drisling for approval by the principal

investigator Randall S. Stafford, MD PhD.

Rebecca Drisling  
Hoover Pavilion, Room N164  
211 Quarry Road  
Stanford, CA 94305-5702  
Phone: (650) 723-6228  
Fax: (650) 723-6208  
E-mail: rtdrisling@stanford.edu

Personnel:

Statement of Work: Contract with San Mateo County Health System

Period of Contract: 04/01/03-03/31/08

Current Budget Period: 04/01/06-03/31/07

Scope of Work:

The amendment to add an additional year of funding to the San Mateo County Health System (SMCHS) contract will allow the San Mateo Heart Study Project to fulfill its scope of work. The contract includes the payment of San Mateo County personnel to perform work on the San Mateo Heart Study Project and it allows for the rental of facilities at four San Mateo County facilities. The specific functions of San Mateo County personnel and the locations of facilities are described in detail below. The detailed budget for the contract are located in a separate Excel file. The contract involves handling of protected health information and SMCHS will ensure their employees have met HIPAA and human subjects training requirements.

Deliverables:

Personnel supported through this subcontract are expected to contribute to the San Mateo Heart Study Project. The financial manager Angela M. Alton-Niles will provide itemized invoice billing. Sang-ick Chang will attend weekly meetings, help coordinate relations between SMCHS and Stanford personnel, and confer with clinic members to advise on study participant treatment. Case managers Angela Guardado and Silvana Rivera will attend weekly case manager meetings, work as case managers with participants. They report to our clinic direct Kathy Berra and will provide forms from the participants they case manage.

The financial manager and liaison for the contract at San Mateo County is Angela M. Alton-Niles. Her contact information follows:

Angela M. Alton-Niles  
Director of Clinical Trials & Research  
San Mateo Medical Center  
222 W. 39th Avenue, San Mateo CA 94403  
Tel. (650) 573-2498  
Fax: (650) 571-7802

Invoices should be sent to the attention of Rebecca Drieling for approval by the principal investigator Randall S. Stafford, MD PhD.

Rebecca Drieling  
Hoover Pavilion, Room N164  
211 Quarry Road  
Stanford, CA 94305-5705  
Phone: (650)723-6528  
Fax: (650)725-6906  
E-mail: rdrieling@stanford.edu

Personnel:

Principal Investigator/Program Director (Last, First, Middle):

Stafford, Randall S.

DETAILED BUDGET FOR NEXT BUDGET PERIOD -- DIRECT COSTS ONLY		FROM 4/1/2006		THROUGH 3/31/07	GRANT NUMBER HL 07081	
PERSONNEL (Applicant organization only)		TYPE APPT (months)	% EFFORT ON PROJ.	DOLLAR AMOUNT REQUESTED (omit cents)		
NAME	ROLE ON PROJECT			SALARY REQUESTED	FRINGE BENEFITS	TOTALS
Sang-ick Chang	Physician Consultant	12	6.6%	9,786	3,328	13,114
Silvana Rivera	Case Manager	12	55.0%	49,516	16,834	66,350
Angela Guardado	Case Manager	12	68.5%	49,516	16,834	66,350
Angela Alton-Niles	Financial Manager	12	4.2%	3,214	1,093	4,307
<b>SUBTOTALS</b> →				<b>\$112,032</b>	<b>\$38,089</b>	<b>\$150,121</b>
CONSULTANTS COSTS						
EQUIPMENT (Itemize)						
SUPPLIES (Itemize by category)						
TRAVEL						
PATIENT CARE COSTS		INPATIENT				
		OUTPATIENT				
ALTERATION AND RENOVATIONS (Itemize by category)						
OTHER EXPENSES (Itemize by category)						
Clinic usage fees						
Willow Clinic	\$	5,900.50	North County	\$	5,900.50	
Fair Oaks	\$	5,900.50	South San Francisco	\$	5,900.50	23,602
<b>SUBTOTAL DIRECT COSTS FOR NEXT BUDGET PERIOD</b>						<b>173,723</b>
CONSORTIUM/CONTRACTUAL COSTS		DIRECT COSTS				
		FACILITIES AND ADMINISTRATION COSTS				
<b>TOTAL DIRECT COSTS FOR NEXT BUDGET PERIOD (Item 8a, Face Page)</b>						<b>173,723</b>

## ATTACHMENT C

### Sample Stanford University Invoice Form

STANFORD Subaward Number: R-48244 - 26015 - A

**SEND INVOICE TO:**

**STANFORD UNIVERSITY**  
Attn: Rebecca Drieling  
Hoover Pavilion, Room N164  
211 Quarry Road  
Stanford, CA 94305-5705

**STANFORD Investigator: Randall Stafford, MD**

Prime Award Title: "Improving Coronary Prevention in a County Health System"

Send all payments to: Angela M. Alton-Niles  
Director of Clinical Trials & Research  
San Mateo Medical Center  
222 W. 39<sup>th</sup> Ave.  
San Mateo, CA 94403  
Subrecipient Reference #

### REQUEST FOR CASH REIMBURSEMENT

Voucher No: \_\_\_\_\_  Final Date Prepared: \_\_\_\_\_

Period Covered: \_\_\_\_\_

EXPENSES	Current Charges	Cumulative Charges	Cost-Sharing (if applicable)
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Salaries and Wages: \_\_\_\_\_

Fringe Benefits: \_\_\_\_\_

Supplies: \_\_\_\_\_

Materials: \_\_\_\_\_

Equipment:  Budgeted:  
 Unbudgeted: \_\_\_\_\_

Subawards: \_\_\_\_\_

Services: \_\_\_\_\_

Travel: \_\_\_\_\_

F&A Rate: \_\_\_\_\_

TOTAL

Less Previous Cumulative Amount: \$ \_\_\_\_\_

TOTAL AMOUNT DUE ON THIS INVOICE: \$ \_\_\_\_\_

I certify that the above charges accurately represent actual expenditures incurred during the period listed, that any prior approvals required for these items under the terms and conditions of the subaward have been obtained, and all claimed costs are allowable under the terms and conditions of the subaward. I further certify that payment for the costs claimed above has not been received.

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_  
(Subrecipient's Authorized Certifying Official)

TITLE: \_\_\_\_\_

SUBRECIPIENT INSTITUTION: \_\_\_\_\_