

CHECK HERE IF ADDITIONAL PAGES ARE ADDED 1 PAGES

AGREEMENT NUMBER 04-35379	AMENDMENT NUMBER A03
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: \$ 4,286,330
 Four Million, Two Hundred Eighty-Six Thousand, Three Hundred Thirty 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, 2006
 - II. Purpose of amendment: This amendment reflects an expansion of services for the HIV Prevention Program in the Scope of Work for year 3 and an increase in the budget for year 3 to compensate the Contractor for performing additional services. DHS is obtaining more of the same services shown in the original agreement.
 - 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 increased by **\$71,156** and is amended to read: ~~\$4,215,174 (Four Million, Two Hundred Fifteen Thousand, One Hundred Seventy-Four Dollars.)~~ **\$4,286,330(Four Million, Two Hundred Eighty-Six Thousand, Three Hundred Thirty 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	CALIFORNIA Department of General Services Use Only
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 Jerry Hill , President, Board of Supervisors	
ADDRESS C/O Maria Gonzalez, San Mateo County AIDS Program, 225 37th Avenue 222 West 39th Avenue , San Mateo, CA 94403	
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 Allan Chinn, Chief, Contracts and Purchasing Services Section	
ADDRESS 1501 Capitol Avenue, Room 71.2101, MS 1403, P.O. Box 997413 Sacramento, CA 95899-7413	
<input checked="" type="checkbox"/> Exempt per: OOA Transaction if PCC exempt per applicable Budget Act.	

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) \$1,445,470 for the budget period of 07/01/05 through 06/30/06.
- 3) ~~\$1,374,344~~ **1,445,470** 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.