

STANDARD AGREEMENT AMENDMENT

STD. 213 A (Rev 6/03)

 CHECK HERE IF ADDITIONAL PAGES ARE ATTACHED _____ Pages

AGREEMENT NUMBER

HI-0809-08

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

CONTRACTOR'S NAME

COUNTY OF SAN MATEO

2. The term of this

Agreement is **July 1, 2008** through **June 30, 2009**3. The maximum amount of this **\$ 292,952.00**Agreement after this amendment is: **Two hundred ninety-two thousand nine hundred fifty-two and 00/100**

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:



This contract amendment increases funds provided to the contractor by \$ 24,099.00. This increase reflects an increase in federal funding. Fifty-four percent of the increase must be used specifically for Low Income Subsidy (LIS) outreach. The remainder of the funding can be used for infrastructure or any other purpose within HICAP operations, including additional (LIS) outreach services.

The Budget, amendment 2, is hereby incorporated by reference and replaces all previous Budgets.

The amended Budget Display, part of Exhibit B, Budget Detail, Payment Provisions, and Closeout (page 6) is attached and incorporated and replaces all previous Budget Displays.

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		
ADDRESS		
225 37TH AVE SAN MATEO CA 94403		
STATE OF CALIFORNIA		
AGENCY NAME		
California Department of Aging		
BY (Authorized Signature)	DATE SIGNED (Do not type)	
		
PRINTED NAME AND TITLE OF PERSON SIGNING		
Rachel de la Cruz, Manager, Contracts and Business Services Section		
ADDRESS		
1300 National Drive, Sacramento, CA 95834		
		<input checked="" type="checkbox"/> Exempt per: Mello Grunland Older Californians Act

HEALTH INSURANCE COUNSELING AND ADVOCACY PROGRAM
Exhibit B - Budget Detail, Payment Provisions, and Closeout
Budget Display - Fiscal Year 2008/09

County of San Mateo

	PROGRAM BASELINE	ONE-TIME ONLY	TOTAL	NET CHANGE
HICAP Program				
HICAP Fund	57,308	-	57,308	-
Reimbursements (Ins Fund)	114,647	-	114,647	-
Federal SHIP Rural Funds	309	-	309	-
Federal SHIP Funds	69,348	32,922	102,270	21,908
TOTAL HICAP Program	241,612	32,922	274,534	21,908
HICAP Administration				
HICAP Fund	3,086	-	3,086	-
Reimbursements (Ins Fund)	6,179	-	6,179	-
Federal SHIP Rural Funds	31	-	31	-
Federal SHIP Funds	6,931	2,191	9,122	2,191
TOTAL Administration	16,227	2,191	18,418	2,191
Grand Total All Funds	257,839	35,113	292,952	24,099
Funding Summary				
HICAP Fund	60,394	-	60,394	-
Reimbursements (Ins Fund)	120,826	-	120,826	-
Federal SHIP Rural Funds	340	-	340	-
Federal SHIP Funds	76,279	35,113	111,392	24,099
Total Funds	257,839	35,113	292,952	24,099

Comments:

Minimum Federal SHIP required for LIS. targeted outreach 13,013