

STANDARD AGREEMENT AMENDMENT

STD 213A_CDPH (12/08)

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Agreement Number 07-65080	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 Public Health

Also known as CDPH or the State

Contractor's Name

County of San Mateo

(Also referred to as Contractor)

2. The term of this Agreement is: July 1, 2007 through June 30, 2010

3. The maximum amount of this Agreement after this amendment is: \$ 4,983,612

Four Million, Nine Hundred Eighty-Three Thousand, Six Hundred Twelve 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, 2008II. **Purpose of amendment:** This amendment reflects an increase in Year 2 for the HIV Counseling and Testing Program. Contractor is providing more of the same services as outlined in the Scope of Work.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 **\$34,000** and is amended to read: ~~\$ 4,949,612 (Four Million, Nine Hundred Forty Nine Thousand, Six Hundred Twelve Dollars)~~ **\$4,983,612 (Four Million, Nine Hundred Eighty-Three Thousand, Six Hundred Twelve 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

Adrienne J. Tissier, President, Board of Supervisors

Address

C/O Ellen Sweetin, San Mateo AIDS Program
225 37th Avenue, San Mateo, CA 94403**STATE OF CALIFORNIA**

Agency Name

California Department of Public Health

By (Authorized Signature)

Date Signed (Do not type)

Printed Name and Title of Person Signing

Sandra Winters, Chief, Contracts and Purchasing Services Section

Address

1501 Capitol Avenue, Suite 71.5178, MS 1802, P.O. Box 997377,
Sacramento, CA 95899-7377CALIFORNIA
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 shall not exceed:

Program	Year 1	Year 2	Year 3	Total
HIV Prevention	\$629,207	\$544,472	\$544,472	\$1,718,151
HIV/AIDS Surveillance	\$134,400	\$129,696	\$129,696	\$393,792
Early Intervention Program	\$556,625	\$553,925	\$553,925	\$1,664,475
Case Management Program	\$214,820	\$207,570	\$207,570	\$629,960
HIV Counseling and Testing	\$178,016	<u>\$141,609</u>	\$107,609	<u>\$427,234</u>

B. Reimbursement shall be made for allowable expenses up to the amount annually encumbered 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.