		OF COUTDA	$\neg \top$	1. CONTRACT	ID CODE	PAGE OF	F PAGES
AMENDMENT OF SOLICITATIO	ON/MODIFICATION	4. REQUISITION/PU	IBCUA	SE BEO NO	5. PROJECT N	O. (If applie	cable)
2. AMENDMENT/MODIFICATION NO. 0001	3. EFFECTIVE DATE 1/1/09						
6. ISSUED BY CODE 90CCA Consolidated Contracting Authority		7. ADMINISTERED BY (If other than Item 6) CODE Consolidated Contracting Authority					
VA Medical Center, 4150 Clement		VA Medical Center, 4150 Clement St.					
San Francisco, CA 94121	San Francisco, CA 94121						
8. NAME AND ADDRESS OF CONTRACTOR (No., street, county, State and		d ZIP Code)	(4)	9A. AMENDMENT OF SOLICITATION NO. 88 20 10 12 12 12 12			
8. NAME / NB / N			9B. DATE (SE	FITFM 11)			
San Mateo County Health Services Agency, Mental Health Services							ja sami
Attn: Louise Rogers, Director 225 - 37 th Avenue				10A. MODIFIC NO.	ATION OF CONT	ract/ort	DER
San Mateo, CA 94403			X	V640S-006			
			10B. DATED (SEE ITEM 13) 3/1/06				
CODE 11 THIS	FACILITY CODE ITEM ONLY APPLIES	TO AMENDMENTS	S OF	SOLICITATIO	NS	9	
11. THIS	TILIVI ONLI AI I LILO					d 🗆 :	ot ex-
The above numbered solicitation is amended as set forth in Item 14. The hour and date specified for receipt of Offers is extended, is not extended. Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods: (a) By completing Items 8 and 15, and returning copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By separate letter or telegram which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDG-MENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such change may be made by telegram or letter, provided each telegram or letter makes reference to this amendment, and is received prior to the opening hour and date specified.							
12. ACCOUNTING AND APPROPRIATION DA	TA (If required)					×	
N/A 13. THIS ITEM APPLIES ONLY TO MODIFICATIONS OF CONTRACT/ORDERS,							
IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14. (v) A. THIS CHANGE ORDER IS ISSUED PURSUANT TO: (Specify authority) THE CHANGES SET FORTH IN ITEM 14 ARE MDE IN THE CON-							
() A. THIS CHANGE ORDER IS ISSUED F TRACT ORDER NO. IN ITEM 10A.	PURSUANT TO: (Specify aut.	hority) THE CHANGE	S SET	FORTH IN ITEM	14 ARE MUE IN	I THE CON	•
THE ADMINISTRATIVE CHANGES (Such as changes in paying offices,							
B. THE ABOVE NUMBERED CONTRACTION AND AN ARCHITECTURE AND ARCHITECTURE ABOVE NUMBERED CONTRACTION AND ARCHITECTURE ARCHITECTURE ARCHITECTURE ABOVE NUMBERED CONTRACTION AND ARCHITECTURE AR							
D. OTHER (Specify type of modification and authority) X Modify contract and reduce rent to serve homeless veterans per VHA Handbook 1820.1, Appendix D and G							
The second to give this document and return 1, copies to the issuing office.							
E. IMPORTANT: Contractor is not, is required to sign this document and return 1 copies to the issuing office. 14. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by UCF section heading, including solicitation/contract subject matter where feasible.) The purpose of this modification is to modify the termination date of the contract and reduce rent according to VA local							
direct cost consistent with other pro	ograms serving the no	meless including	y veic	ialis.			
1. The ending date of Option 4 of the contract is reduced from February 28, 2011 to December 1, 2010 the date of closure/conversion of Bldg 323, VA Palo Alto Health Care System Menlo Park Division.							
2. Monthly rent is reduced from \$ 1	6,123.00 to \$9,748.48	3 based on VA p	rojec	ted FY2009 I	ocal direct co	ost for Bl	dg 323 .
3. ALL OTHER TERMS AND CON	DITIONS REMAIN TH	HE SAME.					
Except as provided herein, all terms and cond	itions of this document refere	enced in Item 9A or 10	A, as h	neretofore change	ed, remains unch	anged and	in full force
and effect. 15A. NAME AND TITLE OF SIGNER (Type of CHURCH, MARK-President Board of	r print)	16A. NAME A	ND TI	TLE OF CONTRA	ACTING OFFICE	R (Type or	print)
ROGERS, LOUISE -Director Behavior	al Health & Recovery	HAGEN, JO	DSEP	HA.	^	I 16C DAT	E SIGNED
15B. CONTRACTOR/OFFEROR				ES OF AMERICA Dof Contracting (e lu	6/1/	12009
(Signature of person authorized to sign	/	0	V	Ü		,	