STATE OF CALIFORNIA

STANDARD AGREEMENT AMENDMENT

STD. 213 A (Rev 6/03)

X	CHECK HERE IF ADDITIONAL PAGES ARE ATTACHED 1 Pages	AGREEMENT NUMBER	AMENDMENT NUMBER				
		HI-0910-08	1				
		REGISTRATION NUMBER					
1.	This Agreement is entered into between the State Agency and	is 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, Aging and Adult Services						
2.	The term of this						
	Agreement is July 1, 2009 through	June 30, 2010					
3.	The maximum amount of this \$ 309,144.00						
	Agreement after this amendment is: Three hundred nine the	housand one hundred for	rty-four and 00/100				
4.	he parties mutually agree to this amendment as follows. All actions noted below are by this reference made a part the Agreement and incorporated herein:						
	This amendment increases funds by \$ 51,305 in order to provide increased services.						
	Exhibit B, Budget Detail, Payment Provisions, and Closeout, page 7,is deleted. Exhibit B, Budget Detail,						
	Payment Provisions, and Closeout, amendment 1, page 7 is	paye /,is deleted. EXMIDIT	b, budget Detail,				
	- aymont rovisions, and oloseout, amenument 1, page / is	allached and incorporated.					

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		
CONTRACTOR'S NAME (If other than an individual, state whether a corporation	- Use Only		
COUNTY OF SAN MATEO, Aging and Adult Services			
BY (Authorized Signature)	DATE SIGNED (Do not type)	1	
<u>K</u>			
PRINTED NAME AND TITLE OF PERSON SIGNING	1		
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)		
ØS			
PRINTED NAME AND TITLE OF PERSON SIGNING		Exempt per: Mello Grunland	
Rachel de la Cruz, Manager, Contracts and Business S	Older Californians Act and AG OP 80-111		
ADDRESS			
1300 National Drive, Sacramento, CA 95834			

State of California

California Department of Aging

CDA 303 (New 12/05)

Award#:

HI-0910-08

Date: Amendment #:

12/09/09 1

Exhibit B - Budget Detail, Payment Provisions and Closeout
HEALTH INSURANCE COUNSELING AND ADVOCACY PROGRAM
Fiscal Year 2009/10 Budget Display

County of San Mateo

	PROGRAM BASELINE	ONE-TIME ONLY	TOTAL	NET CHANGE
	DAOLLINE	ONLI	TOTAL	CHANGE
HICAP Program				
HICAP Fund	57,308	•	57,308	-
Reimbursements (Ins Fund)	114,647	-	114,647	-
Federal SHIP Performance Award	-	2,180	2,180	2,180
Federal SHIP Rural Funds	309	.=	309	-
Federal SHIP Funds	69,348	42,735	112,083	42,735
TOTAL HICAP Program	241,612	44,915	286,527	44,915
HICAP Administration				
HICAP Fund	3,086	-	3,086	-
Reimbursements (Ins Fund)	6,179	-	6,179	_
Federal SHIP Rural Funds	31	-	31	<u>-</u>
Federal SHIP Funds	6,931	6,390	13,321	6,390
TOTAL Administration	16,227	6,390	22,617	6,390
Grand Total All Funds	257,839	51,305	309,144	51,305
Funding Summary		•		
HICAP Fund	60,394	-	60,394	-
Reimbursements (Ins Fund)	120,826		120,826	-
Federal SHIP Performance Award	• •	2,180	2,180	2,180
Federal SHIP Rural Funds	340	- -	340	-
Federal SHIP Funds	76,279	49,125	125,404	49,125
Total Funds	257,839	51,305	309,144	51,305
			F	Page 7