

STANDARD AGREEMENT AMENDMENT

SFD. 213 A (Rev 6/03)

 CHECK HERE IF ADDITIONAL PAGES ARE ATTACHED 1 Pages

AGREEMENT NUMBER

HI-1011-08

REGISTRATION NUMBER

AMENDMENT NUMBER

1

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, Aging and Adult Services

2. The term of this

Agreement is July 1, 2010 through June 30, 20113. The maximum amount of this \$ 301,141.00Agreement after this amendment is: Three hundred one thousand one hundred forty-one 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 amendment increases the dollar amount available under this Agreement. The additional funds will be used to enhance HICAP services.

Exhibit B, Amendment 1, Budget Detail, Payment Provisions and Closeout, page 6, is attached and incorporated, and replaces the original Exhibit B, Budget Detail and Payment Provisions, page 6.

The Budget, amendment 1, is hereby incorporated by reference and replaces the original Budget.

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, Aging and Adult Services

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

CALIFORNIA
Department of General Services
Use Only

Exempt per: Mello Grunland
Older Californians Act

**Exhibit B - Budget Detail, Payment Provisions, and Closeout
 HICAP BUDGET DISPLAY
 Fiscal Year 2010/11
 County of San Mateo**

	PROGRAM BASELINE	ONE-TIME ONLY *	TOTAL	NET CHANGE
HICAP Program				
HICAP Fund	57,347	-	57,347	-
Reimbursements (Ins Fund)	114,726	-	114,726	-
Federal SHIP Funds	83,291	20,995	104,286	20,995
TOTAL HICAP Program	255,364	20,995	276,359	20,995
HICAP Administration				
HICAP Fund	3,086	-	3,086	-
Reimbursements (Ins Fund)	6,179	-	6,179	-
Federal SHIP Funds	8,329	7,188	15,517	7,188
TOTAL Administration	17,594	7,188	24,782	7,188
Grand Total All Funds	272,958	28,183	301,141	28,183

Funding Summary				
HICAP Fund	60,433	-	60,433	-
Reimbursements (Ins Fund)	120,905	-	120,905	-
Federal SHIP Funds	91,620	28,183	119,803	28,183
Total Funds	272,958	28,183	301,141	28,183

*ONE-TIME ONLY includes 09/10 carryover, reconciliation, unallocated and performance grant funds

**Funds for this contract are provided by using the following Centers for Medicare & Medicaid Services grant:

CFDA#	Project Title	Award #	Effective Date
93.779	State Health Insurance Assistance Program	1NOCMS020196-18-00	4/1/2010
93.779	State Health Insurance Assistance Program	1NOCMS020196-18-01	4/1/2010