

STATE OF CALIFORNIA  
STANDARD AGREEMENT  
STD. 213 A (Rev. 6/03)

AGREEMENT NUMBER 09B-5508	AMENDMENT NUMBER 2
REGISTRATION NUMBER	

- This Agreement is entered into between the State Agency and the Contractor named below  
STATE AGENCY'S NAME  
**Department of Community Services and Development**  
CONTRACTOR'S NAME  
**El Dorado County Department of Human Services**
- The term of this Agreement is : **January 1, 2009 through September 30, 2010**
- The maximum amount of this Agreement is: **\$ 1,527,054.00**
- 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:

- The maximum amount of this Agreement payable to Contractor by the State remains unchanged at \$1,527,054.00.
- The term of this Agreement is changed from January 1, 2009 through June 30, 2010 to January 1, 2009 through September 30, 2010.

All other terms and conditions remain unchanged.

ATTEST: SUZANNE ALLEN de SANCHEZ,  
Clerk of the Board of Supervisors

By *Marcie MacFarland*  
DEPUTY

IN WITNESS WHEREOF, this Agreement has been executed by the parties hereto.

RECEIVED  
CONTRACT SERVICES UNIT  
2010 AUG 12 PM 1:47

<b>CONTRACTOR</b>		<b>CALIFORNIA Department of General Services Use Only</b>
CONTRACTOR'S NAME (If other than an individual, state whether a corporation, partnership, etc.) <b>El Dorado County Department of Human Services</b>		I hereby certify that all conditions for exemption have been complied with, and this document is exempt from the Department of General Services' approval.
BY (Authorized Signature) <u><i>Norma Santiago</i></u>	DATE SIGNED (Do not type) <b>8/3/10</b>	
PRINTED NAME AND TITLE OF PERSON SIGNING <b>Norma Santiago, Chair, El Dorado County Board of Supervisors</b>		
ADDRESS <b>3057 Briw Rd #A, Placerville, CA 95667</b>		
<b>STATE OF CALIFORNIA</b>		
AGENCY NAME <b>Department of Community Services and Development</b>		<u><i>Leisa Maestretti</i></u>
BY (Authorized Signature) <u><i>Leisa Maestretti</i></u>	DATE SIGNED (Do not type) <b>8/18/10</b>	
PRINTED NAME AND TITLE OF PERSON SIGNING <b>Leisa Maestretti, Chief Financial Officer</b>		
ADDRESS <b>2389 Gateway Oaks Drive, Suite 100, Sacramento, California 95833</b>		
		<input type="checkbox"/> Exempt per <u>10-0958.D.1</u>