

ORIGINAL

STATE OF CALIFORNIA
STANDARD AGREEMENT AMENDMENT
STD. 213A_DHCS (Rev. 06/12)

11-73010-000

Check here if additional pages are added: ___ Page(s)

Agreement Number 11-88356	Amendment Number A01
Registration Number: <u>ap1267317 change 1</u>	

1. This Agreement is entered into between the State Agency and Contractor named below:
 State Agency's Name (Also known as DHCS, CDHS, DHS or the State)
Department of Health Care Services

 Contractor's Name (Also referred to as Contractor)
El Dorado County Health and Human Services Agency
2. The term of this Agreement is: **April 1, 2012**
 through **April 30, 2013**
3. The maximum amount of this Agreement after this amendment is: **\$ 8,569,359**
 Eight million, five hundred sixty-nine thousand, three hundred fifty-nine 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:** December 30, 2012
 - II. **Purpose of amendment:** This amendment implements a four month time-only extension to ensure a continuity of specialty mental health services.
 - 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 2 (term) on the face of the original STD 213 is amended to read: April 1, 2012 through ~~December 31, 2012~~ **April 30, 2013**. All references to the former contract term of April 1, 2012 through December 31, 2012 in any exhibit incorporated into this agreement are hereinafter deemed to read April 1, 2012 through April 30, 2013.

ATTEST: James S. Mitrisin
Clerk of the Board of Supervisors

By *Marcie MacFarland*
Marcie MacFarland, Deputy Clerk

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 Use Only
Contractor's Name (If other than an individual, state whether a corporation, partnership, etc.) El Dorado County Health and Human Services Agency		
By (Authorized Signature) <u><i>[Signature]</i></u>	Date Signed (Do not type) 1/8/13	
Printed Name and Title of Person Signing Chair, El Dorado Board of Supervisors		
Address 3057 Briw Road, Suite A Placerville, CA 95667		
STATE OF CALIFORNIA		
Agency Name Department of Health Care Services		<input checked="" type="checkbox"/> Exempt per: W&I Code 14703
By (Authorized Signature) <u><i>[Signature]</i></u>	Date Signed (Do not type) 1-29-13	
Printed Name and Title of Person Signing Vanessa Baird, Deputy Director <i>Rollin Ives, Special Advisor</i>		
Address 1501 Capitol Avenue, P.O. Box 997413, MS 4000 Sacramento CA 95899		