

CONTRACT ROUTING SHEET

Date Prepared: 1/27/09

Need Date: 2/9/09

PROCESSING DEPARTMENT:

Department: Human Services

Dept. Contact: Amy Higdon

Phone #: x4836

Department Head Signature: *Jane Shacker Comay*

Doug Nowka, Director

CONTRACTOR:

Name: CA Dept. of Community Services and Development

Address: P.O. Box 1947
Sacramento, CA 95823-1947

Phone: 916-341-4200

CONTRACTING DEPARTMENT: Human Services

Compliance with Human Resources requirements? Yes: X No:

Compliance verified by: Patti Barton with original agreement on 12/17/07

COUNTY COUNSEL: (Must approve all contracts and MOU's)

Approved: ✓ Disapproved: Date: 1-28-09 By: *[Signature]*

Approved: Disapproved: Date: By:

RISK MANAGEMENT: (Must approve all contracts, MOU's and boilerplate grant agreements)

Approved: ✓ Disapproved: Date: 1/29/09 By: *[Signature]*

Approved: Disapproved: Date: By:

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HUMAN RESOURCES DEPT
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PLEASE CALL AMY HIGDON AT x4836 FOR PICK UP. THANKS!

OTHER APPROVAL: (Specify department(s) participating or directly affected by this contract).

Departments:

Approved: Disapproved: Date: By:

Approved: Disapproved: Date: By:

AGREEMENT NUMBER 08F-4910	AMENDMENT NUMBER 3
REGISTRATION NUMBER 47000308292295.3	

- 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, 2008 through December 31, 2009**
- The maximum amount of this Agreement is: **\$ 345,137.00**
- 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:

Contractor agrees to continue to provide services and activities to eligible participants residing in the designated service area described in Exhibit A, Section 2., pursuant to Government Code Section 12725 et seq., and 42 United States Code (USC) 9901 et seq., as amended, the Community Services Block Grant Act.

The total consideration payable to Contractor by the State has changed from \$308,553.00 to \$345,137.00, reflecting an increase of \$36,584.00.

All other terms and conditions shall remain the same.

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

CONTRACTOR		CALIFORNIA Department of General Services Use Only
CONTRACTOR'S NAME <i>(If other than an individual, state whether a corporation, partnership, etc.)</i> El Dorado County Department of Human Services		<p>I hereby certify that all conditions for exemption have been complied with, and this document is exempt from the Department of General Services' approval.</p> <p style="text-align: right; font-size: 1.2em;"><i>Brenda Caroline</i></p> <p style="text-align: right;">09-0901.H.2</p> <p><input type="checkbox"/> Exempt per _____</p>
BY <i>(Authorized Signature)</i> <i>Doug Nowka</i>	DATE SIGNED <i>(Do not type)</i> <i>4/30/09</i>	
PRINTED NAME AND TITLE OF PERSON SIGNING Doug Nowka, Director, El Dorado County Department of Human Services		
ADDRESS 3057 Briw Rd #A, Placerville, CA 95667		
STATE OF CALIFORNIA		
AGENCY NAME Department of Community Services and Development		
BY <i>(Authorized Signature)</i> <i>Margie Chan</i>	DATE SIGNED <i>(Do not type)</i> <i>2/19/09</i>	
PRINTED NAME AND TITLE OF PERSON SIGNING Margie Chan, Deputy Director, Administrative Services		
ADDRESS 700 North 10th Street, Room D215, Sacramento, California 95811-0336		