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Agreement Number <b>11-88356</b>	Amendment Number <b>A01</b>
Registration Number:	



1. This Agreement is entered into between the State Agency and Contractor named below:
 

State Agency's Name <b>Department of Health Care Services</b>	(Also known as DHCS, CDHS, DHS or the State)
Contractor's Name <b>El Dorado County Health and Human Services Agency</b>	(Also referred to as Contractor)
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.

All other terms and conditions shall remain the same.

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

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