

STATE OF CALIFORNIA  
**STANDARD AGREEMENT AMENDMENT**  
 STD 213A\_CDPH (7/07)

Check here if additional pages are added: 1 Page(s)

Agreement Number 07-65047	Amendment Number A01
Registration Number:	

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

State Agency's Name California Department of Public Health	(Also known as CDPH, CDHS, DHS or the State)
Contractor's Name County of El Dorado	(Also referred to as Contractor)
2. The term of this Agreement is: July 1, 2007 through June 30, 2010
3. The maximum amount of this Agreement after this amendment is: \$ 224,968  
Two Hundred Twenty-Four Thousand, Nine Hundred Sixty-Eight 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:** July 1, 2007
  - II. **Purpose of amendment:** This amendment reflects an increase in dollars to compensate the Contractor for expanded services as outlined in Exhibit A, Scope of Work for the HIV Prevention program. CDPH is obtaining more of the same services shown in the original agreement.
  - 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 3 (maximum amount payable) on the face of the original STD 213 is increased by **\$107,491** and is amended to read: ~~\$117,477 (One Hundred Seventeen Thousand, Four Hundred Seventy Seven Dollars)~~ **\$224,968 (Two Hundred Twenty-Four Thousand, Nine Hundred Sixty-Eight Dollars)**.

(Continued on next page)

All other terms and conditions shall remain the same.

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

<b>CONTRACTOR</b>		CALIFORNIA Department of General Services Use Only
Contractor's Name (If other than an individual, state whether a corporation, partnership, etc.) County of El Dorado		
By (Authorized Signature) 	Date Signed (Do not type)	
Printed Name and Title of Person Signing Rusty Dupray, Chairperson, El Dorado County Board of Supervisors		
Address C/O Daniel E. Buffalo, M.P.A., El Dorado County Department of Public Health 941 Spring Street, Suite 4, Placerville, CA 95667		
<b>STATE OF CALIFORNIA</b>		
Agency Name California Department of Public Health		
By (Authorized Signature) 	Date Signed (Do not type)	
Printed Name and Title of Person Signing Allan Chinn, Chief, Contracts and Purchasing Services Section		
Address 1501 Capitol Avenue, Suite 71.5178, MS 1802, P.O. Box 997377, Sacramento, CA 95899-7377		
		<input checked="" type="checkbox"/> Exempt per: OOA Transaction is PCC exempt per applicable Budget Act.

V. Provision 4 (Amounts Payable) of the Exhibit B – Budget Detail and Payment Provisions is amended to read as follows:

**4. Amounts Payable**

A. The amounts payable under this agreement shall not exceed:

Program	Year 1	Year 2	Year 3	Total
HIV Prevention	\$21,659	\$21,659	\$21,659	\$64,977
HIV/AIDS Surveillance	\$17,500	\$17,500	\$17,500	\$52,500
		<u>\$129,150</u>		<u>\$172,468</u>

B. Reimbursement shall be made for allowable expenses up to the amount annually encumbered commensurate with the state fiscal year in which services are performed and/or goods are received.

VI. All other terms and conditions shall remain the same.