

STANDARD AGREEMENT AMENDMENT

STD 213A_DHCS (1/08)

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Agreement Number 09-86018	Amendment Number A01
Registration Number:	

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**2. The term of this Agreement is:** July 1, 2009 through June 30, 2014**3. The maximum amount of this Agreement after this amendment is:** \$ 7,500,000
Seven Million Five Hundred Thousand 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:** June 29, 2012**II. Purpose of amendment:** This amendment extends the contract term for two years and increases the total budget to compensate the Contractor for performing services in Year 4 and 5. DHCS is obtaining a continuation of services identified 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 2 (term) on the face of the original STD 213 is amended to read July 1, 2009 through ~~June 30, 2012~~ **June 30, 2014**. All references to the former contract term of July 1, 2009 through June 30, 2012 in any exhibit incorporated into this agreement is hereinafter deemed to read July 1, 2009 through June 30, 2014.**V.** Paragraph 3 (maximum amount payable) on the face of the original STD 213 is increased by \$3,000,000 and is amended to read: ~~\$4,500,000 (Four Million Five Hundred Thousand Dollars)~~ **\$7,500,000 (Seven Million Five Hundred Thousand 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.

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			
By (Authorized Signature) 	Date Signed (Do not type)		
Printed Name and Title of Person Signing Raymond J. Nutting, Chair, El Dorado County Board of Supervisors			
Address 937 Spring Street Placerville, CA 95667			
STATE OF CALIFORNIA			
Agency Name Department of Health Care Services		<input type="checkbox"/> Exempt per:	
By (Authorized Signature) 	Date Signed (Do not type)		
Printed Name and Title of Person Signing Jayna Querin, Chief, Contract Management Unit			
Address 1501 Capitol Avenue, Suite 71.5195, MS 1403, P.O. Box 997413, Sacramento, CA 95899-7413			

VI. Provision 4 (Amounts Payable) of 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:

- 1) \$1,500,000.00 for the budget period of 07/01/09 through 06/30/10,
- 2) \$1,500,000.00 for the budget period of 07/01/10 through 06/30/11,
- 3) \$1,500,000.00 for the budget period of 07/01/11 through 06/30/12,
- 4) **\$1,500,000.00 for the budget period of 07/01/12 through 06/30/13,**
- 5) **\$1,500,000.00 for the budget period of 07/01/13 through 06/30/14.**

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.

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