

**STANDARD AGREEMENT AMENDMENT**

STD 213A\_CDPH (10/08)

t.

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|-------------------------------------|--------------------------------|
| Agreement Number<br><b>07-65047</b> | Amendment Number<br><b>A02</b> |
| Registration Number:                |                                |

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

State Agency's Name

(Also known as CDPH, CDHS, DHS or the State)

California Department of Public Health

Contractor's Name

(Also referred to as Contractor)

County of El Dorado

## 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: \$ 223,744

Two Hundred Twenty-Three Thousand, Seven Hundred Forty-Four 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, 2008II. **Purpose of amendment:** This amendment reflects a decrease in Year 2 and Year 3 for HIV/AIDS Surveillance programs.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 decreased by **\$1,224** and is amended to read: ~~\$224,968 (Two Hundred Twenty-Four Thousand, Nine Hundred Sixty-Eight Dollars)~~ **\$223,744 (Two Hundred Twenty-Three Thousand, Seven Hundred Forty-Four 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**

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

Ron Briggs, Chairperson, El Dorado County Board of Supervisors

Address

C/O Contracts Coordinator, El Dorado County, Health Services Department  
941 Spring Street, Suite 4, Placerville, CA 95667**STATE OF CALIFORNIA**

Agency Name

California Department of Public Health

By (Authorized Signature)

Date Signed (Do not type)



Printed Name and Title of Person Signing

Margie Sunahara, Chief, Contract Mangement Unit

Address

1501 Capitol Avenue, Suite 71.5178, MS 1802, P.O. Box 997377,  
Sacramento, CA 95899-7377CALIFORNIA  
Department of General Services  
Use Only☒ Exempt per:  
OOA Transaction is PCC exempt per  
applicable Budget Act.