STATE OF CALIFORNIA STANDARD AGREEMENT

STD. 213 A (Rev. 6/03)

AGREEMENT NUMBER	AMENDMENT NUMBER	
09C-1808	1	
REGISTRATION NUMBER		

1.	This Agreement is entered into between the State Agency and the Contractor named below				
_	STATE AGENCY'S NAME				
	Department of Com	munity Services and Development			
_	CONTRACTOR'S NAME				
	El Dorado County Department of Human Services				
2.	The term of this	I 20 0000 d			
	Agreement is:	June 30, 2009 through September 30, 2011			
3.	The maximum amour	t			
	of this Agreement is:	\$ 756,212.00			
4.	The parties mutually agree to this amendment as follows. All actions noted below are by this reference made a				
		and incorporated herein:			

Contractor agrees to continue to provide Weatherization Assistance Program assistance to eligible participants residing within the designated service area as described in Exhibit A, Scope of Work, Section 4., pursuant to Title 42 of the United States Code (U.S.C.) 6861 et seq., as amended, and 10 Code of Federal Regulations (CFR), Part 440, as amended, the Department of Energy Weatherization Assistance Program for Low-Income Persons (DOE WAP).

1. The total consideration payable to Contractor by the State has changed from \$93,518.00 to \$756,212.00, reflecting an increase of \$662,694.00.

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

CONTRACTO	R	CALIFORNIA Department of General Services Use Only
CONTRACTOR'S NAME (If other than an individual, state whether a corporation, partnership, etc.)		
El Dorado County Department of Human Services		
BY (Authorized Signature)	DATE SIGNED (Do not type)	
G.		I hereby certify that all
PRINTED NAME AND TITLE OF PERSON SIGNING		conditions for exemption have been complied with, and this document is exempt from the Department of General Services approval.
ADDRESS		
3057 Briw Rd #A, Placerville, CA 95667		
STATE OF CALIFO		
AGENCY NAME		
Department of Community Services and Developmen		
BY (Authorized Signature)	DATE SIGNED (Do not type)	•
F		
PRINTED NAME AND TITLE OF PERSON SIGNING		1
Ed Lee, Manager, Information Technology Services		
ADDRESS		1
700 North 10th Street, Room D215, Sacramento, California 95811-0336		Exempt per