

STATE OF CALIFORNIA  
**STANDARD AGREEMENT AMENDMENT**  
 STD. 213A\_DHCS (Rev. 09/14)

Check here if additional pages are added: 5 Page(s)

Agreement Number 14-90098	Amendment Number A01
Registration Number:	

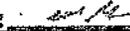
1. This Agreement is entered into between the State Agency and Contractor named below:
 

State Agency's Name Department of Health Care Services	(Also known as DHCS, CDHS, DHS or the State)
Contractor's Name County of San Luis Obispo	(Also referred to as Contractor)
2. The term of this Agreement is: July 1, 2014 through June 30, 2017
3. The maximum amount of this Agreement after this amendment is: \$ 7,510,589  
 Seven Million, Five Hundred Ten Thousand, Five Hundred Eighty-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: July 1, 2014
  - II. Purpose of amendment: This amendment 1) increases funding for Fiscal Year 2014-15 and 2) identifies the changes in Exhibit B Attachment I A1 – Funding Amounts. The contractor is performing more of the same services as outlined in the original contract.
  - 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 \$51,485 and is amended to read: ~~\$7,459,104 (Seven Million, Four Hundred Fifty-Nine Thousand, One Hundred Four Dollars)~~ **\$7,510,589 (Seven Million, Five Hundred Ten Thousand, Five Hundred Eighty-Nine 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 San Luis Obispo		
By (Authorized Signature) 	Date Signed (Do not type)	
Printed Name and Title of Person Signing <b>Rita L. Neal, County Counsel</b>		
Address <b>STATE OF CALIFORNIA</b>		
<b>APPROVED AS TO FORM AND LEGAL EFFECT</b> By:  Date: <u>4/18/15</u> <b>Don Rodriguez, Chief, Contract Management Unit</b>		
Agency Name Department of Health Care Services		
By (Authorized Signature) 	Date Signed (Do not type)	
Printed Name and Title of Person Signing Don Rodriguez, Chief, Contract Management Unit		
Address 1501 Capitol Avenue, Suite 71.5195, MS 1403, P.O. Box 997413, Sacramento, CA 95899-7413		
		<input checked="" type="checkbox"/> Exempt per DGS memo dated 07/10/96 and Welfare and Institutions Code 14087.4

- V. Paragraph 4 (incorporated exhibits) on the face of the original STD 213 is amended to add the following revised exhibit.

Exhibit A A1 – Scope of Work (2 pages)

All references to Exhibit A – Scope of Work in any exhibit incorporated into this agreement shall hereinafter be deemed to read Exhibit A A1 – Scope of Work. Exhibit A is hereby replaced in its entirety by the attached revised exhibit.

- VI. Paragraph 4 (incorporated exhibits) on the face of the original STD 213 is amended to add the following revised exhibit:

Exhibit B Attachment I A1 – Funding Amounts (1 page)

All references to Exhibit B Attachment I, in any exhibit incorporated into this agreement shall hereinafter be deemed to read Exhibit B Attachment I A1, respectively. Exhibit B Attachment I is hereby replaced in its entirety by the attached revised exhibit.

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