STATE OF CALIFORNIA

STANDARD AGREEMENT AMENDMENT

STD. 213 A (rev 6/03)

☐ CHECK HERE IS ADDITIONAL PAGES ARE ATTACHED __1__ PAGES

AGREEMENT NUMBER	AMENDMENT NUMBER
VCGC4107	1
REGISTRATION NUMBER	

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

   STATE AGENCY'S NAME
   Victim Compensation and Government Claims Board

   CONTRACTOR'S NAME
   County of San Luis Obispo

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 $ 0.00 (Zero dollars)

4. The parties mutually agree to this amendment as follows. All actions note below are by this reference made are part of the Agreement and incorporated herein:

   Exhibit A, Scope of Work - Section 1, item g, is hereby amended to include the following:

   iii. The County Victim Assistance Center of JP Unit is responsible for repaying the VCGCB for any overpayments identified as a result of the Contractor's failure to follow the terms established in this agreement on an annual basis, thereby reducing the amount of this agreement.

   Exhibit B, Budget Detail and Payment Provisions, 1 – Revolving Fund, is hereby amended to include the following:

   The VCGCB advanced the Contractor $30,000 in fiscal year 00/01, as authorized by Government Code Section 6504, to pay qualifying claims (Exhibit A. 1b).

   Exhibit B, Budget Detail and Payment Provisions, 3 – Reporting Revolving Fund Use, is hereby amended to include the following:

   b. According to the process set out in the Revolving Fund Procedures (Attachment III), the contractor shall submit a report within thirty (30) days of the end of the fiscal year that describes the Revolving Fund Use.

IN WITNESS THEREOF, 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.)* County of San Luis Obispo		
BY *(Authorized Signature)*	DATE SIGNED *(Do not type)*	
PRINTED NAME AND TITLE OF PERSON SIGNING APPROVED AS TO FORM AND LEGAL EFFECT Rita L. Neal, County Counsel By: Deputy County Counsel Date 11/18/15		
ADDRESS 1035 Palm Street, 4th floor, Courthouse Annex, San Luis Obispo, CA 93408		
STATE OF CALIFORNIA		
AGENCY NAME Victim Compensation and Government Claims Board		
BY *(Authorized Signature)*	DATE SIGNED *(Do not type)*	
PRINTED NAME AND TITLE OF PERSON SIGNING Valinda Roberts, Deputy Executive Officer, Administration and Finance Division		☐ Exempt Per: _____
ADDRESS 400 R Street, Suite 500, Sacramento, CA 95811		

Attachment III: Revolving Fund Procedures, 6 - Revolving Fund Disbursement Log, is amended to include:

e. The Contractor shall provide within 30 days of the end of the fiscal year a report that shows the Revolving Fund use for the year. The report shall include:
    - Total disbursed through the Revolving Fund
    - Total reimbursed to the County's Revolving Fund
        - An explanation of any discrepancy must be included.
    - Beginning Fiscal Year balance
    - Ending Fiscal Year balance
    - Total Number of transactions
        - Break down transactions by type of expense, i.e. funeral burial, relocations, etc.
    - The report shall also note any previous overpayments that have not been collected. The date of the overpayment and description of the transaction shall also be included.

All other terms and conditions remain the same.