

**AMENDMENT III TO AGREEMENT RELATING TO
WELFARE CLIENT DATA SYSTEMS MANAGEMENT**

THIS AMENDMENT, hereinafter referred to as Amendment III, is entered into this _____ day of _____, 20__ by and between the County of _____ (“COUNTY”) and the California State Association of Counties, referred to hereinafter as "CSAC".

WHEREAS, the County entered into that certain Agreement Relating to Welfare Client Data Systems Management (“WCDS”), effective July 1, 2014, whereby CSAC agreed to provide staff and other support resources as set forth in the Agreement to perform duties of the Board of Directors; and

WHEREAS, the parties desire to amend the Agreement regarding changes as stated below.

NOW, THEREFORE, the parties, in consideration of their mutual promises, covenants and conditions, hereinafter set forth, the sufficiency of which is acknowledged, the parties agree as follows:

1. In addition to the duties described in the Agreement, CSAC shall collect and disburse fees paid by the County in support of additional staff approved by the WCDS Board of Directors to support new governance and workload changes.
2. County shall remit the amount specified in Table I below, which represents each County’s share of the additional cost for new approved staffing. This is in addition to the amount contained in Section 8 of the existing CSAC Agreement Relating to Welfare Client Data Systems Management. County shall remit the additional funds no later than February 28, 2015.

Table I

County	Size	Share	FY14/15 (9 months)
Alameda	L	6.8%	\$79,646
Contra Costa	L	6.8%	\$79,646
Fresno	L	6.8%	\$79,646
Orange	L	6.8%	\$79,646
Placer	S	2.8%	\$32,583
Sacramento	L	6.8%	\$79,646
San Diego	L	6.8%	\$79,646
San Francisco	L	6.8%	\$79,646
San Luis Obispo	S	2.8%	\$32,583
San Mateo	M	5.6%	\$65,166
Santa Barbara	M	5.6%	\$65,166
Santa Clara	L	6.8%	\$79,646
Santa Cruz	S	2.8%	\$32,583
Solano	M	5.6%	\$65,166
Sonoma	M	5.6%	\$65,166
Tulare	L	6.8%	\$79,646
Ventura	M	5.6%	\$65,166
Yolo	S	2.8%	\$32,583
Total		100.0%	\$1,172,976

3. Except as otherwise provided in this Amendment III, all other provisions of the Agreement Relating to Welfare Client Data Systems Management remain unchanged and in full force and effect. This Amendment III shall become effective upon execution.

IN WITNESS WHEREOF, the parties hereto have executed this Amendment III to the Agreement as of the day and year first hereinabove written.

CALIFORNIA STATE
ASSOCIATION OF COUNTIES

Dated: _____

BY _____
Kelli Oropeza,
Chief of Financial Operations

ATTEST:

COUNTY OF SANTA CLARA

By _____
Deputy County Counsel

By _____
Director Social Services Agency

Dated: _____

Dated: _____

Deputy County Executive

ATTEST:

COUNTY OF SAN MATEO

Dated: _____

Purchasing Agent County of San Mateo

APPROVED AS TO FORM AND LEGALITY

COUNTY OF SAN DIEGO

By _____
Senior Deputy County Counsel

Director, Department of Purchasing and Contracting

Dated: _____

Dated: _____

ATTEST:

COUNTY OF SONOMA

Dated: _____

Director, Human Services Department

Dated: _____

Division Director, Human Services Department

Dated: _____

County Counsel

ATTEST:

COUNTY OF TULARE

Dated: _____

Chairperson, Board of Supervisors

APPROVED AS TO FORM:
COUNTY COUNSEL

ATTEST:

COUNTY OF SANTA CRUZ

By _____
County Counsel

Dated: _____

Director, Human Services Department

APPROVED AS TO FORM

EXECUTED AND EFFECTIVE as of the date first above set forth.

ATTEST:

COUNTY OF FRESNO

BERNICE E. SEIDEL, Clerk

By _____

By _____
Chairman, Board of Supervisors

APPROVED AS TO LEGAL FORM:
KEVIN BRIGGS,
COUNTY COUNSEL

By: _____

APPROVED AS TO ACCOUNTING FORM:
VICKI CROW, C.P.A., AUDITOR-
TREASURER-TAX COLLECTOR

By: _____

REVIEWED AND RECOMMENDED FOR
APPROVAL:

By: _____
Delfino Neira, Director
Department of Social Services

Fund/Subclass: 001/1000
Organization: 56107004
Account/Program: 7294/0

Mailing Address:
2135 Fresno Street, Suite 100
Fresno, CA 93721
Phone No.: (559) 600-2300
Contact: Staff Analyst

ATTEST:

COUNTY OF SOLANO

Birgitta E. Corsello
County Administrator

Dated: _____

ADDRESS

CITY STATE Zip Code

Approved as to Content:

DEPARTMENT HEAD OR DESIGNEE

Dated: _____

Approved as to Form:

COUNTY COUNSEL

Dated: _____

ATTEST:

CITY AND COUNTY OF SAN FRANCISCO

Dated: _____

Executive Director
Human Services Agency

ATTEST:

COUNTY OF SAN LUIS OBISPO

JULIE L. RODEWALD
County Clerk and Ex-Officio Clerk
Board of Supervisors, San Luis Obispo County
State of California

Chairperson, Board of Supervisors

By _____
Deputy Clerk

Approved as to form and legal effect:
RITA L. NEAL, County Counsel

Dated: _____

By _____
Deputy County Counsel

ATTEST:

COUNTY OF CONTRA COSTA

Dated: _____

Director, Employment & Human
Services Department

ATTEST:

COUNTY OF ALAMEDA

Clerk Board of Supervisors

President, Board of Supervisors

I hereby certify under penalty of perjury that the President of the Board of Supervisors was duly authorized to execute this document on behalf of the County of Alameda by a majority vote of the Board on _____ and that a copy has been delivered to the President as provided by Government Code Section 25103.

Dated: _____

CRYSTAL HISHIDA Clerk, Board of Supervisors,
County of Alameda, State of California

By _____
Deputy

ATTEST:

COUNTY OF PLACER

Date: _____

Richard J. Burton, M.D., M.P.H.
Health Officer & Director of Health and
Human Services

APPROVED AS TO FORM:

Placer County Counsel

ATTEST:

COUNTY OF YOLO

MARIKO YAMADA, CHAIR
BOARD OF SUPERVISORS

APPROVED AS TO FORM:
Robyn Truitt Drivon, County Counsel

By _____
Stephen B. Nocita, Senior Deputy

ATTEST:
Anna Morales, Clerk
Board of Supervisors

By _____
Deputy
(SEAL)

COUNTY OF ORANGE

By: _____
COUNTY OF ORANGE
CHAIR OF THE BOARD
OF SUPERVISORS

Dated: _____

SIGNED AND CERTIFIED THAT A COPY OF THIS
DOCUMENT HAS BEEN DELIVERED TO THE CHAIR
OF THE BOARD PER G.C. SEC. 25103, RESO 79-1535

ATTEST:

SUSAN NOVAK
Clerk of the Board of Supervisors
Orange County, California

APPROVED AS TO FORM
COUNTY COUNSEL
COUNTY OF ORANGE, CALIFORNIA

By: _____
DEPUTY

Dated: _____

COUNTY OF SANTA BARBARA

ATTEST:

MONA MIYASATO
COUNTY EXECUTIVE OFFICER
CLERK OF THE BOARD

By: _____
Deputy Clerk

By: _____
Chair, Board of Supervisors

Date: _____

RECOMMENDED FOR APPROVAL:

DANIEL NIELSON
DIRECTOR
DEPARTMENT OF SOCIAL SERVICES

By: _____
Director

APPROVED AS TO FORM:

MICHAEL C. GHIZZONI
COUNTY COUNSEL

By: _____
Deputy County Counsel

APPROVED AS TO ACCOUNTING FORM:

ROBERT W GEIS, CPA
AUDITOR-CONTROLLER

By: _____
Deputy

APPROVED AS TO FORM:

RAY AROMATORIO, ARM AIC
RISK MANAGEMENT ADMINISTRATOR

By: _____
Risk Management

ATTEST:

COUNTY OF SACRAMENTO

COUNTY OF SACRAMENTO

a political subdivision of the State of California

By _____
Ann Edwards, Director
Department of Human Assistance or
Designee as per S.C.C. 2.61.012(h)

ATTEST:

COUNTY OF VENTURA

Clerk of the Board of Supervisors
County of Ventura, State of California

By: _____
Deputy Clerk of the Board

Dated: _____

Chairperson of the Board of Supervisors