

**STANDARD AGREEMENT AMENDMENT**

STD 213A (Rev 6/03)

 Check here if additional pages are added: 1 Page(s)

Agreement Number <b>13-20252</b>	Amendment Number <b>A01</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 or the State

**California Department of Public Health**

Contractor's Name

(Also referred to as Contractor)

**County of Santa Barbara**2. The term of this Agreement is: **July 1, 2013** through **December 31, 2015**3. The maximum amount of this Agreement after this amendment is: **\$ 239,385**  
**Two Hundred Thirty Nine Thousand, Three Hundred Eighty Five 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. **Purpose of amendment:** This amendment increases the funding level and extends the term of this agreement by 2 years due to a revised state allocation formula for this program.
- II. 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~~).
- III. Paragraph 3 (maximum amount payable) on the face of the original STD 213 is increased by \$189,810 and is amended to read: ~~\$49,575 Forty Nine Thousand, Five Hundred Seventy Five Dollars~~ **239,385 (Two Hundred Thirty Nine Thousand, Three Hundred Eighty Five 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>		<b>CALIFORNIA Department of General Services Use Only</b>
Contractor's Name (If other than an individual, state whether a corporation, partnership, etc.) <b>County of Santa Barbara</b>		
By (Authorized Signature) 	Date Signed (Do not type)	
Printed Name and Title of Person Signing		
Address <b>345 Camino del Remedio, Bldg. 4, Room 331, Santa Barbara, CA 93110</b>		
<b>STATE OF CALIFORNIA</b>		
Agency Name <b>California Department of Public Health</b>		
By (Authorized Signature) 	Date Signed (Do not type)	
Printed Name and Title of Person Signing <b>Yolanda Murillo, Chief, Contracts Management Unit</b>		<input checked="" type="checkbox"/> Exempt per: <b>OOA Budget Act 2013</b>
Address <b>1616 Capitol Avenue, Suite 74.317, MS 1802, P.O. Box 997377, Sacramento, CA 95899-7377</b>		

- IV. Exhibit A – HIV Prevention Program, Scope of Work, is hereby replaced in its entirety with Exhibit A, A01, HIV Prevention Program Scope of Work.

“All references to Exhibit A, Scope of Work, in any exhibit incorporated into this agreement shall hereinafter be deemed to read, Exhibit A, A01, Scope of Work.”

- V. Exhibit B - Budget Detail and Payment Provisions, is hereby replaced in its entirety with Exhibit B, A01, Budget Detail and Payment Provisions.

“All references to Exhibit B, Budget Detail and Payment Provisions, in any exhibit incorporated into this agreement shall hereinafter be deemed to read Exhibit B, A01, Budget Detail and Payment Provisions.

- VI. Exhibit B – Attachment II, Budget (Year 2) and Attachment III, Budget (Year 3), are hereby augmented to this agreement.