



MARK B HORTON, MD, MSPH  
Director

State of California—Health and Human Services Agency  
California Department of Public Health



ARNOLD SCHWARZENEGGER  
Governor

November 23, 2009

Via Email: [dan.reid@sbcphd.org](mailto:dan.reid@sbcphd.org)

Daniel Reid  
Program Administrator  
Santa Barbara Public Health Department  
345 Camino del Remedio  
Santa Barbara, CA 93110

Dear Mr. Reid:

AGREEMENT NUMBER 07-65538 A02

The attached amendment is not binding until signed by both parties and approved by the appropriate authorized state agencies. No services are to be provided prior to approval, as CDPH is not obligated to make any payment prior to final approval.

For inquires regarding this amendment, please contact **Carrie Waters** at (916) 449-5932 or [carrie.waters@cdph.ca.gov](mailto:carrie.waters@cdph.ca.gov) and cite the amendment number. Unless otherwise instructed, do not invoice CDPH for services rendered under this amendment until a copy of the fully executed amendment is received.

**Required action:**

- 1) Please print out and sign six copies of the attached amendment. Return **all** items to CDPH for further processing. A copy of the approved amendment will be distributed to you after it is fully executed. Alterations, in general, are not allowed. Alterations and page replacements, if any, must be pre-approved by CDPH and each visible alteration must be initialed by the person who signs the amendment.
- 2) Board Resolution – The Board Resolution must be approved (stamped by the County Supervisor or City Clerk) Board Motion or Board Order to contract with the State of California and should have the contract number, amount and term at the minimum. Refer to State Contract Manual Section 2.06 C, or go to <http://www.ols.dgs.ca.gov/Contract+Manual/default.htm>.

**Return all designated materials to the address below:**

Sincerely,

Carrie Waters  
Contract Analyst  
Office of AIDS

Enclosure(s)

**STANDARD AGREEMENT AMENDMENT**

STD 213A\_CDPH (9/09)

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

Agreement Number	Amendment Number
07-65538	A02
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, 2007 through June 30, 2010

## 3. The maximum amount of this Agreement after this amendment is: \$ 493,543 Four Hundred Ninety-Three Thousand, Five Hundred Forty-Three 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, 2009II. **Purpose of amendment:** This amendment reflects an expansion of certain Scope of Work activities in year 3 and an increase in the budget for year 3 to compensate the Contractor for performing additional services. The Contractor is providing more of the same services as outlined in the original Scope of Work.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 **\$33,819** and is amended to read: ~~\$459,724 (Four Hundred Fifty-Nine Thousand, Seven Hundred Twenty-Four Dollars.)~~ **\$493,543 (Four Hundred Ninety-Three Thousand, Five Hundred Forty-Three 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</b> Department of General Services Use Only
Contractor's Name (If other than an individual, state whether a corporation, partnership, etc.)		
County of Santa Barbara		
By (Authorized Signature)	Date Signed (Do not type)	
		
Printed Name and Title of Person Signing		
Elliot Schulman, M.D., M.P.H., Director/Health Officer		
Address		
C/O Daniel Reid, Program Administrator, Santa Barbara Public Health Dept. 345 Camino del Remedio, Santa Barbara, CA 93110		
<b>STATE OF CALIFORNIA</b>		
Agency Name		
California Department of Public Health		
By (Authorized Signature)	Date Signed (Do not type)	<input checked="" type="checkbox"/> Exempt per: OOA transaction is PCC exempt per applicable Budget Act.
		
Printed Name and Title of Person Signing		
Sandra Winters, Chief, Contracts and Purchasing Services Section		
Address		
1501 Capitol Avenue, Suite 71.5178, MS 1802, P.O. Box 997377, Sacramento, CA 95899-7377		

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

Exhibit B, Attachment III A1 – Budget (Year 3)

All references to Exhibit B, Attachment I, II A1 and III in any exhibit incorporated into this agreement shall hereinafter be deemed to read Exhibit B, Attachment I, II A1 and III A1 respectively.

- VI. Provision 4 (Amount Payable) of the Exhibit B – Budget Detail and Payment Provisions is amended to read as follows:

**4. Amounts Payable**

A. The amounts payable under this agreement shall not exceed:

- 1) \$147,887 for the budget period of 07/01/07 through 06/30/08.
- 2) \$163,950 for the budget period of 07/01/08 through 06/30/09.
- 3) ~~\$147,887~~ **181,706** for the budget period of 07/01/09 through 06/30/10.

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

**EXHIBIT B - ATTACHMENT III A1**  
**Budget**  
**(Year 3)**

July 1, 2009 to June 30, 2010

	<b>Original Amount</b>	<b>This Amendment</b>	<b>Amended Total</b>
<b>A. PERSONNEL</b>	\$8,295	\$2,765	\$11,060
<b>B. OPERATING EXPENSES</b>	\$813	(\$813)	\$0
<b>C. CAPITAL EXPENDITURES</b>	\$0	\$0	\$0
<b>D. OTHER COSTS</b>	\$137,535	\$31,452	\$168,987
<b>E. INDIRECT COSTS</b>	\$1,244	\$415	\$1,659
<b>TOTALS</b>	<b>\$147,887</b>	<b>\$33,819</b>	<b>\$181,706</b>