STATE OF CALIFORNIA

STANDARD AGREEMENT AMENDMENT

STD 213A-Assign_CDPH (1/09)

			AGREEMENT NOMBER		AWENDIVIENT NOWDER			
\boxtimes	CHECK HERE IF ADDITIONAL	PAGES ARE ADDED: 1 Pages	07-65	129	A02			
				REGISTRATION NUMBER:				
1.	This Agreement is enter	nis Agreement is entered into between the State Agency and Contractor named below:						
	STATE AGENCY'S NAME							
	California Departmen							
	CONTRACTOR'S NAME							
	Santa Barbara County Education Office							
2.	The term of this							
	Agreement is	July 1, 2007	through	June 30, 2010				
3.	The maximum amount	\$ 391,248						
	of this Agroomant is:	Three Hundred Ninety-One Thousand, Two Hundred Forty-Fight Pollars						

ACDEEMENT NUMBER

AMENDMENT NUMBER

- 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: March 3, 2009
 - II. **Purpose of amendment:** This amendment implements an Assignment of Agreement 07-65129 from one business entity to another.
 - III. By executing this amendment, CDPH and Santa Barbara County Public Health Department expressly consent to assign and transfer all rights and interests in Agreement 07-65129 to Santa Barbara County Education Office as of March 3, 2009. By executing this amendment, Santa Barbara County Education Office assumes all rights, duties, obligations, responsibilities, and liabilities of any type that accrue under Agreement 07-65129 on or after March 3, 2009 and agrees to abide by the terms and conditions of said agreement.
 - IV. By executing this amendment, CDPH expressly releases Santa Barbara County Public Health Department from all obligations and liabilities that accrue under Agreement 07-65129 on or after March 3, 2009.
 - V. As of March 3, 2009, all references to Santa Barbara County Public Health Department appearing in Agreement 07-65129 and its exhibits shall be deemed to read Santa Barbara County Education Office.

 (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.

IN WITHEOU WILKEOF, this Agreement has been executed by the parties hereto.							
	FC	FORMER CONTRACTOR					
CONTRACTOR'S NAME (if not an individual, indicate a corporation, partnership etc.)			CONTRACTOR'S NAME (if not an individual, indicate a corporation, partnership etc.)				
Santa Barbara County Education Office			Santa Barbara County Public Health Department				
Date Signed (Do not type	BY (Authorized Signature)	BY (Authorized Signature)					
	Ø						
PRINTED NAME AND TITLE OF PERSON SIGNING			PRINTED NAME AND TITLE OF PERSON SIGNING				
Jan Clevenger, Assistant Superintendent			Elliot Schulman, MD, MPH, Public Health Department Director				
ADDRESS			ADDRESS				
4400 Cathedral Oaks Road, P.O. Box 6307			300 North San Antonio Road				
Santa Barbara, CA 93160-6307 Attn: Georgene Lowe			Santa Barbara, CA 93110				
ALIFORNIA		California Department of					
AGENCY NAME			es use uniy				
California Department of Public Health							
BY (Authorized Signature)							
€							
	Date Signed (Do not type 1.07 Georgene Lowe ALIFORNIA	Date Signed (Do not type) PRINTED NAME AND TITE Elliot Schulman, MD, ADDRESS 300 North San Ante Santa Barbara Cou	FORMER CONTRACTO proporation, partnership etc.) CONTRACTOR'S NAME (if not an individual, indicate a construction of the signed (Do not type) BY (Authorized Signature) PRINTED NAME AND TITLE OF PERSON SIGNING Elliot Schulman, MD, MPH, Public Health De ADDRESS 300 North San Antonio Road Santa Barbara, CA 93110 California Dep General Service				

California Department of Public Health

BY (Authorized Signature)

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

VI. Provision 4 (Project Representatives) of Exhibit A – Scope of Work is amended to read as shown below, effective March 1, 2009.

a. Project Representatives

A. The project representatives during the term of this agreement will be:

California Department of Public Health	Santa Barbara County Education Office
Rosanna Jackson Telephone: (916) 552-9896 Fax: (916) 552-9910 E-mail: Rosanna.Jackson@cdph.ca.gov	Georgene Lowe Telephone: (805) 964-4711 x 4453 Fax: (805) 682-4646
L-maii. Nosama.Jackson@cupn.ca.gov	E-mail: glowe@sbceo.org

B. Direct all inquiries to:

California Department of Public Health	Santa Barbara County Education Office
Office of Oral Health	Attention: Georgene Lowe
Attention: Rosanna Jackson	4400 Cathedral Oaks Road, P.O. Box 6307
MS 7210	Santa Barbara, CA 93160-6307
P.O. Box 997377	
Sacramento, CA 95899-7377	
	Telephone: (805) 964-4711 x 4453
Telephone: (916) 552-9896	Fax: (805) 682-4646
Fax: (916) 552-9910	E-mail: glowe@sbceo.org
E-mail: Rosanna.Jackson@cdph.ca.gov	

C. Either party may make changes to the information above by giving written notice to the other party. Said changes shall not require an amendment to this agreement.