

**AMENDMENT TO AGREEMENT**

**BETWEEN THE COUNTY OF SAN MATEO AND FIRST 5 SAN MATEO COUNTY**

THIS AMENDMENT TO THE AGREEMENT, entered into this tenth of September 2024, by and between the COUNTY OF SAN MATEO, hereinafter called "County," and First 5 San Mateo County, hereinafter called "Contractor";

WITNESSETH:

WHEREAS, pursuant to Government Code, Section 31000, County may contract with independent contractors for the furnishing of such services to or for County or any Department thereof;

WHEREAS, the parties entered into an Agreement for staffing the Baby Bonus Dividend Project on January 21, 2024; and

WHEREAS, the parties wish to amend the Agreement to extend the term and associated funding.

NOW, THEREFORE, IT IS HEREBY AGREED BY THE PARTIES HERETO AS FOLLOWS:

1. Section III "Term" of the agreement is amended to read as follows:

This MOU shall be in effect from January 21, 2024 through June 30, 2027.

2. Section V "Amount and Source of Payment" is amended to read as follows:

F5SMC will invoice FHS quarterly for the actual salaries and benefits incurred for the Community Health Planner (CHP) position. FHS will reimburse F5SMC by journal entry within 30 days of receiving the quarterly invoice.

The estimated cost of the CHP's total salaries and benefits for the term of this MOU is not to exceed \$670,000.

3. Section VII "Amendments to MOU" is removed.


4. Section VII "Performance Measures" is added to read as follows:

Measure	FY 24-25 Target	FY 25-26 Target
Number of cross-agency implementation partner meetings facilitated per year	12	12

5. All other terms and conditions of the agreement dated January 21, 2024, between the County and Contractor shall remain in full force and effect.

In witness of and in agreement with this Agreement's terms, the parties, by their duly authorized representatives, affix their respective signatures:

**For Contractor: First 5 San Mateo County**

<small>DocuSigned by:</small>  <small>BDAC144B019A4D3...</small>	<u>9/5/2024   1:43 PM PDT</u>	<u>Kitty Lopez</u>
Contractor Signature	Date	Contractor Name (please print)

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**For County:**

COUNTY OF SAN MATEO

By:  
President, Board of Supervisors, San Mateo County

Date:

ATTEST:

By:  
Clerk of Said Board