

**STANDARD AGREEMENT AMENDMENT**

STD. 213 A (Rev 6/03)

 CHECK HERE IF ADDITIONAL PAGES ARE ATTACHED 53 Pages

AGREEMENT NUMBER <b>HI-1718-08</b>	AMENDMENT NUMBER <b>2</b>
REGISTRATION NUMBER	

- This Agreement is entered into between the State Agency and Contractor named below:  
STATE AGENCY'S NAME  
California Department of Aging  
CONTRACTOR'S NAME  
County of San Mateo
- The term of this Agreement is July 1, 2017 through June 30, 2020
- The maximum amount of this Agreement after this amendment is: **\$ 912,222** Nine hundred twelve thousand two hundred twenty-two and 00/100 dollars
- 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:

This amendment increases funds provided to the Contractor by \$30,008.

The attached Amendment 2, Budget Display page 9, hereby replaces Amendment 1, Budget Display, page 9 dated 7/1/2017. The Budget, Amendment 2 is hereby incorporated by reference and replaces the Budget Amendment 1.

This amendment changes contract language. Specific language changes are detailed on the Contract Summary of Changes for HICAP Amendment 2 (HI-1718-A2) document posted on CDA's website.

The attached Exhibit A, Amendment 2 replaces the original Exhibit A.  
The attached Exhibit B, Amendment 2 hereby replaces the Exhibit B, Amendment 1.  
The attached Exhibit D, Amendment 2 hereby replaces the Exhibit D, Amendment 1.  
The attached Exhibit E, Amendment 2 replaces the original Exhibit E.

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 San Mateo		
BY (Authorized Signature) 	DATE SIGNED (Do not type)	
PRINTED NAME AND TITLE OF PERSON SIGNING		
ADDRESS 225 37th Ave, Room 140 San Mateo CA 94403-4324		
<b>STATE OF CALIFORNIA</b>		<input checked="" type="checkbox"/> Exempt per: Older Californians Act
AGENCY NAME California Department of Aging		
BY (Authorized Signature) 	DATE SIGNED (Do not type)	
PRINTED NAME AND TITLE OF PERSON SIGNING Karissa Kanenaga, Manager, Contracts and Business Services Section		
ADDRESS 1300 National Drive, Ste. 200, Sacramento, CA 95834		