

**AMENDMENT III TO AGREEMENT RELATING TO  
WELFARE CLIENT DATA SYSTEMS MANAGEMENT**

THIS AMENDMENT, hereinafter referred to as Amendment III, is entered into this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by and between the County of \_\_\_\_\_("COUNTY") and the California State Association of Counties, referred to hereinafter as "CSAC".

WHEREAS, the County entered into that certain Agreement Relating to Welfare Client Data Systems Management ("WCDS"), effective July 1, 2014, whereby CSAC agreed to provide staff and other support resources as set forth in the Agreement to perform duties of the Board of Directors; and

WHEREAS, the parties desire to amend the Agreement regarding changes as stated below.

NOW, THEREFORE, the parties, in consideration of their mutual promises, covenants and conditions, hereinafter set forth, the sufficiency of which is acknowledged, the parties agree as follows:

1. In addition to the duties described in the Agreement, CSAC shall collect and disburse fees paid by the County in support of additional staff approved by the WCDS Board of Directors to support new governance and workload changes.
2. County shall remit the amount specified in Table I below, which represents each County's share of the additional cost for new approved staffing. This is in addition to the amount contained in Section 8 of the existing CSAC Agreement Relating to Welfare Client Data Systems Management. County shall remit the additional funds no later than February 28, 2015.

**Table I**

<b>County</b>	<b>Size</b>	<b>Share</b>	<b>FY14/15 (9 months)</b>
Alameda	L	6.8%	<b>\$79,646</b>
Contra Costa	L	6.8%	<b>\$79,646</b>
Fresno	L	6.8%	<b>\$79,646</b>
Orange	L	6.8%	<b>\$79,646</b>
Placer	S	2.8%	<b>\$32,583</b>
Sacramento	L	6.8%	<b>\$79,646</b>
San Diego	L	6.8%	<b>\$79,646</b>
San Francisco	L	6.8%	<b>\$79,646</b>
San Luis Obispo	S	2.8%	<b>\$32,583</b>
San Mateo	M	5.6%	<b>\$65,166</b>
Santa Barbara	M	5.6%	<b>\$65,166</b>
Santa Clara	L	6.8%	<b>\$79,646</b>
Santa Cruz	S	2.8%	<b>\$32,583</b>
Solano	M	5.6%	<b>\$65,166</b>
Sonoma	M	5.6%	<b>\$65,166</b>
Tulare	L	6.8%	<b>\$79,646</b>
Ventura	M	5.6%	<b>\$65,166</b>
Yolo	S	2.8%	<b>\$32,583</b>
<b>Total</b>		<b>100.0%</b>	<b>\$1,172,976</b>

3. Except as otherwise provided in this Amendment III, all other provisions of the Agreement Relating to Welfare Client Data Systems Management remain unchanged and in full force and effect. This Amendment III shall become effective upon execution.

IN WITNESS WHEREOF, the parties hereto have executed this Amendment III to the Agreement as of the day and year first hereinabove written.

CALIFORNIA STATE  
ASSOCIATION OF COUNTIES

Dated: \_\_\_\_\_

BY \_\_\_\_\_  
Kelli Oropeza,  
Chief of Financial Operations

ATTEST:

COUNTY OF SANTA CLARA

By \_\_\_\_\_  
Deputy County Counsel

By \_\_\_\_\_  
Director Social Services Agency

Dated: \_\_\_\_\_

Dated: \_\_\_\_\_

\_\_\_\_\_  
Deputy County Executive

ATTEST:

COUNTY OF SAN MATEO

Dated: \_\_\_\_\_

\_\_\_\_\_  
Purchasing Agent County of San Mateo

APPROVED AS TO FORM AND LEGALITY

COUNTY OF SAN DIEGO

By \_\_\_\_\_  
Senior Deputy County Counsel

\_\_\_\_\_  
Director, Department of Purchasing and Contracting

Dated: \_\_\_\_\_

Dated: \_\_\_\_\_

ATTEST:

COUNTY OF SONOMA

Dated: \_\_\_\_\_

\_\_\_\_\_  
Director, Human Services Department

Dated: \_\_\_\_\_

\_\_\_\_\_  
Division Director, Human Services Department

Dated: \_\_\_\_\_

\_\_\_\_\_  
County Counsel

ATTEST:

COUNTY OF TULARE

Dated: \_\_\_\_\_

\_\_\_\_\_  
Chairperson, Board of Supervisors

APPROVED AS TO FORM:  
COUNTY COUNSEL

\_\_\_\_\_

ATTEST:

COUNTY OF SANTA CRUZ

By \_\_\_\_\_  
County Counsel

Dated: \_\_\_\_\_

\_\_\_\_\_  
Director, Human Services Department

APPROVED AS TO FORM

EXECUTED AND EFFECTIVE as of the date first above set forth.

ATTEST:

COUNTY OF FRESNO

BERNICE E. SEIDEL, Clerk

By \_\_\_\_\_

By \_\_\_\_\_  
Chairman, Board of Supervisors

APPROVED AS TO LEGAL FORM:  
KEVIN BRIGGS,  
COUNTY COUNSEL

By: \_\_\_\_\_

APPROVED AS TO ACCOUNTING FORM:  
VICKI CROW, C.P.A., AUDITOR-  
TREASURER-TAX COLLECTOR

By: \_\_\_\_\_

REVIEWED AND RECOMMENDED FOR  
APPROVAL:

By: \_\_\_\_\_  
Delfino Neira, Director  
Department of Social Services

Fund/Subclass: 001/1000  
Organization: 56107004  
Account/Program: 7294/0

Mailing Address:  
2135 Fresno Street, Suite 100  
Fresno, CA 93721  
Phone No.: (559) 600-2300  
Contact: Staff Analyst

ATTEST:

COUNTY OF SOLANO

\_\_\_\_\_  
Birgitta E. Corsello  
County Administrator

Dated: \_\_\_\_\_

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE

\_\_\_\_\_  
Zip Code

Approved as to Content:

\_\_\_\_\_  
DEPARTMENT HEAD OR DESIGNEE

Dated: \_\_\_\_\_

Approved as to Form:

\_\_\_\_\_  
COUNTY COUNSEL

Dated: \_\_\_\_\_

ATTEST:

CITY AND COUNTY OF SAN FRANCISCO

Dated: \_\_\_\_\_

\_\_\_\_\_  
Executive Director  
Human Services Agency

ATTEST:

COUNTY OF SAN LUIS OBISPO

JULIE L. RODEWALD  
County Clerk and Ex-Officio Clerk  
Board of Supervisors, San Luis Obispo County  
State of California

\_\_\_\_\_  
Chairperson, Board of Supervisors

By \_\_\_\_\_  
Deputy Clerk

Approved as to form and legal effect:  
RITA L. NEAL, County Counsel

Dated: \_\_\_\_\_

By \_\_\_\_\_  
Deputy County Counsel

ATTEST:

COUNTY OF CONTRA COSTA

Dated: \_\_\_\_\_

\_\_\_\_\_  
Director, Employment & Human  
Services Department

ATTEST:

COUNTY OF ALAMEDA

Clerk Board of Supervisors

\_\_\_\_\_  
President, Board of Supervisors

I hereby certify under penalty of perjury that the President of the Board of Supervisors was duly authorized to execute this document on behalf of the County of Alameda by a majority vote of the Board on \_\_\_\_\_ and that a copy has been delivered to the President as provided by Government Code Section 25103.

Dated: \_\_\_\_\_

\_\_\_\_\_  
CRYSTAL HISHIDA Clerk, Board of Supervisors,  
County of Alameda, State of California

By \_\_\_\_\_  
Deputy

ATTEST:

COUNTY OF PLACER

Date: \_\_\_\_\_

\_\_\_\_\_  
Richard J. Burton, M.D., M.P.H.  
Health Officer & Director of Health and  
Human Services

APPROVED AS TO FORM:

\_\_\_\_\_  
Placer County Counsel

ATTEST:

COUNTY OF YOLO

\_\_\_\_\_  
MARIKO YAMADA, CHAIR  
BOARD OF SUPERVISORS

ATTEST:  
Anna Morales, Clerk  
Board of Supervisors

By \_\_\_\_\_  
Deputy  
(SEAL)

APPROVED AS TO FORM:  
Robyn Truitt Drivon, County Counsel

By \_\_\_\_\_  
Stephen B. Nocita, Senior Deputy

COUNTY OF ORANGE

By: \_\_\_\_\_  
COUNTY OF ORANGE  
CHAIR OF THE BOARD  
OF SUPERVISORS

Dated: \_\_\_\_\_

SIGNED AND CERTIFIED THAT A COPY OF THIS  
DOCUMENT HAS BEEN DELIVERED TO THE CHAIR  
OF THE BOARD PER G.C. SEC. 25103, RESO 79-1535  
ATTEST:

\_\_\_\_\_  
SUSAN NOVAK  
Clerk of the Board of Supervisors  
Orange County, California

APPROVED AS TO FORM  
COUNTY COUNSEL  
COUNTY OF ORANGE, CALIFORNIA

By: \_\_\_\_\_  
DEPUTY

Dated: \_\_\_\_\_



COUNTY OF SANTA BARBARA

ATTEST:  
CHANDRA L. WALLAR  
CLERK OF THE BOARD

By: \_\_\_\_\_  
Deputy Clerk

APPROVED AS TO FORM:  
DENNIS MARSHALL  
COUNTY COUNSEL

APPROVED AS TO ACCOUNTING FORM:  
ROBERT W GEIS, CPA  
AUDITOR-CONTROLLER

By: \_\_\_\_\_  
Deputy County Counsel

By: \_\_\_\_\_  
Deputy

APPROVED AS TO FORM:  
RAY AROMATORIO, ARM AIC  
RISK MANAGEMENT ADMINISTRATOR

By: \_\_\_\_\_  
Risk Management

ATTEST:

COUNTY OF SACRAMENTO

**COUNTY OF SACRAMENTO**

a political subdivision of the State of California

By \_\_\_\_\_  
Ann Edwards, Director  
Department of Human Assistance or  
Designee as per S.C.C. 2.61.012(h)

ATTEST:

COUNTY OF VENTURA

Clerk of the Board of Supervisors  
County of Ventura, State of California

By: \_\_\_\_\_  
Deputy Clerk of the Board

Dated: \_\_\_\_\_

\_\_\_\_\_  
Chairperson of the Board of Supervisors