

**STANDARD AGREEMENT AMENDMENT**

STD. 213 A (Rev 6/03)

☒ **CHECK HERE IF ADDITIONAL PAGES ARE ATTACHED** \_\_\_\_\_ Pages

AGREEMENT NUMBER

**FA-1316-08**

AMENDMENT NUMBER

**1**

REGISTRATION NUMBER

1. 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, Aging and Adult Services**

2. The term of this

Agreement is **April 1, 2014** through **May 31, 2016**

3. The maximum amount of this **\$ 23,664.00**

Agreement after this amendment is: **Twenty-three thousand six hundred sixty-four and 00/100 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:

This amendment changes the dollar amount available under this Agreement by \$ - 23,514.00.

The Work Plan is amended to reflect the decrease in funds and is replaced by the Work Plan – Amendment 1, which is hereby incorporated by reference.

Exhibit B, Amendment 1, Budget Detail, Payment Provisions and Closeout, page 6, is attached and replaces the original Exhibit B, Budget Detail, Payment Provisions and Closeout, page 6.

The Budget, amendment 1, is hereby incorporated by reference and replaces the original Budget.

Services shall be performed in PSA(s): 8

Exhibit D, Article V, Section A is changed. "The Contractor's decision is final and the Subcontractor has no right of appeals to the California Department of Aging." is added.

Exhibit D, Article XII. Section D is changed. "Said notice shall also inform the Contractor of its right to appeal such decision to the Department and the procedure for doing so." is deleted.

All other terms and conditions shall remain the same.

**IN WITNESS WHEREOF, this Agreement has been executed by the parties hereto.**

**CONTRACTOR**

CONTRACTOR'S NAME (If other than an individual, state whether a corporation, partnership, etc.)

**COUNTY OF SAN MATEO, Aging and Adult Services**

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****STATE OF CALIFORNIA**

AGENCY NAME

**California Department of Aging**

BY (Authorized Signature)



DATE SIGNED (Do not type)

PRINTED NAME AND TITLE OF PERSON SIGNING

**Glenn Wallace Manager, CBSS**

ADDRESS

**1300 National Drive, Suite 200, Sacramento, CA 95834**

**CALIFORNIA**  
Department of General Services  
Use Only

☒ Exempt per: SCM 4.04 – Less than \$50,000.

Exhibit B- Budget Detail, Payment Provisions, and Closeout

**FINANCIAL ALIGNMENT CONTRACT**  
**Budget Display**  
**State Fiscal Years 2013-2014 to 2015-2016**  
**December 1, 2013 - May 31, 2016**  
**County of San Mateo Aging and Adult Services**

	Project	Original Allocation	Carryover	Total	Net Change
<b>2013-2014</b>					
<b>Federal Trust Fund</b>					
Program	FAFL13-13	23,589	(23,514)	75	(23,514)
<b>2014-2015</b>					
<b>Federal Trust Fund</b>					
Program	FAFL14-14	23,589	-	23,589	-
<b>2015-2016</b>					
<b>Federal Trust Fund</b>					
Program	FAFL15-15	-	-	-	-
<b>TOTAL FUNDING 2013-2014 to 2015-2016</b>					
<b>Federal Trust Fund</b>					
Program		47,178	(23,514)	23,664	(23,514)

The maximum allowable funding available from the allocations above for Administration is:

2013-2014	FAAL13-13	Federal Trust Fund	75
2014-2015	FAAL14-14	Federal Trust Fund	2,359
2015-2016	FAAL15-15	Federal Trust Fund	-

\*Funds for this contract are provided by using the following Centers for Medicare & Medicaid Services grant:

CFDA#	Project Title	Award #	Effective Date
93.626	SHIP Options Counseling for Medicare/Medicaid	1N1CMS331189-01-00	6/4/2013