

STANDARD AGREEMENT - AMENDMENT

STD 213A (Rev. 4/2020)

 CHECK HERE IF ADDITIONAL PAGES ARE ATTACHED 5 PAGES

AGREEMENT NUMBER

19-5042

AMENDMENT NUMBER

A1

Purchasing Authority Number

1. This Agreement is entered into between the Contracting Agency and the Contractor named below:

CONTRACTING AGENCY NAME

California Department of Social Services

CONTRACTOR NAME

County of Lake

2. The term of this Agreement is:

START DATE

July 1, 2019

THROUGH END DATE

June 30, 2021

3. The maximum amount of this Agreement after this Amendment is:

\$85,120.00 Eighty-Five Thousand One Hundred Twenty Dollars and 00/100

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:

Standard Agreement 19-5042 originally made and entered into on July 1, 2019, is amended on this day of July 1, 2019 in the following particulars and no others:

A. STD 213A, Item 3, The maximum amount of this Agreement after this amendment is hereby amended to read: Increase the maximum amount receivable by \$23,119.00 from \$62,001.00 to \$85,120.00. This increase will allow CDSS to continue performing CCR Resource Family Approval Activities for Legal Services (no charge), Complaint Investigations, and Family Evaluations.

B. Exhibit B - Budget Detail and Payment Provisions is deleted and replaced in it's entirety with the attached Revised Exhibit B - Budget Detail and Payment Provisions to reflect an increase of \$18,143.00 to fiscal year (FY) 19/20 and an increase of \$4,976.00 to FY 21/22 due to an increase in activities that the county had for both FY 19/20 and 20/21 and to update invoicing and payment information. (5 pages)

All other terms and conditions shall remain the same.

IN WITNESS WHEREOF, THIS AGREEMENT HAS BEEN EXECUTED BY THE PARTIES HERETO.

CONTRACTOR

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

County of Lake

CONTRACTOR BUSINESS ADDRESS

PO Box 9000

CITY

Lower Lake

STATE

CA

ZIP

95457

PRINTED NAME OF PERSON SIGNING

TITLE

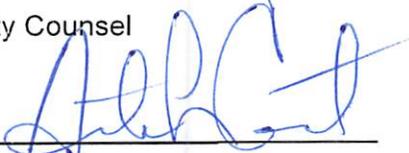
CONTRACTOR AUTHORIZED SIGNATURE

DATE SIGNED

APPROVED AS TO FORM:

ANITA L. GRANT

County Counsel

By: 

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STATE OF CALIFORNIA

CONTRACTING AGENCY NAME

California Department of Social Services

CONTRACTING AGENCY ADDRESS

744 P Street

CITY

Sacramento

STATE

CA

ZIP

95814

PRINTED NAME OF PERSON SIGNING

Marissa Enos

TITLE

Section Chief, Contracts and Purchasing Bureau

CONTRACTING AGENCY AUTHORIZED SIGNATURE

DATE SIGNED

CALIFORNIA DEPARTMENT OF GENERAL SERVICES APPROVAL

EXEMPTION (If Applicable)