STATE OF CALIFORNIA STANDARD AGREEMENT AMENDM STD. 213 A (Rev 6/03)	ENT		
CHECK HERE IF ADDITIONAL PAGES ARE A	TTACHED Pages	AGREEMENT NUMBER VCGC7105 REGISTRATION NUMBER	AMENDMENT NUMBER 1
1. This Agreement is entered into betwee STATE AGENCY'S NAME VICTIM COMPENSATION AND GONTRACTOR'S NAME COUNTY OF Tulare			:
The term of this Agreement is July 1, 200 The maximum amount of this Agreement after this amendment is:	\$152,442.00	June 30, 2009 ousand, four hundred forty t	wo dollars, and no cents.
4. The parties mutually agree to this among the Agreement and incorporated her This agreement is hereby amended Exhibit A, Scope of Work, Page 4, of his/her time performing the work related to the imposition and collect be dedicated to activities described described in Exhibit A — 1a through regular time and attendance records VCGCB on a monthly basis as attact the VCGCB to be reimbursed for reversely to the VCGCB's federal VOCA grant. Faresult in the District Attorney's Off All other terms and conditions remains the VCGCB to the remainder of the VCGCB to the reimbursed for reversely to the VCGCB's federal VOCA grant. Faresult in the District Attorney's Off All other terms and conditions remains the VCGCB to the remainder of the VCGCB to the remainder of the VCGCB's federal VOCA grant. Faresult in the District Attorney's Off All other terms and conditions remains the VCGCB to the vocation of the VCGCB	Section 1.v. shall read: k described in Exhibit A tion of restitution order in Exhibit A – 1t, and a 1 1u. The Specialist sha s approved by the VCG chments to the monthly estitution activities from ilure to keep and maint ice not being compensa	The Specialist must span — 1a through 1u, exclus. The other 25% of the all those activities related all document his or her CB. These records sha invoices. This document the administrative cost ain the records required the ted under this Contract all force and effective all force all f	pend a minimum of 75% ading 1t, and directly e Specialist's time shall ed to restitution fines activities by using activities by using ll be forwarded to the entation is necessary for t portion of the l by this section may for those activities.
CONTRAC	TOR	Dep	artment of General Services Use Only
CONTRACTOR'S NAME (If other than an individual, state whe COUNTY OF Tulare BY (Authorized Signature) PRINTED NAME AND TITLE OF PERSON SIGNING Connie Conway, Chairman of the Board	ther a corporation, partnership, etc.) DATE SIGNED (L		Use Only
ADDRESS ADDRESS			

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

COUNTY OF Tulare

BY (Authorized Signature)

PRINTED NAME AND TITLE OF PERSON SIGNING

Connie Conway, Chairman of the Board

ADDRESS

ADDRESS

ADDRESS

STATE OF CALIFORNIA

AGENCY NAME

VICTIM COMPENSATION AND GOVERNMENT CLAIMS BOARD

BY (Authorized Signature)

PRINTED NAME AND TITLE OF PERSON SIGNING

KAREN McGAGIN, EXECUTIVE DIRECTOR

ADDRESS

400 "R" STREET, SUITE 500, SACRAMENTO, CA 95811