

1 **AMENDMENT TO AGREEMENT**

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3 **THIS AMENDMENT TO AGREEMENT** is entered into as of _____, 2009
4 between the COUNTY OF TULARE, referred to as the COUNTY, and FIRST 5
5 TULARE COUNTY, referred to as FIRST 5, with reference to the following:

6 A. COUNTY and FIRST 5 previously entered into an Agreement on June 18,
7 2002 (Tulare County Agreement No. 21234)(the "Agreement") wherein the COUNTY
8 agreed to provide certain services to FIRST 5;

9 B. The parties now wish to extend said Agreement for one additional year.
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11 **ACCORDINGLY, IT IS AGREED:**

12 1. Section 1 of the Agreement #21234 is hereby amended to extend the term
13 to June 30, 2010.

14 2. Exhibit "A" is hereby deleted in its entirety and substituted with the
15 attached "Exhibit A" which exhibit is made part of this Agreement by reference.

16 3. Exhibit "B" is hereby deleted in its entirety and substituted with the
17 attached "Exhibit B" which exhibit is made part of this Agreement by reference.

18 Except as modified by the Amendment, all other terms and conditions of the
19 Agreement shall remain in full force and effect.

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26 TULARE COUNTY AGREEMENT _____

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THE PARTIES, having read and considered the above provisions, indicate their agreement by their authorized signatures below.

COUNTY OF TULARE

Date: _____

By _____

Chairman, Board of Supervisors

ATTEST: JEAN ROUSSEAU
County Administrative Officer/Clerk of the
Board of Supervisors of the County of Tulare

By _____

Deputy Clerk

FIRST 5 TULARE COUNTY

Date: _____

By Janet Hogan

Title EXECUTIVE DIRECTOR

Approved as to Form
County Counsel

By G. Klotz

Date 5/12/09

Deputy 2009689

SERVICE EXHIBIT A

County Agency/Department: AUDITOR-CONTROLLER

- A. Services to be provided:
a. General Accounting
b. Payment of claims and management of requests for payments
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- B. Deviation from County policies, protocols and time lines (if any):

None
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- C. Modification of costs of services basis (if any):

None
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- D. Estimated rate for services provided:
a. General Accounting: \$553 (five hundred fifty three dollars) per year
b. Claims processing \$3.38 (three dollars and thirty eight cents) per claim
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COUNTY Contact:

Name: Rita Woodard Phone: 636-5200 Ext: _____
Position: Auditor FAX: 730-2547 E-mail: rwoodard@co.tulare.ca.us

COMMISSION Contact:

Name: Janet Hogan Phone: 622-8650 Ext: _____
Position: Executive Director FAX: 622-8651 E-mail: jh@first5tc.org

SERVICE EXHIBIT B

County Agency/Department: TREASURY

- A. Services to be provided:
- a. Accept Commission Funds from State
 - b. Manage Commission Funds in a designated Trust Fund
 - c. Pool Commission Funds for investment purposes
 - d. Account for investment income earned on Commission Funds based on the average daily balance maintained in the Commission Trust Fund
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B. Deviation from County policies, protocols and time lines (if any):

None

C. Modification of costs of services basis (if any):

None

D. Estimated rate for services provided:

- a. The Treasury expenses are reimbursed by the Treasury Investment Pool. Quarterly earnings are distributed net of expenses (fees).
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COUNTY Contact:

Name: Rita Woodard Phone: 733-6345 Ext: _____
Position: Treasurer FAX: 730-2547 E-mail: rwoodard@co.tulare.ca.us

COMMISSION Contact:

Name: Janet Hogan Phone: 622-8650 Ext: _____
Position: Executive Director FAX: 622-8651 E-mail: jh@first5tc.org