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Agreement Number <b>09-11159</b>	Amendment Number <b>A01</b>
Registration Number:	

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

State Agency's Name <b>California Department of Public Health</b>	Also known as CDPH or the State
Contractor's Name <b>County of Tulare</b>	(Also referred to as Contractor)
2. The term of this Agreement is: **July 1, 2009 through June 30, 2011**
3. The maximum amount of this Agreement after this amendment is: **\$ 29,396**  
 Twenty-Nine Thousand Three Hundred Ninety-Six 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:
  - I. **Amendment effective date:** July 1, 2010
  - II. **Purpose of amendment:** This amendment makes adjustments to the budget due to changes within the local health department.
  - III. Certain changes made in this amendment are shown as: Text additions are displayed in **bold and underline**. Text deletions are displayed as strike through text (i.e., ~~Strike~~).

**APPROVED AS TO FORM:  
 COUNTY COUNSEL**

By *[Signature]* 10/21/10  
 Deputy 26101796

(Continued on next page)

All other terms and conditions shall remain the same.

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

<b>CONTRACTOR</b>		<b>CALIFORNIA Department of General Services Use Only</b>
Contractor's Name (If other than an individual, state whether a corporation, partnership, etc.) <b>County of Tulare</b>		
By (Authorized Signature) <i>[Signature]</i>	Date Signed (Do not type)	
Printed Name and Title of Person Signing <b>Chairman, Board of Supervisors</b>		
Address <b>2800 West Burrel Avenue, Visalia, CA 93291</b>		
<b>STATE OF CALIFORNIA</b>		
Agency Name <b>California Department of Public Health</b>		<input checked="" type="checkbox"/> Exempt per: <b>CDPH 1</b>
By (Authorized Signature) <i>[Signature]</i>	Date Signed (Do not type)	
Printed Name and Title of Person Signing <b>Sandra Winters, Chief, Contracts and Purchasing Services Section</b>		
Address <b>1501 Capitol Avenue, Suite 71.5178, MS 1802, P.O. Box 997377, Sacramento, CA 95899-7377</b>		

IV. Paragraph 4 (incorporated exhibits) on the face of the original STD. 213 is amended to add the following revised exhibits:

Exhibit B, Attachment II A01 – Budget (Year 2)  
Exhibit B, Attachment II A01 – Schedule (Year 2)

All references to Exhibit B, Attachment II – Budget, and Exhibit B, Attachment II – Schedule 1 in any exhibit incorporated into this agreement shall hereinafter be deemed to read Exhibit B, Attachment II A01 – Budget, and Exhibit B, Attachment II A01 – Schedule 1 respectively. Exhibit B, Attachment II – Budget, Exhibit B and Attachment II – Schedule 1 are hereby replaced in their entirety by the attached revised exhibits.

V. All other terms and conditions shall remain the same.

EXHIBIT B - ATTACHMENT II A01  
Schedule 1

(Year 2)

July 1, 2010 through June 30, 2011

	STD Control Budget	Revised STD Control	ClaSP Budget	Total Budget	A01 Budget
Personnel	<del>\$5,597</del>	<u>\$6,299</u>	\$0	\$5,597	<u>\$6,299</u>
Fringe Benefits (43 <u>45%</u> of Personnel)	\$2,407	<u>\$2,835</u>	\$0	\$2,407	<u>\$2,835</u>
Operating Expenses	\$3,850	<u>\$3,350</u>	\$0	\$3,850	<u>\$3,350</u>
Equipment	\$0	\$0	\$0	\$0	\$0
Travel	\$700	<u>\$500</u>	\$0	\$700	<u>\$500</u>
Subcontractors	\$0	\$0	\$0	\$0	\$0
Other Costs	\$944	<u>\$344</u>	\$0	\$944	<u>\$344</u>
Indirect Costs (15% of Personnel)	\$1,200	<u>\$1,370</u>	\$0	\$1,200	<u>\$1,370</u>
<b>Total</b>	<b>\$14,698</b>	<b>\$14,698</b>	<b>\$0</b>	<b>\$14,698</b>	<b>\$14,698</b>