

**STANDARD AGREEMENT - AMENDMENT**

STD 213A (Rev. 4/2020)

 CHECK HERE IF ADDITIONAL PAGES ARE ATTACHED 24 PAGES

AGREEMENT NUMBER

18-95270

AMENDMENT NUMBER

A01

Purchasing Authority Number

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

CONTRACTING AGENCY NAME

Department of Health Care Services

CONTRACTOR NAME

County of San Francisco

2. The term of this Agreement is:

START DATE

July 1, 2018

THROUGH END DATE

June 30, 2021

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

\$0.00 (Zero 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. The effective date of this amendment is the date approved by DHCS.

II. Purpose of amendment: This amendment modifies the terms and conditions as outlined in the original contract to include the Substance Abuse Prevention and Treatment Block Grant (SABG), incorporate the SABG County Application by reference, and clarifies the Contractor's name.

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).

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

Exhibit A A1 – Program Specifications (23 pages)

All references to Exhibit A – Program Specifications, in any exhibit incorporated into this agreement, shall hereinafter be deemed to read Exhibit A A1 – Program Specifications. Exhibit A – Program Specifications is hereby replaced in its entirety by the revised exhibit.

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

Exhibit B A1 – Funds Provision (1 page)

All references to Exhibit B – Funds Provision, in any exhibit incorporated into this agreement, shall hereinafter be deemed to read Exhibit B A1 – Funds Provision. Exhibit B – Funds Provision is hereby replaced in its entirety by the revised exhibit.

*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 San Francisco

CONTRACTOR BUSINESS ADDRESS

1380 Howard Street, 5th Floor

CITY

San Francisco

STATE

CA

ZIP

94103

PRINTED NAME OF PERSON SIGNING

Marlo Simmons

TITLE

Acting Director of Behavioral Health Services

CONTRACTOR AUTHORIZED SIGNATURE

DATE SIGNED

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**STATE OF CALIFORNIA**

CONTRACTING AGENCY NAME

Department of Health Care Services

CONTRACTING AGENCY ADDRESS

1501 Capitol Ave., MS 4200, PO Box 9974413

CITY

Sacramento

STATE

CA

ZIP

95899

PRINTED NAME OF PERSON SIGNING

Carrie Talbot

TITLE

SSM I, Contracts Section

CONTRACTING AGENCY AUTHORIZED SIGNATURE

DATE SIGNED

CALIFORNIA DEPARTMENT OF GENERAL SERVICES APPROVAL

EXEMPTION (If Applicable)

W&amp;I Code 14703