

STANDARD AGREEMENT AMENDMENT

STD. 213A_DHCS (Rev. 01/13)

☒ Check here if additional pages are added: 2 Page(s)

Agreement Number 12-89228	Amendment Number A02
Registration Number:	

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

State Agency's Name

(Also known as DHCS, CDHS, DHS or the State)

Department of Health Care Services

Contractor's Name

(Also referred to as Contractor)

County of Mendocino

2. The term of this Agreement is: July 1, 2010
through June 30, 2014

3. The maximum amount of this \$ 4,244,812
Agreement after this amendment is: Four million, two hundred forty-four thousand, eight hundred twelve 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, 2013

II. Purpose of amendment: This amendment: 1) modifies the terms and conditions; and 2) increases funding for Fiscal Year 2013-14. The contractor is performing more of the same services as outlined in the original contract.

III. Certain changes made in this amendment are shown within the attached document entitled "Standard Agreement Attachment for Counties – Contract Changes from Fiscal Year 2012-13 to Fiscal Year 2013-14" as: Text additions are displayed in **bold and underline**. Text deletions are displayed as strike through text (i.e., Strike).

IV. Paragraph 3 (maximum amount) of the face of the amended STD 213 is increased by \$53,527 and amended to read: ~~\$4,191,285 (Four Million, One Hundred Ninety-One Thousand, Two Hundred Eighty-Five Dollars).~~
\$4,244,812 (Four Million, Two Hundred Forty-Four Thousand, Eight Hundred Twelve Dollars).

(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.**CONTRACTOR**

CALIFORNIA
Department of General Services
Use Only

Contractor's Name (If other than an individual, state whether a corporation, partnership, etc.)

County of Mendocino

By (Authorized Signature)

Date Signed (Do not type)



Printed Name and Title of Person Signing

Tom Pinizzotto, HHSA Assist Director, Health Services

Address

1120 S. Dora Street, Ukiah, CA 95482**STATE OF CALIFORNIA**

Agency Name

Department of Health Care Services

By (Authorized Signature)

Date Signed (Do not type)



Printed Name and Title of Person Signing

Address

**1501 Capitol Avenue, Suite 71.5195, MS 1403, P.O. Box 997413,
Sacramento, CA 95899-7413**

☒ Exempt per: **DGS Memo dated**
07/10/96 and Welfare and Institutions
Code 14087.4

IN WITNESS WHEREOF, the parties hereto have executed this Agreement as of the day and year first above written.

COUNTY OF MENDOCINO

By _____
John Pinches, Chair
Board of Supervisors

Date: _____

ATTEST:

CARMEL J. ANGELO, Clerk of said Board

By _____
Deputy

I hereby certify that according to the provisions of Government Code Section 25103, delivery of this document has been made.

CARMEL J. ANGELO, Clerk of said Board

By _____
Deputy

Date: _____

HEALTH AND HUMAN SERVICES AGENCY

By _____
TOM PINIZZOTTO, HHSA Assistant Director,
Health Services

Date: _____

Budgeted: ☒ Yes ☐ No

Budget Unit: 4012

Line Item (Acct String): 82-5393

Org/Object Code: DDAdmin

Grant: ☒ Yes ☐ No

Grant No.: 10-NNA23 V.1

INSURANCE REVIEW:

RISK MANAGER

By _____
KRISTIN McMENOMEY, Director
General Services Agency

Date: _____

CONTRACTOR/COMPANY NAME

By _____
Signature

Printed Name: _____

Title: _____

Date: _____

NAME AND ADDRESS OF CONTRACTOR:

Department of Health Care Services
1501 Capitol Avenue, Suite 71.5195, MS 1403
PO Box 997413
Sacramento, CA 95899-7413

By signing above, signatory warrants and represents that he/she executed this Agreement in his/her authorized capacity and that by his/her signature on this Agreement, he/she or the entity upon behalf of which he/she acted, executed this Agreement

COUNTY COUNSEL REVIEW:

APPROVED AS TO FORM:

Douglas L. Losak, Acting County Counsel

By _____

Date: _____

EXECUTIVE OFFICE REVIEW:

APPROVAL RECOMMENDED

By _____
Carmel J. Angelo, Chief Executive Officer

Date: _____

Fiscal Review:

By: _____
Deputy CEO/Fiscal Date

Signatory Authority: \$0-25,000 Department; \$25,001- 50,000 Purchasing Agent; \$50,001+ Board of Supervisors

Exception to Bid Process Required/Completed ☐ **Exception #:** _____

- V. Attached to this contract amendment is a listing of standard agreement changes from Fiscal Year 2012-13 to Fiscal Year 2013-14.
- VI. Attached to this contract amendment is Exhibit A1 of the Fiscal Year 2013-14 Substance Use Disorder Budget for the County of Mendocino, ADP Contract #10-NNA23 V.2 and DHCS Contract #12-89228 A02.
- VII. Attached to this contract amendment is Exhibit B, General Terms and Conditions, effective July 1, 2013, as part of the multi-year contract for the Fiscal Year 2010-11 through Fiscal Year 2013-14, for the County of Mendocino, ADP Contract #10-NNA23 V.2 and DHCS Contract #12-89228 A02.
- VIII. Attached to this contract amendment is Exhibit C, Non Drug Medi-Cal Substance Abuse Treatment Services and Funding Conditions, effective July 1, 2013, as part of the multi-year contract for the Fiscal Year 2010-11 through Fiscal Year 2013-14, for the County of Mendocino, ADP Contract #10-NNA23 V.2 and DHCS Contract #12-89228 A02.
- IX. Attached to this contract amendment is Exhibit D, Drug Medi-Cal Treatment Program Services and Funding Conditions, effective July 1, 2013, as part of the multi-year contract for the Fiscal Year 2010-11 through Fiscal Year 2013-14, for the County of Mendocino, ADP Contract #10-NNA23 V.2 and DHCS Contract #12-89228 A02.