STANDARD AGREEMENT AMENDMENT

STD, 213A_DHCS (Rev. 06/16)

Check here if additional pages are added: 94 Page(s)		14-90103	A05	
		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 Shasta			
2.	The term of this Agreement is: July 1, 2014			
	through June 30, 2	2017		
3.	The maximum amount of this \$ 7,376,303			
	Agreement after this amendment is: Seven Million, Three Hu	ndred Seventy-Six Thousand, Three	Hundred Three 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:			

Agreement Number

- . Amendment effective date: July 1, 2016
- II. **Purpose of amendment:** This amendment 1) modifies the terms and conditions; and 2) an increase in the budget year 3 to compensate the Contractor for performing additional services, and identifies the changes in Exhibit B Attachment I A4 Funding Amounts.
- 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 3 (maximum amount payable) on the face of the original STD 213 is increased by \$1,273,200 and is amended to read: \$6,103,103 (Six Million, One Hundred Three Thousand, One Hundred Three Dollars) \$7,376,303 (Seven Million, Three Hundred Seventy-Six Thousand, Three Hundred Three Dollars).

(Continued on next page)

Amendment Number

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	
Contractor's Name (If other than an individual, state whether a corporation, pa	Use Only	
County of Shasta		
By(Authorized Signature)	Date Signed (Do not type)	
&		
Printed Name and Title of Person Signing		
David A. Kehoe, Chairman, Board of Supervisors		
Address		
P.O. Box 496005		
Redding, CA 96001		-
STATE OF CALIFORNIA		
Agency Name		
Department of Health Care Services		
By (Authorized Signature)	Date Signed (Do not type)	
€ S		
Printed Name and Title of Person Signing		Exempt per: DGS memo dated
Don Rodriguez, Chief, Contract Management Unit		07/10/96 and Welfare and Institutions Code 14087.4
Address		
1501 Capitol Avenue, Suite 71.2048, MS 1400, P.O. B		

V_s Exhibit A A2 (Scope of Work), is amended to add Provision 6. (American with Disabilities Act) and to read as follows:

6. Americans with Disabilities Act

Contractor agrees to ensure that deliverables developed and produced, pursuant to this Agreement shall comply with the accessibility requirements of Section 508 of the Rehabilitation Act and the Americans with Disabilities Act of 1973 as amended (29 U.S.C. § 794 (d), and regulations implementing that act as set forth in Part 1194 of Title 36 of the Federal Code of Regulations. In 1998, Congress amended the Rehabilitation Act of 1973 to require Federal agencies to make their electronic and information technology (EIT) accessible to people with disabilities. California Government Code section 11135 codifies section 508 of the Act requiring accessibility of electronic and information technology.

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

Exhibit B Attachment I A4 - Funding Amounts (1 page)

All references to Exhibit B Attachment I A3 - Funding Amounts, in any exhibit incorporated into this agreement shall hereinafter be deemed to read Exhibit B Attachment I A4 - Funding Amounts. Exhibit B Attachment I A3 - Funding Amounts is hereby replaced in its entirety by the attached revised exhibit.

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

Exhibit G, Attachment I A2 – Social Security Administration Agreement (92 pages)

All references to Exhibit G, Attachment I A1, in any exhibit incorporated into this agreement is hereby replaced in its entirety by the attached revised exhibit.

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

ATTEST:	Approved as to form:		
	RUBEN E. CRUSE JR		
LAWRENCE G. LEES	County Counsel /		
Clerk of the Board of Supervisors	4/28/12		
	By:		
By:	Alan B. Cox		
Deputy	Deputy County Counsel		

RISK MANAGEMENT APPROVAL

By: 04/28/17

Risk Management Analyst

NFORMATION TECHNOLOGY APPROVAL

Tom Schreiber

Chief Information Officer