State of California-Department of General Services **STANDARD AGREEMENT** STD 213A (Rev. 7/2019) ☒ CHECK HERE IF ADDITIONAL PAGES ARE ATTACHED 46 PAGES	**AGREEMENT NUMBER**	**AMENDMENT NUMBER**	**Purchasing Authority Number**
	AP-1920-15	**2**	

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

STATE AGENCY NAME
California Department of Aging

CONTRACTOR NAME
Kings/Tulare Area Agency on Aging

2. The term of this Agreement is:

START DATE
July 1, 2019

THROUGH END DATE
June 30, 2020

3. The maximum amount of this Agreement after this Amendment is:
$ 2,769,509
Two million seven hundred sixty-nine thousand five hundred nine and 00/100 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:

A) This amendment increases funds provided to the Contractor by $452,625.
B) The attached Budget Display pages 13 & 14 of Exhibit B, dated 12/13/19, and labeled Amendment #2, hereby replaces the Amendment 1 Exhibit B – Budget Display, pages 13 & 14, dated 7/1/19.
The Budget, Amendment 2 is hereby incorporated by reference and replaces the original Budget.
C) This amendment changes contract language in Exhibits A, B, and E. Specific language changes are detailed on the Contract Summary of Changes for Area Plan Amendment 2 (AP-1920-A2) document emailed to the Contractor.
The Exhibit A, Amendment 2 hereby replaces the original Exhibit A (16 pages – pages 2-17).
The Exhibit B, Amendment 2 hereby replaces the original Exhibit B (12 pages – pages 1-12).
The Exhibit E, Amendment 2 hereby replaces the original Exhibit E (16 pages).

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.)
Kings/Tulare Area Agency on Aging

CONTRACTOR BUSINESS ADDRESS	CITY	STATE	ZIP
5957 South Mooney Blvd	Visalia	CA	93277-9394

PRINTED NAME OF PERSON SIGNING	TITLE
CONTRACTOR AUTHORIZED SIGNATURE	**DATE SIGNED**

STATE OF CALIFORNIA

CONTRACTING AGENCY NAME
California Department of Aging

CONTRACTING AGENCY ADDRESS	CITY	STATE	ZIP
1300 National Drive, Suite 200	Sacramento	CA	95834

PRINTED NAME OF PERSON SIGNING	TITLE
Nate Gillen	Chief, Business Management Branch
CONTRACTING AGENCY AUTHORIZED SIGNATURE	DATE SIGNED
CALIFORNIA DEPARTMENT OF GENERAL SERVICES APPROVAL	EXEMPTION (If Applicable) AG OP 80-111