THE INFORMATION IN THIS BOX IS NOT A PART OF THE CONTRACT AND IS FOR COUNTY USE ONLY



Contract Number 20-359 A 2

SAP Number N/A

Department of Aging and Adult Services

Department Contract Representative Sharon Nevins 909.891.3917 **Telephone Number** California Department of Aging Contractor **Contractor Representative** Nate Gillen, Manager 916.419.7556 **Telephone Number** July 1, 2020 - June 30, 2022 **Contract Term** \$8,629,827 **Original Contract Amount** N/A **Amendment Amount Total Contract Amount** \$8,629,827 5290001036 **Cost Center**

Amendment No. 2, effective June 8, 2021, to Revenue Contract No. 20-359 (State Revenue Agreement No. AP-2021-20) with the California Department of Aging to provide Area Plan services, extending the contract term for one addition year, for a total contract period of July 1, 2020 through June 30, 2022, with no change to the contract amount of \$8,629,827.

| FOR COUNTY USE ONLY | | |
|--|--|---------------------------------|
| Approved as to Legal Form | Reviewed for Contract Compliance | Reviewed/Approved by Department |
| ^ | | Docusigned by. |
| acqueline Carey-Wilson | Jennifer Mulhall-Daudel | Sharon Marins |
| Jacqueline நெடிய Wilson, Deputy County Counsel | Jennifer Mulhall-Daudel, Contracts Manager | Sharon Nevins Director |
| May 19, 2021 | May 19, 2021 | May 19, 2021 |
| Date | Date | Date |

| STATE OF CALIFORNIA – DEPARTMENT OF GENERAL SERVICES | | SCO ID: 4170-AP202120-A2 | | | | |
|--|-----------------------------------|----------------------------|--|----------------|--|--|
| STANDARD AGREEMENT - AMENDMENT | | | | | | |
| STD 213A (Rev. 4/2020) | , | AGREEMENT NUMBER | AMENDMENT NUMBER | Purchasing Aut | thority Number | |
| ☐ CHECK HERE IF ADDITIONAL PAGES ARI | E ATTACHED PAGES | AP-2021-20 | 2 | | | |
| 1. This Agreement is entered into between | the Contracting Agency and t | he Contractor named be | low: | | | |
| CONTRACTING AGENCY NAME | | | | | | |
| California Department of Aging CONTRACTOR NAME | | | | | | |
| County of San Bernardino Aging | & Adult Svcs | | | | | |
| 2. The term of this Agreement is: | a riddit 0700 | | | | | |
| START DATE | , | | | | | |
| 07/01/2020 | | | | | | |
| THROUGH END DATE | | | • | | | |
| 06/30/2022 | | | | | | |
| 3. The maximum amount of this Agreemen | | | h 1 00/400 | -1 - 0 | | |
| \$ 8,629,827 Eight million six hund 4. The parties mutually agree to this amend | | | | | | |
| incorporated herein: | urrient as follows. All actions i | loted below are by trils t | elerence made a part of t | ine Agreement | and | |
| · | | | | | | |
| A. This amendment extends the | ne contract term for an a | additional year, to J | lune 30, 2022 for O | NLY the St | ate | |
| funded Nutrition Augmentation program AND the State funding for Quarterly Visits for the Ombudsman | | | | | | |
| Program. This amendment allows the contractor to expend State General Funds Nutrition Augmentation | | | | | | |
| Funding and the State Gene | eral Funds Quarterly Vi | sit Ombudsman fur | nding during the ext | ension. All | other | |
| funds in this Agreement must be expended, reimbursed, and reported pursuant to the original terms, | | | | | | |
| conditions, and dates in the | original Agreement. | | | | | |
| | • | | | | | |
| All other terms and conditions shall remain th | he same. | | | | | |
| IN WITNESS WHEREOF, THIS AGREE | MENT HAS BEEN EVECUT | ED BY THE DADTIES | UEDETO | | | |
| IN WITNESS WHEREOF, THIS AGREE | | RACTOR | nekeiu. | | | |
| CONTRACTOR NAME (if other than an individ | | | | | | |
| County of San Bernardino Aging & A | | , partitioning, oto., | | | | |
| | | | | | | |
| CONTRACTOR BUSINESS ADDRESS | | CITY | t. | STATE | ZIP | |
| 784 E. Hospitality Lane | | San B | ernardino | CA | 92415- | |
| PRINTED NAME OF PERSON SIGNING | | TITLE | 0009 | | | |
| Glenda Jackson for Sharon Nevins, Director - Public Guardian | | ļ | Deputy Director - Chief Public Guardian | | | |
| | | | Deputy Director - Office Public Guardian | | | |
| CONTRACTOR AUTHORIZED SIGNATUREDocuSigned by: | | DATE S | DATE SIGNED | | | |
| | Glenda Jackson | 6/29/2 | 021 | | | |
| | A5DBA45545E74STATE OF | CALIEODAIA | *************************************** | | ······································ | |
| CONTRACTING AGENCY NAME | STATE OF | CALIFORNIA | | | | |
| California Department of Aging | | • | | | | |
| CONTRACTING AGENCY ADDRESS | | CITY | | STATE | ZIP | |
| 1300 National Drive, Suite 200 | | | mento ' | CA | 95834 | |
| PRINTED NAME OF PERSON SIGNING | | TITLE | | | | |
| Nate Gillen | | Chief, | Chief, Business Management Branch | | | |
| CONTRACTING AGENCY AUTHORIZED SIGNATUREDocuSigned by: | | DATE S | DATE SIGNED | | | |
| (A Fine | | 6/29/2 | 6/29/2021 | | | |
| 100 | | | O/ES/ESE I | | | |
| CALIFORNIA DEPARTMENT OF GENERAL SERVICES APPROVAL | | EXEMP | EXEMPTION (If Applicable) | | | |
| | | | AG OP 80-111 | | | |
| | | AG O | P 80-111 | | | |
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