

State of California-Department of General Services STANDARD AGREEMENT STD 213A (Rev. 7/2019) <input type="checkbox"/> CHECK HERE IF ADDITIONAL PAGES ARE ATTACHED	AGREEMENT NUMBER AP-1920-20	AMENDMENT NUMBER 3	Purchasing Authority Number
---	--	-------------------------------------	------------------------------------

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

STATE AGENCY NAME
California Department of Aging

CONTRACTOR NAME
County of San Bernardino Aging & Adult Svcs

2. The term of this Agreement is:

START DATE
July 1, 2019

THROUGH END DATE
June 30, 2021

3. The maximum amount of this Agreement after this Amendment is:
\$ 9,200,959 Nine million two hundred thousand nine hundred fifty-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 extends the contract term for an additional year, to June 30, 2021 for the State funded Nutrition Augmentation program, and allows the contractor to expend State General Funds Nutrition Augmentation Funding during the extension, which was added in Amendment 2. These funds alone may be expended and reimbursed until June 30, 2021. 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 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 Bernardino Aging & Adult Svcs

CONTRACTOR BUSINESS ADDRESS 784 E. Hospitality Lane	CITY San Bernardino	STATE CA	ZIP 92415-0009
PRINTED NAME OF PERSON SIGNING Sharon Nevins		TITLE Director	
CONTRACTOR AUTHORIZED SIGNATURE		DATE SIGNED	

STATE OF CALIFORNIA

CONTRACTING AGENCY NAME
California Department of Aging

CONTRACTING AGENCY ADDRESS 1300 National Drive, Suite 200	CITY Sacramento	STATE CA	ZIP 95834
PRINTED NAME OF PERSON SIGNING Nate Gillen		TITLE Chief, Business Management Branch	
CONTRACTING AGENCY AUTHORIZED SIGNATURE		DATE SIGNED	

CALIFORNIA DEPARTMENT OF GENERAL SERVICES APPROVAL	EXEMPTION (If Applicable) AG OP 80-111
--	---