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 Au	thority Number	
☐ CHECK HERE IF ADDITIONAL PAGES ARE ATTACHED PAGES	AP-2021-20	2			
1. This Agreement is entered into between the Contracting Agency and		elow:			
CONTRACTING AGENCY NAME					
California Department of Aging					
CONTRACTOR NAME					
County of San Bernardino Aging & Adult Svcs					
2. The term of this Agreement is:					
START DATE					
07/01/2020 THROUGH END DATE					
06/30/2022 3. The maximum amount of this Agreement after this Amendment is:					
\$ 8,629,827 Eight million six hundred twenty-nine thousan	nd eight hundred twer	nty-seven and 00/100	dollars		
4. The parties mutually agree to this amendment as follows. All actions				t and	
incorporated herein:					
A. This amendment extends the contract term for an					
funded Nutrition Augmentation program AND the	•	•			
Program. This amendment allows the contractor t	•		•		
Funding and the State General Funds Quarterly V					
funds in this Agreement must be expended, reimb	oursed, and reported	d pursuant to the ori	ginai terms	5,	
conditions, and dates in the original Agreement.					
All other terms and conditions shall remain the same.					
an other terms and conditions shall remain the same.					
IN WITNESS WHEREOF, THIS AGREEMENT HAS BEEN EXECU		HERETO.			
	TRACTOR				
CONTRACTOR NAME (if other than an individual, state whether a corporati	on, partnership, etc.)				
County of San Bernardino Aging & Adult Svcs					
CONTRACTOR BUSINESS ADDRESS	CITY		STATE	ZIP	
784 E. Hospitality Lane	San B	ernardino	CA	92415-	
				0009	
PRINTED NAME OF PERSON SIGNING	TITLE				
Sharon Nevins	Direct	Director			
CONTRACTOR AUTHORIZED SIGNATURE	DATE	DATE SIGNED			
CONTRACTOR AUTHORIZED SIGNATURE	DATES	DIGNED			
STATE O	F CALIFORNIA				
CONTRACTING AGENCY NAME					
California Department of Aging					
CONTRACTING AGENCY ADDRESS	CITY		STATE	ZIP	
1300 National Drive, Suite 200		amento	CA	95834	
PRINTED NAME OF PERSON SIGNING	TITLE	5			
Nate Gillen		Chief, Business Management Branch			
CONTRACTING AGENCY AUTHORIZED SIGNATURE	DATE S	SIGNED			
OALIFORNIA DEDARTIFUE OF OFFICE A CONTROL OF THE CO		TION ((6.4. "			
CALIFORNIA DEPARTMENT OF GENERAL SERVICES APPROVAL	EXEMF	EXEMPTION (If Applicable)			
	AG O	AG OP 80-111			
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