STATE OF CALIFORNIA - DEPARTMENT OF GENERAL SERVICES

SCO ID: 4260-2110122-A2 STANDARD AGREEMENT - AMENDMENT STD 213A (Rev. 4/2020) AGREEMENT NUMBER AMENDMENT NUMBER Purchasing Authority Number CHECK HERE IF ADDITIONAL PAGES ARE ATTACHED 26 **PAGES** 21-10122 A₂ 1. This Agreement is entered into between the Contracting Agency and the Contractor named below: CONTRACTING AGENCY NAME Department of Health Care Services **CONTRACTOR NAME** County of Tehama 2. The term of this Agreement is: START DATE July 1, 2021 THROUGH END DATE

3. The maximum amount of this Agreement after this Amendment is:

\$0.00 (Zero Dollars)

June 30, 2026

- 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:
- I. The effective date of this Amendment is the date approved by DHCS.
- II. Purpose of amendment: This amendment extends the contract term end date by 12 (twelve) months. All references to the former contract term of July 1, 2021 through June 30, 2025 in any incorporated exhibit are hereinafter deemed to read July 1, 2021 through June 30, 2026.
- 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.
- IV. All other terms and conditions shall remain the same.

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 Tehama			
CONTRACTOR BUSINESS ADDRESS PO Box 400	CITY Red Bluff	STATE CA	ZIP 96080
PRINTED NAME OF PERSON SIGNING Jayme S. Bottke	TITLE Executive Director		
CONTRACTOR AUTHORIZED SIGNATURE JAMME STATUS OF THE PROPERTY	3-13-25	*	

STATE OF CALIFORNIA - DEPARTMENT OF GENERAL SERVICES

STANDARD AGREEMENT - AMENDMENT

SCO ID: 4260-2110122-A2

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STD 213A (Rev. 4/2020)	AGREEMENT NUMBER	AMENDMENT NUMBER	Purchasing Authority Number	
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	STATE OF CALIFORNIA			
CONTRACTING AGENCY NAME				
Department of Health Care Services				
CONTRACTING AGENCY ADDRESS		CITY	STATE	ZIP
1501 Capitol Avenue, MS 4200		Sacramento	CA	95814
PRINTED NAME OF PERSON SIGNING		TITLE		
CONTRACTING AGENCY AUTHORIZED SIGNATURE		DATE SIGNED		
CALIFORNIA DEPARTMENT OF GENERAL SERVICES APPROVAL		EXEMPTION (If Applicable)		
		2024 Budget Act-AB1812		