



ALEX PADILLA | SECRETARY OF STATE | STATE OF CALIFORNIA
MANAGEMENT SERVICES | CONTRACT SERVICES

1500 11th Street, Room 460 | Sacramento, CA 95814 | **Tel** 916.653.5974 | **Fax** 916.653.8324 | www.sos.ca.gov

October 21, 2015

Monterey County
Attn: Claudio Valenquela
PO Box 4400
Salinas, CA 93912

Subject: HAVA 301 Agreement Amendment Number 11G30112

Complete the following item(s) and return to the address stated above within ten (10) business days, if necessary:

- STD. 213, Standard Agreement with attached exhibits. Please acquire the appropriate signature on the first page of the STD. 213, and the additional three single STD 213's and return to the address above. Fax and photocopies are not acceptable. A fully executed copy will be returned to you.
- STD. 213A, Standard Agreement Amendment. Please acquire the appropriate signature for the first page of the STD. 213A and the additional three single STD. 213A's and return. Fax and Photocopies are not acceptable. A fully executed copy will be returned to you.
- STD. 210, Short Form Contract. Please acquire the appropriate signature for the four single STD. 210's and return. Fax and Photocopies are not acceptable. A fully executed copy will be returned to you.
- STD. 65, Contract / Delegation Purchase Order. Enclosed is an executed copy for your records. You are now authorized to provide services.
- The enclosed agreement is signed on behalf of the Secretary of State. Please process and mail an executed copy of the agreement to the address above.
- Executed copy for your records.
- STD. 204 Payee Data Record (STD. 204) - Complete and return.
- CCC 307 Contractor Certification Clause - Complete and return.
- Please submit a copy of your Seller's Permit.
- Please submit a copy of the resolution, order, motion, or ordinance of your local governing body, which by law has granted the authority to enter into the proposed contract, authorizing execution of the agreement.

<input type="checkbox"/> CHECK HERE IF ADDITIONAL PAGES ARE ATTACHED	Pages _____	AGREEMENT NUMBER <p style="text-align: center;">11G30112</p>	AMENDMENT NUMBER <p style="text-align: center;">01</p>
		REGISTRATION NUMBER:	

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

<small>STATE AGENCY'S NAME</small>	Secretary of State
<small>CONTRACTOR'S NAME</small>	Monterey County
2. The term of this Agreement is September 30, 2011 or upon approval of Dept. of General Services, if required whichever is later through March 31, 2016
3. The maximum amount of this Agreement after this amendment is \$326,196.39 Three hundred twenty-six thousand, one hundred ninety-six dollars and thirty-nine cents
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:
 1. The term of the Agreement is hereby extended through March 31, 2016.
 2. In EXHIBIT A, SCOPE OF WORK, Paragraph C. PROJECT CONTACTS, Subparagraph b is hereby changed as follows:
 - b. For State: Kathryn Chaney (916) 653-4216
 3. In Exhibit B, BUDGET DETAIL AND PAYMENT PROVISIONS, Paragraph 9, Retroactive Payments, "December 31, 2015" is hereby changed to "March 31, 2016."
 4. In Exhibit B, BUDGET DETAIL AND PAYMENT PROVISIONS, Paragraph 11, Deadline For Submitting Claims, "90 days" is hereby changed to "30 days."
 5. In Exhibit D, SPECIAL TERMS AND CONDITIONS, Paragraph B. GENERAL PROVISIONS, Subparagraph 6, "90 days" is hereby changed to "30 days."

All other terms and conditions shall remain the same.

IN WITNESS WHEREOF, this Agreement has been executed by the parties hereto.

CONTRACTOR		CALIFORNIA Department of General Services Use Only
<small>CONTRACTOR'S NAME (If other than an individual, state whether a corporation, partnership, etc.)</small>		
Monterey County		
<small>BY (Authorized Signature)</small>	<small>DATE SIGNED (Do not type)</small>	
<small>PRINTED NAME AND TITLE OF PERSON SIGNING</small>		
ADDRESS		
PO Box 4400 Salinas, CA 93912		
STATE OF CALIFORNIA		
<small>AGENCY NAME</small>		
Secretary of State		
<small>BY (Authorized Signature)</small>	<small>DATE SIGNED (Do not type)</small>	
<small>PRINTED NAME AND TITLE OF PERSON SIGNING</small>		
Cindy Hanneman, Chief, Management Services Division		
<small>ADDRESS</small>		
1500 11 th Street, Sacramento, CA 95814		