

Attachment A

STANDARD AGREEMENT - AMENDMENT

STD 213A (Rev. 10/2019)

 CHECK HERE IF ADDITIONAL PAGES ARE ATTACHED _____ PAGES

AGREEMENT NUMBER

PR10426025

AMENDMENT NUMBER

2

Purchasing Authority Number

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

STATE AGENCY NAME

CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION

CONTRACTOR NAME

COUNTY OF MONTEREY

2. The term of this Agreement is:

START DATE

April 19, 2017

THROUGH END DATE

June 30, 2023

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

\$35,000,000.00

Thirty-Five Million Dollars and Zero 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:

Effective July 10, 2021, the term of this Agreement is hereby amended to extend the Agreement term through June 30, 2023.

*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 Monterey

CONTRACTOR BUSINESS ADDRESS

1441 Schilling Place, South 2nd Floor

CITY

Salinas

STATE

CA

ZIP

93901

PRINTED NAME OF PERSON SIGNING

Mike Derr

TITLE

Contracts/ Purchasing Officer

CONTRACTOR AUTHORIZED SIGNATURE

DATE SIGNED

STATE OF CALIFORNIA

CONTRACTING AGENCY NAME

CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION

CONTRACTING AGENCY ADDRESS

9838 Old Placerville Road, Suite B

CITY

Sacramento

STATE

CA

ZIP

95827

PRINTED NAME OF PERSON SIGNING

Michelle Weaver

TITLE

Associate Director, FPCM

CONTRACTING AGENCY AUTHORIZED SIGNATURE

DATE SIGNED

CALIFORNIA DEPARTMENT OF GENERAL SERVICES APPROVAL

EXEMPTION (If Applicable)

I Hereby certify that all conditions for exemption set forth in the Government Code Sections 15820.91-15820.917 have been complied with and this contract is exempt from approval by the Department of General Services.

By: _____ Date: ___/___/___