	Napa County Agreement No. 23030/F					
STATE OF CALIFORNIA - DEPARTMENT OF GENERAL SERVICES	SCO ID: 4260-2220119-A1					
STANDARD AGREEMENT - AMENDMENT	AGREEMENT NUMBER	AMENDMENT NUMBER	R Purchasing Authority Numb			
CHECK HERE IF ADDITIONAL PAGES ARE ATTACHED 160 PAGES	22-20119	A1	5	,		
1. This Agreement is entered into between the Contracting Age	ncy and the Contractor name	d below:				
CONTRACTING AGENCY NAME						
Department of Health Care Services						
CONTRACTOR NAME						
Napa County Health and Human Services Agency						
2. The term of this Agreement is:						
START DATE						
July 1, 2022						
THROUGH END DATE						
June 30, 2027						
3. The maximum amount of this Agreement after this Amendme	ent is:					
\$0.00 (Zero Dollars)						
4. The parties mutually agree to this amendment as follows. incorporated herein:	All actions noted below are	by this reference made a pa	nt of the Agreemen	it and		
I. The effective date of this amendment is the date approved by	y DHCS.	X				
II. Purpose of Amendment: This amendment modifies the term	s and conditions of the Agreer	nent.				
III. Certain changes made in this amendment are shown as: Tex through text.	t additions are displayed in bo	old and underline. Text deletion				
All other terms and conditions shall remain the same.			(Continued on N	iext rage		
IN WITNESS WHEREOF, THIS AGREEMENT HAS BEEN EXECUTED						
	CONTRACTOR					
CONTRACTOR NAME (if other than an individual, state whether a corpor Napa County Health and Human Services Agency	ration, partnership, etc.)					
CONTRACTOR BUSINESS ADDRESS		CITY	STATE	ZIP		
2751 Napa Valley Corporate Drive		Napa	Ca	94558		
PRINTED NAME OF PERSON SIGNING		TITLE				
CONTRACTOR AUTHORIZED SIGNATURE		DATE SIGNED				
N S CO						
APPROVED AS TO FORM						

Office of County Counsel By: John Swanki Barker, Deputy Date: april 9, 2024

TD 213A (Rev. 4/2020)	AGREEMENT NUMBER	AMENDMENT NUMBER	Purchasing Authority Number		
CHECK HERE IF ADDITIONAL PAGES ARE ATTACHED 160 PAGES	22-20119	A1			
S	TATE OF CALIFORNIA				
CONTRACTING AGENCY NAME					
Department of Health Care Services					
CONTRACTING AGENCY ADDRESS		CITY	ST	ГАТЕ	ZIP
1501 Capitol Avenue, MS 4200		Sacramento	C	A	95814
PRINTED NAME OF PERSON SIGNING		TITLE			
CONTRACTING AGENCY AUTHORIZED SIGNATURE		DATE SIGNED	••••••••••••••••••••••••••••••••••••••		
CALIFORNIA DEPARTMENT OF GENERAL SERVICES APPROVAL		EXEMPTION (If Applicable)			
		WIC 14703			

STD 213A Continuation Page

IV. Paragraph 4 (incorporated exhibits) on the face of the original STD 213 is amended to add the following new exhibit:

Exhibit A, Exhibit A – Attachments 1-15, Exhibit B, Exhibit E, Exhibit E – Attachment 1 & 2, shall hereinafter be replaced with the above mentioned revised Exhibits included in this amendment A1.

V. All other terms and conditions shall remain the same.