

# Attachment 1

STATE OF CALIFORNIA  
**STANDARD AGREEMENT AMENDMENT**  
 STD. 213 A (Rev 6/03)

CHECK HERE IF ADDITIONAL PAGES ARE ATTACHED \_\_\_\_\_ Pages

AGREEMENT NUMBER <b>FA-1718-25</b>	AMENDMENT NUMBER <b>1</b>
REGISTRATION NUMBER	

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

STATE AGENCY'S NAME	California Department of Aging
CONTRACTOR'S NAME	City of Los Angeles Department of Aging
2. The term of this Agreement is February 15, 2018 through July 31, 2020
3. The maximum amount of this Agreement after this amendment is: **\$ 136,179**  
 One hundred thirty-six thousand one hundred seventy-nine and 00/100 dollars
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. This amendment extends the term of the Agreement by seven (7) months. The new end date of the Agreement shall be July 31, 2020.
  2. No other changes shall be effective under this Amendment.

All other terms and conditions shall remain the same.

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

<b>CONTRACTOR</b>		CALIFORNIA Department of General Services <b>Use Only</b>
CONTRACTOR'S NAME <i>(If other than an individual, state whether a corporation, partnership, etc.)</i>		
City of Los Angeles Department of Aging		
BY <i>(Authorized Signature)</i>	DATE SIGNED <i>(Do not type)</i>	
PRINTED NAME AND TITLE OF PERSON SIGNING		
ADDRESS		
221 N. Figueroa Street, Suite 500 Los Angeles CA 90012-4390		
<b>STATE OF CALIFORNIA</b>		
AGENCY NAME		
California Department of Aging		
BY <i>(Authorized Signature)</i>	DATE SIGNED <i>(Do not type)</i>	
PRINTED NAME AND TITLE OF PERSON SIGNING		
Nate Gillen, Chief, Business Management Branch		
ADDRESS		
1300 National Drive, Ste. 200, Sacramento, CA 95834		
		<input checked="" type="checkbox"/> Exempt per: AG OP 80-111



**All documents listed in Sections A and B are required to execute your contract unless otherwise noted.**

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## SECTION A

- All documents must identify the Contractor's legal name exactly as shown on the Standard Agreement or Amendment (STD. 213 or 213a)
- Each contract package must stand on its own (e.g., if you have more than one contract with the California Department of Aging (CDA) you may have one Insurance Certificate to cover all contracts, but must include a copy of the Certificate in each contract package you return to CDA)
- Return Section A documents to:  
California Department of Aging  
Attn: Contract Analyst  
1300 National Drive, Suite 200  
Sacramento, CA 95834

- Four Standard Agreements or Amendments (STD. 213 or 213a)** – Print and sign four copies of the Standard Agreement or Amendment (STD. 213 or 213a) with **original signatures**. Signature stamps will not be accepted.
- Resolution or Meeting Minutes** authorizing execution of this Contract – The contract number(s) must be referenced in the Resolution or Meeting Minutes. If the Resolution or Meeting Minutes do not also authorize the signing of Amendments, another Resolution or Meeting Minutes will be needed to amend this Contract. If Meeting Minutes are submitted they must be signed off as approved or the following month's Meeting Minutes must be submitted indicating the previous Meeting Minutes were approved.
  - Public Entity – Resolution from the Board of Supervisors or equivalent governing body is required
  - Nonprofit – Resolution from the Board of Directors is required
- Information Integrity and Security Statement (CDA 1024)** – A signed copy must be returned for each different contract number. Resubmission of this document is not required for amendments.
- California Civil Rights Law Certification (CDA 9026)** – A signed copy must be returned for each different contract number. Resubmission of this document is not required for amendments.

STATE OF CALIFORNIA  
CALIFORNIA DEPARTMENT OF AGING  
**LOCAL ASSISTANCE CONTRACT CHECKLIST**  
CDA 9007 (REV 04/2018)



The following documents must reference the contract number(s) or Letter of Self-Insurance. The coverage shall be for the *entire term* of the Contract and must meet the conditions in Exhibit D, Article XI of the Contract.

**General Liability Certificate of Insurance\***

**Automobile Liability Certificate of Insurance\***

**Professional Liability Certificate of Insurance** (*does not apply to Title V contracts*)

***\*Requires the additional insured statement to name the California Department of Aging and/or the State of California as the additional insured***

## **SECTION B**

### **Budget form**

- The following budget forms are found on the [CDA website](#):
  - Area Plan Budget (CDA 122)
  - Financial Alignment (FA) Contract Budget (CDA 229FA)
  - Health Insurance Counseling and Advocacy Program (HICAP) Budget (CDA 229)
  - Medicare Improvements for Patients and Providers Act (MIPPA) Budget (CDA 229M)
  - Senior Community Services Employment Program (Title V) Budget (CDA 35)
  - Supplemental Nutrition Assistance Program-Education (SNAP-Ed) Budget is submitted through the California Department of Social Services SharePoint Site
- Submit budget forms to [FiscalTeam@aging.ca.gov](mailto:FiscalTeam@aging.ca.gov).  
Use the following email subject line and file naming convention for each budget you prepare and submit: Identify your PSA\_## (first), Program, Period, and process. If applicable, specify the original or revision number (e.g., PSA 24 AP FY1617 Original Budget). Incorporate the amounts shown in the Budget Display into the original budget form. Ensure allocation Transfer Requests correspond to the Budget Display requirements.

### **Work plan**

- The FA and MIPPA work plans are found on the [CDA website](#)
- Submit FA and MIPPA work plans to [HICAPTeam2@aging.ca.gov](mailto:HICAPTeam2@aging.ca.gov)
- SNAP-Ed CDA-approved contract work plans are completed prior to the SNAP-Ed contract release and do not need to be resubmitted
- Work plans are not required to execute Area Plan, HICAP, or Title V contracts