

MENTAL HEALTH SERVICES ACT (MHSA) AGREEMENT

Santa Clara County Mental Health
 828 South Bascom Avenue, Suite 200
 San Jose, CA 95128

Agreement No.
 Modification No.

07-77343-000
 B1

State of California Department of Mental Health Systems of Care Division 1600 9 th Street Sacramento, CA 95814	Funding Source: MHSA FUNDS Term of Agreement: 07/01/2004-06/30/2013
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This MHSA Agreement is entered into by and between the State of California, Department of Mental Health, hereinafter referred to as the State and Santa Clara County, hereinafter referred to as the County. The County agrees to operate a program in accordance with the provisions of this agreement and to have an approved Three-Year Program and Expenditure Plan for the above named County filed with the State pursuant to the Mental Health Services Act. This modification consists of this sheet and incorporates the following exhibits by reference:

Funding Detail Chart

Exhibit A, pages 1 through 7

General Provisions and Standards of Conduct

Exhibit B, pages 1 through 12

Purpose: To extend this Agreement through 06/30/2013: If additional funds are awarded, they will be unilaterally incorporated into this Agreement.									
Allocation(s): The State agrees to issue payments to the County not to exceed the amount listed hereinafter as "Total Plan Approved Amount".	<table style="width: 100%; border-collapse: collapse;"> <tr> <td>Total Plan Approved Amount</td> <td style="text-align: right;">\$75,469,148</td> </tr> <tr> <td>Prior Amount Distributed:</td> <td style="text-align: right;">\$67,494,467</td> </tr> <tr> <td>Increase/Decrease:</td> <td style="text-align: right;">\$ 0</td> </tr> <tr> <td>Total Distributed:</td> <td style="text-align: right;">\$67,494,467</td> </tr> </table>	Total Plan Approved Amount	\$75,469,148	Prior Amount Distributed:	\$67,494,467	Increase/Decrease:	\$ 0	Total Distributed:	\$67,494,467
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This agreement is exempt from Section 10295 of Chapter 2 of Part 2 of Division 2 of the Public Contract Code and is exempt from review or approval of the Dept. of General Services and the Dept. of Finance.									
Approved for County (by signature) <hr style="width: 30%; margin-left: 0;"/> Name and title: _____ Date Signed _____									
Approved for the State (DMH) (by signature) <hr style="width: 30%; margin-left: 0;"/> DMH Procurement and Contracts Officer Date Signed _____	I hereby certify that to my knowledge, the budgeted funds are available for the period and purpose of expenditure as stated herein: <div style="text-align: center;">  <hr style="width: 80%; margin: 0 auto;"/> Signature of DMH Accounting Officer Date Signed <u>9/15/09</u> </div>								