

1. **Identification of Contract to be Amended.**

Number:

Effective Date: July 1, 2009

Department: Human Resources Department

Subject: Labor Negotiations and Support

2. **Parties.** The County of Contra Costa, California (County), for its Department named above, and the following named Contractor mutually agree and promise as follows:

Contractor: IEDA

Capacity: A California non-profit corporation

Address: 2200 Powell Street, Suite 1000, Emeryville, CA 94608

3. **Amendment Date.** The effective date of this Amendment/Extension Agreement is July 1, 2010.

4. **Amendment Specifications.** The Contract identified above is hereby amended as set forth in the "Amendment Specifications" attached hereto which are incorporated herein by reference.

5. **Extension of Term.** The termination date of the above described Contract is hereby extended from June 30, 2010 to a new termination date of June 30, 2011, unless sooner terminated as provided in said contract.

6. **Payment Limit Increase.** The payment limit of the above described Contract is hereby increased by \$197,023.92, from \$202,000.00 to a new total Contract Payment Limit of \$399,023.92.

7. **Signatures.** These signatures attest the parties' agreement hereto:

COUNTY OF CONTRA COSTA, CALIFORNIA

BOARD OF SUPERVISORS.	ATTEST: Clerk of the Board of Supervisors
By _____ Chairman/Designee	By _____ Deputy

CONTRACTOR

Name of business entity: IEDA	Name of business entity: IEDA
By _____ (Signature of individual or officer)	By _____ (Signature of individual or officer)
_____ (Print name and title A, if applicable)	_____ (Print name and title B, if applicable)

Note to Contractor: For Corporations (profit or nonprofit), the contract must be signed by two officers. Signature A must be that of the president or vice-president and Signature B must be that of the secretary or assistant secretary (Civil Code Section 1190 and Corporations Code Section 313). All signatures must be acknowledged as set forth on Form L-2.

ACKNOWLEDGMENT

STATE OF CALIFORNIA)
)
COUNTY OF CONTRA COSTA)

On _____, before me, _____
(insert name and title of the officer), personally appeared _____

_____ who proved to me on the basis of satisfactory
evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me
that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s)
on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is
true and correct.

WITNESS MY HAND AND OFFICIAL SEAL.

Signature

(Seal)

ACKNOWLEDGMENT (by Corporation, Partnership, or Individual)
(Civil Code §1189)

APPROVALS

RECOMMENDED BY DEPARTMENT

By: _____
Designee

FORM APPROVED
COUNTY COUNSEL

By: 
Deputy County Counsel

APPROVED: COUNTY ADMINISTRATOR

By: _____
Designee

AMENDMENT SPECIFICATIONS

In consideration for Contractor continuing service, County and Contractor agree to amend the Contract as specified below, while all other portions of the Contract remain unchanged and in full force and effect:

Paragraph 2. Payment Provisions of the Service Plan and Paragraph 1.b. of the Payment Provisions are deleted and replaced with the following paragraph:

Payment Provisions.

County will pay Contractor \$49,255.98 per quarter, beginning with the quarter that begins on July 1, 2010.

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Initials: _____
Contractor

County