

## INTERAGENCY AGREEMENT

FD. 13 (REV. 9-89)

NUMBER

94-21111, A-02

THIS AGREEMENT is entered into this 15th day of November, 1995,  
by and between the undersigned State Agencies:

Set forth services, materials, or equipment to be furnished, or work to be performed, and by whom,  
the for performance including the terms, date of commencement and date of completion, and provision  
of payment per (1225 and 8752-8752.1 SAM.)

## Distribution:

- ☐ Agency providing services  
☐ Agency receiving services  
☐ Department of General Services  
(unless exempt from DGS  
approval)  
☐ Controller

1. In that certain agreement between this Department and the Regents of the University of California, dated April 1, 1995,

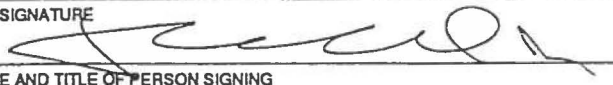
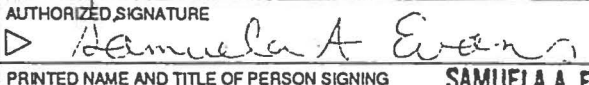

Paragraph 6. is amended to read as follows:

"6. Term of Master Agreement

The term of this Master Agreement shall extend from April 1, 1995 through June 30, 1996, subject to A) the provisions of Section 4, Funds Obligated; B) the provisions of funding or funding reduction in subsequent fiscal years described in this Section below; and C) the Department's right to termination under Section 5, Termination. No legal liability on the part of the State for any payment may arise for performance under this Agreement beyond June 30, 1996 until funds are made available to the State for performance and until UC receives notice of availability, to be confirmed in writing by the Contract Manager."

2. The effective date of this agreement is December 1, 1995.
3. All other terms and provisions of said agreement shall remain in full force and effect.

Continued on \_\_\_\_\_ sheets which are hereby attached and made a part hereof)

NAME OF STATE AGENCY RECEIVING SERVICES <u>Department of Health Services</u>		NAME OF STATE AGENCY PROVIDING SERVICES <u>Regents of the University of California</u>	
CALLED ABOVE (SHORT NAME) <u>DHS</u>		CALLED ABOVE (SHORT NAME) <u>UC</u>	
AUTHORIZED SIGNATURE 		AUTHORIZED SIGNATURE 	
PRINTED NAME AND TITLE OF PERSON SIGNING <u>Edward Stahlberg, Chief Program Support Branch</u>		PRINTED NAME AND TITLE OF PERSON SIGNING <u>SAMUELA A. EVANS</u> <u>CONTRACT AND GRANT OFFICER</u>	
FUND NUMBER AND NAME <u>804-557-General</u>		FUND NUMBER AND NAME	
AMOUNT ENCUMBERED BY THIS DOCUMENT <u>\$ 0</u>	PROGRAM/CATEGORY (CODE AND TITLE) <u>Support</u>		FUND TITLE <u>General</u>
PRIOR AMOUNT ENCUMBERED FOR THIS CONTRACT <u>\$ 165,000.</u>	(OPTIONAL USE)		
AMOUNT ENCUMBERED TO DATE <u>\$ 105,000.</u>	ITEM <u>4260-001-001(b)</u>	CHAPTER <u>139/303</u>	STATUTE <u>94/95</u>
	FISCAL YEAR <u>94/95-95/96</u>		
OBJECT OF EXPENDITURE (CODE AND TITLE) <u>4557-13122-418-01</u>			
I hereby certify upon my own personal knowledge that budgeted funds are available for the period and purpose of the expenditure stated above.		T.B.A. NO.	B.R. NO.
SIGNATURE OF ACCOUNTING OFFICER 		DATE <u>1-22-96</u>	

**Department of General Services Use Only**

APPROVED

JAN 26 1996

BY 