

IN WITNESS WHEREOF

DEPARTMENT FISCAL REVIEW:

By: *Tammy Moss Chandler*
Tammy Moss Chandler, HHS Director

Date: 5/11/20

Budgeted: Yes No

Budget Unit: 4012

Line Item: 82-7805

Org/Object Code: DD

Grant: Yes No

Grant No.:

COUNTY OF MENDOCINO

By: _____
JOHN HASCHAK, Chair
BOARD OF SUPERVISORS

Date: _____

ATTEST:

CARMEL J. ANGELO, Clerk of said Board

By: _____
Deputy

I hereby certify that according to the provisions of Government Code section 25103, delivery of this document has been made.

CARMEL J. ANGELO, Clerk of said Board

By: _____
Deputy

INSURANCE REVIEW:

By: *Carmel J. Angelo*
Risk Management

Date: 5/5/2020

CONTRACTOR/COMPANY NAME

By: _____
Carrie Talbot

Date: _____

NAME AND ADDRESS OF CONTRACTOR:

Department of Health Care Services
1000 G Street, 4th Floor, MS 4200
P.O. Box 997413
Sacramento, CA 95899

By signing above, signatory warrants and represents that he/she executed this Agreement in his/her authorized capacity and that by his/her signature on this Agreement, he/she or the entity upon behalf of which he/she acted, executed this Agreement

COUNTY COUNSEL REVIEW:

APPROVED AS TO FORM:

CHRISTIAN M. CURTIS,
Acting County Counsel

By: *Charlotte Scott*
Deputy

Date: 5/5/2020

EXECUTIVE OFFICE/FISCAL REVIEW:

By: *Darcie Antle*
Deputy CEO

Date: 5/5/2020

Signatory Authority: \$0-25,000 Department; \$25,001- 50,000 Purchasing Agent; \$50,001+ Board of Supervisors

Exception to Bid Process Required/Completed N/A - State Contract

Mendocino County Business License: Valid

Exempt Pursuant to MCC Section: _____

STANDARD AGREEMENT

STD 213 (Rev. 03/2019)

AGREEMENT NUMBER

20-10185

PURCHASING AUTHORITY NUMBER (If Applicable)

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

CONTRACTING AGENCY NAME

CONTRACTOR NAME

2. The term of this Agreement is:

START DATE

THROUGH END DATE

3. The maximum amount of this Agreement is:

4. The parties agree to comply with the terms and conditions of the following exhibits, which are by this reference made a part of the Agreement.

EXHIBITS	TITLE	PAGES
Exhibit A	Scope of Work	3
Exhibit A, Attachment I	Program Specifications	167
Exhibit B	Budget Detail and Payment Provisions	16
Exhibit B, Attachment I	Funding Amounts	1
Exhibit C *	General Terms and Conditions (GTC 04/2017)	
Exhibit D (F)	Special Terms and Conditions – Notwithstanding provision 4.g. which does not apply to this agreement.	27
Exhibit E	Additional Provisions	4
Exhibit F	Privacy and Information Security Provisions	32

Items shown with an asterisk (*), are hereby incorporated by reference and made part of this agreement as if attached hereto.

These documents can be viewed at <https://www.dgs.ca.gov/OLS/Resources>

IN WITNESS WHEREOF, THIS AGREEMENT HAS BEEN EXECUTED BY THE PARTIES HERETO.

CONTRACTOR

CONTRACTOR NAME (if other than an individual, state whether a corporation, partnership, etc.)

County of Mendocino

CONTRACTOR BUSINESS ADDRESS

1120 South Dora Street

CITY

Ukiah

STATE

CA

ZIP

95482

PRINTED NAME OF PERSON SIGNING

Tammy Moss Chandler

TITLE

Health and Human Services Agency Director

CONTRACTOR AUTHORIZED SIGNATURE



DATE SIGNED

5/11/20

STANDARD AGREEMENT

STD 213 (Rev. 03/2019)

AGREEMENT NUMBER

20-10185

PURCHASING AUTHORITY NUMBER (If Applicable)

STATE OF CALIFORNIA

CONTRACTING AGENCY NAME

Department of Health Care Services

CONTRACTING AGENCY ADDRESS

1000 G Street, 4th Floor, MS 4200, P.O. Box 997413

CITY

Sacramento

STATE

CA

ZIP

95899

PRINTED NAME OF PERSON SIGNING

Carrie Talbot

TITLE

CONTRACTING AGENCY AUTHORIZED SIGNATURE

DATE SIGNED

CALIFORNIA DEPARTMENT OF GENERAL SERVICES APPROVAL

EXEMPTION (If Applicable)

WIC 14087.4