

COS AGREEMENT # **17-073\***

REGISTRATION NUMBER	AGREEMENT NUMBER <b>17-10170</b>
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1. This Agreement is entered into between the State Agency and the Contractor named below:

STATE AGENCY'S NAME

(Also referred to as CDPH or the State)

California Department of Public Health

CONTRACTOR'S NAME

(Also referred to as Contractor)

Mendocino County

2. The term of this Agreement is: July 1, 2017 through June 30, 2022

3. The maximum amount of this Agreement is: \$ 1,733,845.00  
One Million Seven Hundred Thirty Three Thousand Eight Hundred Forty Five Dollars and No Cents.

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

Exhibit A - Scope of Work	2 pages
Attachment 1, Local Scope of Work	22 pages
Exhibit B - Budget Detail and Payment Provisions	5 pages
Attachment 1, Local Budget Cost Sheet Years 1-5	1 page
Attachment 2, Payment Criteria	1 page
Exhibit C * - General Terms and Conditions	GTC 4/2017
Exhibit D - Special Terms and Conditions	16 pages
Exhibit E - Additional Provisions	4 pages
Exhibit F - Federal Terms and Conditions	10 pages
Exhibit G - Glossary of EPO Related Acronyms and Terms	11 pages
Exhibit H - Contractor's Release	1 page

Dept. of Public Health  
AUG 09 2017  
Emergency Preparedness Office

Items shown above with an Asterisk (\*), are hereby incorporated by reference and made part of this agreement as if attached hereto.  
These documents can be viewed at <http://www.ols.dgs.ca.gov/Standard+Language>.

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

**CONTRACTOR**

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

Mendocino County

BY (Authorized Signature)



DATE SIGNED (Do not type)

6/13/17

PRINTED NAME AND TITLE OF PERSON SIGNING

Tammy Moss Chandler, HHSA Director

ADDRESS

501 Low Gap Road, Room 1010, Ukiah, CA 95482

**STATE OF CALIFORNIA**

AGENCY NAME

California Department of Public Health

BY (Authorized Signature)



DATE SIGNED (Do not type)

8/15/17

PRINTED NAME AND TITLE OF PERSON SIGNING

Jeff Mapes, Chief, Contracts Management Unit

ADDRESS

1616 Capitol Avenue, Suite 74.317, MS 1802, PO Box 997377  
Sacramento, CA 95899-7377

California Department of  
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