

STATE OF CALIFORNIA - DEPARTMENT OF GENERAL SERVICES

**STANDARD AGREEMENT**

STD 213 (Rev. 04/2020)

AGREEMENT NUMBER <b>23-10280</b>	PURCHASING AUTHORITY NUMBER (If Applicable)
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1. This Agreement is entered into between the Contracting Agency and the Contractor named below:

CONTRACTING AGENCY NAME  
California Department of Public Health

CONTRACTOR NAME  
County of San Mateo

2. The term of this Agreement is:

START DATE  
July 1, 2023

THROUGH END DATE  
June 30, 2026

3. The maximum amount of this Agreement is:  
\$1,324,677.00

One Million, Three Hundred Twenty Four Thousand, Six Hundred Seventy-Seven Dollars and Zero 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 the Agreement.

Exhibits	Title	Pages
Exhibit A	Scope of Work	3
Exhibit A	Attachment I - Services to be Performed	41
Exhibit A	Attachment II - Baseline Contract Requirements for Case Management Services	8
Exhibit A	Attachment III - Partnership Development Tool	10
Exhibit B	Budget Detail and Payment Provisions	3
Exhibit B	Attachment 1, Budget Years 1-3	1
Exhibit C *	General Terms and Conditions	GTC 04/2017
Exhibit D	Special Terms and Conditions	18
Exhibit E	Additional Provisions	3
Exhibit F	Federal Terms and Conditions	8
Exhibit G	Information Privacy and Security Requirements	10
Exhibit H	Glossary of CLPPB Related Acronyms and Terms	5
Exhibit I	Contractor's Release	1

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 San Mateo

CONTRACTOR BUSINESS ADDRESS 2000 Alameda de las Pulgas, Suite 230	CITY San Mateo	STATE CA	ZIP 94403
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PRINTED NAME OF PERSON SIGNING	TITLE
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CONTRACTOR AUTHORIZED SIGNATURE	DATE SIGNED
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**STATE OF CALIFORNIA**

CONTRACTING AGENCY NAME

California Department of Public Health

CONTRACTING AGENCY ADDRESS

1616 Capitol Avenue, Suite 74.262, MS 1802, P.O. Box 997377

CITY

Sacramento

STATE

CA

ZIP

95899

PRINTED NAME OF PERSON SIGNING

Maksim Lyulkin

TITLE

Chief, FSU

CONTRACTING AGENCY AUTHORIZED SIGNATURE

DATE SIGNED

CALIFORNIA DEPARTMENT OF GENERAL SERVICES APPROVAL

EXEMPTION (If Applicable)