



State of California—Health and Human Services Agency
Department of Health Care Services



EDMUND G. BROWN JR.
GOVERNOR

April 5, 2018

Carlos Morales, Director of Correctional Health
County of San Mateo
San Mateo County Health System
225 37th Avenue
San Mateo, CA 9440

Subject: Agreement Number 18-95063

Dear Mr. Morales :

The Department of Health Care Services (DHCS) has standardized its contracting procedures and agreement formats. The enclosed agreement references on-line general terms and conditions (i.e., GTC 04/2017 or CCC 04/2017 or a GIA 610 version) that are not attached to the agreement. The cited terms may be accessed by choosing the Standard Contract Language Tab at this Internet site: <http://www.ols.dgs.ca.gov/StandardLanguage/default.htm>. The enclosed agreement is not binding until signed by both parties and approved by the appropriate state control agency (if such approval is required). No services are to be provided prior to receipt of all approvals as DHCS is unable to issue any payment prior to receipt of final approval. Expeditious handling of this agreement is greatly appreciated.

For inquiries regarding this agreement, please contact Sua Yang at (916) 552-9172 and cite the DHCS agreement number identified above. Unless otherwise instructed, do not submit an invoice to DHCS for any services rendered under the referenced agreement until a copy of the fully executed agreement is received.

X Affix a signature to the enclosed agreement copy and each additional face sheet. **Submit two copies with original signatures.** Return **all** items to DHCS for further processing. A copy of the approved agreement will be distributed to you after it is fully executed. Alterations, in general, are not allowed. Alterations and page replacements, if any, must be pre-approved by DHCS and each visible alteration must be initialed by the person who signs the agreement.

Complete, sign, and return the Payee Data Record (STD 204). Payments cannot be issued unless a signed form containing current contractor information is on file with DHCS.

Go to the Standard Contract Language Tab at <http://www.dgs.ca.gov/ols/Resources/StandardContractLanguage.aspx>, review the GTC version referenced on the face of the agreement as Exhibit C. Review Provision 11 of the GTC to identify the Contractor Certification Clause (CCC) number (e.g., 04/2017, etc.) that applies to the enclosed agreement. Read the cited CCC Certification in its entirety. Print-out and sign the first page of the applicable cited CCC Certification. Return the first page of the originally signed CCC Certification to the address noted below. The signed CCC will be kept on file. Failure to return the appropriate signed CCC Certification will prohibit DHCS from

_____ doing business with your firm.

_____ **Corporations:** If the Contractor is a corporation, either submit a copy of the firm's most current Certificate of Status issued by the State of California, Office of the Secretary of State or submit a downloaded copy of the Contractor's on-line status information from the California Business Portal website of California's Office of the Secretary of State.

X _____ **Board Resolution:** If Contractor is a City or County, submit a copy of an approved Board Resolution or meeting minute approval to contract with the State. The approved Board Resolution or meeting minutes shall include the contract number and contract amount.

_____ **Business Status Certificate:** Submit a copy of the Business Status Certificate from Secretary of State with the final contract documents.

Return all designated materials to the following address:

Sua Yang, Contract Liaison

Department of Health Care Services
1501 Capitol Avenue, MS 4506
P.O. Box 997413
Sacramento, CA 95899-7413

Direct questions about this letter to Sua Yang at (916) 552-9172. Be sure to cite the DHCS agreement number in all future correspondence.

Cordially yours,

Sua Yang, Contract Liaison

Department of Health Care Services

Attachment(s)