

DIRECTOR

STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY **DEPARTMENT OF SOCIAL SERVICES** 744 P Street • Sacramento, CA 95814 • *www.cdss.ca.gov*



GAVIN NEWSOM GOVERNOR

February 20, 2020

County of San Mateo 1 Davis Drive Belmont, CA 94002 Attn: Jennifer Valencia

SUBJECT: AGREEMENT 19-5066

Dear Contractor:

Please complete the following checked item(s) and return to my attention at the address above, MS 9-6-747:

Please note in the enclosed Agreement that the General Terms and Conditions are available on the Internet site <u>www.dgs.ca.gov/ols/Resources/StandardContractLanguage.aspx</u> and may be downloaded and printed for your files. If you do not have Internet capabilities, please call me for a hard copy of the document.

X Std. 213 with attached Exhibits. Print and sign two copies of the Std. 213. Please use blue ink

____Std. 204, Payee Data Record. No payment can be made unless this form is completed and returned.

____Voluntary Statistical Data Reporting Form. The completion of this form is strictly voluntary.

Std. CCC, Contractor Certification Clauses. It is available on the above referenced Internet site. Please sign and return page one. Failure to do so will prohibit the State of California from doing business with your company. CDSS will be keeping the signed Std. CCC on file for three (3) years.

<u>X</u>Resolution from the Board of Supervisors (or appropriate governing body) authorizing the designated official to enter into and sign this Agreement.

_____A copy of your insurance certification, in accordance with Exhibit E, which includes the State of California, its officers, agents, and employees as additionally insured (see attached sample).

_____The enclosed Agreement is signed on behalf of CDSS and is being returned to you for further processing. When approved, send one original to the CDSS Contracts and Purchasing Bureau at the above address.

_____The enclosed fully executed Agreement is for your records.

This Agreement cannot be considered binding on either party until approved by appropriate authorized State agencies. No services should be provided prior to approval, as the State is not obligated to make any payments on any agreement prior to final approval. Expeditious handling of this Agreement is appreciated. *No alteration of these documents will be accepted without prior State approval.* If you need further information, please call me at (916) 651-8278.

Marvel Alder

Marvel Alder, Contracts Analyst Contracts and Purchasing Bureau

Enclosure(s)