SCO ID: 8570-200097

STATE OF CALIFORNIA - DEPARTMENT OF GENERAL SERVICES PURCHASING AUTHORITY NUMBER (If Applicable) AGREEMENT NUMBER STANDARD AGREEMENT 20-0097 STD 213 (Rev. 03/2019) 1. This Agreement is entered into between the Contracting Agency and the Contractor named below: CONTRACTING AGENCY NAME CALIFORNIA DEPARTMENT OF FOOD AND AGRICULTURE **CONTRACTOR NAME COUNTY OF SAN MATEO** 2. The term of this Agreement is: START DATE JULY 1, 2020 THROUGH END DATE JUNE 30, 2021 3. The maximum amount of this Agreement is: \$636,594.09 - SIX HUNDRED THIRTY-SIX THOUSAND FIVE HUNDRED NINETY-FOUR DOLLARS AND NINE 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** 1 Exhibit A Scope of Work 5 Exhibit A Attachment 1 10 Exhibit A Appendixes A - F Exhibit B **Budget Detail and Payment Provisions** 2 Exhibit B Attachment 1 0 Exhibit C* General Terms and Conditions 2 Exhibit D Special Terms and Conditions 6 Exhibit E Additional Provisions 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** ZIP **CONTRACTOR BUSINESS ADDRESS** CITY STATE CA 94064 **REDWOOD CITY** P.O BOX 999 PRINTED NAME OF PERSON SIGNING President, San Mateo County Board of Supervisors Warren Slocum **DATE SIGNED CONTRACTOR AUTHORIZED SIGNATURE**

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STATE OF CALIFORNIA - DEPARTMENT OF GENERAL SERVICES AGREEMENT NUMBER PURCHASING AUTHORITY NUMBER (If Applicable) **STANDARD AGREEMENT** 20-0097 STD 213 (Rev. 03/2019) **STATE OF CALIFORNIA** CONTRACTING AGENCY NAME CALIFORNIA DEPARTMENT OF FOOD AND AGRICULTURE **CONTRACTING AGENCY ADDRESS** CITY STATE ZIP 1220 N STREET SACRAMENTO CA 95814 PRINTED NAME OF PERSON SIGNING TITLE MONICA AGUIRRE STAFF SERVICES MANAGER I CONTRACTING AGENCY AUTHORIZED SIGNATURE DATE SIGNED CALIFORNIA DEPARTMENT OF GENERAL SERVICES APPROVAL **EXEMPTION (If Applicable)**