

STATE OF CALIFORNIA - DEPARTMENT OF GENERAL SERVICES

STANDARD AGREEMENT

STD 213 (Rev. 04/2020)

AGREEMENT NUMBER

20-79013-000

PURCHASING AUTHORITY NUMBER (If Applicable)

1. This Agreement is entered into between the Contracting Agency and the Contractor named below:

CONTRACTING AGENCY NAME

Department of State Hospitals

CONTRACTOR NAME

County of San Mateo

2. The term of this Agreement is:

START DATE

July 1, 2020

THROUGH END DATE

June 30, 2023

3. The maximum amount of this Agreement is:

\$835,757.00

Eight Hundred Thirty Five Thousand Seven Hundred Fifty 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	5
Exhibit A,	Attachment 1, Program Elements	1
Exhibit B	Budget Detail and Payment Provisions	3
+ - Exhibit B,	Attachment 1, Sample Invoice	1
+ - Exhibit C	General Terms and Conditions (GTC 4/2017) as revised	4
+ - Exhibit D	Special Terms and Conditions	8
+ - Exhibit E	Confidentiality and Information Security Provisions (HIPAA Business Associate Agreement)	N/A
+ - Exhibit F	Information Privacy and Security Requirements (for non-HIPAA/HITECH Act)	10

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 280

CITY

San Mateo

STATE

CA

ZIP


94403

PRINTED NAME OF PERSON SIGNING

TITLE

CONTRACTOR AUTHORIZED SIGNATURE

Scott M Gilman

 Digitally signed by Scott M Gilman
Date: 2020.11.18 12:26:50 -08'00'

DATE SIGNED

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STATE OF CALIFORNIA

CONTRACTING AGENCY NAME

Department of State Hospitals

CONTRACTING AGENCY ADDRESS

1600 9th Street, Room 101

CITY

Sacramento

STATE

CA

ZIP

95814

PRINTED NAME OF PERSON SIGNING

Tiffany Ladd

TITLE

Section Manager, Procurement & Contract Services

CONTRACTING AGENCY AUTHORIZED SIGNATURE

DATE SIGNED

CALIFORNIA DEPARTMENT OF GENERAL SERVICES APPROVAL

EXEMPTION (If Applicable)

W&I Code 4361