

STATE OF CALIFORNIA - DEPARTMENT OF GENERAL SERVICES

**STANDARD AGREEMENT**

STD 213 (Rev. 03/2019)

4260-2010186

AGREEMENT NUMBER

20-10186

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 Health Care Services

CONTRACTOR NAME

County of Modoc

CSB  
**MASTER COPY**

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:

\$278,700.00 (Two Hundred Seventy Eight Thousand, Seven Hundred Dollars.)

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	Program Specifications	167
Exhibit B	Budget Detail and Payment Provisions	16
Exhibit B, Attachment I	Funding Amounts	1
Exhibit C *	General Terms and Conditions (GTC 04/2017)	
Exhibit D (F)	Special Terms and Conditions – Notwithstanding provision 4.g. which does not apply to this agreement.	27
Exhibit E	Additional Provisions	4
Exhibit F	Privacy and Information Security Provisions	32

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 Modoc

CONTRACTOR BUSINESS ADDRESS

441 North Main Street

CITY

Alturas

STATE

CA

ZIP

96101

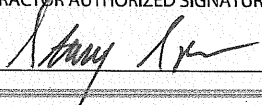
PRINTED NAME OF PERSON SIGNING

Stacy Sphar

TITLE

Interim Director of Health Services

CONTRACTOR AUTHORIZED SIGNATURE



DATE SIGNED

6/1/2020

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**STATE OF CALIFORNIA**

CONTRACTING AGENCY NAME

Department of Health Care Services

CONTRACTING AGENCY ADDRESS

1000 G Street, 4th Floor, MS 4200, P.O. Box 997413

CITY

Sacramento

STATE

CA

ZIP

95899

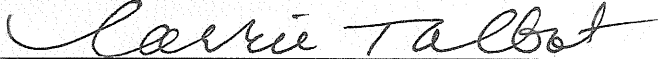
PRINTED NAME OF PERSON SIGNING

Carrie Talbot

TITLE

SSM I, Contracts Section

CONTRACTING AGENCY AUTHORIZED SIGNATURE



DATE SIGNED

6/5/2020

CALIFORNIA DEPARTMENT OF GENERAL SERVICES APPROVAL

EXEMPTION (If Applicable)

WIC 14087.4