PRINTED NAME OF PERSON SIGNING

CONTRACTOR AUTHORIZED SIGNATURE

Birgitta Corsello

4260-2010201

STATE OF CALIFORN	NIA - DEPARTMENT OF GENERAL SERVICES	7280-21010201			
STANDARD A	GREEMENT	AGREEMENT NUMBER	PURCHASING A	AUTHORITY NUMBER (If A	Applicable)
STD 213 (Rev. 03/2019		20-10201			
1. This Agreement i	s entered into between the Contracting Ag	ency and the Contractor named be	elow:		
CONTRACTING AGEN					
Department of He	ealth Care Services				
CONTRACTOR NAME					
County of Solano					
2. The term of this A	greement is:				
START DATE					
July 1, 2020					
THROUGH END DATE					
June 30, 2023					
	nount of this Agreement is:				
\$20,317,500 (Twe	enty Million, Three Hundred Seventeen	Thousand, Five Hundred Dollar	rs)		
4. The parties agree	to comply with the terms and conditions o	of the following exhibits, which are	by this reference made	a part of the Agreeme	ent.
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)	(F) Special Terms and Conditions – Notwithstanding provision 4.g. which does not apply to this agreement.				27
Exhibit E	t E Additional Provisions				4
Exhibit F	Privacy and Information Security Provisions				32
	asterisk (*), are hereby incorporated by referer n be viewed at <u>https://www.dgs.ca.gov/OLS/Re</u>		as if attached hereto.		
IN WITNESS WHER	EOF, THIS AGREEMENT HAS BEEN EXECUT	ED BY THE PARTIES HERETO.			
		CONTRACTOR			
CONTRACTOR NAME County of Soland	(if other than an individual, state whether a corp	oration, partnership, etc.)			
CONTRACTOR BUSIN			CITY	STATE	ZIP
275 Beck Ave., M			Fairfield	CA	94533

TITLE

DATE SIGNED

County Adminstrator

5/13/2020

STATE OF CALIFORNIA - DEPARTMENT OF GENERAL SERVICES AGREEMENT NUMBER PURCHASING AUTHORITY NUMBER (If Applicable) STANDARD AGREEMENT 20-10201 STD 213 (Rev. 03/2019) **STATE OF CALIFORNIA** CONTRACTING AGENCY NAME Department of Health Care Services CONTRACTING AGENCY ADDRESS CITY STATE ZIP Sacramento CA 95899 1000 G Street, 4th Floor, MS 4200, P.O. Box 997413 PRINTED NAME OF PERSON SIGNING TITLE SSM I, Contracts Section Carrie Talbot CONTRACTING AGENCY AUTHORIZED SIGNATURE DATE SIGNED Carrie Talto 202 8 CALIFORNIA DEPARTMENT OF GENERAL SERVICES APPROVAL EXEMPTION (If Applicable) WIC 14087.4