

**STANDARD AGREEMENT**

STD. 213-IT\_DHCS (Rev. 06/12)

**FOR IT SERVICES / GOODS ONLY**

Attachment 0

REGISTRATION NUMBER

PURCHASING AUTHORITY NUMBER

AGREEMENT NUMBER

12-89349

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

STATE AGENCY'S NAME

(Also known as DHCS, CDHS, DHS or the State)

Department of Health Care Services

CONTRACTOR'S NAME

(Also known as Contractor)

2. The term of this Agreement is: May 1, 2013  
through April 30, 2014

3. The maximum amount of this Agreement is: \$

4. The parties agree to comply with the terms and conditions of the following Attachments, which are by this reference made a part of this Agreement.

**IN WITNESS WHEREOF, this Agreement has been executed by the parties hereto.**

**CONTRACTOR**

CONTRACTOR'S NAME (if other than an individual, state whether a corporation, partnership, etc.)

BY (Authorized Signature)

DATE SIGNED (Do not type)



PRINTED NAME AND TITLE OF PERSON SIGNING

ADDRESS

**STATE OF CALIFORNIA**

AGENCY NAME

Department of Health Care Services

BY (Authorized Signature)

DATE SIGNED (Do not type)



PRINTED NAME AND TITLE OF PERSON SIGNING

Jayna Querin, Chief, Contracts, Purchasing and Support Services Section

ADDRESS

1501 Capitol Avenue, Suite 71.5195, MS 1403,  
P.O. Box 997413, Sacramento, CA 95899-7413

*California Department of General  
Services Use Only*

Exempt per: