

4260-2610198

STANDARD AGREEMENT

STD 213 (Rev. 03/2019)

AGREEMENT NUMBER

20-10198

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 Shasta

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:

\$10,476,000 (Ten Million, Four Hundred Seventy-Six Thousand 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 Shasta

CONTRACTOR BUSINESS ADDRESS

P.O. Box 496005

CITY

Redding

STATE

CA

ZIP

96001

PRINTED NAME OF PERSON SIGNING

Mary Rickert

TITLE

Chair, Board of Supervisors

CONTRACTOR AUTHORIZED SIGNATURE

DATE SIGNED

Mary Rickert

5-19-2020

Approved as to form:
RUBIN E. CRUSE, III
County Counsel

Alan B. Cox
Deputy County Counsel III

Risk Management Approval:

James Johnson
Risk Management Analyst III

Information Technology Approval:

Thomas Schreiber
Chief Information Officer

ATTEST:

MATTHEW P. PONTES
Clerk of the Board of Supervisors

By: *[Signature]*

Deputy

STATE OF CALIFORNIA - DEPARTMENT OF GENERAL SERVICES

STANDARD AGREEMENT

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AGREEMENT NUMBER

20-10198

PURCHASING AUTHORITY NUMBER (if Applicable)

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

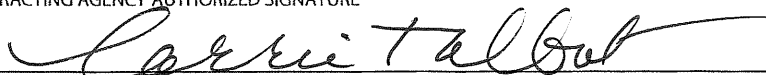
PRINTED NAME OF PERSON SIGNING

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

ATTEST
MATTHEW P. FONTES
Clerk of the Board of Supervisors