SCO ID: 4440-2176003028

	RNIA - DEPARTMENT OF GENERAL SERVICES					
STANDARD AGREEMENT STD 213 (Rev. 04/2020)		AGREEMENT NUMBER 21-76003-028		PURCHASING AUTHORITY NUMBER (If Applicable) DSH-4440		
1. This Agreement	is entered into between the Contracting Ager	ncy and the Contractor named be	elow:			
CONTRACTING AGEN						
Department of S	tate Hospitals					
CONTRACTOR NAME						
County of Humb	oldt					
2. The term of this	Agreement is:					
START DATE						
July 1, 2021						
THROUGH END DATE	E					
June 30, 2024						
3. The maximum a \$45,000.00	mount of this Agreement is:					
	sand Dollars and Zero Cents					
	e to comply with the terms and conditions of	the following exhibits, which are	by this reference made a part of the	Agreeme	ent.	
Exhibits	Title				Pages	
Exhibit A	Scope of Work				4	
Exhibit B	Budget Detail and Payment Provisions				5	
Exhibit C	General Terms and Conditions - 04/2017				4	
+ Exhibit D	Special Terms and Conditions				8	
+ Exhibit F Information Privacy and Security Requirements					12	
	n asterisk (*), are hereby incorporated by reference In be viewed at <u>https://www.dgs.ca.gov/OLS/Resc</u>		as if attached hereto.			
	REOF, THIS AGREEMENT HAS BEEN EXECUTED					
CONTRACTOR						
CONTRACTOR NAME	(if other than an individual, state whether a corpora					
County of Humbo	oldt					
CONTRACTOR BUSIN	IESS ADDRESS		CITY	STATE	ZIP	
901 5th Street			Eureka	CA	95501	
PRINTED NAME OF PERSON SIGNING TITLE						
Virginia Bass			Chair of the Board			
CONTRACTOR AUTHORIZED SIGNATURE DATE SIGNED						
Ungine Bon 6/28/22						
State Public Works Peard Concepts						
State Public Works Board Consent: Deputy Director Date						
California Department of Corrections and Rehabilitation Consent:						
Date						

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STATE OF CALIFORNIA - DEPARTMENT OF GENERAL SERVICES AGREEMENT NUMBER STANDARD AGREEMENT PURCHASING AUTHORITY NUMBER (If Applicable) DSH-4440 21-76003-028 STD 213 (Rev. 04/2020) STATE OF CALIFORNIA CONTRACTING AGENCY NAME Department of State Hospitals CONTRACTING AGENCY ADDRESS CITY STATE ZIP 1215 O Street, MS-1 Sacramento CA 95814 PRINTED NAME OF PERSON SIGNING TITLE Tiffany Ladd Section Manager, PCSS CONTRACTING AGENCY AUTHORIZED SIGNATURE DATE SIGNED CALIFORNIA DEPARTMENT OF GENERAL SERVICES APPROVAL EXEMPTION (If Applicable) W & I Code 4335.2 (f)