**SCO ID:** 4440-2176003028

STATE OF CALIFORNIA - DEPARTMENT OF GENERAL SERVICES AGREEMENT NUMBER PURCHASING AUTHORITY NUMBER (If Applicable) STANDARD AGREEMENT 21-76003-028 DSH-4440 STD 213 (Rev. 04/2020) 1. This Agreement is entered into between the Contracting Agency and the Contractor named below: CONTRACTING AGENCY NAME Department of State Hospitals CONTRACTOR NAME County of Humboldt 2. The term of this Agreement is: START DATE July 1, 2021 THROUGH END DATE June 30, 2024 3. The maximum amount of this Agreement is: \$45,000.00 Forty-Five Thousand Dollars and Zero Cents 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 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 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 <a href="https://www.dgs.ca.gov/OLS/Resources">https://www.dgs.ca.gov/OLS/Resources</a> 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 Humboldt **CONTRACTOR BUSINESS ADDRESS** CITY STATE Z**I**P Eureka CA 95501 901 5th Street TITLE PRINTED NAME OF PERSON SIGNING Chair of the Board Virginia Bass CONTRACTOR AUTHORIZED SIGNATURE **DATE SIGNED** 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 PURCHASING AUTHORITY NUMBER (If Applicable) **STANDARD AGREEMENT** 21-76003-028 DSH-4440 STD 213 (Rev. 04/2020) STATE OF CALIFORNIA CONTRACTING AGENCY NAME Department of State Hospitals CONTRACTING AGENCY ADDRESS CITY Z**I**P STATE 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)