## SCO ID:

ST		NIA - DEPARTMENT OF GENERAL SERVICES  GREEMENT	AGREEMENT NUMBER 22-HHAP-10016	1	PURCHASING AUTHORITY NUMBER (If Applicable) 010725						
		o) is entered into between the Contracting Ago									
	NTRACTING AGEN			Ovv.							
	Business, Consumer Services and Housing Agency										
	CONTRACTOR NAME										
	County of Humboldt										
	2. The term of this Agreement is:										
START DATE											
Upon BCSH approval											
THROUGH END DATE											
10/1/2026											
3. The maximum amount of this Agreement is:											
\$1,231,228.34 (One Million Two Hundred Thirty One Thousand Two Hundred Twenty Eight Dollars and Thirty Four 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	Authority, Purpose and Scope of Work				8					
	Exhibit B	Budget Detail and Disbursement Provisions				2					
	Exhibit C	Homeless Coordinating and Financing Council General Terms and Conditions				8					
+	Exhibit D	Special Terms and Conditions				2					
+	Exhibit E	State of California General Terms and Conditions									
+	Exhibit F	Standard Agreement to Apply			5						
hes	e documents car	asterisk (*), are hereby incorporated by referenc be viewed at <u>https://www.dgs.ca.gov/OLS/Res</u> FOF, THIS AGREEMENT HAS BEEN EXECUTEI	<u>sources</u>	if attached hereto.							
			CONTRACTOR								
CON	TRACTOR NAME (	if other than an individual, state whether a corpo									
Cou	inty of Humbo	oldt	ndraduserus (K Bodrako di rendamentario III. Europolevia.								
CONTRACTOR BUSINESS ADDRESS				ГҮ	STATE	ZIP					
507 F Street				ıreka	CA	95501					
PRIN	TED NAME OF PE	RSON SIGNING	TIT	LE							
Connie Beck Director											
ONTRACTOR AUTHORIZED SIGNATURE  1-28-32											

## SCO ID:

STATE OF CALIFORNIA - DEPARTMENT OF GENERAL SERVICES					
STANDARD AGREEMENT	AGREEMENT NUMBER	PURCHASING AUTHORITY NUMBER (If Applicable) 010725			
STD 213 (Rev. 04/2020)	22-HHAP-10016				
	STATE OF CALIFORNIA			•	
CONTRACTING AGENCY NAME					
Business, Consumer Services and Housing Agency					
CONTRACTING AGENCY ADDRESS	ату	СТТ		ZIP	
915 Capitol Mall, Suite 350-A	Sacran	Sacramento		95814	
PRINTED NAME OF PERSON SIGNING	TITLE	TITLE			
Lourdes Castro Ramírez	Secreta	Secretary			
CONTRACTING AGENCY AUTHORIZED SIGNATURE	DATE SIG	DATE SIGNED			
CALIFORNIA DEPARTMENT OF GENERAL SERVICES APPROVAL	EXEMPT	ON (If Applicable)			