SCO ID: 4260-2330106

	TE OF CALIFORM ANDARD A	IIA - DEPARTMENT OF GENERAL SERVICES GREEMENT	AGREEMENT NUMBER	PURCHASING AUTHORITY NUMBER (If Applicable)		
STD 213 (Rev. 04/2020) 23-30106						
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						
Humboldt County						
2. The term of this Agreement is:						
START DATE						
July 1, 2023						
THROUGH END DATE						
June 30, 2027						
3. The maximum amount of this Agreement is:						
\$47,730,240.00 (Fourty-Seven Million, Seven Hundred and Thirty Thousand, Two Hundred and Forty 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					
	Exhibit A, Attachment 1	A, nent Program Specifications			196	
	Exhibit B Budget Detail and Payment Provisions				14	
+	Exhibit B, Attachment Funding Amounts			1		
+	Exhibit C * General Terms and Conditions			GTC 4/2017		
+	Exhibit D(F)	Special Terms and Conditions			41	
+	Exhibit E	Additional Provisions			4	
+	Exhibit F				10	
	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.) Humboldt County						
CON	ITRACTOR BUSINE	SS ADDRESS	СІТҮ	STATE	ZIP	
720 Wood Street			Eurek	CA	95501	
PRINTED NAME OF PERSON SIGNING TITLE						
CONTRACTOR AUTHORIZED SIGNATURE				DATE SIGNED		

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STATE OF CALIFORNIA - DEPARTMENT OF GENERAL SERVICES AGREEMENT NUMBER PURCHASING AUTHORITY NUMBER (If Applicable) **STANDARD AGREEMENT** 23-30106 STD 213 (Rev. 04/2020) STATE OF CALIFORNIA CONTRACTING AGENCY NAME Department of Health Care Services CONTRACTING AGENCY ADDRESS CITY STATE ZIP 95814 Sacramento CA 1501 Capitol Avenue, MS 4200 TITLE PRINTED NAME OF PERSON SIGNING CONTRACTING AGENCY AUTHORIZED SIGNATURE DATE SIGNED CALIFORNIA DEPARTMENT OF GENERAL SERVICES APPROVAL EXEMPTION (If Applicable) WIC 14184.102(e)