sco ID: 8570-200077

STATE OF CALIFORNIA - DEPARTMENT OF GENERAL SERVICES STANDARD AGREEMENT STD 213 (Rev. 03/2019)			AGREEMENT NUMBER 20-0077	PURCHASING AUTHORITY N	PURCHASING AUTHORITY NUMBER (If Applicable)		
1. This Agreement is entered into between the Contracting Agency and the Contractor named below:							
CONTRACTING AGENCY NAME CALIFORNIA DEPARTMENT OF FOOD AND AGRICULTURE							
CONTRACTOR NAME							
COUNTY OF HUMBOLDT							
2. The term of this Agreement is:							
START DATE JULY 1, 2020							
THROUGH END DATE							
JUNE 30, 2021							
3. T	he maximum ar),110.32 - TWE	mount of this Agreement is: NTY THOUSAND ONE HUNDRED TEN DO to comply with the terms and conditions of			Agreeme	nt.	
Exhibits Title						Pages	
	Exhibit A Scope of Work					1	
	Exhibit A Attachment 1					5	
	Exhibit A Appendixes A - F					10	
+	Exhibit B	xhibit B Budget Detail and Payment Provisions				1	
+	Exhibit B	Attachment 1				2	
+	Exhibit C *	General Terms and Conditions				0	
+	Exhibit D	Special Terms and Conditions				2	
+	Exhibit E	Additional Provisions				5	
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.)							
CO	UNTY OF HUM	BOLDT					
					STATE	ZIP	
					CA	95503	
PRIN	PRINTED NAME OF PERSON SIGNING						
Estelle Fennell Chair Board or Supervisors CONTRACTOR AUTHORIZED SIGNATURE DATE SIGNED						AND THE PARTY OF T	
CON	Estelle Gennell 7/28/2020						

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STATE OF CALIFORNIA - DEPARTMENT OF GENERAL SERVICES AGREEMENT NUMBER PURCHASING AUTHORITY NUMBER (If Applicable) **STANDARD AGREEMENT** 20-0077 STD 213 (Rev. 03/2019) STATE OF CALIFORNIA CONTRACTING AGENCY NAME CALIFORNIA DEPARTMENT OF FOOD AND AGRICULTURE CONTRACTING AGENCY ADDRESS CITY STATE ZIP 1220 N STREET SACRAMENTO ÇA 95814 PRINTED NAME OF PERSON SIGNING TITLE **MONICA AGUIRRE** STAFF SERVICES MANAGER I CONTRACTING AGENCY AUTHORIZED SIGNATURE DATE SIGNED CALIFORNIA DEPARTMENT OF GENERAL SERVICES APPROVAL **EXEMPTION (If Applicable)** DGS LTR 28.9