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**Program Specifications** 

**Funding Amounts** 

Additional Provisions

Budget Detail and Payment Provisions

General Terms and Conditions

Special Terms and Conditions

These documents can be viewed at https://www.dgs.ca.gov/OLS/Resources

HIPAA Business Associate Addendum

IN WITNESS WHEREOF, THIS AGREEMENT HAS BEEN EXECUTED BY THE PARTIES HERETO.

CONTRACTOR NAME (if other than an individual, state whether a corporation, partnership, etc.)

Items shown with an asterisk (\*), are hereby incorporated by reference and made part of this agreement as if attached hereto.

Exhibit A,

Exhibit B

Attachment I

Attachment I

Exhibit C \*

Exhibit D(F)

Exhibit E

Exhibit F

County of Lake

CONTRACTOR BUSINESS ADDRESS

PRINTED NAME OF PERSON SIGNING

Stephen Carter Jr

CONTRACTOR AUTHOBISED SIGNATURE

6302 Thirteenth Avenue

D: 4260-2330094

	RNIA - DEPARTMENT OF GENERAL SERVICES	AGREEMENT NUMBER 23-30094	PURCHASING AUTHORITY NUMBER (IF	Applicable)
	t is entered into between the Contracting Agen	cy and the Contractor named below	· <u> </u>	
CONTRACTING AGE	NCY NAME			
Department of	Health Care Services			
CONTRACTOR NAM	E			
County of Lake				
2. The term of this	Agreement is:			
START DATE				
July 1, 2023				
THROUGH END DA	ΓΕ.			
June 30, 2027				
3. The maximum	amount of this Agreement is:			
\$133,800,000 (0	One Hundred Thirty-Three Million, Eight Hu	ndred Thousand Dollars)		
4. The parties agr	ee to comply with the terms and conditions of t	he following exhibits, which are by t	his reference made a part of the Agreeme	ent.
Exhibits		Title		Pages
Exhibit A	Scope of Work			3

CONTRACTOR

CITY

TITLE

Lucerne

DATE SIGNED

July 24, 2023

43

11

1

GTC

41

4

10

STATE

CA

Interim Behavioral Health Services Dire

ΖIΡ

95458

4/2017

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**D:** 4260-2330094

STATE OF CALIFORNIA - DEPARTMENT OF GENERAL SERVICES STANDARD AGREEMENT STD 213 (Rev. 04/2020)	AGREEMENT NUMBER 23-30094	PURCHASING AUTH	PURCHASING AUTHORITY NUMBER (If Applicable)		
S	TATE OF CALIFORNIA	L.			
CONTRACTING AGENCY NAME					
Department of Health Care Services					
CONTRACTING AGENCY ADDRESS			STATE	ZIP	
1501 Capitol Avenue, MS 4200	Sacra	amento	CA	95814	
PRINTED NAME OF PERSON SIGNING Robert Strom	TITLE	TITLE Chief, Contract Services Section			
CONTRACTING AGENCY AUTHORIZED SIGNATURE		DATE SIGNED			
Robert Strom		July 24, 2023			
CALIFORNIA DEPARPMENTAGE GENERAL SERVICES APPROVAL		EXEMPTION (If Applicable)			
	W&I	Code 14087.4			