

**SCO ID:**

STATE OF CALIFORNIA - DEPARTMENT OF GENERAL SERVICES

**STANDARD AGREEMENT**

STD 213 (Rev. 04/2020)

AGREEMENT NUMBER

21MHSOAC014

PURCHASING AUTHORITY NUMBER (If Applicable)

1. This Agreement is entered into between the Contracting Agency and the Contractor named below:

CONTRACTING AGENCY NAME

Mental Health Services Oversight and Accountability Commission

CONTRACTOR NAME

Lake County Behavioral Health Services

2. The term of this Agreement is:

START DATE

upon execution

THROUGH END DATE

September 30, 2025

3. The maximum amount of this Agreement is:

\$2,499,450.00 Two million four hundred ninety nine thousand four hundred fifty dollars and no 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                        | 5     |
| Exhibit B             | Budget Detail and Payment Provisions | 2     |
| Attachment B-1        | Grant Award Claim Form               | 1     |
| +<br>- Attachment B-2 | Budget Worksheet                     | 1     |
| +<br>- Exhibit C      | General Terms and Conditions         | 5     |
| +<br>- Exhibit D      | Special Terms and Conditions         | 9     |

*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.)

Lake County Behavioral Health Services

CONTRACTOR BUSINESS ADDRESS

PO Box 1024

CITY

Lucerne

STATE

CA

ZIP

95458

PRINTED NAME OF PERSON SIGNING


Todd Metcalf

TITLE

Behavioral Health Director

CONTRACTOR AUTHORIZED SIGNATURE

Todd Metcalf

 Digitally signed by Todd Metcalf  
Date: 2021.09.28 09:58:16 -07'00'

DATE SIGNED

09/28/21

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**STATE OF CALIFORNIA**

CONTRACTING AGENCY NAME

Mental Health Services Oversight and Accountability Commission

CONTRACTING AGENCY ADDRESS

1325 J Street, Suite 1700

CITY

Sacramento

STATE

CA

ZIP

95624

PRINTED NAME OF PERSON SIGNING

Toby Ewing

TITLE

Executive Director

CONTRACTING AGENCY AUTHORIZED SIGNATURE

*Toby Ewing*

DATE SIGNED

10/1/21

CALIFORNIA DEPARTMENT OF GENERAL SERVICES APPROVAL

EXEMPTION (If Applicable)

WIC 5897(f)