

STANDARD AGREEMENT

STD 213 (Rev 06/03)

REGISTRATION NUMBER

AGREEMENT NUMBER

17-10237

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

STATE AGENCY'S NAME

(Also referred to as CDPH or the State)

California Department of Public Health

CONTRACTOR'S NAME

(Also referred to as Contractor)

County of Lake Health Services Department

2. The term of this Agreement is: July 1, 2017 through June 30, 2020

3. The maximum amount of this Agreement is: \$ 207,336
Two Hundred Seven Thousand Three Hundred Thirty Six 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 this Agreement.

Exhibit A – Scope of Work/Work Plan	42 pages
Exhibit B – Budget Detail and Payment Provisions	3 pages
Attachments I – Budget Detail (Years 1 - 3)	1 page
Exhibit C*– General Terms and Conditions	GTC 04/2017
Exhibit D – Special Terms and Conditions	16 pages
Exhibit E – Additional Provisions	1 page
Exhibit F – Federal Terms and Conditions	8 pages
Exhibit G – Information Privacy and Security Requirements	11 pages
Exhibit H – Inventory/Disposition of CDPH - Funded Equipment	2 pages
Exhibit I – Contract Equipment Purchased with CDPH Funds	2 pages
Exhibit J – Glossary of CLPPB Related Acronyms and Terms	4 pages

Items shown above with an Asterisk (*), are hereby incorporated by reference and made part of this agreement as if attached hereto.
These documents can be viewed at <http://www.dgs.ca.gov/ols/Resources/StandardContractLanguage.aspx>.

IN WITNESS WHEREOF, this Agreement has been executed by the parties hereto.

CONTRACTOR

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

County of Lake Health Services Department

BY (Authorized Signature)

DATE SIGNED (Do not type)



PRINTED NAME AND TITLE OF PERSON SIGNING

Denise Pomroy, Health Service Director

ADDRESS

C/O Gina Lyle-Griffin

922 Bevins Court, Lakeport CA 95453

STATE OF CALIFORNIA

AGENCY NAME

California Department of Public Health

BY (Authorized Signature)

DATE SIGNED (Do not type)



PRINTED NAME AND TITLE OF PERSON SIGNING

Jeff Mapes, Chief, Contracts Management Unit

ADDRESS

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Sacramento, CA 95899-7377

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☐ Exempt per: