

STANDARD AGREEMENT

AGREEMENT NUMBER

PURCHASING AUTHORITY NUMBER (if applicable)

STD. 213 (Rev 03/2019) CSD (Rev 07/2019)

20U-2578

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

CONTRACTING AGENCY NAME

Department of Community Services and Development

CONTRACTOR NAME

San Benito Co. Health & Human Svcs Agency, Comm Svcs & Workforce Development

2. The term of this Agreement is: July 1, 2020 through April 30, 2021

3. The maximum amount of this Agreement is: Total \$123,252.00

4. The parties agree to comply with the terms and conditions of the following exhibits that are by this reference made a part of the Agreement:

Part I

Preamble

Article 1 - Scope of Work

Article 2 - Contract Construction, Administration, Procedure

Part II*

Subpart A - Administrative Requirements*

Subpart B - Financial Requirements*

Subpart C - Programmatic Requirements*

Subpart D - Compliance Requirements*

Subpart E - Certifications and Assurances*

Subpart F - State Contracting Requirements GTC 04/2017*

Subpart G - Definitions*

Subpart H - Table of Forms*

Items shown with an Asterisk (*) are hereby incorporated by reference and made a part of this agreement as if attached hereto. These documents can be accessed at <https://providers.csd.ca.gov/>.

APPROVED AS TO LEGAL FORM
SAN BENITO COUNTY COUNSEL

 7-27-2020
DEPUTY COUNTY COUNSEL DATE

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

CONTRACTOR				California Department of General Services Approval (or exemption, if applicable)	
CONTRACTOR NAME (If other than an individual, state whether a corporation, partnership, etc.)					
San Benito Co. Health & Human Svcs Agency, Comm Svcs & Workforce Development					
CONTRACTOR BUSINESS ADDRESS, CITY, STATE ZIP					
1111 San Felipe Road Ste., 108, Hollister, CA 95023					
PRINTED NAME OF PERSON SIGNING			TITLE		
CONTRACTOR AUTHORIZED SIGNATURE			DATE SIGNED		
STATE OF CALIFORNIA					
CONTRACTING AGENCY NAME					
Department of Community Services and Development					
CONTRACTING AGENCY ADDRESS		CITY	STATE	ZIP	
2389 Gateway Oaks Drive, Suite 100		Sacramento	CA	95833	
PRINTED NAME OF PERSON SIGNING		TITLE			
Chris Vail		Chief Financial Officer			
CONTRACTING AGENCY AUTHORIZED SIGNATURE			DATE SIGNED		
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