

**SCO ID:**

STATE OF CALIFORNIA - DEPARTMENT OF GENERAL SERVICES

**STANDARD AGREEMENT**

STD 213 (Rev. 04/2020)

AGREEMENT NUMBER  
22-HHAP-10057

PURCHASING AUTHORITY NUMBER (If Applicable)  
010725

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

CONTRACTING AGENCY NAME

Business, Consumer Services and Housing Agency

Approved as to Legal Form  
San Benito County Counsel

CONTRACTOR NAME

Health & Human Services Agency

  
Deputy County Counsel

2. The term of this Agreement is:

START DATE

Upon BCSH approval

Deputy County Counsel

THROUGH END DATE

10/1/2026

3. The maximum amount of this Agreement is:

\$79,065.22 ( Seventy Nine Thousand Sixty Five Dollars and Twenty Two 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	Authority, Purpose and Scope of Work	8
Exhibit B	Budget Detail and Disbursement Provisions	2
Exhibit C	Homeless Coordinating and Financing Council General Terms and Conditions	8
+ - Exhibit D	Special Terms and Conditions	2
+ - Exhibit E	State of California General Terms and Conditions	1
+ - Exhibit F	Standard Agreement to Apply	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.)

Health & Human Services Agency

CONTRACTOR BUSINESS ADDRESS

1111 San Felipe Road, Suite 205,

CITY

Hollister

STATE

CA

ZIP

95023

PRINTED NAME OF PERSON SIGNING

Tracey Belton

TITLE

Director

CONTRACTOR AUTHORIZED SIGNATURE

DATE SIGNED

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**STATE OF CALIFORNIA**

CONTRACTING AGENCY NAME

Business, Consumer Services and Housing Agency

CONTRACTING AGENCY ADDRESS

915 Capitol Mall, Suite 350-A

CITY

Sacramento

STATE

CA

ZIP

95814

PRINTED NAME OF PERSON SIGNING

Lourdes Castro Ramírez

TITLE

Secretary

CONTRACTING AGENCY AUTHORIZED SIGNATURE

DATE SIGNED

CALIFORNIA DEPARTMENT OF GENERAL SERVICES APPROVAL

EXEMPTION (If Applicable)