STATE OF CALIFO	RNIA - DEPARTMENT OF GENERAL SERVICES				
STANDARD AGREEMENT STD 213 (Rev. 03/2019)		AGREEMENT NUMBER PURCHASING AUTHORITY NUMBER (Applicable)	
1. This Agreement	t is entered into between the Contracting Ag	ency and the Contractor named below	:		
CONTRACTING AGE	NCY NAME				
Department of I	Health Care Services				
CONTRACTOR NAM					
San Benito Cour	nty Behavioral Health				
2. The term of this	Agreement is:				
START DATE					
July 1, 2018					
THROUGH END DAT	E				
June 30, 2021					
3. The maximum a \$0.00 (Zero Doll	amount of this Agreement is:				
	ee to comply with the terms and conditions o	f the following exhibits, which are but	his reference made a next of the A	2000 P	
EXHIBITS	to to comply with the terms and conditions of	TITLE	ms reference made a part of the Agreeme		
Exhibit A				PAGES	
EXHIBIT A	Program Specification (including Special Terms and Conditions)			21	
Exhibit A	Attachment I - Request for Waiver			1	
Exhibit B	Funds Provision			1	
Exhibit C *	General Terms and Conditions (GTC 04/	2017)			
Exhibit D	Information Confidentiality and Security Requirements			7	
Exhibit E	Privacy and Information Security Provisions (including Attachment A)			31	
Items shown with a These documents co	n asterisk (*), are hereby incorporated by referen an be viewed at <u>https://www.dgs.ca.gov/OLS/Re</u>	ce and made part of this agreement as if a sources	attached hereto.		
IN WITNESS WHE	REOF, THIS AGREEMENT HAS BEEN EXECUTE	D BY THE PARTIES HERETO.			
		CONTRACTOR			
CONTRACTOR NAM	E (if other than an individual, state whether a corpo	ration, partnership, etc.)			
San Benito Cour	nty Behavioral Health				
CONTRACTOR BUSIN	NESS ADDRESS	CITY	STATE	ZIP	
1131 San Felipe	Road	Holl	ister CA	95023	
PRINTED NAME OF PERSON SIGNING TITLE					
Alan Yamamoto	, LCSW	Mer	Mental Health Director		
CONTRACTOR AUTHORIZED SIGNATURE			DATE SIGNED		

APPROVED AS TO LEGAL FORM SAN BENITO COUNTY COUNSEL

DEPUTY COUNTY COUNSEL DATE

STATE OF CALIFORNIA - DEPARTMENT OF GENERAL SERVICES AGREEMENT NUMBER PURCHASING AUTHORITY NUMBER (If Applicable) STANDARD AGREEMENT STD 213 (Rev. 03/2019) 18-95267 STATE OF CALIFORNIA CONTRACTING AGENCY NAME Department of Health Care Services CONTRACTING AGENCY ADDRESS CITY STATE ZIP 1000 G Street. 4th Floor, MS 4200 Sacramento CA 95814 PRINTED NAME OF PERSON SIGNING TITLE Carrie Talbot SSMI CONTRACTING AGENCY AUTHORIZED SIGNATURE DATE SIGNED CALIFORNIA DEPARTMENT OF GENERAL SERVICES APPROVAL EXEMPTION (If Applicable) W&I Code §14703