

STATE OF CALIFORNIA - DEPARTMENT OF GENERAL SERVICES

STANDARD AGREEMENT

STD 213 (Rev. 04/2020)

AGREEMENT NUMBER

23-10293

PURCHASING AUTHORITY NUMBER (If Applicable)

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

CONTRACTING AGENCY NAME

California Department of Public Health

CONTRACTOR NAME

County of Ventura

2. The term of this Agreement is:

START DATE

July 1, 2023

THROUGH END DATE

June 30, 2026

3. The maximum amount of this Agreement is:

\$1,928,079.00

One Million, Nine Hundred Twenty-Eight Thousand, Seventy-Nine Dollars and Zero 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	3
Exhibit A	Attachment 1 - Services to be Performed	45
Exhibit A	Attachment 2 - Baseline Contract Requirements for Case Management Services	8
Exhibit A	Attachment 3 - Partnership Development Tool	10
Exhibit B	Budget Detail and Payment Provisions	3
Exhibit B	Attachment 1, Budget Years 1-3	1
Exhibit C *	General Terms and Conditions	GTC 04/2017
Exhibit D	Special Terms and Conditions	18
Exhibit E	Additional Provisions	4
Exhibit F	Federal Terms and Conditions	8
Exhibit G	Information Privacy and Security Requirements	10
Exhibit H	Glossary of CLPPB Related Acronyms and Terms	5
Exhibit I	Contractor's Release	1

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.)

County of Ventura

CONTRACTOR BUSINESS ADDRESS

2240 E Gonzales Rd Ste. 270

CITY

Oxnard

STATE

CA

ZIP

93036

PRINTED NAME OF PERSON SIGNING

Rigoberto Vargas

TITLE

Public Health Director

CONTRACTOR AUTHORIZED SIGNATURE



Digitally signed by Rigoberto Vargas
Date: 2023.10.18 10:15:00 -07'00'

DATE SIGNED

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STATE OF CALIFORNIA

CONTRACTING AGENCY NAME

California Department of Public Health

CONTRACTING AGENCY ADDRESS

1616 Capitol Avenue, Suite 74.262, MS 1802, P.O. Box 997377, Sacramento, CA 95899

CITY

Sacramento

STATE

CA

ZIP

95899

PRINTED NAME OF PERSON SIGNING

Maksim Lyulkin

TITLE

Chief, FSU

CONTRACTING AGENCY AUTHORIZED SIGNATURE

DATE SIGNED

CALIFORNIA DEPARTMENT OF GENERAL SERVICES APPROVAL

EXEMPTION (If Applicable)