

STATE OF CALIFORNIA - DEPARTMENT OF GENERAL SERVICES

STANDARD AGREEMENT

STD 213 (Rev. 04/2020)

AGREEMENT NUMBER

26-10089

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 Lake

2. The term of this Agreement is:

START DATE

July 1, 2026 or upon DGS approval, whichever is later

THROUGH END DATE

June 30, 2028

3. The maximum amount of this Agreement is:

\$204,651.00

Two Hundred and Four Thousand Six Hundred and Fifty-One 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 / Work Plan	3
Exhibit A	Attachment I	10
Exhibit B	Budget Detail and Payment Provisions	4
Exhibit B	Attachment 1, Budget Detail Years 1-2	1
Exhibit C*	General Terms and Conditions	GTC 02/2025
Exhibit D	Special Terms and Conditions	15
Exhibit E	Additional Provisions	3
Exhibit F	Federal Terms and Conditions	16
Exhibit G	Information Privacy and Security Requirements	12
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 Lake

CONTRACTOR BUSINESS ADDRESS

922 Bevins Court

CITY

Lakeport

STATE

CA

ZIP

95453

PRINTED NAME OF PERSON SIGNING

Lisa Faraco

TITLE

Health Services Director

CONTRACTOR AUTHORIZED SIGNATURE

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 997399

CITY

Sacramento

STATE

CA

ZIP

95814

PRINTED NAME OF PERSON SIGNING

Vanessa Manson

TITLE

Chief, Contract Management Unit

CONTRACTING AGENCY AUTHORIZED SIGNATURE

DATE SIGNED

CALIFORNIA DEPARTMENT OF GENERAL SERVICES APPROVAL

EXEMPTION (If Applicable)