STATE OF CALIFORNIA STANDARD AGREEMENT STD 213 (Rev 06/03)

| D 213 (Rev 06/03) | REGISTRATION NUMBE | D . | AGREEMENT NUMBER |
|--|---------------------------------|----------------------|--|
| | REGISTRATION NOWIDE | | 19-10XXX |
| | | | 19-10/// |
| 1. This Agreement is entered into between the State A | Agency and the Contractor na | amed below: | |
| STATE AGENCY'S NAME | | (Also refe | rred to as CDPH or the State) |
| California Department of Public Health | | | N |
| CONTRACTOR'S NAME | | (/ | Also referred to as Contractor) |
| luk 1 2010 + | brough lung 20, 2021 | | |
| Agreement is: | hrough June 30, 2021 | | |
| The maximum amount \$ of this Agreement is: | | | |
| The parties agree to comply with the terms and cor part of this Agreement. | nditions of the following exhib | its, which are by th | is reference made a |
| Exhibit A – Scope of Work Exhibit B – Budget Detail and Payment Provisions Exhibit B, Attachment I – Budget (Year 1) Exhibit B, Attachment II – Budget (Year 2) Exhibit C * – General Terms and Conditions Exhibit D – Special Terms and Conditions Exhibit E – Additional Provisions Exhibit F – Federal Terms and Conditions (Federal Exhibit G – Information Privacy and Security Requi Exhibit H – Contactor's Release Exhibit I – Progress Report Transmittal | , | ements – Title XIX) | 16 pages 3 pages 1 page 1 page GTC 04/2017 15 pages 3 pages 8 pages 11 pages 1 page 1 page |
| Items shown above with an Asterisk (*), are hereby incorpora These documents can be viewed at http://www.dgs.ca.gov/oi/ | | | if attached hereto. |
| IN WITNESS WHEREOF, this Agreement has been execut | ed by the parties hereto. | | |
| CONTRACTOR | | | Department of |
| CONTRACTOR'S NAME (if other than an individual, state whether a corporation, partnership, etc.) | | General Ser | vices Use Only |
| | | | |
| BY (Authorized Signature) | DATE SIGNED (Do not type) | | |
| PRINTED NAME AND TITLE OF PERSON SIGNING | | | |
| | | | |
| ADDRESS | | | |
| | | | |
| STATE OF CALIFORNIA | | | |
| AGENCY NAME | | | |
| California Department of Public Health | | | |
| BY (Authorized Signature) | DATE SIGNED (Do not type) | | |
| K | | | |
| PRINTED NAME AND TITLE OF PERSON SIGNING | | Exempt per: | |
| Jeff Mapes, Chief, Contracts Management Unit | | | |
| ADDRESS 1616 Capitol Avenue, Suite 74.262, MS 1800, PO Box | 007377 | | |
| Sacramento, CA 95899-7377 | 991311 | | |