

REGISTRATION NUMBER	AGREEMENT NUMBER
	10-10029

1. This Agreement is entered into between the State Agency and the Contractor named below:
 STATE AGENCY'S NAME (Also referred to as CDPH or the State)

California Department of Public Health

CONTRACTOR'S NAME (Also referred to as Contractor)

2. The term of this Agreement is: 10/01/2010 through 09/30/13

3. The maximum amount of this Agreement is: \$ 39,500,000
 Thirty Nine Million Five Hundred Thousand Dollars

4. The parties agree to comply with the terms and conditions of the following exhibits, which are by this reference made a part of this Agreement.

Exhibit A – Scope of Work	36 pages
Exhibit B – Budget Detail and Payment Provisions	4 pages
Exhibit B, Attachment I – Budget (Year 1)	X pages
Exhibit B, Attachment I, Schedule 1 – Subcontractor Budget (Year 1)	1 page
Exhibit B, Attachment II – Budget (Year 2)	X pages
Exhibit B, Attachment II, Schedule 1 – Subcontractor Budget (Year 2)	1 page
Exhibit B, Attachment III – Budget (Year 3)	X pages
Exhibit B, Attachment III, Schedule 1 – Subcontractor Budget (Year 3)	1 page
Exhibit C * – General Terms and Conditions	<u>GTC 307</u>
Exhibit D (F) – Special Terms and Conditions (Attached hereto as part of this agreement)	25 pages
Exhibit E – Additional Provisions	7 pages
Exhibit F – Contractor's Release	1 page
Exhibit G – Travel Reimbursement Information	2 pages
Exhibit H – Resumes	X pages

(Continued on Next Page)

Items shown above with an Asterisk (*), are hereby incorporated by reference and made part of this agreement as if attached hereto. These documents can be viewed at <http://www.ols.dgs.ca.gov/Standard+Language>.

IN WITNESS WHEREOF, this Agreement has been executed by the parties hereto.

CONTRACTOR		California Department of General Services Use Only
CONTRACTOR'S NAME (if other than an individual, state whether a corporation, partnership, etc.)		
BY (Authorized Signature)	DATE SIGNED (Do not type)	
PRINTED NAME AND TITLE OF PERSON SIGNING		
ADDRESS		
STATE OF CALIFORNIA		
AGENCY NAME		<input type="checkbox"/> Exempt per:
California Department of Public Health		
BY (Authorized Signature)	DATE SIGNED (Do not type)	
PRINTED NAME AND TITLE OF PERSON SIGNING		
Sandra Winters, Chief, Contracts and Purchasing Services Section		
ADDRESS		
1501 Capitol Avenue, Suite 71.5178, MS 1802, PO Box 997377 Sacramento, CA 95899-7377		

Exhibit I – HIPAA Business Associate Addendum (BAA)
Exhibit J – Information Privacy and Security Requirements

7 pages
10 pages

See Exhibit E, Provision 1 for additional incorporated exhibits.