

REGISTRATION NUMBER	AGREEMENT NUMBER
	12-XXXX

Check here if additional pages are added:    page(s)

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:                    10/1/2012                    through    9/30/2013  
      or upon approval by CDPH or DGS, if required, whichever is later

3. The maximum amount of this Agreement is:    \$ Sample Only  
      Sample Only

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	X pages
Exhibit B – Budget Detail and Payment Provisions	4 pages
Exhibit B, Attachment I – Budget (Year 1)	1 page
Exhibit B, Attachment I, Schedule 1 – Subcontractor Budget (Year 1)	1 page
Exhibit C * – General Terms and Conditions	<u>GTC 610</u>
Exhibit D (F) – Special Terms and Conditions (Attached hereto as part of this agreement)	25 pages
Exhibit E – Additional Provisions	3 pages
Exhibit F – Contractor's Release	1 page
Exhibit G – Travel Reimbursement Information	2 pages
Exhibit H – Information Privacy and Security Requirements	10 pages

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.**

<b>CONTRACTOR</b>		<b>California Department of General Services Use Only</b>
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		
<b>STATE OF CALIFORNIA</b>		<input type="checkbox"/> Exempt per:
AGENCY NAME		
California Department of Public Health		
BY (Authorized Signature)	DATE SIGNED (Do not type)	
		
PRINTED NAME AND TITLE OF PERSON SIGNING		
Angela Salas, Chief Contracts Management Unit		
ADDRESS		
1501 Capitol Avenue, Suite 71.5178, MS 1802, PO Box 997377 Sacramento, CA 95899-7377		