

REGISTRATION NUMBER	AGREEMENT NUMBER 08-85023
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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)
 [TBD]

2. The term of this Agreement is: 01/01/2009 through 12/31/2013

3. The maximum amount of this Agreement is: \$ xxx
 xxxxxxxxxxxxxxxxxxxx

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 A – Attachment 1 – Work Plan X pages
- Exhibit B – Budget Detail and Payment Provisions X pages
- Exhibit B Attachment I – Budget (Year 1) X pages
- Exhibit B Attachment I, Schedule 1 – Subcontractor Budget (Year 1) X pages
- Exhibit B Attachment II – Budget (Year 2) X pages
- Exhibit B Attachment II, Schedule 1 – Subcontractor Budget (Year 2) X pages
- Exhibit B Attachment III – Budget (Year 3) X pages
- Exhibit B Attachment III, Schedule 1 – Subcontractor Budget (Year 3) X pages
- Exhibit B Attachment IV – Budget (Year 4) X pages
- Exhibit B Attachment IV, Schedule 1 – Subcontractor Budget (Year 4) X pages
- Exhibit B Attachment V – Budget (Year 5) X pages
- Exhibit B Attachment V, Schedule 1 – Subcontractor Budget (Year 5) X pages
- Exhibit B Attachment VI – Budget (Year 6) X pages
- Exhibit C * – General Terms and Conditions GTC 307

(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.) [TBD]		
BY (Authorized Signature) 	DATE SIGNED (Do not type)	
PRINTED NAME AND TITLE OF PERSON SIGNING [TBD]		
ADDRESS [TBD]		
STATE OF CALIFORNIA		
AGENCY NAME California Department of Public Health		<input type="checkbox"/> Exempt per:
BY (Authorized Signature) 	DATE SIGNED (Do not type)	
PRINTED NAME AND TITLE OF PERSON SIGNING Timothy Bow, Chief, Program Support Branch		
ADDRESS 1501 Capitol Avenue, Suite Suite 71.5178, MS 1802, PO Box 997377 Sacramento, CA 95899-7377		

Exhibit D(F) – Special Terms and Conditions (Attached hereto as part of this agreement)	26 pages
Exhibit E – Additional Provisions	5 pages
Exhibit F – Contractor’s Release	1 page
Exhibit G – Travel Reimbursement Information	2 pages
Exhibit H – Contractor Equipment Purchased With DHS Funds	2 pages
Exhibit I – Inventory/Disposition of DHS-Funded Equipment	2 pages
Exhibit J – Annual DVBE Report Form	1 page
Exhibit K – HIPAA Business Associate Addendum	3 pages
Exhibit L – Information Confidentiality and Security Requirements	3 pages
Exhibit M – Information Systems Security Requirements for Projects (ISO/SR1)	18 pages