STATE OF CALIFORNIA - DEPARTMENT OF GENERAL SERVICES AGREEMENT NUMBER **STANDARD AGREEMENT** PURCHASING AUTHORITY NUMBER (If Applicable) 20-HHAP-00061 STD 213 (Rev. 03/2019) 1. This Agreement is entered into between the Contracting Agency and the Contractor named below: CONTRACTING AGENCY NAME Business, Consumer Services, and Housing Agency CONTRACTOR NAME County of Shasta 2. The term of this Agreement is: START DATE **Upon BCSH Approval** THROUGH END DATE 06/30/2025 3. The maximum amount of this Agreement is: \$902,536.17 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 1-6 Exhibit B **Budget Detail and Payment Provisions** 7-11 Exhibit C Homeless Coordinating and Financing Council Terms and Conditions 12-21 Exhibit D **Special Terms and Conditions** 22 + Exhibit E\* **General Terms and Conditions** 23 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 Shasta **CONTRACTOR BUSINESS ADDRESS** CITY STATE ZIP 1450 Court Street, Ste.108 Redding CA 96001 PRINTED NAME OF PERSON SIGNING TITLE **CONTRACTOR AUTHORIZED SIGNATURE** DATE SIGNED

RISK MANAGEMENT APPROVAL

BY:

Risk Management Analyst

APPROVED AS TO FORM

Matthew M. McOmber

Senior Deputy County Counsel

STATE OF CALIFORNIA - DEPARTMENT OF GENERAL SERVICES AGREEMENT NUMBER PURCHASING AUTHORITY NUMBER (If Applicable) **STANDARD AGREEMENT** 20-HHAP-00061 STD 213 (Rev. 03/2019) **STATE OF CALIFORNIA** CONTRACTING AGENCY NAME Business, Consumer Services, and Housing Agency **CONTRACTING AGENCY ADDRESS** CITY STATE ZIP 915 Capitol Mall, Suite 350A Sacramento CA 95814 PRINTED NAME OF PERSON SIGNING TITLE Lourdes Castro Ramírez Secretary CONTRACTING AGENCY AUTHORIZED SIGNATURE DATE SIGNED CALIFORNIA DEPARTMENT OF GENERAL SERVICES APPROVAL EXEMPTION (If Applicable)