

STANDARD AGREEMENT

STD 213 (Rev. 03/2019)

 AGREEMENT NUMBER
 20-HHAP-00048

PURCHASING AUTHORITY NUMBER (If Applicable)

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

Shasta County Housing and Community Action Agency on behalf of CA-516

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:

\$1,589,129.07

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	7-10
Exhibit C	Homeless Coordinating and Financing Council Terms and Conditions	11-20
+ - Exhibit D	Special Terms and Conditions	21
+ - Exhibit E*	General Terms and Conditions	22

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.)

Shasta County Housing and Community Action Agency on behalf of CA-516

CONTRACTOR BUSINESS ADDRESS

1450 Court Street, Suite 108

CITY

Redding

STATE

CA

ZIP

96001

PRINTED NAME OF PERSON SIGNING

TITLE

CONTRACTOR AUTHORIZED SIGNATURE

DATE SIGNED

RISK MANAGEMENT APPROVAL

BY:

James Johnson

Risk Management Analyst

 APPROVED AS TO FORM
 SHASTA COUNTY COUNSEL

Matthew M. McOmber

Senior Deputy County Counsel

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STATE OF CALIFORNIA

CONTRACTING AGENCY NAME

Business, Consumer Services, and Housing Agency

CONTRACTING AGENCY ADDRESS

915 Capitol Mall, Suite 350A

CITY

Sacramento

STATE

CA

ZIP

95814

PRINTED NAME OF PERSON SIGNING

Lourdes Castro Ramírez

TITLE

Secretary

CONTRACTING AGENCY AUTHORIZED SIGNATURE

DATE SIGNED

CALIFORNIA DEPARTMENT OF GENERAL SERVICES APPROVAL

EXEMPTION (If Applicable)