

REGISTRATION NUMBER

AGREEMENT NUMBER

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

12-10439

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: February 1, 2013 through January 31, 2016

3. The maximum amount of this Agreement is: \$ 1,200,000

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	X pages
Exhibit B, Attachment I – Budget (Fiscal Year 1)	1 page
Exhibit B, Attachment II – Budget (Fiscal Year 2)	1 page
Exhibit B, Attachment III – Budget (Fiscal Year 3)	1 page
Exhibit B, Attachment IV – Budget (Fiscal Year 4)	1 page
Exhibit C * – General Terms and Conditions	GXX XXX
Exhibit D(C) – Special Terms and Conditions (Attached hereto as part of this agreement)	17 pages
Exhibit E – Additional Provisions	X pages
Exhibit F – Contractor's Release	1 page
Exhibit G – Travel Reimbursement Information	2 pages
Exhibit H – Information Privacy and Security Requirements	9 pages
Exhibit I – Information Systems Security Requirements	21 pages
Exhibit J -- Contractor Equipment Purchased with CDPH Funds	2 pages
Exhibit K – Inventory/Disposition of CTCP-Funded Equipment	2 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.

CONTRACTOR

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

California Department of Public Health

BY (Authorized Signature)

DATE SIGNED (Do not type)



PRINTED NAME AND TITLE OF PERSON SIGNING

ADDRESS

1501 Capitol Avenue, Suite 71.5178, MS 1802, PO Box 997377
Sacramento, CA 95899-7377

California Department of
General Services Use Only



Exempt per:

AB 99 - Chapter 278, Statutes of 1991,
Section 47