

STATE OF CALIFORNIA
STANDARD AGREEMENT
 STD 213 (CDPH Rev 7/07)

REGISTRATION NUMBER	AGREEMENT NUMBER 08-85369
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1. This Agreement is entered into between the State Agency and the Contractor named below:
(Also referred to as CDPH or the State)

STATE AGENCY'S NAME
 California Department of Public Health

CONTRACTOR'S NAME
 County of San Mateo
(Also referred to as Contractor)

2. The term of this Agreement is: July 1, 2008 through June 30, 2009

3. The maximum amount of this Agreement is: \$ 35,164
 Thirty-five Thousand, One Hundred Sixty-Four Dollars

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	5 pages
Exhibit B – Budget Detail and Payment Provisions	3 pages
Exhibit B, Attachment I – Budget	1 page
Exhibit C * – General Terms and Conditions	<u>GTC 307</u>
Exhibit D (F) – Special Terms and Conditions (Attached hereto as part of this agreement)	26 pages
Exhibit E – Additional Provisions	1 page
Exhibit F – Contractor's Release	1 page
Exhibit G – Information Confidentiality and Security Requirements	4 pages
Exhibit H – SR1: Information Systems Security Requirements for Projects	15 pages

The SRI: Information Systems Security Requirements for Projects (Exhibit H) is not applicable for this contract. No confidential data for this contract is exchanged between CDPH and the LHD.

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.)		
County of San Mateo		
BY (Authorized Signature)	DATE SIGNED (Do not type)	
PRINTED NAME AND TITLE OF PERSON SIGNING		
ADDRESS		
2000 Alameda De Las Pulgas, San Mateo, CA 94403		
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		
Allan Chinn, Chief, Contracts and Purchasing Services Section		
ADDRESS		
1501 Capitol Avenue, Suite Suite 71.5178, MS 1802, PO Box 997377 Sacramento, CA 95899-7377		

Exempt per: