

STATE OF CALIFORNIA - DEPARTMENT OF GENERAL SERVICES

STANDARD AGREEMENT

STD 213 (Rev. 04/2020)

AGREEMENT NUMBER

26F-5029

PURCHASING AUTHORITY NUMBER (If Applicable)

DCSD-4700

1. This Agreement is entered into between the Contracting Agency and the Contractor named below:

CONTRACTING AGENCY NAME

Department of Community Services and Development

CONTRACTOR NAME

Nevada County Department of Housing and Community Services

2. The term of this Agreement is:

START DATE

1/1/2026

THROUGH END DATE

4/30/2027

3. The maximum amount of this Agreement is:

\$298,666.00

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.

Preamble

Article 1 - Scope of Work

Article 2 - Contract, Administration, Procedure

Article 3 - Agreement Changes

Article 4 - Administrative Policies and Procedures

Article 5 - Program Budget Requirements and Payments

Article 6 - Financial Reporting

Article 7 - CSBG Terms, Conditions, Programmatic Provisions, and Reporting

Article 8 - Compliance Policies and Procedures

Article 9 - Federal and State Policies and Provisions

Definitions

Table of Forms and Attachments

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.)

Nevada County Department of Housing and Community Services

| | | | |
|-------------------------------------------------|---------------------|-------------|--------------|
| CONTRACTOR BUSINESS ADDRESS 950 Maidu Avenue | CITY Nevada City | STATE CA | ZIP 95959 |
| PRINTED NAME OF PERSON SIGNING | TITLE | | |
| CONTRACTOR AUTHORIZED SIGNATURE | DATE SIGNED | | |

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STATE OF CALIFORNIA**CONTRACTING AGENCY NAME**

Department of Community Services and Development

CONTRACTING AGENCY ADDRESS

2389 Gateway Oaks Drive, Suite 100

CITY

Sacramento

STATE

CA

ZIP

95833

PRINTED NAME OF PERSON SIGNING

TITLE

CONTRACTING AGENCY AUTHORIZED SIGNATURE

DATE SIGNED

CALIFORNIA DEPARTMENT OF GENERAL SERVICES APPROVAL**EXEMPTION (If Applicable)**

I hereby certify that all conditions for exemption have been complied with, and the document is exempt from the Department of General Services approval.