

STATE OF CALIFORNIA - DEPARTMENT OF GENERAL SERVICES

**STANDARD AGREEMENT**

STD 213 (Rev. 04/2020)

AGREEMENT NUMBER 21-79015-000	PURCHASING AUTHORITY NUMBER (If Applicable) DSH-4440
----------------------------------	---

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

CONTRACTING AGENCY NAME

Department of State Hospitals

CONTRACTOR NAME

Nevada County Behavioral Health

2. The term of this Agreement is:

START DATE

June 1, 2022

THROUGH END DATE

May 31, 2025

3. The maximum amount of this Agreement is:

\$1,436,000.00

One Million Four Hundred Thousand Thirty-Six Dollars and Zero Cents

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	6
Exhibit A-1	Statutory Outcome Data Requirements	1
Exhibit A-2	Invoicing Data Requirements	1
+ - Exhibit B	Budget Detail and Payment Provisions	4
+ - Exhibit B-1	Sample Diversion Invoice	1
+ - Exhibit B-2	Sample Housing Invoice	1
+ - Exhibit C *	General Terms and Conditions - 04/2017	*
+ - Exhibit D	Special Terms and Conditions	8
+ - Exhibit E	Confidentiality and Information Security Provisions (HIPAA Business Associate Agreement)	9

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 Behavioral Health

CONTRACTOR BUSINESS ADDRESS

500 Crown Pointe Circle

CITY

Grass Valley

STATE

CA

ZIP

95945

PRINTED NAME OF PERSON SIGNING

Phebe Bell

TITLE

Director

CONTRACTOR AUTHORIZED SIGNATURE

DATE SIGNED

STATE OF CALIFORNIA - DEPARTMENT OF GENERAL SERVICES

**STANDARD AGREEMENT**

STD 213 (Rev. 04/2020)

AGREEMENT NUMBER 21-79015-000	PURCHASING AUTHORITY NUMBER (If Applicable) DSH-4440
----------------------------------	---

**STATE OF CALIFORNIA**

CONTRACTING AGENCY NAME

Department of State Hospitals

CONTRACTING AGENCY ADDRESS

1215 O Street, MS-1

CITY

Sacramento

STATE

CA

ZIP

95814

PRINTED NAME OF PERSON SIGNING

Paul Bernal

TITLE

Manager, PCSS

CONTRACTING AGENCY AUTHORIZED SIGNATURE

DATE SIGNED

CALIFORNIA DEPARTMENT OF GENERAL SERVICES APPROVAL

EXEMPTION (If Applicable)

WIC 4361