

STATE OF CALIFORNIA - DEPARTMENT OF GENERAL SERVICES

**STANDARD AGREEMENT**

STD 213 (Rev. 04/2020)

AGREEMENT NUMBER 22-10264	PURCHASING AUTHORITY NUMBER (If Applicable)
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1. This Agreement is entered into between the Contracting Agency and the Contractor named below:

CONTRACTING AGENCY NAME  
California Department of Public Health

CONTRACTOR NAME  
Napa County

2. The term of this Agreement is:

START DATE  
October 1, 2022

THROUGH END DATE  
September 30, 2025

3. The maximum amount of this Agreement is:

\$ 2,827,773.00 Two Million Eight Hundred Twenty-Seven Thousand Seven Hundred Seventy-Three 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 the Agreement.

Exhibits	Title	Pages
Exhibit A	Scope of Work	19
Attachment I	Statement of Work, Services to be Performed	10
Exhibit B	Budget Detail and Payment Provisions	4
+ - Attachment I	Budget Detail	1
+ - Attachment II	Facility Costs	1
+ - Exhibit C *	General Terms and Conditions	GTC
+ - Exhibit D	Special Terms and Conditions	18
+ - Exhibit E	Additional Provisions	7
+ - Exhibit F	Federal Terms and Conditions	8
+ - Exhibit G	Information Privacy and Security Requirements	13
+ - Exhibit H	Contract Release	1

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.)  
Napa County

CONTRACTOR BUSINESS ADDRESS 2751 Napa Valley Corporate Dr., Building B	CITY Napa	STATE CA	ZIP 94558
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PRINTED NAME OF PERSON SIGNING Ryan Gregory	TITLE Chair of the Board of Supervisors
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CONTRACTOR AUTHORIZED SIGNATURE	DATE SIGNED
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SCO ID: 4265-2210264

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**STATE OF CALIFORNIA**

CONTRACTING AGENCY NAME

California Department of Public Health

CONTRACTING AGENCY ADDRESS

1616 Capitol Avenue, Suite 74.262, MS 1802, PO Box 997377

CITY

Sacramento

STATE

CA

ZIP

95899

PRINTED NAME OF PERSON SIGNING

Joseph Torrez

TITLE

Chief, Contracts Management Unit

CONTRACTING AGENCY AUTHORIZED SIGNATURE

DATE SIGNED

CALIFORNIA DEPARTMENT OF GENERAL SERVICES APPROVAL

EXEMPTION (If Applicable)

APPROVED AS TO FORM

Office of County Counsel

By: 

Date: 7/26/22