

STATE OF CALIFORNIA
STANDARD AGREEMENT
 STD 213 (CDPH Rev 2/11)

REGISTRATION NUMBER	AGREEMENT NUMBER 11-10686
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Check here if additional pages are added: 1 page(s)

- This Agreement is entered into between the State Agency and the Contractor named below:



STATE AGENCY'S NAME California Department of Public Health	(Also referred to as CDPH or the State)
CONTRACTOR'S NAME Santa Barbara County Public Health Department	(Also referred to as Contractor)
- The term of this Agreement is: January 1, 2012 through December 31, 2014
- The maximum amount of this Agreement is: \$ 922,440
 Nine Hundred Twenty Two Thousand, Four Hundred and Forty Dollars
- 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	32 pages
Exhibit B – Budget Detail and Payment Provisions	6 pages
Exhibit B, Attachment I – Budget (Year 1)	2 pages
Exhibit B, Attachment II – Budget (Year 2)	2 pages
Exhibit B, Attachment III – Budget (Year 3)	2 pages
Exhibit B, Attachment IV – Budget (Year 4)	2 pages
Exhibit C * – General Terms and Conditions	<u>GTC 106</u>
Exhibit D (F) – Special Terms and Conditions (Attached hereto as part of this agreement)	25 pages
Exhibit E – Additional Provisions	3 pages
Exhibit F – Contractor's Release	1 page
Exhibit G – Travel Reimbursement Information	2 pages
Exhibit H – HIPAA Business Associate Exhibit	12 pages
Exhibit I – Invoice Cover Letter Template	1 page
Exhibit J – 8-Line Item Invoice Template	1 page

Continued on page 2

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.) Santa Barbara County Public Health Department		
BY (Authorized Signature) 	DATE SIGNED (Do not type)	
PRINTED NAME AND TITLE OF PERSON SIGNING Takashi Wada, MD, MPH, Director & Health Officer		
ADDRESS c/o June English, Project Coordinator 345 Camino Del Remedio, Room 339, Santa Barbara, CA 93110		
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 Sandra Winters, Chief, Contracts and Purchasing Services Section		
ADDRESS 1501 Capitol Avenue, Suite 71.5178, MS 1802, PO Box 997377 Sacramento, CA 95899-7377		

Exempt per: Revenue & Taxation
 Code 30461.6 (m);
 Health & Safety Code 104150

4. Additional Exhibits (cont'd)

Exhibit K - Additional Budget Detail Invoice Template	1 page
Exhibit L - Staffing Report	1 page
Exhibit M - Contractor Equipment Purchased with CDPH Funds	2 pages
Exhibit N - Inventory/Disposition of CDPH-Funded Equipment	2 pages
Exhibit O - Core Program Performance Indicators	1 page
Exhibit P - Operational Requirements – Quality Clinical Services	7 pages
Exhibit Q - Operational Requirements – Tailored Health Education	4 pages
Exhibit R - <i>CDP: EWC</i> Regional Map	1 page
Exhibit S - Core Competency Requirements – Project Coordinator	2 pages
Exhibit T - Core Competency Requirements – Clinical Coordinator	2 pages
Exhibit U - Core Competency Requirements – Health Educator	2 pages