

**ATTACHMENT C:
STATE OF CA DEPARTMENT OF
GENERAL SERVICES
STANDARD AGREEMENT
STD 213 #32450**

STATE OF CALIFORNIA - DEPARTMENT OF GENERAL SERVICES

STANDARD AGREEMENT

STD 213 (Rev. 04/2020)

AGREEMENT NUMBER

32450

PURCHASING AUTHORITY NUMBER (If Applicable)

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

CONTRACTING AGENCY NAME

Department of Rehabilitation

CONTRACTOR NAME

Santa Barbara County Department of Behavioral Wellness

2. The term of this Agreement is:

START DATE

July 1, 2024 or Upon Approval Whichever Date is Later

THROUGH END DATE

June 30, 2027

3. The maximum amount of this Agreement is:

\$0.00 Cash Match: \$261,990.00 (Two Hundred Sixty One Thousand Nine Hundred Ninety 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	2
Exhibit A.1	Contractor's Description of Services/Deliverables	4
Exhibit B	Budget Detail and Payment Provisions	3
+ -	Exhibit C General Terms and Conditions (GTC 4/2017)	1
+ -	Exhibit D Special Terms and Conditions	5
+ -	Exhibit E Additional Provisions	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.)

Santa Barbara County Department of Behavioral Wellness

CONTRACTOR BUSINESS ADDRESS

429 N. San Antonio Road

CITY

Santa Barbara

STATE

CA

ZIP

93110

PRINTED NAME OF PERSON SIGNING

Antonette Navarro, LMFT

TITLE

Director

CONTRACTOR AUTHORIZED SIGNATURE



DATE SIGNED

04/23/2024

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STATE OF CALIFORNIA - DEPARTMENT OF GENERAL SERVICES

STANDARD AGREEMENT

STD 213 (Rev. 04/2020)

AGREEMENT NUMBER 32450	PURCHASING AUTHORITY NUMBER (If Applicable)
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STATE OF CALIFORNIA

CONTRACTING AGENCY NAME

Department of Rehabilitation

CONTRACTING AGENCY ADDRESS

721 Capitol Mall, 6th Floor

CITY

Sacramento

STATE

CA

ZIP

95814

PRINTED NAME OF PERSON SIGNING

TITLE

CONTRACTING AGENCY AUTHORIZED SIGNATURE

DATE SIGNED

CALIFORNIA DEPARTMENT OF GENERAL SERVICES APPROVAL

EXEMPTION (If Applicable)

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