STATE OF CALIFORNIA	A - DEPARTMENT OF GENER	RAL SERVICES				
STANDARD AGREEMENT		AGREEMENT NUMBE	≣R	PURCHASING AUTHORITY NUMBER		ER (If Applicable)
STD 213 (Rev 10-2018)		BSCC 506-19	)			
1. This Agreement is entered into between the Contracting Agency and the Contractor named below:						
CONTRACTING AGENCY NAME						
BOARD OF STATE AND COMMUNITY CORRECTIONS						
CONTRACTOR NAME						
COUNTY OF SANTA BARBARA						
2. The term of this Agreement is:						
START DATE						
AUGUST 15, 201					_	
THROUGH END D	ATE					
MAY 15, 2023	77.4					
	nount of this Agreement	is:				
\$5,988,511						
		ns and conditions of the f	ollowing ex	hibits and attach	ıments, w	hich are by
this reference made a part of the Agreement.						
EXHIBITS Exhibit A	TITLE Soons of Work					PAGES
Exhibit B	Scope of Work  Budget Detail and Dayment Provisions					3
Exhibit C	Budget Detail and Payment Provisions  General Terms and Conditions (04/2017)					4
Exhibit D						4
	Special Terms and Conditions					5
Attachment 1	Cohort 2 Prop 47 Request for Proposal*					
Attachment 2	2019 Prop 47 Application for Funding					56
Appendix A	Proposition 47 2019 Scoring Panel					1
Appendix B Grantee Assurance for Third Party Non-Governmental Organizations 2  * This item is hereby incorporated by reference and can be viewed at: http://www.bscc.ca.gov/s bsccprop47/						
* This item is hereb	y incorporated by referen	ice and can be viewed at:	http://www	v.bscc.ca.gov/s	bsccprop <sup>2</sup>	<u>47/</u>
IN WITNESS WHEREOF, THIS AGREEMENT HAS BEEN EXECUTED BY THE PARTIES HERETO.						
CONTRACTOR						
CONTRACTOR NAME	E (if other than an individual	, state whether a corporation	, partnership	, etc.)		
<b>COUNTY OF SANT</b>						
CONTRACTOR BUSI			CITY		STATE	ZIP
1100 Anacapa Street			Santa Bart	oara	CA	93101
PRINTED NAME OF PERSON SIGNING			TITLE	Cauta Baukaua B	ublia Dafa	
Tracy M. Macuga CONTRACTOR AUTHORIZED SIGNATURE			County of Santa Barbara Public Defender  DATE SIGNED			
& M M			1/24/2020			
<del>2</del> <del>0</del>		STATE OF CALIFORN				
CONTRACTING AGE	NCY NAME	OTATE OF GALLIOAN	.,,			
<b>BOARD OF STATE</b>	AND COMMUNITY COR	RRECTIONS				
CONTRACTING AGENCY ADDRESS			CITY		STATE	ZIP
2590 Venture Oaks Way, Ste 200						95833
PRINTED NAME OF PERSON SIGNING			TITLE			
MARY JOLLS  Deputy Director						
CONTRACTING AGENCY AUTHORIZED SIGNATURE DATE SIGNED						
CALIFORNIA DEPARTMENT OF GENERAL SERVICES APPROVAL: EXEMPT PER SCM, VOLUME 1, CH. 4.06						
CALIFORNIA DEPARTM	ENT OF GENERAL SERVICE	S APPROVAL; EXEMPT PER S	OUM, VOLUME	: 1, CH. 4.00		