Reset Form Print Form	SCO ID: 2100-21APP46		
STATE OF CALIFORNIA - DEPARTMENT OF GENERAL SERVICES			1
STANDARD AGREEMENT	AGREEMENT NUMBER	PURCHASING AUTHORITY NUMBER (IF	Applicable)
STD 213 (Rev. 04/2020)	21-APP46	ABC-2100	
1. This Agreement is entered into between the Contracting Age	ency and the Contractor named below:	•	
CONTRACTING AGENCY NAME			
Department of Alcoholic Beverage Control			
CONTRACTOR NAME			
County of Santa Barbara through the Santa Barbara Cour	nty Sheriff's Department		
2. The term of this Agreement is:			
START DATE			
July 1, 2021			
THROUGH END DATE			
June 30, 2022			
3. The maximum amount of this Agreement is:			
\$ 97,500.00 Ninety seven thousand five hundred dollars	and no cents		
4. The parties agree to comply with the terms and conditions o	f the following exhibits, which are by this r	eference made a part of the Agreem	ent.
Exhibits	Title		Pages
Exhibit A Scope of Work			2
Exhibit B Budget Detail and Payment Provisions	3		3

CONTRACTOR

CITY

TITLE

Santa Barbara

Chief Deputy

DATE SIGNED 8/12/2021

Exhibit C *

Exhibit D

- RFP

4434 Calle Real

Craig Bonner

Attachment

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+

General Terms and Conditions (GTC 04/2017)

IN WITNESS WHEREOF, THIS AGREEMENT HAS BEEN EXECUTED BY THE PARTIES HERETO.

CONTRACTOR NAME (if other than an individual, state whether a corporation, partnership, etc.)

Items shown with an asterisk (*), are hereby incorporated by reference and made part of this agreement as if attached hereto.

Special Terms and Conditions

RFP Scope of Work

Santa Barbara County Sheriff's Department

CONTRACTOR BUSINESS ADDRESS

PRINTED NAME OF PERSON SIGNING

CONTRACTOR AUTHORIZED SIGNATURE

These documents can be viewed at <u>https://www.dgs.ca.gov/OLS/Resources</u>

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STATE OF CALIFORNIA - DEPARTMENT OF GENERAL SERVICES STANDARD AGREEMENT STD 213 (Rev. 04/2020)	AGREEMENT NUMBER PURCHASING AUTHORITY NUMBER (If Applicable 21-APP46 ABC-2100		pplicable)
	STATE OF CALIFORNIA		
CONTRACTING AGENCY NAME Department of Alcoholic Beverage Control			
CONTRACTING AGENCY ADDRESS 3927 Lennane Drive, Suite 100	CITY Sacram	ento STATE	zip 95834
PRINTED NAME OF PERSON SIGNING Pattye Nelson	TITLE Chief, B	TITLE Chief, Business Management Branch	
CONTRACTING AGENCY AUTHORIZED SIGNATURE	DATE SIG	NED	
CALIFORNIA DEPARTMENT OF GENERAL SERVICES APPROVAL	EXEMPTIO	DN (If Applicable)	