AGREEMENT NUMBER PURCHASING AUTHORITY NUMBER (if applicable) STANDARD AGREEMENT 19XS0005 STD 213 (Rev. 10/2018) 1. This Agreement is entered into between the Contracting Agency and the Contractor named below: CONTRACTING AGENCY NAME California Department of Veterans Affairs CONTRACTOR NAME County of Sonoma 2. The term of this Agreement is: START DATE 07/01/2019 THROUGH END DATE 06/30/2020 3. The maximum amount of this Agreement is: \$49,000.00 Forty nine thousand 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 Exhibit A-1 **Program Narrative** Exhibit B **Budget Detail and Payment Provisions** 3 Exhibit B-1 2 **Budget Form/Narrative** Exhibit C* General Terms and Conditions- CCC-04/2017 Exhibit D **Special Terms and Conditions** 6 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 www.dgs.ca.gov/ols/resources/standardcontractlanguage.aspx 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.) County of Sonoma CONTRACTOR BUSINESS ADDRESS CITY STATE ZIP Santa Rosa CA 95403 3725 Westwind Boulevard, Suite 101 PRINTED NAME OF PERSON SIGNING TITLE **CVSO** morlando@schsd.org CONTRACTOR AUTHORIZED SIGNATURE DATE SIGNED **STATE OF CALIFORNIA** CONTRACTING AGENCY NAME California Department of Veterans Affairs **CONTRACTING AGENCY ADDRESS** CITY STATE ZIP 1227 O Street Sacramento CA 95814 TITLE PRINTED NAME OF PERSON SIGNING Chief, Facilities and Business Services Division David Gerard DATE SIGNED CONTRACTING AGENCY AUTHORIZED SIGNATURE

STATE OF CALIFORNIA - DEPARTMENT OF GENERAL SERVICES

STATE OF CALIFORNIA - DEPARTMENT OF GENERAL SERVICES STANDARD AGREEMENT STD 213 (Rev. 10/2018)	AGREEMENT NUMBER 19XS0005	PURCHASING AUTHORITY NUMBER (if applicable)
CALIFORNIA DEPARTMENT OF GENERAL SERVICES APPROVAL	EXEMPTION, IF APPLICABLE SCM 1, 4.04A.2	