

STATE OF CALIFORNIA - DEPARTMENT OF GENERAL SERVICES

STANDARD AGREEMENT

STD 213 (Rev. 04/2020)

| | |
|-------------------------------------|---|
| AGREEMENT NUMBER 26-60056 | 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 Health Care Services

CONTRACTOR NAME
County of San Francisco

2. The term of this Agreement is:

START DATE
July 1, 2026

THROUGH END DATE
June 30, 2029

3. The maximum amount of this Agreement is:
\$0 (Zero Dollars).

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 | 4 |
| Exhibit A, Attachment I | Behavioral Health Services Act | 34 |
| Exhibit A, Attachment II | Additional Terms and Conditions | 6 |
| + - Exhibit A, Attachment III | Request for Waiver | 1 |
| + - Exhibit B | Budget Detail Provisions | 1 |
| + - Exhibit C* | General Terms and Conditions (GTC 02/2025) | Online |
| + - Exhibit D | Special Terms and Conditions | 40 |
| + - Exhibit E | Additional Provisions | 5 |
| + - Exhibit F | Business Associate Addendum | 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 <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.)

County of San Francisco

| | | | |
|---|-----------------------|-------------|--------------|
| CONTRACTOR BUSINESS ADDRESS 1380 Howard Street | CITY San Francisco | STATE CA | ZIP 94103 |
|---|-----------------------|-------------|--------------|

| | |
|--------------------------------|-------|
| PRINTED NAME OF PERSON SIGNING | TITLE |
|--------------------------------|-------|

| | |
|---------------------------------|-------------|
| CONTRACTOR AUTHORIZED SIGNATURE | DATE SIGNED |
|---------------------------------|-------------|

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STATE OF CALIFORNIA

CONTRACTING AGENCY NAME

Department of Health Care Services

CONTRACTING AGENCY ADDRESS

1501 Capitol Avenue, MS 4200

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)

Exempt per Budget Act 2025, Assembly Bill 227, Item 4260-116-0890; Welfare and Institution Code, Sections 5402(i), 5706, and 5814(g).