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**Subject:** San Francisco County Performance Contract # 21-10108  
**Date:** Thursday, June 17, 2021 2:44:25 PM  
**Attachments:** [03 std213 - Performance - FY 2021-24 San Francisco 21-10108.pdf](#)  
[04 Exhibit A - Performance - FY 2021-24 San Francisco 21-10108.pdf](#)  
[05 Exhibit B - Performance - FY 2021-24 San Francisco 21-10108.pdf](#)  
[06 Exhibit D - Performance - FY 2021-24 - San Francisco 21-10108.pdf](#)  
[07 Exhibit E - Performance - FY 2021-24 -San Francisco 21-10108.pdf](#)  
[09 CCC - Performance - FY 2021-24 San Francisco 21-10108.pdf](#)

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Dear San Francisco County,

Enclosed for review and signature is your multi-year 2021-2024 County Performance Contract.

The Contract must be signed by the Contractor's appropriate designee, and returned to DHCS by close of business September 20, 2021.

PLEASE NOTE: Do not alter any document within the contract package in any way. Altering, editing, or otherwise changing any document will result in voiding the Contract and will cause significant delays in processing.

Please contact us immediately if you anticipate any delays in returning an executed contract, or if you believe your contract requires any alteration.

The requirements for processing the enclosed multi-year contract include the following:

Obtain a resolution, approved board minutes, order, motion, or ordinance from your County Board of Supervisors, which specifically approves and authorizes execution of this contract.

- o It is imperative that the individual signing the STD 213's signature page is the same person/title that appears on the Board of Supervisors resolution/minute order. Contract STD 213s with mismatched signors will have to be re-signed and resubmitted.

Return two (2) copies of each of the following exhibits:

Performance Contract (Exhibits A, B, D, E)

STD 213; signature and date are necessary on both originals (NO whiteout/whiteout tape, NO stamped signatures – must be original inked copies).

Signed Contractor Certification Clause CCC 04/2017; complete all fields. The Contractor name must match the Contractor name on the STD 213.

Please return all completed and signed documents to:

Regular Mail	Overnight Mail
Department of Health Care Services Program Policy Unit ATTN: Nancy Shinn P.O. Box 997413, MS 2624 Sacramento, CA 95899-7413	Department of Health Care Services Program Policy Unit ATTN: Nancy Shinn 1501 Capitol Avenue, MS 2624 Sacramento, CA 95814

Please retain a copy of the signed Standard Agreement, and the documents as outlined in the Standard Agreement (copies enclosed) as a temporary record until you receive a copy of the executed contract.

Upon DHCS's receipt of the signed Standard Agreement and authority documentation (including all enclosed exhibits), the contract will be processed and an original signed copy

will be returned for your records with all related contractual documents.

If you have any questions, please email me directly at [nancy.shinn@dhcs.ca.gov](mailto:nancy.shinn@dhcs.ca.gov).

Thank You,

**Nancy Shinn**

Program Policy Unit, AGPA

Federal Grants Section

Community Services Division

Department of Health Care Services

Phone: 916-713-8554

[Nancy.Shinn@dhcs.ca.gov](mailto:Nancy.Shinn@dhcs.ca.gov)

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