

DATE: February 25, 2026

TO: San Francisco County

SUBJECT: Transmittal of the Multi-Year Agreement for the County Performance Contract (CPC) for State Fiscal Year (SFY) 2026-27 through 2028-29.

Enclosed for your signature is the multi-year County Performance Contract (CPC) for the term July 1, 2026 through June 30, 2029.

The Contract must be signed by the Contractor's appropriate designee and returned to the Department of Health Care Services (DHCS) by close of business **April 30, 2026**.

The Contractor may sign the agreement using one of the following methods. Please inform DHCS of your preferred signature method so we can prepare the appropriate package for you:

1. Docusign (Preferred) – DHCS will send the Docusign package to the contractor, upon contract approval and designee's information.
2. Adobe Acrobat Pro – Click the red flag, select your digital certificate in the "Sign with a Digital ID" window, and click "Continue." This validates the document's authenticity. Do **NOT** lock the contract documents.
3. Wet Signature – Original blue ink signature on the printed documents.

\*If your organization requires an **original hard copy** of the executed contract returned, please notify DHCS through email and provide **Two Original Blue Ink Signatures**.

The requirements for processing the enclosed 36-month agreement 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.
- The individual authorized by the County Board of Supervisors (BOS) must sign the Standard Agreement (STD 213). Please ensure that the printed name, title, and address

March 25, 2026

are correct. If they are not correct, then please cross out and replace to the right side of the name and/or address (ensuring all written information is legible).

- Return the following to DHCS if utilizing a **wet signature**:

**\*\*Please do not staple any documents.\*\***

- **One** copy of resolution, if applicable, approved board of minutes, order, motion, or ordinance (or authority documentation if signed by someone other than BOS).
  - **Two** original blue ink wet signed STD 213. Only an original wet signature will be accepted; signature stamps or seals are **not** an acceptable form of signature.
  - **Two** copies of each of the following exhibits:
    - Exhibit A –
      - Scope of Work
      - Attachment I
      - Attachment II
      - Attachment III
    - Exhibit B - Budget Detail and Payment Provisions
    - Exhibit D - Special Terms and Conditions
    - Exhibit E - Additional Provisions
    - Exhibit F - Business Associate Addendum
  - **One** original signed Contractor Certification Clauses (CCC) 04/2017
- Send to:

<b>Regular Mail or Overnight Mail</b>
Department of Health Care Services Procurement and Contracting Division Attention: Nga Pham 1501 Capitol Avenue, MS 4200 Sacramento, CA 95814

- Please retain a copy of the signed STD 213 and the documents, as outlined in the STD 213 (copies enclosed), as a temporary record until such time you receive a copy of the executed Agreement.

March 25, 2026

Upon DHCS' receipt of the signed STD 213 and all required authority documentation (including enclosed exhibits), the Contract will be executed. For your records, DHCS will provide an **electronic copy** of the fully executed contract and all related contractual documents. If your organization requires an original hard copy of the executed contract returned, please notify DHCS through email.

This Contract will be valid and enforceable subject to authorization and appropriation of sufficient funds to DHCS' budget authority. If sufficient authorization and appropriation of funds to DHCS' budget authority is denied, then a reduction of funds will be made to your Contract.

We appreciate working with you. If you have any questions, then contact us at [FGBContracts@dhcs.ca.gov](mailto:FGBContracts@dhcs.ca.gov).

Sincerely,

Nolan Ono, Chief  
Contracts Unit 1  
Federal Grants Branch  
Community Services Division  
California Department of Health Care Services

Enclosures:

- Standard Agreement (Form STD 213)
- Exhibit A
  - i. Scope of Work
  - ii. Attachment I
  - iii. Attachment II
  - iv. Attachment III
- Exhibit B - Budget Detail and Payment Provisions
- Exhibit D - Special Terms and Conditions
- Exhibit E - Additional Provisions
- Exhibit F - Business Associate Addendum
- Contractors Certification Clause (CCC 04/2017)