SCO ID: 5160-32023

STATE OF CALIFORNIA - DEPARTMENT OF GENERAL SERVICES STANDARD AGREEMENT STD 213 (Rev. 04/2020)			AGREEMENT NUMBER 32023	PURCHASING AUTHORITY NUMBER (PURCHASING AUTHORITY NUMBER (If Applicable)	
		, s entered into between the Contracting Ag	l ency and the Contractor named belov	v:		
CONTRACT	TING AGENO	CY NAME				
Departm	nent of Re	habilitation				
CONTRACT	TOR NAME					
City and	County	f San Francisco - Department of Public	Health- Behavioral Health Service	es .		
2. The ter	m of this A	greement is:				
START DAT July 1, 20						
THROUGH June 30,	END DATE 2025					
3. The ma \$791,433		nount of this Agreement is:				
4. The par	rties agree	to comply with the terms and conditions o	f the following exhibits, which are by	this reference made a part of the Agreer	ment.	
Exhi	Exhibits Title				Pages	
Exhi	ibit A	Scope of Work				
Exhi	bit A.1 Contractor's Description of Services/Deliverables					
Exhi	ibit B	Budget Detail and Payment Provisions				
+ Exhi	ibit B.1	Contractor's Program Budget(s) and Narrative(s)				
+ Exhi	ibit C	General Terms and Conditions (GTC 4/2017)				
+ Exhi	ibit D	Special Terms and Conditions				
+ Exhi	ibit E	Additional Provisions - Federally Funded Agreements				
+ Exhi	ibit F	Additional Provisions - Case Services			2	
+ Exhi	ibit G	Additional Provisions			1	
These docu	uments can	asterisk (*), are hereby incorporated by referen be viewed at <u>https://www.dgs.ca.gov/OLS/Re</u> OF, THIS AGREEMENT HAS BEEN EXECUTE	<u>sources</u>	attached hereto.		
			CONTRACTOR			
		if other than an individual, state whether a corpo of San Francisco - Department of Public	•	rs		
CONTRACT	TOR BUS I NE	SS ADDRESS	CIT	Y STATI	E Z I P	
1380 Howard Street, Room 208d			Sar	n Francisco CA	94103	
	IAME OF PE	rson signing ra	тп	rocational Services Program	Manager	
CONTRACT	TOR AUTHO	RIZED SIGNATURE	DA	DATE SIGNED		
Juan GAbarra				4-5-2022		

SCO ID: 5160-32023

STATE OF CALIFORNIA - DEPARTMENT OF GENERAL SERVICES					
STANDARD AGREEMENT	AGREEMENT NUMBER	PURCHASING AUTHORITY NUMBER (If Applicable)			
STD 213 (Rev. 04/2020)	32023				
	STATE OF CALIFORNIA	·			
CONTRACTING AGENCY NAME					
Department of Rehabilitation					
CONTRACTING AGENCY ADDRESS	CITY		STATE	ZIP	
721 Capitol Mall, 6th Floor	Sacrar	nento	CA	95814	
PRINTED NAME OF PERSON SIGNING	TITLE		-	•	
CONTRACTING AGENCY AUTHORIZED SIGNATURE	DATE SI	DATE SIGNED			
CALIFORNIA DEPARTMENT OF GENERAL SERVICES APPROVAL	EXEMPT	TION (If Applicable)			