

REGISTRATION NUMBER	AGREEMENT NUMBER <b>14-90344</b>
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- This Agreement is entered into between the State Agency and the Contractor named below:  
STATE AGENCY'S NAME (Also known as DHCS, CDHS, DHS or the State)  
**Department of Health Care Services**  
CONTRACTOR'S NAME (Also referred to as Contractor)  
**San Francisco Community Behavioral Health Services**
- The term of this Agreement is: **July 1, 2014**  
through **June 30, 2015**
- The maximum amount of this Agreement is: **\$ 0**  
**Zero dollars**
- The parties agree to comply with the terms and conditions of the following exhibits, which are by this reference made a part of this Agreement.

Exhibit A – Program Specifications	<b>13</b> pages
Exhibit A – Attachment I	1 page
Exhibit B – Funds Provision	1 page
Exhibit C * – General Terms and Conditions	<b>GTC 610</b>
Exhibit F – Information Confidentiality and Security Requirements	7 pages
Exhibit G – Privacy and Information Security Provisions	32 pages
Exhibit G – Attachment B – Information Exchange Agreement between the Social Security Administration (SSA) and the California Department of Health Care Services	66 pages

Items shown above with an Asterisk (\*), are hereby incorporated by reference and made part of this agreement as if attached hereto. These documents can be viewed at <http://www.ols.dgs.ca.gov/Standard Language/default.htm>.

**IN WITNESS WHEREOF, this Agreement has been executed by the parties hereto.**

<b>CONTRACTOR</b>		<b>California Department of General Services Use Only</b>
CONTRACTOR'S NAME (if other than an individual, state whether a corporation, partnership, etc.) <b>San Francisco Community Behavioral Health Services</b>		
BY (Authorized Signature) 	DATE SIGNED (Do not type)	
PRINTED NAME AND TITLE OF PERSON SIGNING <b>Jo Robinson , MFT Director</b>		
ADDRESS <b>1380 Howard Street, Fifth Floor, San Francisco, CA 94103</b>		
<b>STATE OF CALIFORNIA</b>		
AGENCY NAME <b>Department of Health Care Services</b>		<input checked="" type="checkbox"/> Exempt per: W&I Code § 14703
BY (Authorized Signature) 	DATE SIGNED (Do not type)	
PRINTED NAME AND TITLE OF PERSON SIGNING <b>Christina Soares, Chief, Contracts Management Unit</b>		
ADDRESS <b>1501 Capitol Avenue, Suite 71.5195, MS 1403, P.O. Box 997413, Sacramento, CA 95899-7413</b>		