

STATE OF CALIFORNIA - DEPARTMENT OF GENERAL SERVICES

STANDARD AGREEMENT

STD 213 (Rev. 04/2020)

AGREEMENT NUMBER S21-010	PURCHASING AUTHORITY NUMBER (If Applicable) VCB-7870
------------------------------------	--

1. This Agreement is entered into between the Contracting Agency and the Contractor named below:

CONTRACTING AGENCY NAME
California Victim Compensation Board

CONTRACTOR NAME
County of El Dorado

2. The term of this Agreement is:

START DATE
July 1, 2021

THROUGH END DATE
June 30, 2024

3. The maximum amount of this Agreement is:
\$542,023.23 Five Hundred Forty Two Thousand, Twenty Three Dollars and Twenty Three Cents

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 B	Budget Detail and Payment Provisions	4
Exhibit B-1	Budget	2
+ - Exhibit C *	General Terms and Conditions	1
+ - Exhibit D	Special Terms and Conditions	12
+ - Attachment 1	Training Request Form	1
+ - Attachment 2	County Purchase Request Form	3
+ - Attachment 3	CalVCB Asset Identification Form	2
+ - Attachment 4	CalVCB County Inventory Form	1
+ - Attachment 5	Information Security Policy	6
+ - Attachment 6	CalVCB Confidentiality Statement	4
+ - Attachment 7	Information Systems Security and Confidentiality Policy	2
+ - Attachment 8	Fraud Policy	3
+ - Attachment 9	Password Policy	6
+ - Attachment 10	Privacy Policy	4
+ - Attachment 11	Acceptable use of Technology Resources	5

STATE OF CALIFORNIA - DEPARTMENT OF GENERAL SERVICES

STANDARD AGREEMENT

STD 213 (Rev. 04/2020)

AGREEMENT NUMBER S21-010	PURCHASING AUTHORITY NUMBER (If Applicable) VCB-7870
------------------------------------	--

Exhibits	Title	Pages
+ - Attachment 12	Acknowledgment of Policies Form	2

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 El Dorado

CONTRACTOR BUSINESS ADDRESS 778 Pacific Street	CITY Placerville	STATE CA	ZIP 95667
---	---------------------	-------------	--------------

PRINTED NAME OF PERSON SIGNING Vern R. Pierson	TITLE District Attorney
---	----------------------------

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

STATE OF CALIFORNIA

CONTRACTING AGENCY NAME
California Victim Compensation Board

CONTRACTING AGENCY ADDRESS 400 R Street, Suite 400	CITY Sacramento	STATE CA	ZIP 95811
---	--------------------	-------------	--------------

PRINTED NAME OF PERSON SIGNING Lynda Gledhill	TITLE Executive Officer
--	----------------------------

CONTRACTING AGENCY AUTHORIZED SIGNATURE	DATE SIGNED
---	-------------

CALIFORNIA DEPARTMENT OF GENERAL SERVICES APPROVAL	EXEMPTION (If Applicable)
--	---------------------------