

ORIGINAL

REGISTRATION NUMBER	AGREEMENT NUMBER
	09-11270

- This Agreement is entered into between the State Agency and the Contractor named below:

STATE AGENCY'S NAME	(Also referred to as CDPH or the State)
California Department of Public Health	
CONTRACTOR'S NAME	(Also referred to as Contractor)
County of El Dorado	
- The term of this Agreement is: July 1, 2009 through June 30, 2010
- The maximum amount of this Agreement is: \$ 156,056
 One Hundred Fifty-Six Thousand, Fifty-Six 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 – Scope of Work	8 pages
Exhibit B – Budget Detail and Payment Provisions	3 pages
Exhibit B, Attachment I – Budget	1 page
Exhibit B, Attachment I, Schedule I – Subcontractor Budget	1 page
Exhibit C * – General Terms and Conditions	<u>GTC 307</u>
Exhibit D (F) – Special Terms and Conditions (Attached hereto as part of this agreement)	26 pages
Exhibit E – Additional Provisions	2 pages

See Exhibit E, Provision 1 for additional incorporated exhibits.


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>.

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

CONTRACTOR

CONTRACTOR'S NAME <i>(if other than an individual, state whether a corporation, partnership, etc.)</i>	
County of El Dorado	
BY <i>(Authorized Signature)</i>	DATE SIGNED <i>(Do not type)</i>
	
PRINTED NAME AND TITLE OF PERSON SIGNING	
Ron Briggs, Chairman - Board of Supervisors	
ADDRESS	
330 Fair Lane, Placerville, CA 95667 931 Spring Street, Placerville, CA 95667 -	

STATE OF CALIFORNIA

AGENCY NAME	
California Department of Public Health	
BY <i>(Authorized Signature)</i>	DATE SIGNED <i>(Do not type)</i>
	
PRINTED NAME AND TITLE OF PERSON SIGNING	
Sandra Winters, Chief, Contracts and Purchasing Services Section	
ADDRESS	
1501 Capitol Avenue, Suite 71.5178, MS 1802, PO Box 997377 Sacramento, CA 95899-7377	

*California Department of
 General Services Use Only*

Exempt per: