

REGISTRATION NUMBER	AGREEMENT NUMBER 08-85293
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1. This Agreement is entered into between the State Agency and the Contractor named below:

STATE AGENCY'S NAME California Department of Public Health	(Also referred to as CDPH or the State)
CONTRACTOR'S NAME County of El Dorado	(Also referred to as Contractor)

2. The term of this Agreement is: July 1, 2008 through June 30, 2009

3. The maximum amount of this Agreement is: \$ 143,741  
 One Hundred Forty-Three Thousand, Seven Hundred Forty-One Dollars

4. 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	7 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	GTC 307
Exhibit D (F) – Special Terms and Conditions (Attached hereto as part of this agreement)	26 pages
Exhibit E – Additional Provisions	1 page
Exhibit F – Contractor's Release	1 page
Exhibit G – Travel Reimbursement Information	2 pages
<del>Exhibit H – Information Systems Security Requirements for Projects</del>	<del>15 pages</del>

Please be advised that the Information Systems Security Requirements for Projects (Attachment H) is not applicable for this contract. No confidential data for this contract is exchanged between CDPH and the Contractor. \_\_\_\_\_ Rusty Dupray, Chairman, El Dorado County Board of Supervisors "Contractor"

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.

<b>CONTRACTOR</b>		<i>California Department of General Services Use Only</i>
CONTRACTOR'S NAME (if other than an individual, state whether a corporation, partnership, etc.) County of El Dorado		
BY (Authorized Signature) 	DATE SIGNED (Do not type)	
PRINTED NAME AND TITLE OF PERSON SIGNING Rusty Dupray, Chairman, Board of Supervisors		
ADDRESS 931 Spring Street, Placerville, CA 95667		
<b>STATE OF CALIFORNIA</b>		
AGENCY NAME California Department of Public Health		
BY (Authorized Signature) 	DATE SIGNED (Do not type)	
PRINTED NAME AND TITLE OF PERSON SIGNING Allan Chinn, Chief, Contracts and Purchasing Services Section		
ADDRESS 1501 Capitol Avenue, Suite Suite 71.5178, MS 1802, PO Box 997377 Sacramento, CA 95899-7377		

Exempt per: