

AGREEMENT NUMBER

**20-0202-10**

REGISTRATION NUMBER

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

STATE AGENCY'S NAME

CALIFORNIA DEPARTMENT OF CHILD SUPPORT SERVICES

CONTRACTOR'S NAME

EL DORADO COUNTY, DEPARTMENT OF CHILD SUPPORT SERVICES

2. The term of this Agreement is: September 1, 2008 through August 31, 2010

3. The maximum amount of this Agreement is: **\$200,574.00**  
 Two Hundred Thousand Five Hundred Seventy Four Dollars and 00/100

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.

Exhibit A – Scope of Work	2 pages
Exhibit A.1 – Duty Statement	2 pages
Exhibit B – Budget Detail and Payment Provisions	3 pages
Exhibit B.1 & B.2 – Budget Detail	2 pages
Exhibit C – General Terms and Conditions	2 pages
Exhibit D – Special Terms and Conditions	2 pages
Exhibit E – Employee Concurrence	1 page

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 [www.ols.dgs.ca.gov/Standard+Language](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.) EL DORADO COUNTY, DEPARTMENT OF CHILD SUPPORT SERVICES		
BY (Authorized Signature) 	DATE SIGNED(Do not type)	
PRINTED NAME AND TITLE OF PERSON SIGNING Laura D. Roth, Director		
ADDRESS P.O. Box 391 Placerville, CA 95667		
<b>STATE OF CALIFORNIA</b>		
AGENCY NAME DEPARTMENT OF CHILD SUPPORT SERVICES		
BY (Authorized Signature) 	DATE SIGNED(Do not type)	
PRINTED NAME AND TITLE OF PERSON SIGNING Cher Woehl, Deputy Director, Administrative Services Division		
ADDRESS P.O. BOX 419064, Rancho Cordova, CA 95741-9064		

Exempt per:  
 Per Government Code Section  
 19050.8