SCO ID: 4260-2110117

1. Th CONT Depa CONT Cour 2. Th STAR July THRO June	ita (Rev. 04/2020 is Agreement is TRACTING AGENC artment of He TRACTOR NAME inty of Siskiyou	entered into between the Contracting Agen Y NAME	cy and the Contractor named below:		
CONT Cour 2. Th STAR July THRO June	artment of He				
CONT Cour 2. Th STAR ⁻ July THRO June	TRACTOR NAME	alth Care Comises			
Cour 2. Th STAR [*] July THRO June		aith Care Services			
2. Th STAR [*] July THRO June	nty of Siskiyou				
STAR ⁻ July THRO June	,	ı			
STAR ⁻ July THRO June	ne term of this A	greement is:			
THRO June	T DATE				
June	1, 2021				
	DUGH END DATE				
2 Th	30, 2024				
	e maximum am 0 (Zero Dollar	ount of this Agreement is: s)			
4. Th	e parties agree	to comply with the terms and conditions of t	he following exhibits, which are by this re	ference made a part of the Agreement	
	Exhibits		Title		Pages
	Exhibit A Program Specification (including Special Terms and Conditions)				24
	Exhibit A, Attachment	Request for Waiver			1
	Exhibit B	Funds Provision			1
+	Exhibit C*	C * General Terms and Conditions (GTC 04/2017)			
+	Exhibit D	Information Confidentiality and Security Requirements			7
+	Exhibit E	Privacy and Information Security Provisions (including Attachment A)			31
These	e documents can	asterisk (*), are hereby incorporated by referen be viewed at https://www.dgs.ca.gov/OLS/Ro	esources	ttached hereto.	
IN W	'ITNESS WHERI	EOF, THIS AGREEMENT HAS BEEN EXECUT			
			CONTRACTOR		
	rractor name (i nty of Siskiyou	if other than an individual, state whether a corpora I	ation, partnership, etc.)		
CONTRACTOR BUSINESS ADDRESS			CITY	STATE	ZIP
2060 Campus Drive			Yreka	CA	96097
PRINTED NAME OF PERSON SIGNING			TITLE		
Ray A. Haupt			Chair,	Board of Supervisors	
CONT	TRACTOR AUTHOR	RIZED SIGNATURE	DATE S	GNED	
8 3 2021					
=				1	

ATTEST: LAURA BYNUM County Clerk & Ex-Officio Clerk of the Board

STATE OF CALIFORNIA - DEPARTMENT OF GENERAL SERVICES

By: Welley Deputy

SCO ID: 4260-2110117

STATE OF CALIFORNIA - DEPARTMENT OF GENERAL SERVICES PURCHASING AUTHORITY NUMBER (If Applicable) AGREEMENT NUMBER STANDARD AGREEMENT 21-10117 STD 213 (Rev. 04/2020) STATE OF CALIFORNIA CONTRACTING AGENCY NAME **Department of Health Care Services** STATE ZIP CITY CONTRACTING AGENCY ADDRESS 95814 CA Sacramento 1501 Capitol Avenue, MS 4200 Carrie Talbot TITLE PRINTED NAME OF PERSON SIGNING SSMI, Contracts Section DATE SIGNED CONTRACTING AGENCY AUTHORIZED SIGNATURE 202/ EXEMPTION (If Applicable) CALIFORNIA DEPARTMENT OF GENERAL SERVICES APPROVAL W&I Code §14703