**SCO ID:** 4260-2660065

STATE OF CALIFORNIA - DEPARTMENT OF GENERAL SERVICES
**STANDARD AGREEMENT**
STD 213 (Rev. 04/2020)

| AGREEMENT NUMBER | PURCHASING AUTHORITY NUMBER (If Applicable) |
|---|---|
| 26-60065 | |

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

CONTRACTING AGENCY NAME
Department of Health Care Services

CONTRACTOR NAME
County of Siskiyou

2. The term of this Agreement is:

START DATE
July 1, 2026

THROUGH END DATE
June 30, 2029

3. The maximum amount of this Agreement is:
$0 (Zero 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 the Agreement.

| Exhibits | Title | Pages |
|---|---|---|
| Exhibit A | Scope of Work | 4 |
| Exhibit A, Attachment I | Behavioral Health Services Act | 35 |
| Exhibit A, Attachment II | Additional Terms and Conditions | 6 |
| Exhibit A, Attachment III | Request for Waiver | 1 |
| Exhibit B | Budget Detail Provisions | 1 |
| Exhibit C * | General Terms and Conditions (GTC 02/2025) | Online |
| Exhibit D | Special Terms and Conditions | 40 |
| Exhibit E | Additional Provisions | 5 |
| Exhibit F | Business Associate Addendum (HIPAA) | 6 |

*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 Siskiyou

| 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 |
| CONTRACTOR AUTHORIZED SIGNATURE | DATE SIGNED |
| | |

ATTEST:
LAURA BYNUM
Clerk, Board of Supervisors

By: _____
Deputy

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**STATE OF CALIFORNIA**

| CONTRACTING AGENCY NAME | | | |
|---|---|---|---|
| Department of Health Care Services | | | |
| CONTRACTING AGENCY ADDRESS | CITY | STATE | ZIP |
| 1501 Capitol Avenue, MS 4200 | Sacramento | CA | 95814 |
| PRINTED NAME OF PERSON SIGNING | TITLE | | |
| CONTRACTING AGENCY AUTHORIZED SIGNATURE | DATE SIGNED | | |
| CALIFORNIA DEPARTMENT OF GENERAL SERVICES APPROVAL | EXEMPTION (If Applicable)<br>Exempt per Budget Act 2025, Assembly Bill 227, Item 4260-116-0890; Welfare and Institution Code, Sections 5402(i), 5706, and 5814(g). | | |