

**SCO ID:**

STATE OF CALIFORNIA - DEPARTMENT OF GENERAL SERVICES

**STANDARD AGREEMENT**

STD 213 (Rev. 04/2020)

AGREEMENT NUMBER

PURCHASING AUTHORITY NUMBER (If Applicable)

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

CONTRACTING AGENCY NAME

Covered California

CONTRACTOR NAME

2. The term of this Agreement is:

START DATE

THROUGH END DATE

3. The maximum amount of this Agreement is:

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                        | 19    |
|                    | Exhibit B                     | Budget Detail and Payment Provisions | 3     |
|                    | Exhibit B,<br>Attachment<br>1 | Cost Worksheet                       | 1     |
| <div>+<br/>-</div> | Exhibit C                     | General Terms and Conditions         | 20    |
| <div>+<br/>-</div> | Exhibit C,<br>Attachment<br>1 | Resumes                              | X     |

*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.)

CONTRACTOR BUSINESS ADDRESS

CITY

STATE

ZIP

PRINTED NAME OF PERSON SIGNING

TITLE

CONTRACTOR AUTHORIZED SIGNATURE

DATE SIGNED

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AGREEMENT NUMBER

PURCHASING AUTHORITY NUMBER (If Applicable)

**STATE OF CALIFORNIA**

CONTRACTING AGENCY NAME

Covered California

CONTRACTING AGENCY ADDRESS

1601 Exposition Blvd.

CITY

Sacramento

STATE

CA

ZIP

95815

PRINTED NAME OF PERSON SIGNING

TITLE

CONTRACTING AGENCY AUTHORIZED SIGNATURE

DATE SIGNED

CALIFORNIA DEPARTMENT OF GENERAL SERVICES APPROVAL

EXEMPTION (If Applicable)

Government Code

Section 100505