STATE OF CALIFORNIA
STANDARD AGREEMENT
STD 213 (Rev 06/03)

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

STATE AGENCY'S NAME
California Department of Aging

CONTRACTOR'S NAME
Riverside County Office on Aging

2. The term of this Agreement is: July 1, 2017 through June 30, 2018

3. The maximum amount of this Agreement is: $1,062,680
   One million, sixty-two thousand, six hundred eighty and 00/100 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:

   Exhibit A – Scope of Work
   Exhibit B – Budget Detail and Payment Provisions
   Exhibit C* – General Terms and Conditions
   Exhibit D – Special Terms and Conditions
   Exhibit E – Catchment Area Zip Codes
   Exhibit F – HIPAA Business Associate Addendum

*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.dgs.ca.gov/ois/Resources/StandardContractLanguage.aspx

IN WITNESS WHEREOF, this Agreement has been executed by the parties hereto.

CONTRACTOR

CONTRACTOR'S NAME (other than an individual, state whether a corporation, partnership, etc.)
Riverside County Office on Aging

BY (Authorized Signature)

PRINTED NAME AND TITLE OF PERSON SIGNING

ADDRESS
6296 River Crest Drive, Suite K, Riverside, CA 92507-0738

STATE OF CALIFORNIA

AGENCY NAME
California Department of Aging

BY (Authorized Signature)

PRINTED NAME AND TITLE OF PERSON SIGNING
Glenn Wallace, Manager, Contracts and Business Services Section

ADDRESS
1300 National Drive, Suite 200, Sacramento CA. 95834

California Department of General Services Use Only

[Signature]

FORM APPROVED BY: CAFINEX 5/14

[Signature]

[Signature]

[Signature]