## STATE OF CALIFORNIA STANDARD AGREEMENT

STD 213 (Rev 06/03)	AGREEMENT NUMBER TV-1819-25
	REGISTRATION NUMBER

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

City of Los Angeles Department of Aging

The term of this

Agreement is: July 1, 2018 through June 30, 2019

3. The maximum amount

\$ 1,498,595.00

of this Agreement is: One million four hundred ninety-eight thousand five hundred ninety-five 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 12 pages

Exhibit B – Budget Detail, Payment Provisions, and Closeout 10 pages

Exhibit C\* – General Terms and Conditions GTC 04/2017

Exhibit D – Special Terms and Conditions 33 pages

Exhibit E – Additional Provisions 11 pages

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 <a href="http://www.dgs.ca.gov/ols/Resources/StandardContractLanguage.aspx">http://www.dgs.ca.gov/ols/Resources/StandardContractLanguage.aspx</a>

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

CONTRACTOR  CONTRACTOR'S NAME (if other than an individual, state whether a corporation, partnership, etc.)		California Department of General Services Use Only
City of Los Angeles	Department of Aging	
BY (Authorized Signature)	DATE SIGNED(Do not type)	
Æ		
PRINTED NAME AND TITLE	OF PERSON SIGNING	
Laura Trejo, Gen	eral Manager	
ADDRESS		
221 N. Figueroa Stre	eet, Suite 500, Los Angeles, CA 90012-4390	
	STATE OF CALIFORNIA	
AGENCY NAME	STATE OF CALIFORNIA	
AGENCY NAME California Departme		
California Departme	nt of Aging	
California Departme	nt of Aging  DATE SIGNED(Do not type)	⊠ Exempt per: AG OP 80-111.
California Departme BY (Authorized Signature)  PRINTED NAME AND TITLE	nt of Aging  DATE SIGNED(Do not type)	☑ Exempt per: AG OP 80-111.
California Departme BY (Authorized Signature)  PRINTED NAME AND TITLE	nt of Aging  DATE SIGNED(Do not type)  OF PERSON SIGNING	Exempt per: AG OP 80-111.
California Departme BY (Authorized Signature)  PRINTED NAME AND TITLE Glenn Wallace, Man ADDRESS	nt of Aging  DATE SIGNED(Do not type)  OF PERSON SIGNING	⊠ Exempt per: AG OP 80-111.