SCO ID: 5160-32247

		NIA - DEPARTMENT OF GENERAL SERVICES GREEMENT	AGREEMENT NUMBER	R PURCHASING AUTHORITY NUMBER (If Applicable)		
318 213 (1611 3 11 2020)			32247			
1. This Agreement is entered into between the Contracting Agency and the Contractor named below:						
CONTRACTING AGENCY NAME						
Department of Rehabilitation						
CONTRACTOR NAME Mt. Diablo Unified School District						
2. The term of this Agreement is:						
START DATE						
July 1, 2023 or Upon approval whichever is later						
	OUGH END DATE e 30, 2026					
	he maximum an 72,336.00	nount 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				
	Exhibit A.1	Contractor's Description of Services/Deliverables				
	Exhibit B	Budget Detail and Payment Provisions				
+	Exhibit B.1	Contractor's Program Budget(s) and Narrative(s)				
+	Exhibit C	General Terms and Conditions (GTC 4/2017)				
+	Exhibit D	Special Terms and Conditions				
+	Exhibit E	Additional Provisions - Federally Funded Agreements				
+	Exhibit F	Additional Provisions - Case Services			2	
+	Exhibit G	Additional Provisions			1	
	tems 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					
		FOF, THIS AGREEMENT HAS BEEN EXECUTE				
			CONTRACTOR			
CON	ITRACTOR NAME ((if other than an individual, state whether a corpo				
		d School District	Ε,,			
CONTRACTOR BUSINESS ADDRESS CITY				STA	ATE ZIP	
1936 Carlotta Drive			Cor	cord	94519	
PRIN	PRINTED NAME OF PERSON SIGNING TITLE					
CONTRACTOR AUTHORIZED SIGNATURE DATE SIGNED						

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STATE OF CALIFORNIA - DEPARTMENT OF GENERAL SERVICES AGREEMENT NUMBER PURCHASING AUTHORITY NUMBER (If Applicable) **STANDARD AGREEMENT** 32247 STD 213 (Rev. 04/2020) STATE OF CALIFORNIA CONTRACTING AGENCY NAME Department of Rehabilitation CONTRACTING AGENCY ADDRESS CITY Z**I**P STATE 721 Capitol Mall, 6th Floor Sacramento CA 95814 PRINTED NAME OF PERSON SIGNING TITLE CONTRACTING AGENCY AUTHORIZED SIGNATURE DATE SIGNED CALIFORNIA DEPARTMENT OF GENERAL SERVICES APPROVAL EXEMPTION (If Applicable)