

STATE OF CALIFORNIA - DEPARTMENT OF GENERAL SERVICES

STANDARD AGREEMENT

STD 213 (Rev. 04/2020)

AGREEMENT NUMBER 31740	PURCHASING AUTHORITY NUMBER (If Applicable)
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1. This Agreement is entered into between the Contracting Agency and the Contractor named below:

CONTRACTING AGENCY NAME
Department of Rehabilitation

CONTRACTOR NAME
Lodi Unified School District

2. The term of this Agreement is:

START DATE
July 1, 2021

THROUGH END DATE
June 30, 2024

3. The maximum amount of this Agreement is:
\$4,174,239.00 Certified Expenditure \$744,696.00 Cash Match: \$313,638.00

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	1
Exhibit A.1	Contractor's Program Scope of Work	10
Exhibit B	Budget Detail and Payment Provisions	4
+ -	Exhibit B.1 Contractor's Program Budget(s) and Narrative(s)	21
+ -	Exhibit C* General Terms and Conditions GTC 04/2017 (Dated 04/2017)	1
+ -	Exhibit D Special Terms and Conditions (Attached hereto as part of this agreement)	8
+ -	Exhibit E Additional Provisions - Federally Funded Agreements	3
+ -	Exhibit F Additional Provisions - Cooperative/Case Services	3
+ -	Exhibit G Additional Provisions – Contract Monitoring and Reporting	1

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.)
Lodi Unified School District

CONTRACTOR BUSINESS ADDRESS 1305 E Vine Street	CITY Lodi	STATE CA	ZIP 95240
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PRINTED NAME OF PERSON SIGNING Dr. Catherine Nichols-Washer	TITLE Lodi USD Superintendent
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CONTRACTOR AUTHORIZED SIGNATURE	DATE SIGNED
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STATE OF CALIFORNIA

CONTRACTING AGENCY NAME

Department of Rehabilitation

CONTRACTING AGENCY ADDRESS

721 Capitol Mall, 6th Floor

CITY

Sacramento

STATE

CA

ZIP

95814

PRINTED NAME OF PERSON SIGNING

TITLE

CONTRACTING AGENCY AUTHORIZED SIGNATURE

DATE SIGNED

CALIFORNIA DEPARTMENT OF GENERAL SERVICES APPROVAL

EXEMPTION (If Applicable)