STATE OF CALIFORNIA STANDARD AGREEMENT STD 213 (Rev 06/03) AGREEMENT NUMBER 09-9080 REGISTRATION NUMBER 1. This Agreement is entered into between the State Agency and the Contractor named below: STATE AGENCY'S NAME Office of Statewide Health Planning and Development CONTRACTOR'S NAME Chabot-Las Positas Community College District The term of this 07/01/2009 06/30/2011 through Agreement is: 3. The maximum amount \$ 140,000,00 of this Agreement is: One Hundred Forty Thousand Dollars and zero cents 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 1 page(s) Exhibit B - Budget Detail and Payment Provisions 1 page(s) Exhibit C* - General Terms and Conditions GTC 307 Check mark one item below as Exhibit D: Exhibit - D Special Terms and Conditions (Attached hereto as part of this agreement) 1 page(s) □ Exhibit - D* Special Terms and Conditions Exhibit E - Additional Provisions page(s) 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.ols.dgs.ca.gov/Standard+Language IN WITNESS WHEREOF, this Agreement has been executed by the parties hereto.

CONTRACTOR		California Department of General Services Use Only
CONTRACTOR'S NAME (if other than an individual, state whether a corporation, partnership, etc.) Chabot-Las Positas Community College District		
BY (Authorized Signature)	DATE SIGNED(Do not type)	
Ø		
PRINTED NAME AND TITLE OF PERSON SIGNING		
ADDRESS		
5020 Franklin Drive		
Pleasanton, CA 94588		
STATE OF CALIFORNIA		
AGENCY NAME		
Office of Statewide Health Planning and Development		*
BY (Authorized Signature)	DATE SIGNED(Do not type)	
<u> </u>		
PRINTED NAME AND TITLE OF PERSON SIGNING		Exempt per:
Pattye Nelson, SSMI Procurement and Contract Services		
ADDRESS		
400 R Street, Room 359, Sacramento, Ca 95811		