

AGREEMENT NUMBER TBD
REGISTRATION NUMBER

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

STATE AGENCY'S NAME

California Department of Social Services

CONTRACTOR'S NAME

To Be Determined (TBD)



2. The term of this Agreement is: October 1, 2016 or upon the approval of the Department of General Services, whichever is later, through September 30, 2018

3. The maximum amount of this Agreement is: \$To Be Determined

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	5 pages
Exhibit B – Budget Detail and Payment Provisions	6 pages
Exhibit B – Attachment 1 – FFY 2017 Budget	3 pages
Exhibit B – Attachment 2 – FFY 2018 Budget	3 pages
Exhibit B – Attachment 3 – Invoice	2 pages
Exhibit C – General Terms and Conditions	5 pages
Check mark one item below as Exhibit D:	
<input checked="" type="checkbox"/> Exhibit - D Special Terms and Conditions (Attached hereto as part of this agreement)	3 pages
<input type="checkbox"/> Exhibit - D* Special Terms and Conditions	
Exhibit E – Additional Provisions	5 pages
Exhibit E – Attachment 1 – CDSS Confidentiality and Security Requirements	9 pages

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

CONTRACTOR		<i>California Department of General Services Use Only</i>
CONTRACTOR'S NAME (if other than an individual, state whether a corporation, partnership, etc.) TBD		
BY (Authorized Signature) 	DATE SIGNED(Do not type)	
PRINTED NAME AND TITLE OF PERSON SIGNING		
ADDRESS		
STATE OF CALIFORNIA		<input type="checkbox"/> Exempt per:
AGENCY NAME California Department of Social Services		
BY (Authorized Signature) 	DATE SIGNED(Do not type)	
PRINTED NAME AND TITLE OF PERSON SIGNING		
ADDRESS		