



State of California
Health and Human Services Agency

Contracts & Procurement Section
P.O. Box 944222
Sacramento, CA 94299-9222
(916) 558-5680 Office
(916) 558-5681 Fax
Sabrina.Pizzuti-Johnson@dor.ca.gov

June 18, 2019

San Mateo UHSD
650 North Delaware St.
San Mateo, CA 94401

Re: Agreement # 31093

Attn: John Bartfield

Attached is your agreement with DOR. Complete and sign the following checked item(s):

- ☒ Print out four copies of the Standard Agreement form (STD 213) and one copy of the attached exhibits. Sign all four copies of the STD 213. All signatures must be original.
- ☒ Print out one copy of the Contractor Certification Clauses (CCC). The CCC package contains clauses and conditions that may apply to your agreement and to persons doing business with the State of California. The CCC will be kept on file in a central location and must be renewed every three (3) years and updated as changes occur. Sign and return the first page of the current CCC. Failure to do will prohibit the State of California from doing business with your company.
- ☒ Print out one copy of the Board Resolution, complete and sign. Please make sure the person who is signing the Board Resolution is not the same person authorized to sign the Agreement. However, if the authorized signer is an elected official, you do not need the Board approval, just submit a letter stating the fact.

In lieu of the Board Resolution form, you may use your own form or Board minutes. Be sure the authorization gives approval to **“sign and execute any and all documents required by DOR to effectuate the execution of contracts and/or amendments”**. If "amendment" is not included in the authorization, we will require a new Board Resolution to process any amendments.

- X Print out one copy of the Signature Authorization form, complete and sign.
The person authorizing the signatures is the person who is authorized to sign
the contract.
- X Print out one copy of the California Civil Right Attachment and sign.
- X General Liability Insurance Requirements. See Exhibit D for liability limits.
- X Worker's Compensation Insurance Requirements. See Exhibit D.
- Auto Insurance Requirements. See Exhibit D for liability limits.

**** Please provide the attached insurance requirements and example to your business
unit/insurance agent to expedite****

Return all four original signed copies of the STD 213 and one copy of all other related
documents for further processing. **All signed documents must have original
signatures.**

Department of Rehabilitation
Attn: Sabrina Pizzuti-Johnson, Contract Section
721 Capitol Mall, 6th Floor
Sacramento, California, 95814

No services should be started prior to final approval by DGS and/or the passage of the
State Budget as the State is not obligated to make any payments until the contract is
executed. Expeditious handling of this Agreement is appreciated.

If you have any questions, please call me at (916) 445-9933 or email at
Sabrina.pizzuti-johnson@dor.ca.gov

Sincerely,

Sabrina Pizzuti-Johnson

Sabrina Pizzuti-Johnson
Contract Analyst

Enclosures
cc: Contract Administrator