## SCO ID:

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STATE OF CALIFORNIA - DEPARTMENT OF GENERAL SERVICES  STANDARD AGREEMENT  AGREEMENT NUI  AGREEMENT NUI		AGREEMENT NUMBER	PURCHASING AUTHORITY NUMBER (If Applicable)	
STD 213 (Rev. 04/2020) 20-000013			CDT7502	
1. This Agreement	is entered into between the Contracting Agency	y and the Contractor named below:	,	
CONTRACTING AGEN	CY NAME			
Merced, City of				
CONTRACTOR NAME			OFORM: 2/21/2	02
cultoring Department of Technology				
2. The term of this A	Agreement is:	POVEI	DE	die
START DATE 04/1/2021		APPRO	CAMPBELL	
THROUGH END DATE		V	ER A. mey	
03/31/2026 acHUY City Attorney				
2. The term of this Agreement is:  START DATE  04/1/2021  THROUGH END DATE  03/31/2026  3. The maximum amount of this Agreement is: \$1,300,000			<del>Oto 1</del>	
4. The parties agree	e to comply with the terms and conditions of the	e following exhibits, which are by this	reference made a part of the Agreeme	ent.
Exhibits		Title		Pages
Exhibit A	Scope of Work			
Exhibit B	Budget Detail and Payment Provisions			
Exhibit C *	C * General Terms and Conditions			
+				
Items shown with an	। asterisk (*), are hereby incorporated by reference a	nd made part of this agreement as if atta	ched hereto.	
	n be viewed at <u>https://www.dgs.ca.gov/OLS/Resour</u>			
IIN WITINESS WHER	EOF, THIS AGREEMENT HAS BEEN EXECUTED B			
CONTRACTOR NAME	//£ _Ab	CONTRACTOR		
	(if other than an individual, state whether a corporation ment of Technology	on, partnersnip, etc.)		
CONTRACTOR BUSIN		CITY	STATE	ZIP
P.O. Box 1810			Cordova	95741
PRINTED NAME OF PERSON SIGNING				
Marisa Duarte-Lott			TITLE Contract Manager	
CONTRACTOR AUTHORIZED SIGNATURE			GNED	
	CT	TATE OF CALLEDONIA		and the second of
CONTRACTING AGEN		ATE OF CALIFORNIA		
Merced, City of	CYNAME	10		
CONTRACTING AGENCY ADDRESS 678 W 18th Street		CITY Merced	STATE CA	ZIP 95340
PRINTED NAME OF PERSON SIGNING		TITLE	C. I	333.10
Stephanie Dietz			anager	
CONTRACTING AGEN	CY AUTHORIZED SIGNATURE	DATE SIG	SNED / - /	
Stephani plutz			4/8/21	
CALIFORNIA DEPARTMENT OF GENERAL SERVICES APPROVAL			ON (If Applicable)	