		Reset Form	Print Form	SCO ID: 2100-22APP04									
STATE OF CALIFORNIA - DEPARTMENT OF GENERAL SERVICES													
ST/	ANDARD A	GREEMENT		AGREEMENT NUMBER		PURCHASING AUTHORITY NUMBER (If Applic							
STD 213 (Rev. 04/2020)				22-APP04		ABC-2100							
<ol> <li>This Agreement is entered into between the Contracting Agency and the Contractor named below:</li> </ol>													
CONTRACTING AGENCY NAME													
Department of Alcoholic Beverage Control													
CONTRACTOR NAME													
City of Capitola through the Capitola Police Department													
2. The term of this Agreement is:													
START DATE													
July	1,2022												
	OUGH END DATE												
June 30, 2023													
		nount of this Agree											
\$19	,305.00 Ninet	een thousand thi	ree hundred five dolla	rs and no 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.													
Exhibits Title							Pages						
	Exhibit A	Scope of Work											
	Exhibit B	Budget Detail and Payment Provisions											
	Exhibit C *	• General Terms and Conditions (GTC 04/2017)											
+	Exhibit D	Special Terms and Conditions											
+	Attachment RFP	RFP Scope of Work											
			by incorporated by referen //www.dgs.ca.gov/OLS/Re	ice and made part of this agreement Sources	as if attached hereto.								
				ED BY THE PARTIES HERETO.									
CONTRACTOR													
CON	TRACTOR NAME (	if other than an indiv	idual, state whether a corpo	oration, partnership, etc.)									
			ola Police Department										
CON	TRACTOR BUSINE	SS ADDRESS	CITY	STATE	ZIP								
422	Capitola Aver	nue			Capitola	CA	95010						
PRIN	TED NAME OF PE	RSON SIGNING		TITLE		-							
	frew Dally				hief of Police								
CON	TRACTOR AUTHO	RIZED SIGNATURE			DATE SIGNED								

Reset Form Print Form	sco ID: 2100-22APP04	ļ				
STATE OF CALIFORNIA - DEPARTMENT OF GENERAL SERVICES						
STANDARD AGREEMENT	AGREEMENT NUMBER		PURCHASING AUTHORITY NUMBER (If Applicable)			
STD 213 (Rev. 04/2020)	22-APP04		ABC-2100			
	STATE OF CALIFORNIA					
CONTRACTING AGENCY NAME						
Department of Alcoholic Beverage Control						
CONTRACTING AGENCY ADDRESS		CITY		STATE	ZIP	
3927 Lennane Drive, Suite 100		Sacrame	Sacramento		95834	
PRINTED NAME OF PERSON SIGNING	TITLE					
Pattye Baker		Chief, Business Management Branch				
CONTRACTING AGENCY AUTHORIZED SIGNATURE	DATE SIGNED					
CALIFORNIA DEPARTMENT OF GENERAL SERVICES APPROVAL	EXEMPTION (If Applicable)					