

AGREEMENT NUMBER

15-C-000

REGISTRATION NUMBER

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

STATE AGENCY'S NAME

California Health Benefit Exchange

CONTRACTOR'S NAME

2. The term of this

Agreement is: **Month Day, 2016 through June 30, 2017**

3. The maximum amount **\$ 40,000.00**
of this Agreement is: **Forty Thousand dollars 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.

| | |
|--|---------|
| Exhibit A – Scope of Work | X Pages |
| Exhibit B – Budget Detail and Payment Provisions | X Pages |
| Exhibit C – General Terms and Conditions | X Pages |
| Exhibit D – Special Terms and Conditions | X Pages |
| Exhibit E – Additional Provisions | X Pages |
| Exhibit E, Attachment 1 – Resumes | X Pages |
| Exhibit F – Privacy Addendum | X Pages |

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

CONTRACTOR'S NAME (if other than an individual, state whether a corporation, partnership, etc.)

BY (Authorized Signature)

DATE SIGNED (Do not type)

PRINTED NAME AND TITLE OF PERSON SIGNING

ADDRESS

STATE OF CALIFORNIA

AGENCY NAME

California Health Benefit Exchange

BY (Authorized Signature)

DATE SIGNED (Do not type)

PRINTED NAME AND TITLE OF PERSON SIGNING

ADDRESS

1601 Exposition Blvd, Sacramento, CA 95815

**California Department of General
Services Use Only**

☒ Exempt per:
**Government Code
Section 100505**