

**STANDARD AGREEMENT
(ORIGINAL GRANT)**

OCAP Consultant _____.

THIS AGREEMENT, made and entered into this _____ date of _____, 20____. in the State of California, by and between State of California, through its duly elected or appointed, qualified and acting.

TITLE OF OFFICER ACTING FOR STATE Director	AGENCY <i>hereafter called the State and California Department of Social Services</i>	GRANT NUMBER
	<i>hereafter called the Grantee</i>	GRANTEE'S I.D. NUMBER

WITNESSETH: That the Grantee for and in consideration of the covenants, conditions, agreements, and stipulations of the State hereinafter expressed, does hereby agree to furnish to the State services and materials, as follows:
(Set forth service to be rendered by Grantee, amount to be paid Grantee, time for performance or completion, and attach plans and specifications, if any.)

I. SCOPE OF WORK

The attached "Exhibit A" consisting of _____ pages and entitled "Scope of Work" is made a part hereof by this reference. The Grantee agrees to perform in accordance with Exhibit A. This grant is for the general provision of:

II. TERMS

The term of this Agreement shall be from _____ through _____.

III. MAXIMUM AMOUNT PAYABLE

The maximum amount payable by the State to the Grantee under the terms of this Agreement shall not exceed \$ _____, and shall be in accordance with expenditures detailed in "Exhibit B" entitled "Budget".

The provisions on the reverse side hereof constitute a part of this agreement.

IN WITNESS WHEREOF, this agreement has been executed by the parties hereto, upon the date first above written.

STATE OF CALIFORNIA		GRANTEE	
AGENCY California Department of Social Services		GRANTEE (IF OTHER THAN AN INDIVIDUAL STATE WHETHER A CORPORATION, PARTNERSHIP, ETC.)	
BY (AUTHORIZED SIGNATURE) X		BY (AUTHORIZED SIGNATURE) X	
PRINTED NAME OF PERSON SIGNING	DATE	PRINTED NAME AND TITLE OF PERSON SIGNING	
TITLE Chief, Office of Child Abuse Prevention		ADDRESS	
AMOUNT ENCUMBERED \$	UNENCUMBERED BALANCE \$	ADJ INCREASING ENCUMBRANCE \$	ADJ DECREASING ENCUMBRANCE

IT IS THE POLICY OF THE OFFICE OF CHILD ABUSE PREVENTION NOT TO DISCRIMINATE AGAINST ANY PERSON BECAUSE OF RACE, COLOR, NATIONAL ORIGIN, POLITICAL AFFILIATION, RELIGION, MARITAL STATUS, SEX AGE, OR DISABILITY, AND TO REQUIRE THAT GRANTEES AND GRANTEE'S SUBCONTRACTORS PROVIDE THESE GUARANTEES.

I hereby certify upon my own personal knowledge that budgeted funds are available for the period and purpose of the expenditure stated above.

SIGNATURE OF ACCOUNTING OFFICER X	DATE
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