

INTERAGENCY AGREEMENT
(County Provides Services)
DRAFT

1. **Contract Identification.**

Department: Health Services – Mental Health Division
Subject: Professional school-based mental health services, crisis intervention, and day treatment services for designated students

2. **Parties.** The County of Contra Costa, California (County), for its Department named above, and the following named Agency mutually agree and promise as follows:

Agency: MOUNT DIABLO UNIFIED SCHOOL DISTRICT (Hereinafter “Agency”)
Capacity: Government Agency
Legal Address: 1936 Carlotta Drive, Concord, California 94519

3. **Term.** The effective date of this Agreement is July 1, 2010, and it terminates on June 30, 2011 unless sooner terminated as provided herein.

4. **Payment Limit.** Agency’s total payments to County under this Agreement shall not exceed \$ 983,111.

5. **County’s Obligations.** County shall provide those services and carry out that work described in the Service Plan attached hereto which is incorporated herein by reference, subject to all the terms and conditions contained or incorporated herein.

6. **Agency’s Obligations.** Agency shall pay County for its provision of the services as set forth in the attached Service Plan, subject to all the terms and conditions contained or incorporated herein.

7. **General and Special Conditions.** This Agreement is subject to the General Conditions and Special Conditions (if any) attached hereto, which are incorporated herein by reference.

8. **Project.** This Agreement implements in whole or in part the following described Project, the application and approval documents of which are incorporated herein by reference: Not Applicable

9. **Legal Authority.** This Agreement is entered into under and subject to the following legal authorities: California Government Code § 26227.

10. **Signatures.** These signatures attest the parties’ agreement hereto:

COUNTY OF CONTRA COSTA, CALIFORNIA

BOARD OF SUPERVISORS By _____ Chairman/Designee	ATTEST: Clerk of the Board of Supervisors By <u>XXXXXXXXXXXXXXXXXXXXXXXXXXXX</u> Deputy
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AGENCY

By _____ (Signature of authorized Agency Representative)	By _____ (Signature of authorized Agency Representative)
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