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AGREEMENT NUMBER CMPAB22-

BUDGET LINE ITEM

For CDFA Marketing Advisory Board	s or Councils (Rev. 5/19)								
1. This Agreement is ente	red into between the Advisory Board or Council and	the Contractor named below:							
CONTRACTING BOARD OR (COUNCIL NAME CALIFORNIA MILK AD	VISORY BOARD							
CONTRACTOR NAME									
2. The term of this Agreer	ment is:								
START DATE:									
January 1, 2022 THROUGH END DATE:									
December 31, 2022									
3. The maximum amount	of this Agreement is:								
4. The parties agree to co	mply with the terms and conditions of the following e	xhibits, which are by this reference n	nade a par	t of this Agreement.					
EXHIBITS	тіт	LE							
Exhibit A	Scope of Work								
Exhibit B	Budget Detail and Payment Provisions								
Exhibit C*	General Terms and Conditions		see below link						
Exhibit D	Special Terms & Conditions		1						
These documents (GTC 04/2	(*), are hereby incorporated by reference and made part 2017 and CCC 04/2017) can be viewed at: LS/Resources/Page-Content/Office-of-Legal-Services Application (*) LS/Resources/Page-Content/Office-of-Legal-Services Application (*) LS/Resources/Page-Content/Office-of-Legal-Services Application (*) LS/Resources/Page-Content/Office-of-Legal-Services Application (*) LS/Resources/Page-Content/Office-of-Legal-Services LS/LS/Resources/Page-Content/Office-Of-Legal-Services LS/LS/LS/LS/LS/LS/LS/LS/LS/LS/LS/LS/LS/L	-		nguage					
IN WITNESS WHEREO	F, THIS AGREEMENT HAS BEEN EXECUTED BY	THE PARTIES HERETO:							
	CONTRAC	TOR							
CONTRACTOR NAME (if other that	n an individual, state whether a corporation, partnership, etc.)								
CONTRACTOR BUSINESS ADDR	ESS	CITY	STATE	ZIP					
PRINTED NAME OF PERSON SIG	ENING	TITLE	•						
CONTRACTOR AUTHORIZED SIG	GNATURE	DATE SIGNED							
A									
	ADVISORY BOARD	OR COUNCIL							
ADVISORY BOARD OR COUNCIL	NAME CALIFORNIA MILK AD	VISORY BOARD							
ADVISORY BOARD OR COUNCIL	BUSINESS ADDRESS	CITY	STATE	ZIP					
2156 W Grant Line F	Rd, Suite 100	Tracy	CA	95377					
PRINTED NAME OF PROGRAM D	DIRECTOR OR CEO SIGNING	TITLE CEO							
PROGRAM DIRECTOR OR CEO	SIGNATURE	DATE SIGNED							
PRINTED NAME OF CHAIRPERS	ON (if required by Board or Council Policy)	BOARD OR COUNCIL CHAIR Chairman							
CHAIRPERSON SIGNATURE (if re	equired by Board or Council Policy)	DATE SIGNED							
> CHART ENCON GIGHT TOTAL (MIC	,	5.55							