

INTERAGENCY AGREEMENT
 (County Provides Services)

Number
 Fund/Org#
 Account #
 Other #

1. **Contract Identification.**
 Department: Public Works
 Subject: Interagency Agreement between Contra Costa County Public Works and Agency named below for Fleet Services.

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: Contra Costa Mosquito & Vector Control District
 Capacity: A public agency

 Address: 155 Mason Circle, Concord, CA 94520

3. **Term.** The effective date of this Agreement is January 1, 2020 and it terminates on January 1, 2021 unless sooner terminated as provided herein.

4. **Payment Limit.** Agency's total payments to County under this Agreement shall not exceed \$200,000.00.

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 Payment Provisions which are incorporated herein by reference, 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:

9. **Legal Authority.** This Agreement is entered into under and subject to the following legal authorities:

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 _____ Deputy
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AGENCY

By (Signature of authorized Agency representative) _____ _____ (Print name and title A)	By (Signature of authorized Agency representative) _____ _____ (Print name and title B)
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