

AGREEMENT NUMBER ICM04434
REGISTRATION NUMBER N/A

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

STATE AGENCY'S NAME
DEPARTMENT OF CORRECTIONS
 CONTRACTOR'S NAME

KT PROFESSIONAL MEDICAL STAFFING AND HOME CARE, INC.

2. The term of this Agreement is **October 1, 2004** through **September 30, 2007**

3. The maximum amount of this Agreement is: **\$ 50,000,000.00 Fifty Million Dollars and No Cents**
 There is no monetary obligation in this Master Contract; funds for each institution will be encumbered on a Notice to Proceed (NTP). The State makes no commitment, either written or implied, as to the total amount to be expended during the term of this agreement. This agreement is not exclusive and CDC reserves the right to contract with other providers for the same service.

4. This Master Contract is entered into by and between KT Professional Medical Staffing and Home Care, Inc. and the California Department of Corrections (CDC) for the specific provision of Temporary/Relief Nursing Services (i.e. Registered Nurse, Licensed Vocational Nurse, Certified Nurses Assistant and Medical Assistant), for inmates referred for such services from the California Department of Corrections. Contractor shall perform services to participating institutions listed in Exhibit H. 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 10 pages
- Exhibit B – Budget Detail and Payment Provisions 1 pages
- Exhibit B-1 – Bid Proposal 4 pages
- Exhibit B-2 – Rate Sheet 20 pages
- Exhibit C* – General Terms and Conditions GTC 304
- Check mark one item below as Exhibit D:
- Exhibit - D. Special Terms and Conditions (Attached hereto as part of this agreement) 12 pages
- Exhibit - D* Special Terms and Conditions
- Exhibit E – Additional Provisions 5 pages
- Exhibit F – List of Participating Institutions 2 pages
- Exhibit G – List of Participating Regional Accounting Offices 1 page
- Exhibit H – Hierarchy Chart 1 Page
- Exhibit I – Business Associates Agreement (HIPAA) N/A

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.cds.ca.gov/StandardH/announcements

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.)
KT PROFESSIONAL MEDICAL STAFFING AND HOME CARE, INC.

BY (Authorized Signature) *Kala Taylor* DATE SIGNED (Do not type) **10/8/04**

PRINTED NAME AND TITLE OF PERSON SIGNING
Kala Taylor, President

ADDRESS
950 Fulton Avenue, Suite 230, Sacramento, CA 95825

STATE OF CALIFORNIA

AGENCY NAME
Department of Corrections

BY (Authorized Signature) *Debra L. Smith* DATE SIGNED (Do not type) **10/13/04**

PRINTED NAME AND TITLE OF PERSON SIGNING
DEBRA L. SMITH, Chief, Institution Medical Contracts Section

ADDRESS
P.O. Box 942883, Sacramento, CA 94283-0001

California Department of General Services Use Only

APPROVED

OCT 27 2004

DEPT OF GENERAL SERVICES

[Signature]
 Exempt per:

STATE OF CALIFORNIA
STANDARD AGREEMENT AMENDMENT
 STD. 213 A (Rev 6/03)

Copy

CHECK HERE IF ADDITIONAL PAGES ARE ATTACHED _____ Pages

AGREEMENT NUMBER	AMENDMENT NUMBER
ICM06056	1
REGISTRATION NUMBER	

- This Agreement is entered into between the State Agency and Contractor named below:
STATE AGENCY'S NAME
Department of Corrections and Rehabilitation
CONTRACTOR'S NAME
The Firm Group & Associates
- The term of this Agreement is **July 1, 2006** through **December 31, 2008**
- The maximum amount of this Agreement is **\$6,513,509.00 (Six Million Five Hundred Thirteen Thousand Five Hundred Nine Dollars)**
 Agreement after this amendment is: **There is no momentary obligation on the Master Agreement, funds for each institution will be encumbered on a Notice to Proceed (NTP). The State makes no commitment, either written or implied, as to the total amount to be expended during the term of this Agreement.**
- The parties mutually agree to this amendment as follows. All actions noted below are by this reference made a part of the Agreement and incorporated herein:

This Amendment extends the term of the agreement six (6) months.

All other terms and conditions shall remain the same.

IN WITNESS WHEREOF, this Agreement has been executed by the parties hereto.

CONTRACTOR		CALIFORNIA Department of General Services Use Only
<small>CONTRACTOR'S NAME (if other than an individual, state whether a corporation, partnership, etc.)</small>		
The Firm Group & Associates.		
<small>BY (Authorized Signature)</small>	<small>DATE SIGNED (Do not type)</small>	
<i>[Signature]</i>		
<small>PRINTED NAME AND TITLE OF PERSON SIGNING</small>		
Kala Taylor, CEO		
<small>ADDRESS</small>		
4090 Truxel Road #109 Sacramento, CA 95835 (916) 576-0543		
STATE OF CALIFORNIA		
<small>AGENCY NAME</small>		
Department of Corrections and Rehabilitation		
<small>BY (Authorized Signature)</small>	<small>DATE SIGNED (Do not type)</small>	
<i>[Signature]</i>		
<small>PRINTED NAME AND TITLE OF PERSON SIGNING</small>		
Lauren Trevathan Chief (A) Medical Contracts Section 1		
<small>ADDRESS</small>		
P.O. Box 4038 Sacramento, CA 95812-4038		

Exempt per:

**DIVISION OF SUPPORT SERVICES
OFFICE OF BUSINESS SERVICES**

7667 Folsom Blvd., Suite 101
Sacramento, CA 95826-2618
P.O. Box 942883
Sacramento, CA 94283-0001



June 5, 2008

The Firm Group & Associates
Kala Howard
4090 Truxel Road
Sacramento, CA 95835

Dear Kala

**BID #: 070242
SERVICE: SUBSTANCE ABUSE GROUP COUNSELING**

Congratulations! The California Department of Corrections and Rehabilitation (CDCR), Division of Juvenile Justice (DJJ), is pleased to inform you that bids were opened on May 28, 2008 and **your company, The Firm Group & Associates**, has been determined to be the successful competitor for the above-referenced solicitation for the following locations;

Sacramento
Sacramento Area (Your business office)

The Office of Business Services will be forwarding the above-referenced Agreement(s) for signature. **This agreement is not valid unless, and until, approved by the Department of General Services, or under its authority, CDCR.** The State has no legal obligation, unless and until the Agreement is approved. The State assumes no responsibility for any work commenced by the Contractor and will not reimburse the Contractor for any work performed prior to approval of the Agreement. When this Agreement is fully approved, an original will be forwarded to you.

If you have any questions or need assistance, do not hesitate to contact me at (916) 229-5049.

Sincerely,

A handwritten signature in cursive script that reads "Michelle Thornton".

Michelle Thornton
Contract Analyst
Division of Juvenile Justice
Contracts Management Branch