

**COMMUNITY BASED ORGANIZATION  
Master Contract Exhibit A and B Coversheet**

Dept Name: **Children & Family Services** Vendor ID #: **27284** Board PO #:

Bus Unit: **SOCSA** Master Contract #: **900035** Procurement Contract #: Budget Year: **2013**

Acct #	Fund #	Dept #	Program #	Subclass #	Project /Grant #	Amount to be Encumbered	Total Contract Amount
<b>610341</b>	<b>10000</b>	<b>320100</b>	<b>36100</b>			<b>\$4,298,075</b>	<b>\$4,298,075</b>

Federal Funds Waiver #: N/A Contract Maximum: **\$4,298,075**

Procurement Contract Begin Date: **July 1, 2012** Expire Date: **June 30, 2013**

Period of Funding: From: **July 1, 2012** To: **June 30, 2013**

Department Contact: **Sandra Oubre** Telephone: **510-267-9457** QIC Code: **20203**

Contractor / Contract-Project Name: **Chabot-Las Positas Community College District Title IV-E Training Program**

Contractor Address: **5020 Franklin Drive** BOS Dist. **4**

**Pleasanton, CA 94588** Federal **94-1670563**

Remittance Address: **7600 Dublin Blvd., Suite 102** Location #

**Dublin, CA 94568**

Contractor Telephone: **925 485-5234** Fax #: **925 485-5211** E-mail(Signatory): **LLegaspi@clpccd.org**

Contractor Contact Person: **Julia Dozier** E-mail(Contact): **jdozier@clpccd.org**

Contract Service Category: **Group Homes/Foster Homes Title IV-E Training**

Estimated Units of Service: **N/A**

Maximum Single Payment & Exceptions:

Method of Reimbursement (Invoicing Procedures):

History of Funding:	Original	Amendment #1	Amendment #2	Amendment #3	Amendment #4
Funding Level	<b>\$4,298,075</b>				
Exhibit #					
Amount of Encumbrance	<b>\$4,298,075</b>				
File Date	<b>June 19, 2012</b>				
File / Item #	<b>28213-2</b>				
Reason	<b>Board Action</b>				

Funding Source Allocation:	Federal / CFDA # ( 93.658 )	State	County
	<b>\$4,298,075</b>		

The signatures below signify that the attached Exhibits A and B have been reviewed, negotiated and finalized. The Contractor also signifies agreement with all provisions of the Master Contract.

**DEPARTMENT**

By \_\_\_\_\_

Signature

**Lori A. Cox**

Print or Type Name

Title **Social Services Agency Director**

Date \_\_\_\_\_

**CONTRACTOR**

By \_\_\_\_\_

Signature

**Lorenzo S. Legaspi**

Print or Type Name

Title **Vice-Chancellor Business Svcs.** Date \_\_\_\_\_

By \_\_\_\_\_

Signature

**Julia A. Dozier**

Print or Type Name

Title **Distr. Exec. Dir. Econ. Dev.** Date \_\_\_\_\_