

**THIS FORM MAY NOT BE REPLICATED
AND UNDER NO CIRCUMSTANCES CAN THE LANGUAGE BE ALTERED**

Board of Governor's, California Community Colleges Chancellor's Office - 6870	DISTRICT USE ONLY
	District (Grantee): <u>Chabot-Las Positas CCD</u>
	College: <u>N/A</u>

Grant Agreement-Amended	BOG-CCCCO USE ONLY
AMENDMENT # 1	Grant Agreement No.: <u>16 - 205 - 001</u>
Workforce and Economic Development Division Strong Workforce Statewide Fiscal Omnibus RFA # <u>16 - 205</u>	Funding Fiscal Year <u>2016-17</u> Prior Amount Encumbered : \$ <u>20,000,000</u> Amount To Be Encumbered : \$ <u>11,808,085</u> Total Amount Encumbered : \$ <u>31,808,085</u>

On this 7th day of June, 2017 the Board of Governor's, California Community Colleges Chancellor's Office and the aforementioned district hereby agree to amend this grant agreement as follows:

- * The agreement is being Augmented with FY-2016-17 funds in the amount of \$11,808,085. The new award amount for FY (2016-17) shall not exceed \$31,808,085.
- * Performance in the funding period of October 1, 2016 through December 31, 2017 shall be extended through February 28, 2019. The Final Report must be submitted within 30 days after the new end date.
- * A revised Budget Summary, Budget Detail Sheet and Workplan are attached hereto and by reference made a part of this agreement.

Funding under this grant is contingent upon the availability of funds, and is subject to any additional restrictions, limitations or conditions enacted in the state budget and/or Executive Orders that may affect the provisions, term, or funding of this agreement in any manner.

All other terms and conditions remain the same.

GRANTEE

Project Director: Julia Dozier	Total Grant Funds: \$ <u>31,808,085</u>
Signature, Chief Executive Officer (or authorized Designee)	
	Date:
Print Name/Title of Person Signing:	District Address: 7600 Dublin Blvd, Third Floor Dublin, CA 94568

STATE OF CALIFORNIA

Project Monitor: Gary Adams	Agency Address: 1102 Q Street, Suite 4400 Sacramento, CA 95811-6539				
Item:	Object of Expenditure	Chapter	Statute	Fiscal Year	Amount
6870 - 101 - 0001	3233 - 751 - 23509	23	2016	2016-17	\$ 10,000,000
6870 - 101 - 0001	3235 - 751 - 23510	23	2016	2016-17	\$ 21,808,085
Total Amount Encumbered : \$					<u>31,808,085</u>

Signature, Accounting Manager (or Authorized Designee) Budgeted funds are available for the period and purpose of the expenditures stated above.	
	Date:
Signature, Deputy Chancellor (or authorized Designee)	
	Date:
Print Name/Title of Person Signing: Erik Skinner, Deputy Chancellor	

Chabot-Las Positas Community College District

Contract for Services

This is a contract for professional services between the Chabot-Las Positas Community College District ("District") and _____, Independent Contractor ("Contractor"), entered this _____ day of _____, _____.

1. Contractor agrees to perform the following services in his/her capacity:

2. Contractor hereby understands that no employment relationship is established by this contract for services.

3. The Contractor shall provide his/her own Workers' Compensation Insurance and shall properly report all income in accordance with federal and state law (Labor Code § 3700).

4. Contractor shall be in compliance with the Drug Free Workplace Act of 1988.

5. Services shall begin on or about ____ / ____ / _____, and terminate on or before ____ / ____ / _____. Services shall not be assigned nor subcontracted to another party without written consent of the District.

6. District agrees to pay the Contractor the sum of \$ _____, payable as follows, upon receipt of an invoice, if the services performed are satisfactory to the District.

Date	Payment
_____	_____
_____	_____
_____	_____

7. District retains the right to cancel this contract in the event of funding shortage or for any other reason by written notice of not less than 30 calendar days. In such case, Contractor will be paid for services rendered through the date of cancellation only.

8. This contract is not valid until signed and accepted by the Vice Chancellor, Business Services, nor does the District assume any liability for work performed prior to acceptance by the Vice Chancellor, Business Services.

Independent Contractor

CLPCCD

Name

Email Address

Phone #

Address

Signature

_____ Initiating Manager	_____ Date
_____ President	_____ Date
_____ Vice Chancellor, Human Resources	_____ Date
_____ Vice Chancellor, Business Services	_____ Date

_____ - _____ - _____ - _____ - _____
Fund Org Account Program PO/Bd Rec