(POST Use Only)	POST#	Award #	

# CALIFORNIA COMMISSION ON PEACE OFFICER STANDARDS AND TRAINING GRANT AWARD FACE SHEET

The California Commission on Peace Officer Standards and Training (POST) makes a Grant Award of funds set forth to the following.

1 - Recipient	Chabot-Las Positas Community College District							
2 – Implementing Entity	Chabot College							
3 – Implementing Entity Address	Street	City	County	Zip + 4				
,	25555 Hesperian Blvd. Hayward Alameda 94545-244							
4 – Project Location	Street	City	County	Zip + 4				
	25555 Hesperian Blvd.	Hayward	Alameda	94545-2447				
5 – Program Title	Chabot College POST Training Program							
6 – Performance Period	Start to End: mm/dd/yyyy to mm/dd/yyyy 04/01/2019 to 03/31/2021							

Provide grant fund allocation and total project cost using the table below.

	Grant Year	Grant Amount
7	04/01/2019 - 06/30/2019	\$ 14,846
8	07/01/2019 - 06/30/2020	\$ 77,935
9	07/01/2020 - 06/30/2021	\$ 77.822
10	TOTAL	\$ 170,603

- 11. Certification This Grant Award consists of this title page, the application for the grant, which is attached and made a part hereof, and the Assurances/Certifications. I hereby certify I am vested with the authority to enter into this Grant Award and have the approval of the City/County Financial Officer, City Manager, County Administrator, Governing Board Chair, or other Approving Body. The Recipient certifies that all funds received pursuant to this agreement will be spent exclusively on the purposes specified in the Grant Award. The Recipient accepts this Grant Award and agrees to administer the grant project in accordance with the Grant Award as well as all applicable state laws, audit requirements, program guidelines, and POST policy and program guidance. The Recipient further agrees that the allocation of funds may be contingent on the enactment of the State Budget.
- 12. CA Public Records Act Grant applications are subject to the California Public Records Act, Government Code Section 6250 et seq. Do not put any personally identifiable information or private information on this application. If you believe that any of the information you are putting on this application is exempt from the Public Records Act, please attach a statement that indicates what portions of the application and the basis for the exemption. Your statement that the information is not subject to the Public Records Act will not guarantee that the information will not be disclosed.

13. Official Authorized to Sign for Recipient:	14.	Federa	l Employ	ver ID Number:	94-1670563	
Name: Ronald Gerhard		Title:	Interim	Chancellor		
Telephone: (925) 485-5217 FAX: _	(925) 485-5256 (area code)		Email:	rgerhard@clpcd	cd.org	
Payment Mailing Address: 7600 Dublin Blvd., 3rd Flo	or		City:l _Date: _	2/18/19	Zip+4:	94568-2909
	[FOR POST USE	ONLY]				
I hereby certify upon my own personal knowledge that bu above.	udgeted funds are	availab	le for the	period and purpose	es of this exper	diture stated
POST Fiscal Officer	Date		POST Dir	ector (or designee)		Date

# POST IGP PROJECT CONTACT INFORMATION

(POST Use Only)	POST#	Award #	

Recipient: Chabot-Las Positas Community College District

Provide the name, title, address, telephone number, and e-mail address for the project contacts named below. **NOTE: If you use a PO Box address, a street address is also required for package delivery and site visit purposes.** 

1 - Project Director							
Name	Sara	a Parker			Title	Dean of Social	Sciences
Telephone	(510	0) 723-7683	FAX	N/A		Email Address	sparker@chabotcollege.edu
Address/City	//Zip	25555 Hesperi	an Blvd.	, Room 40	1P/Hay	ward/94545-2447	7

2 - Financial Officer							
Name	Dale	Wagoner, M.A.			Title	Vice President	of Academic Services
Telephone	(510	) 723-7202	FAX	N/A		Email Address	dwagoner@chabotcollege.edu
Address/City/Zip 25555 Hesperian Blvd./Hayward/94545-2447							

3 – Person having Routine Programmatic Responsibility							
Name	Cheryl Mackey, J.D	., M.S.	Title	Department Ch	air, Administration of Justice		
Telephone	(510) 723-6973	FAX	N/A		Email Address	cmackey@chabotcollege.edu	
Address/City/Zip 25555 Hesperian Blvd./Hayward/94545-2447							

4 - Person	4 - Person having Routine Fiscal Responsibility							
Name	Dale	Wagoner, M.A.			Title	Vice President	of Academic Services	
Telephone	(510	) 723-7202	FAX	N/A		Email Address	dwagoner@chabotcollege.edu	
Address/City/Zip 25555 Hesperian Blvd./Hayward/94545-2447								

5 – CBO Executive Director or Chief Executive Officer of Implementing Agency							
Name Ronald Gerhard Title Vice Chancellor of Business Services							
Telephone	Telephone (925) 485-5253 FAX (925) 485-5256 Email Address   rgerhard@clpccd.edu						
Address/City/Zip 7600 Dublin Blvd., 3rd Floor/Dublin/94568							

6 – Governing Board Officiant to enter Grant Award for City/County or CBO							
Name Ronald Gerhard Title Vice Chancellor of Business Services							
Telephone	Telephone (925) 485-5253 FAX (925) 485-5256 Email Address rgerhard@clpccd.edu						
Address/City/Zip 7600 Dublin Blvd., 3rd Floor/Dublin/94568							

7 - Chair of the Governing Body of the Recipient							
Name	Edralin Maduli			Title	Board Presiden	t	
Telephone	(925) 216-1861	FAX	N/A		Email Address	trusteeboard-area7@clpccd.or	
Address/City	//Zip   7600 Dublin Bl	vd., 3rd l	Floor/Dublin	1/94568	3		

# SIGNATURE AUTHORIZATION

Recipient	Chabot-Las Positas Community College District
Award Number	
Implementing Agency	Chabot College

# \*The **Project Director** and **Financial Officer** are **REQUIRED** to sign this form.

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The following persons are authorized to sign for the Project Director.	The following persons are authorized to sign for the Financial Officer.	
Signature	Signature	
Print Name	Print Name	
Signature	Signature	
Print Name	Print Name	
Signature	Signature	
Print Name	Print Name	
Signature	Signature	
Print Name	Print Name	
Signature	Signature	
Print Name	Print Name	

#### CERTIFICATION OF ASSURANCE OF COMPLIANCE

The applicant must complete a Certification of Assurance of Compliance which includes details regarding Equal Employment Opportunity Program, Drug Free Workplace Compliance, Lobbying, Proof of Authority from City Council/Governing Board, and Civil Rights Compliance. In signing the Grant Award Face Sheet, the Applicant formally notifies POST that the Applicant will comply with all pertinent requirements.

I, Ronald Ge	rhard			hereby certify that
(official auth	horized to sign Grant Awa	ard Face Sheet)		
RECIPIENT:	Chabot-Las	Positas Commun	nity College District	
IMPLEMEN'	TING AGENCY:	Chabot College	е	
PROJECT T	ITLE: Chabot	College POST T	Training Program	
is responsible	for adhering to the f	following:		
I. Equal Em	ployment Opportui	nity		
(physical expression military, values includes request for requirements)	and mental, includin, marital status, moveteran status, nation pregnancy, childbing family medical le	ing HIV and AI edical condition on all origin, race on the orth, breastfeeding ave. POST-fund lemployment of	DS), genetic information n (genetic characteristics r, religion (includes religing and/or related medica	ancestry, age (over 40), color, disability n, gender, gender identity, gender, cancer or a record or history of cancer), ious dress and grooming practices), sex l conditions) sexual orientation, or they will comply with all state and federal ation and civil rights.
Equal Em	nployment Opportuni	ity Officer:	David Betts	<u> </u>
Title:	Director, Employee and Labor Relations			
Address:	7600 Dublin Blvd., 3rd Floor, Dublin, CA 94568			
Phone:	(925) 485-5513			
Fmail:	dbetts@clpccd.org			

#### II. **Drug-Free Workplace Act of 1990**

Email:

The State of California requires that every person or organization awarded a grant or contract shall certify it will provide a drug-free workplace.

#### III. Lobbying

POST grant funds, grant property, or grant funded positions shall not be used for any lobbying activities, including, but not limited to, being paid by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the making of any federal grant, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal grant or cooperative agreement.

#### IV. Proof of Authority from City Council/Governing Board

The above-named organization (Applicant) accepts responsibility for and will comply with the requirement to obtain a signed resolution from the city council/governing board in support of this program. The Applicant agrees to provide all matching funds required for said project (including any amendment thereof) under the Program and the funding terms and conditions of POST, and that any cash match will be appropriated as required. It is agreed that any liability arising out of the performance of this Award, including civil court actions for damages, shall be the responsibility of the grant Recipient and the authorizing agency. The State of California and POST disclaim responsibility of any such liability. Furthermore, it is also agreed that grant funds received from POST shall not be used to supplant expenditures controlled by the city council/governing board.

The Applicant is required to obtain written authorization from the city council/governing board that the official executing this agreement is, in fact, authorized to do so. The Applicant is also required to maintain said written authorization on file and readily available upon demand.

### V. Civil Rights Compliance

The Recipient complies with all laws that prohibit excluding, denying or discriminating against any person based on actual or perceived race, color, national origin, disability, religion, age, sex, gender identity, and sexual orientation in both the delivery of services and employment practices and does not use federal financial assistance to engage in explicitly religious activities.

All appropriate documentation must be maintained on file by the project and available for POST or public scrutiny upon request. Failure to comply with these requirements may result in suspension of payments under the grant or termination of the grant or both and the Recipient may be ineligible for award of any future grants if POST determines that any of the following has occurred: (1) the Recipient has made false certification, or (2) violates the certification by failing to carry out the requirements as noted above.

CERTIFICATION				
I, the official named below, am the same individual authorized to sign the Award, and hereby swear that I am duly authorized legally to bind the contractor or grant Recipient to the above described certification. I am fully aware that this certification, executed on the date and in the county below, is made under penalty of perjury under the laws of the State of California.				
Authorized Official's Signature:  Authorized Official's Typed Name:  Ronald Gerhard				
Authorized Official's Title: Interim Chancellor				
Date Executed:				
Executed in the City/County of:  Dublin/Alameda				
AUTHORIZED BY: (not applicable to State agencies)				
<ul> <li>☐ City Financial Officer</li> <li>☐ City Manager</li> <li>☐ County Financial Officer</li> <li>☐ County Manager</li> <li>☐ County Manager</li> </ul>				
Signature: Auly Munico				
Typed Name: Edralin Maduli				
Title: Board President				