Grant Agreement						
Board of Governor's, California Community Colleges	District (Grantee):	Chabot-Las	Positas CCD			
Chancellor's Office - 6870	cellor's Office - 6870 College: N/A					
Educational Services and Support Division	Grant Agreeme	nt No. 10	047 - 001			
Fiscal Services Adminsitrative Statewide Support for the Hunger Free Campus Research Project	Funding Year	III NO.: 19	047 - 001			
	(Enactment Year)					
	2019-20	Total Amou	Int Encumbered :	\$	500,000.00	
This grant is made and entered into by the Board of Governor's California Community Colleges Chancellor's Office and the Chabot-Las Positas Community College District, hereafter referred to as the Grantee. The purpose of the grant is to provide administrative support for an assessment of college hunger-free programs throughout the state. The grant consists of this Grant Agreement face sheet and the Grant Agreement Terms and Conditions (Exhibits A, A-1, B, B-1, C, D).						
The total amount payable for this grant shall not exceed the amount specified	above as "Amount	Encumbered"				
The term of this grant shall be from <u>February 1, 2020 to December 31, 2021.</u>						
GRANTEE						
Project Director: Danita Romero	Total Grant Funds	Requested:	\$ 500,000.0	00		
Signature, Chief Executive Officer (or authorized Designee)		•				
			Date:			
Print Name/Title of Person Signing:	District Address: 7600 Dublin Blvd. 3rd Floor					
Doug Roberts, Vice Chancellor Business Services	District Address.	Dublin, CA 94568				
STATE OF CA	LIFORNIA	Dubiiii, CA 3	4300			
Project Monitor:	Agency Address:	1102 O Stree	et Suite 4400			
	rigency rideress.		CA 95811-6539			
Bus. Unit Ref No Fund FI\$Cal Prgm SubTask Index Obje	ct Chapter	Statute	Funding Year (Enactment Year)		Amount	
6870 - 628 - 0001 - 5675115 - 210 - 5218 - 54320	000 52	2019	2019-20	\$	500,000.00	
		Total Amoun	t Encumbered :	\$	500,000.00	
Signature, Accounting Manager (or Authorized Designee) Budgeted funds are available for the	period and purpose of the e	expenditures stated	above.			
			_			
Signature, Deputy Chancellor (or authorized Designee)			Date:			
Signature, Deputy Chancellor (or autorized Designee)						
			Date:			
Print Name/Title of Person Signing: Daisy Gonzales, Deputy Chancellor						

Grant Face Sheet Form - Single Year Grant

Revised 07/30/2019