

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

EXHIBIT #

Dept. Name WIB Dept (724) Vendor ID # 28144 Board PO # SOCSA-4612
 Business Unit SOCSA Acct # 610341 Master Contract # C95-0263 Budget Year 2005

FUND	ORG / DEPT	PROGRAM	PROJECT / GRANT	Encumber Amount	Total Contract Amount
22404	320400	32000	SSGPCP040500004	\$50,000.00	\$772,101.00

Period of Funding From: July 1, 2004 To: June 30, 2005 Contract Maximum \$772,101.00

Department Contact: Sandra Oubre Telephone (510) 259-3828 FAX (510) 259-3845 QIC: 50306

Contractor Name Ohlone Community College District (Fremont/Newark)

Contractor Address 43600 Mission Blvd., Fremont, CA 94539 BOS Dist #: 1

Remittance Address Same as above Location #: 2

Contractor Phone / FAX (510) 659-6000 Federal Tax I.D. # 94-2378181

Contractor Contact Person Dr. James Wright Phone / FAX 510-659-6202

Contract Service Category WIA GRANT PROGRAM ONE-STOP CAREER CENTER OPERATION

Estimated Units of Service Provide One-Stop services as described in Exhibit A.

Maximum Single Payment & Exceptions Not to exceed 110% of expenditure plan calculated on a monthly basis.

Method of Reimbursement (Invoicing Procedures) Line-item cost reimbursement per periodic (monthly) invoice.

History of Funding	Original	Amendment # 1	Amendment # 2	Amendment # 3	Amendment # 4
Funding Level	\$722,101.00	\$772,101.00			
Exhibit Number	SE05-121				
Amount of Encumbrance	\$722,101.00	\$50,000.00			
File Date	6/29/04	11/02/04			
File Number	19059	19059			
Reason	Start services	Increase total			

Funding Source of Allocation:	Federal - CFDA #s @ Exhibit B	State	County
	\$772,101.00		

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

Chet P. Hewitt

Title **Social Services Agency Director**

Date _____

CONTRACTOR

By _____
Signature

Print Name **Dr. Douglas Treadway, PhD**

Title **President / Superintendent** Date _____

By _____

Print Name _____

Title _____ Date _____