

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

EXHIBIT #

Dept. Name: WIB Dept / 320400 Vendor ID #: 28144 Board PO #: _____

Business Unit: SOCSA Acct #: 610341 Master Contract # C95-0263 Budget Year 2006

FUND	ORG / DEPT	PROGRAM	SUB	PROJECT / GRANT	Amount to be Encumbered	Total Contract Amount
22404	320400	32000		SSGPCP040500004	\$720,862.00	\$720,862.00

Period of Funding: From: July 1, 2005 To: June 30, 2006 Contract Maximum: \$720,862.00

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

Contractor Name: Ohlone Community College District

Contractor Address: 43600 Mission Blvd. BOS Dist #: 1
Fremont, CA 94539 Location #: 2

Remittance Address: Same as above Federal Tax I.D. #: 94-2378181

Contractor Telephone #: (510) 742-2322 Email: jwright@ohlone.edu

Contractor Contact Person: Dr. James Wright FAX #: (510) 742-2332

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.

TOTAL CUMULATIVE INVOICED AMOUNT SHALL NOT EXCEED CONTRACT MAXIMUM.

History of Funding	Original	Amendment # 1	Amendment # 2	Amendment # 3	Amendment # 4
Funding Level	\$720,862.00				
Exhibit Number					
Amount of Encumbrance	\$720,862.00				
File Date	June 21, 2005				
File Number					
Reason	Start services				

Funding Source of Allocation:	Federal - CFDA #s @ Exhibit B	State	County
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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 _____