






GRANTEE/CONTRACTOR: STATE OF CALIFORNIA Department of Rehabilitation 2000 Evergreen Street Sacramento, California 95815-3832	SUBGRANTEE/CONTRACTEE: (Legal Corporation/Public Agency Name & Address) Ohlone Community College District 43600 Mission Blvd. Fremont, CA 94539
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The following persons are authorized to request reimbursement of expenses incurred as a result of the agreement between the Grantee/Contractor and Subgrantee/Contractee named above:

Signature	Name (Please Type or Print)	Title (Please Type or Print)
	Mike Calegari	Vice President, Administrative Services
	Ron Travenick	Vice President, Student Development
	Jim Wright	Vice President, Academic Affairs
	Joanne Schultz	Dean of Business Services

I hereby delegate authority to request reimbursement of expenses as shown above.

Authorized Signature per Board Resolution 	Name (Please Type or Print) Gari Browning	Date Signed
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