

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

Dept. Name: WIB Dept / 320400 Vendor ID #: 28144 Board PO #: SOCSA - 8449

Business Unit: SOCSA Master Contract # 900132 Procurement Contract # 4577a Budget Year 2010

ACCOUNT	FUND	DEPT	PROGRAM	SUB	PROJECT-GRANT	Amount to be Encumbered	Total Contract Amount
610341	22404	320400	32000		<b>SSGPCP091000011</b>	<b>\$839,482.00</b>	<b>\$839,482.00</b>
610341	22453	320410	32000		<b>RSWG09CP1000011</b>	<b>\$271,750.00</b>	<b>\$1,111,232.00</b>

Procurement Contract: Begin Date: July 1, 2009 Expire Date: June 30, 2010 Contract Maximum: **\$1,111,232.00**

Period of Funding: From: July 1, 2009 To: June 30, 2010

Department Contact: David Harkess Telephone: 510-259-3832 FAX: 510-259-3845 QIC: 50306

Contract Name: **Ohlone Community College District**

Contractor Address: dba Tri-Cities One-Stop Career Center BOS Dist #: 1  
39399 Cherry Street, Newark CA 94560 Location #: 3

Remittance Address: Ohlone Community College Attn: John Li, Senior Accountant  
43600 Mission Blvd., Fremont CA 94539 Federal Tax I.D. #: 94-2378181

Contractor Telephone #: 510-742-2320 Email: [tdodson@ohlone.edu](mailto:tdodson@ohlone.edu)

Contractor Contact Person: Tina Dodson FAX #: 510-742-2332

Contract Service Category: WIA GRANT PROGRAM: ONE-STOP CAREER CENTER OPERATION -- TRI-CITIES AREA

Estimated Units of Service: Provide One-Stop services as described in Exhibit A / Statement of Work

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	\$1,007,200.00	<b>\$1,164,482.00</b>			
Exhibit Number	4577	<b>4577a</b>			
Amount of Encumbrance	\$839,482.00	<b>\$271,750.00</b>			
File Date	6/30/09				
File Number	23477-6				
Reason	Board Approval	<b>Board Approval</b>			

Funding Source of Allocation:	<b>Federal - CFDA # @ Exhibit B</b>	State	County
	<b>\$1,111,232.00</b>		

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*  
Yolanda Baldovinos  
 Title Social Services Agency, Director  
 Date \_\_\_\_\_

**CONTRACTOR**

By \_\_\_\_\_  
*Signature*  
 Print Name Dr. Gari Browning, Ph. D.  
 Title President / Superintendent Date \_\_\_\_\_  
 By \_\_\_\_\_  
 Print Name \_\_\_\_\_  
 Title \_\_\_\_\_ Date \_\_\_\_\_