

**COUNTY OF MENDOCINO
STANDARD SERVICES AGREEMENT**

This Agreement, dated as of _____, 2008, is by and between the COUNTY OF MENDOCINO, hereinafter referred to as the "COUNTY," and Chabot-Las Positias Community College District, hereinafter referred to as the "CONTRACTOR."

WITNESSETH

WHEREAS, pursuant to Government Code Section 31000, COUNTY may retain independent contractors to perform special services to or for COUNTY or any department thereof; and,

WHEREAS, COUNTY desires to obtain foster and adoptive care provider trainings; and

WHEREAS, CONTRACTOR is professionally qualified to provide such services and is willing to provide same to COUNTY; and

NOW, THEREFORE it is agreed that COUNTY does hereby retain CONTRACTOR to provide the services described in Exhibit A, and CONTRACTOR accepts such engagement, on the General Terms and Conditions hereinafter specified in this Agreement, the Additional Provisions attached hereto, and the following described exhibits, all of which are incorporated into this Agreement by this reference:

- Exhibit A Definition of Services
- Exhibit B Payment Terms
- Exhibit B1 08/09 Title IV-E Training Contract Fund Distribution Chart
- Exhibit C Insurance Requirements
- Exhibit D Assurance of Compliance with Nondiscrimination
- Appendix A Certification Regarding Debarment, Suspension, and other Responsibility Matters - lower tier covered transactions

The term of this Agreement shall be from September 1, 2008 through June 30, 2009.

The compensation payable to CONTRACTOR hereunder shall not exceed three hundred thousand dollars, (\$300,000.00) for the term of this Agreement.

IN WITNESS WHEREOF, the parties hereto have executed this Agreement as of the day and year first above written.

COUNTY OF MENDOCINO

CONTRACTOR/COMPANY NAME

By: _____
Jim R. Wattenburger, Chair
And/or John Pinches, Vice Chair
Board of Supervisors

By: _____
Signature

Title: _____

Date: _____

ATTEST:
KRISTI FURMAN, Clerk of said Board

NAME AND ADDRESS OF CONTRACTOR:

Attn
Chabot-Las Positas Community
College District
5020 Franklin Drive
Pleasanton, CA 94588

By: _____
Deputy

HEALTH AND HUMAN SERVICES AGENCY
Children and Family System of Care Branch

INSURANCE REQUIREMENTS:

KRISTIN McMENOMEY, Director
General Services Agency

By: _____
Mary Elliott, Director
Children & Family System of Care

By: _____
RISK MANAGER

Date: _____

Date: _____
APPROVED AS TO FORM:

JEANINE B. NADEL, County Counsel

By signing above, signatory warrants and represents that he/she executed this Agreement in his/her authorized capacity and that by his/her signature on this Agreement, he/she or the entity upon behalf of which he/she acted, executed this Agreement

By: _____

Date: _____