

**THIS FORM MAY BE REPLICATED  
BUT UNDER NO CIRCUMSTANCES CAN THE LANGUAGE BE ALTERED**

BOG, California Community Colleges Chancellor's Office - 6870	<b>DISTRICT USE ONLY</b>	
	District (Grantee): <u>CHABOT-LAS POSITAS CCD</u>	
	College: <u>CHABOT COLLEGE</u>	

<b>Grant Agreement</b>	<b>BOG-CCCCO USE ONLY</b>	
<b>NURSING EDUCATION PROGRAM</b>	<b>Grant Agreement No.: 12 - 107 - 004</b>	
<b>ASSESSMENT, REMEDIATION, &amp; RETENTION FOR ASSOCIATE DEGREE NURSE/RN PROGRAMS</b>	Funding Fiscal Year	
RFA # <b>12 - 107</b>	<u>2012-13</u>	Total Amount Encumbered : \$ <u>335,000</u>

This grant is made and entered into, by and between, the BOG, California Community Colleges, and the aforementioned district, hereafter referred to as the Grantee. The grant shall consist of this Grant Agreement face sheet and the Grantee's application, with all required forms. The RFA Specification and the Grant Agreement Legal Terms and Conditions (Articles I, Rev. 10/10 and II, Rev. 4/08), as set forth in the RFA Instructions are incorporated into this grant by reference.

The total amount payable for this grant shall not exceed the amount specified above as "Amount Encumbered". Each funding period is contingent upon the availability of funds, and is subject to any additional restrictions, limitations, or conditions enacted in the State Budget and/or Executive Orders that may affect the provisions, terms, or funding of this agreement in any manner.

The term of this grant shall be from July 1, 2012, to June 30, 2013. The Final Report must be submitted within sixty (60) days of the grant end date.

This grant is subject to any additional restrictions, limitations or conditions enacted in the state budget and/or Executive Orders that may affect the provisions, term, or funding of this agreement in any manner.

**GRANTEE**

Project Director: CONNIE TELLES <i>Connie Telles</i>	Total Grant Funds Requested: \$ <u>335,000</u>
	Total Match Funds, (if applicable): _____

Signature, Chief Executive Officer (or authorized Designee) <i>Soel Kinnaman</i>	Date: <u>5/29/12</u>
---	----------------------

Print Name/Title of Person Signing: <i>Soel Kinnaman, Chancellor</i>	District Address: 5020 Franklin Drive Pleasanton, CA 94558
---	---

**STATE OF CALIFORNIA**

Project Monitor: HELGA MARTIN	Agency Address: 1102 Q Street, 4th Floor Sacramento, CA 95811
----------------------------------	--

Item:	Object of Expenditure	Chapter	Statute	Fiscal Year	Amount
6870 - 101 - 0001 (23)	3233 - 751 - 29510	_____	2012	2012-13	\$ 335,000
-	-	_____	_____	_____	_____
<b>Total Amount Encumbered : \$</b>					<b>335,000</b>

Signature, Accounting Manager (or Authorized Designee) Budgeted funds are available for the period and purpose of the expenditures stated above.	Date: _____
--	-------------

Signature, Executive Vice Chancellor (or authorized Designee)	Date: _____
---	-------------

Print Name/Title of Person Signing: <b>Steve Bruckman, Executive Vice Chancellor</b>
---