THIS FORM MA AND UNDER NO CIRCUMSTANG			SE BE ALTER	RFD			
	DISTRICT USE ONLY						
BOG, California Community Colleges Chancellor's Office - 6870	District (Grantee): Chabot-Las Positas CCD						
	College: Chabot College						
Grant Agreement	BOG-CCCCO USE ONLY						
Workforce and Economic Development	Grant Agreement No.: 15 - 180 - 002						
Assessment, Remediation & Retention for Associate							
Degree Nursing (RN) Programs	Funding Fiscal Year						
RFA# 14 - 180	2015-16	Total Amou	ınt Encumbered:	\$	205,200		
This grant is made and entered into, by and between, the BC aforementioned district, hereafter referred to as the Grantee. Grantee's application, with all required forms. The RFA Specarticles I, Eff. 05/14 and II, Eff. 04/14), as set forth in the RF	The grant shall co	onsist of this G Brant Agreeme	Frant Agreement t nt Legal Terms a	ace sheet and Condition	and the		
The total amount payable for this grant shall not exceed the	amount specified a	bove as "Amo	unt Encumbered				
The term of this grant shall be from July 1, 2015 through Jun grant end date.	ne 30, 2016. The F	inal Report mເ	ust be submitted v	within 60 da	ays of the		
Funding under this grant is contingent upon the availability or conditions enacted in the state budget and/or Executive Ordany manner.							
G	RANTEE						
Project Director: Connie Telles Total Grant Fu		Requested:	\$ 205,2	00			
Signature, Chief Executive Officer (or authorized Designee)		·· , ,					
	Date:						
Print Name/Title of Person Signing:	Name/Title of Person Signing: District Address			7600 Dublin Blvd., 3rd Floor			
Jannett N. Jackson, Ph.D. CLPCCD Chancellor	Dublin, CA 94568						
STATE	OF CALIFOR	NIA					
Project Monitor:	Agency Address: 1102 Q Street, Suite 4554						
Brenda Fong		Sacramento, CA 95811-6539					
Item: Object of Expenditure	e Chapter	Statute	Fiscal Year	Am	ount		
6870 - 101 - 0001 3233 - 751 - 29510		2015	2015-16	\$	205,200		
	<u> </u>		.4.5	Δ			
Cignoture Associating Manager ()			t Encumbered :		205,200		
Signature, Accounting Manager (or Authorized Designee) Budgeted fur	ius are available for the p	eriod and purpose d	τη the expenditures state	ed above.			
Oire ature Descrit Ohers II			Date:	•			
Signature, Deputy Chancellor (or authorized Designee)							

Print Name/Title of Person Signing: Erik Skinner, Deputy Chancellor Date: