



**CALIFORNIA DEPARTMENT OF EDUCATION**

1430 N Street

Sacramento, CA 95814-5901

**F.Y. 18 - 19**

**Amendment 01**

DATE: July 01, 2018

CONTRACT NUMBER: CSPP-8007

PROGRAM TYPE: CALIFORNIA STATE  
PRESCHOOL PROGRAM

PROJECT NUMBER: 01-6131-00-8

**LOCAL AGREEMENT FOR CHILD DEVELOPMENT SERVICES**

Budget Act

**CONTRACTOR'S NAME:** CHABOT-LAS POSITAS COMMUNITY COLLEGE DISTRICT

This agreement with the State of California dated July 01, 2018 designated as number CSPP-8007 shall be amended in the following particulars but no others:

The Maximum Reimbursable Amount (MRA) payable pursuant to the provisions of this agreement shall be amended by deleting reference to \$720,543.00 and inserting \$759,985.00 in place thereof.

The Maximum Rate per child day of enrollment payable pursuant to the provisions of the agreement shall be amended by deleting reference to \$49.10 and inserting \$51.84 in place thereof.

**SERVICE REQUIREMENTS**

The minimum Child Days of Enrollment (CDE) Requirement shall be amended by deleting reference to 14,675.0 and inserting 14,660.0 in place thereof.

Minimum Days of Operation (MDO) Requirement shall be 215. (No Change)

EXCEPT AS AMENDED HEREIN all terms and conditions of the original agreement shall remain unchanged and in full force and effect.

<b>STATE OF CALIFORNIA</b>				<b>CONTRACTOR</b>			
BY (AUTHORIZED SIGNATURE)				BY (AUTHORIZED SIGNATURE)			
PRINTED NAME OF PERSON SIGNING Jaymi Brown,				PRINTED NAME AND TITLE OF PERSON SIGNING Ronald Gerhard, Vice Chancellor, Business Services			
TITLE Contract Manager				ADDRESS 7600 Dublin Boulevard, 3rd Floor, Dublin, CA 94568			
AMOUNT ENCUMBERED BY THIS DOCUMENT \$ 39,442	PROGRAM/CATEGORY (CODE AND TITLE) Child Development Programs			FUND TITLE General			Department of General Services use only
PRIOR AMOUNT ENCUMBERED FOR THIS CONTRACT \$ 720,543	(OPTIONAL USE) 0656 23038-6131						
TOTAL AMOUNT ENCUMBERED TO DATE \$ 759,985	ITEM 30.10.010. 6100-196-0001	CHAPTER B/A	STATUTE 2018	FISCAL YEAR 2018-2019			
OBJECT OF EXPENDITURE (CODE AND TITLE) 702 SACS: Res-6105 Rev-8590							
I hereby certify upon my own personal knowledge that budgeted funds are available for the period and purpose of the expenditure stated above.				T.B.A. NO.	B.R. NO.		
SIGNATURE OF ACCOUNTING OFFICER				DATE			