

SECTION I: TYPE OF REQUEST (Check & Complete Applicable Information)

- New Contract (Eff. _____ thru _____) derived from RFI/RFP# _____
- New Inter Dept. Agreement (Eff. _____ thru _____)
- Change in Existing Contract / Agreement No.
 - Renewal Amendment Extension Termination
 Effective: thru _____
- Board Order/Resolution
(If prior Board action relevant, indicate Ref. # or date: _____)
- Request for Proposal (RFP) Request for Interest (RFI)
- Legal Notice

State / Federal Contract, Grant, Application, Information: <input type="checkbox"/> New (Eff. _____ thru _____) <input type="checkbox"/> Existing: County No. _____ State / Fed No. _____ <input type="checkbox"/> Amendment <input type="checkbox"/> Renewal <input type="checkbox"/> Termination

Date: _____ Bureau: CSB Requested by (Program): <u>T. Trinh</u> Phone: <u>9252315713</u>
Fund/Org#: _____ Account #: _____ Other/Object Code #: _____ CFDA/AL #: _____ Fiscal by: <u>H. Illan</u> Phone: _____

SECTION II: CONTRACTOR / AGREEMENT IDENTIFICATION

Contractor: <u>Young Men's Christian Association of the East Bay contract</u> Legal Capacity: <u>Non-Profit Corporation</u> Taxpayer ID No.: _____ Address: _____ City: _____ State: _____ Zip: _____ <input type="checkbox"/> Does Contractor have employees? If yes, workers comp insurance required.	Contractor's Point of Contact Name: <u>Anita Retizinger</u> Title: _____ Phone: <u>510-708-0303</u> E-mail: _____
Contractor's Admin/Fiscal Name: _____ Title: _____ Phone: _____ E-mail: _____	Contractor's Program Person Name: _____ Title: _____ Phone: _____ E-mail: _____

For Contracts & Grants Use Only
Number: _____ Analyst: _____ Date: _____ <input type="checkbox"/> Small Business Enterprise (SBE)

Signatories for corporations and limited liability co. (s): (Signatures A & B are required)

A. *Alternate - Enter Comments	B. Chief Financial Officer
Name: _____	Name: _____
Email: _____	Email: _____
Phone: _____	Phone: _____

*Alternates require an explanation in the comments. Must indicate whether a board resolution/email from the contractor was received indicating this person is authorized to sign the contract.

Comments:

SECTION III: SPECIFICATIONS:

A. BRIEF PROGRAM / PROJECT / SERVICE DESCRIPTION – Required Information: Requesting Board approval to negotiate a contract resulting from the Community Services Bureau Request for Proposal 1184 to DBA YMCA of the East Bay (Young Men's Christian Association of the East Bay)

B. FUNDING

1. Budget: Total Payment Limit - Required Budget
If Amendment or Extension: Amount of Increase / Decrease \$ _____
2. Method of Payment
 - a. \$ _____ monthly, or
 - b. \$ _____ per unit, as defined in Service Plan, or
 - c. An amount equal to Contractor's allowable costs that are actually incurred each month, but subject to the "Budget of Estimated Program Expenditures" included in the Service Plan, or
 - d. To be set forth in the Service Plan
3. Funding Source: County \$ _____ (_____ %) State \$ _____ (_____ %) Federal \$ _____ (_____ %)

Send to: EHSDContractAdministrator@ehsd.cccounty.us

Other \$ _____ (_____%)

- 4. California Department of Social Services (CDSS/MPP) Yes No

C. REGULATORY REQUIREMENTS:

- 1. Subrecipient/Contractor Determination Checklist Federal Subaward Conditions
- 2. Specify required Special Conditions: change in require COI
- 3. Client Personal Identifying Information (PII) is accessible via one of the following programs - Select program(s): Choose an item. - Information Security Addendum is required ([link](#))

SECTION IV: CG-10 APPROVAL ROUTING

SEND CG-10 TO: Specify: Theodore Trinh, Aaron Alarcon-Bowen, Sung Kim, Nancy Sparks (Alt),

*At minimum, the Requestor (Program) and Fiscal Analyst is required to review and approve the CG-10.

SECTION V: INTERNAL CONTRACT DISTRIBUTION

SEND FINAL COPIES TO: Specify: Theodore Trinh, Aaron Alarcon-Bowen, Nancy Sparks, Sung Kim

*Final copies of the contract are automatically sent to the Requestor (Program), Fiscal Analyst and the Contractor.

SECTION VI: ADDITIONAL INFORMATION, IF NEEDED

Comments: _____