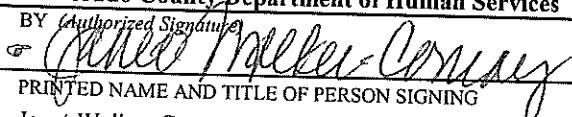
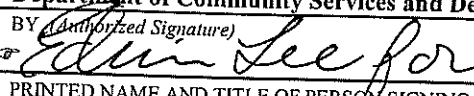


AGREEMENT NUMBER 09C-1808	AMENDMENT NUMBER 0 - -
REGISTRATION NUMBER	

- This Agreement is entered into between the State Agency and the Contractor named below
 STATE AGENCY'S NAME
Department of Community Services and Development
 CONTRACTOR'S NAME
El Dorado County Department of Human Services
- The term of this Agreement is: **June 30, 2009 through September 30, 2011**
- The maximum amount of this Agreement is: **\$ 93,518.00**
- The parties agree to comply with the terms and conditions of the following exhibits that are by this reference made a part of the Agreement:
 ARRA Exhibit A - Scope of Work
 ARRA Exhibit B - Budget Detail and Payment Provisions, Attachment I, 2009 DOE Weatherization Budget
 ARRA Exhibit D - Special Terms and Conditions, Attachment I, 2009 Audit Guide
 ARRA Exhibit E - Additional Provisions
 ARRA Exhibit F - Programmatic Provisions, Attachment I, 2009 DOE ARRA Local Plan
 Exhibit A - Scope of Work, Attachment I, ZIP Code Cross-Reference for Los Angeles, Imperial, San Diego and Santa Clara Counties
 Exhibit B - Budget Detail and Payment Provisions
 Exhibit C - General Terms and Conditions (GTC - 307)
 Exhibit D - Special Terms and Conditions
 Exhibit E - Additional Provisions
 Exhibit F - Programmatic Provisions, Attachment I, Training Requirement Matrix
 Exhibit G - Definitions
 Exhibit H - Certification Regarding Lobbying/Disclosure of Lobbying Activities

RECEIVED
 CONTRACT SERVICES UNIT
 2009 JUN 19 PM 1:00

IN WITNESS WHEREOF, this Agreement has been executed by the parties hereto.

CONTRACTOR	CALIFORNIA Department of General Services Use Only
CONTRACTOR'S NAME (If other than an individual, state whether a corporation, partnership, etc.) El Dorado County Department of Human Services	
BY (Authorized Signature) 	DATE SIGNED (Do not type) 4/15/09
PRINTED NAME AND TITLE OF PERSON SIGNING Janet Walker-Conroy, Acting Director, El Dorado County Department of Human Services	
ADDRESS 3057 Briw Rd #A, Placerville, CA 95667	
STATE OF CALIFORNIA	
AGENCY NAME Department of Community Services and Development	
BY (Authorized Signature) 	DATE SIGNED (Do not type) 6/23/09
PRINTED NAME AND TITLE OF PERSON SIGNING Margie Chan, Deputy Director, Administrative Services	
ADDRESS 700 North 10th Street, Room D215, Sacramento, California 95811-0336	
<input type="checkbox"/> Exempt per _____	

I hereby certify that all conditions for exemption have been complied with, and this document is exempt from the Department of General Services' approval.

