

1. **Contract Identification.**

Department: Employment and Human Services

Subject: Interagency Agreement between Contra Costa County Employment and Human Services Department and Agency named below for services to CalWORKs Welfare-To-Work clients

2. **Parties.** The County of Contra Costa, California (County), for its Department named above, and the following named Agency mutually agree and promise as follows:

Agency: Mt. Diablo Adult Education (hereinafter "Agency")

Capacity: A public agency

Address: 1226 San Carlos Avenue, Concord, CA 94518

3. **Term.** The effective date of this Agreement is July 1, 2016 and it terminates on June 30, 2017 unless sooner terminated as provided herein.

4. **Payment Limit.** County's total payments to Agency under this Agreement shall not exceed \$53,847.88.

5. **County's Obligations.** County shall pay Agency for its provision of the services as set forth in the attached Payment Provisions which are incorporated herein by reference, subject to all the terms and conditions contained or incorporated herein.

6. **Agency's Obligations.** Agency shall provide those services and carry out that work described in the Service Plan attached hereto which is incorporated herein by reference, subject to all the terms and conditions contained or incorporated herein.

7. **General and Special Conditions.** This Agreement is subject to the General Conditions and Special Conditions (if any) attached hereto, which are incorporated herein by reference.

8. **Project.** This Agreement implements in whole or in part the following described Project, the application and approval documents of which are incorporated herein by reference: N/A

9. **Legal Authority.** This Agreement is entered into under and subject to the following legal authorities: California Government Code section 26227

10. **Signatures.** These signatures attest the parties' agreement hereto:

COUNTY OF CONTRA COSTA, CALIFORNIA

BOARD OF SUPERVISORS	ATTEST: Clerk of the Board of Supervisors
By _____ Chairman/Designee	By _____ Deputy

AGENCY

By _____ (Signature of authorized Agency representative)	By _____ (Signature of authorized Agency representative)
_____ (Print name and title A)	_____ (Print name and title B)