



**NEVADA
COUNTY**
CALIFORNIA

Health and Human Services Agency

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950 Maidu Ave.
Nevada City, CA 95959

Phone: (530) 265-1627
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REQUEST FOR CONTRACT ASSIGNMENT

INSTRUCTIONS: *This document must be completed in its entirety and original copy submitted to the address above or to other County designee. Fax copies will not be honored. This Request for Assignment shall not be binding until and unless it is accepted by the County of Nevada and incorporated into the subject contract or agreement by written change order.*

Contract/Agreement No(s). RES 23-365

Effective Date of Assignment: 02/01/2024

The **Assignor** named below hereby requests the assignment of the above contract/agreement in its entirety to the **Assignee** named below. **Assignor** agrees that this assignment also releases the **Assignor** from all rights, duties, and obligations of this contract, including claims or demands related to the delivery of goods or services after the date of assignment. **Assignor** also agrees that this assignment releases the County of Nevada from further obligation to the **Assignor**, provided that County's obligations, including payment for good or services satisfactorily rendered, have been fulfilled.

The **Assignee** hereby agrees to accept the assignment of the above contract/agreement without modification, and agrees to honor and comply with all terms and conditions, requirements and specifications of the contract, including fixed prices or discounts as described in the contract. **Assignee** agrees to provide County with Certificates of Insurance demonstrating proof of coverage in the amounts as specified in the contract/agreement. Failure to comply may result in cancellation of the agreement. **Assignee** also agrees that this assignment entitles the County of Nevada to performance by **Assignee** of all obligations under the contract without modification, and that failure to perform as prescribed in the agreement constitutes grounds for immediate cancellation of the agreement.

The **Assignee** agrees that any payments made by the County of Nevada pursuant to the contract, including all payments assigned to the **Assignee**, shall be contingent upon the performance of the **Assignee** in accordance with all terms and conditions, requirements and specifications of the contract, and the approval and acceptance of such performance by the County of Nevada.

Assignee also agrees to provide relevant business information to the County of Nevada upon request, such as tax identification numbers, names of officers, references, etc., in order for the County to evaluate the capabilities of the **Assignee** in consideration of this Request for Assignment.

IN WITNESS THEREOF, the parties hereto have executed this Request for Assignment. By signature below, the contractor representatives certify that they are duly authorized by their firms/organizations to agree to this assignment.

<u>CURRENT CONTRACTOR ("Assignor")</u>		<u>NEW CONTRACTOR ("Assignee")</u>	
Business Name:	Common Goals	Business Name:	Common Purpose
Address:	256 Buena Vista Street, Suite 100	Address:	256 Buena Vista Street, Suite 100
	Grass Valley, California 95945		Grass Valley, California 95945
Phone:	(530) 274-2000	Phone:	(530) 274-2000
		Tax ID No.	<i>(attach W9)</i>
Authorized Signature:		Authorized Signature:	
Printed Name:	Joseph Festersen	Printed Name:	John C Duff III
Title:	Executive Director	Title	Program Director