AMENDMENT NO. 2

TO

SUB-RECIPIENT AGREEMENT

NO. 2019-2020-CR-WIOA-OSY-226000

BETWEEN

CAREERSOURCE BROWARD

AND

CENTER FOR INDEPENDENT LIVING OF BROWARD, INC.

(SUBRECIPIENT)

DUNS#	946362100
FEDERAL AWARD IDENTIFICATION	AA-34762-20-55-A-12
# (FAIN)	
FEDERAL AWARD DATE	3/5/2021
TOTAL FEDERAL AWARD	\$2,210,953
FEDERAL AWARDING AGENCY	US DOL
CFDA#	
PASS THROUGH ENTITY	Florida Department of Economic
	Opportunity
CONTRACT OFFICER	Carol Hylton
CONTACT INFORMATION	Per Notice Section in the
	Agreement

This Workforce Innovation and Opportunity Act Sub-grant Agreement is fully supported by the Employment and Training Administration of the U.S. Department of Labor as part of an award totaling \$ 56,385.00

AMENDMENT NO. 2

TO

SUB-RECIPIENT AGREEMENT

NO. 2019-2020-CR-WIOA-OSY-226000

FOR

PROGRAM YEAR 2021-2022

BETWEEN

CAREERSOURCE BROWARD

AND

CENTER FOR INDEPENDENT LIVING OF BROWARD, INC.

THIS AMENDMENT TO SUBGRANT AGREEMENT NO. 2019-2020-CR-WIOA-OSY-226000, which was entered into the 5th day of June, 2019 by and between CAREERSOURCE BROWARD hereinafter referred to as CSBD, the administrative entity and fiscal agent for the CareerSource Broward Council of Elected Officials and the Broward Workforce Development Board, Inc. having its principal office at 2890 W. Cypress Creek Road, Fort Lauderdale, FL 33309 and CENTER FOR INDEPENDENT LIVING OF BROWARD, INC., hereinafter referred to as SUB-GRANTEE, existing under and by virtue of the laws of the State of Florida as a not for profit corporation, having its principal office at 4800 N. State Road 7, Building F, Suite 102, Fort Lauderdale, FL 33319, to begin on the date this Amendment is executed by the parties and to terminate June 30, 2022.

WITNESSETH THAT:

WHEREAS, CareerSource Broward and Sub-Grantee entered into an Agreement effective June 5, 2019 to serve out of-school youth as defined under the Workforce Innovation and Opportunity Act of 2014 Pub. L. 113 – 128, which terminated on June 30, 2020, which was extended through June 31, 2021; and,

WHEREAS, at their meeting on May 27, 2021, the CSBD governing boards approved the renewal of the Agreement from July 1, 2021 through June 30, 2022; and,

WHEREAS, the CareerSource Broward governing boards wish to amend the existing Agreement to extend the program for out of school youth for an additional 12 months term and to provide additional funds for the period of the extension;

NOW THEREFORE, in consideration of the premises and the mutual covenants and obligations herein contained, and subject to the terms and conditions hereinafter stated, the parties hereto agree to amend Sub-grantee's Agreement No. 2019-2020-CR-WIOA-OSY-226000 as follows:

- 1. Article 3, Fiscal Management, is amended by replacing section 3.2.1 a. with the language below:
 - 3.2 Compensation
 - 3.2.1 Total Compensation
 - a. The total funds allocated for the program to be operated under this Agreement for the renewal period shall be <u>Fifty-Six Thousand Three Hundred and Eighty-Five Dollars and zero cents (\$56,385.00)</u>,in accordance with the budget attached to this Amendment as Exhibit A.
- 2. Article 5, Program Requirements, Section 5.16.1 is amended substitute the following for Article 5, Section 5.16.1 in the original Agreement as follows:
 - 5.16 Agreement Term
 - 5.16.1 The term of this Amendment shall begin on July 1, 2021 and shall end on June 30, 2022. The term of this Agreement may be extended for two (2) additional one-year periods. Renewal shall be at the option of the CSBD governing boards. The continuation of this Agreement beyond the end of any program year shall be subject to performance and the appropriation and availability of funds as described in this Agreement.
- 3. Article 7, section 7.10, Performance, as amended by Amendment Number One is deleted in its entirety and is replaced by the following section 7.10 which is underscored as follows:

7.10 <u>Performance</u>

- 7.10.1 <u>Sub-grantee shall meet the following performance with respect to the</u> maintenance and correctness of their files:
 - a. <u>Sub-grantee is responsible for implementing a self- monitoring protocol.</u>
 - b. Sub-grantee shall make all corrective actions, as a result of findings identified by (1) Sub-grantee through their own required self-monitoring,
 (2) the CSBD Program Manager or (3) the CSBD external monitors.

including the state, within thirty (30) days of the issuance of the monitoring report. The corrective action must be accepted in writing by CSBD. Findings may not exceed five percent (5%) of the files monitored by CSBD, its external monitors or the state monitors, or of funds received, and no more than five percent (5%) of the Subgrantee's data entry may be untimely or incorrect as determined by the CSBD Youth Program Manager.

- 7.10.2 Enrollment Goals Sub-grantee shall enroll a minimum of 12 youth and a maximum of 15 youth
 - a. Sub-grantee shall enroll a minimum of 12 and a maximum of 15 youth each program year, that this contract is in effect. The total youth to be enrolled shall include youth carried forward from the previous program year.
 - b. For youth carried forward from the previous program year 100% must exit by June 30 of the subsequent program year.
- 7.10.3 <u>Sub-grantee shall be required to meet all the performance elements</u> <u>described below to be considered as having met performance:</u>
 - a. 100% of youth enrolled each program year this Agreement is in effect that are either in a GED Program or a post-secondary training program on the CSBD ITA list must achieve a measurable skill gain during the program year each year that they remain in the program. Measureable skills gain is defined by USDOL and the State of Florida. This shall consist of attainment of the GED and/or passing a "GED READY" component or meeting the seat time and grades required for postsecondary training.
 - b. Of a minimum of the 12 youth program participants enrolled in Subgrantee's program, a minimum of 6 youth or 50% of 12 youth must exit the program by June 30, of each year this program is effect.
 - c. <u>If any youth are enrolled in a GED or post-secondary training they must attain their GED or post secondary credential in the program year in which they exit.</u>
 - d. Of the 6 youth that must exit prior to June 30 each year 5 youth or 85% of the 6 youth shall enter the military, post-secondary education or be in unsubsidized employment at the time of their exit from the WIOA program and through the second (2nd) quarter after exit from the program so as to be considered as having met the "employment measure."

- e. Youth placed into employment shall earn a minimum of \$10.00 an hour.
- f. Of the 5 youth that must be placed into employment, the military or post-secondary training 4 of the youth, which is 90% of the 5 youth, shall be retained in post-secondary education, employment or the military through the fourth (4th) quarter after their exit from the program.
- 4. All provisions of said Agreement, as amended by Amendment No. 1, which are not in conflict with this Amendment, shall continue to be enforced in accordance with the terms and conditions therein.
- 5. Except as expressly stated in this Amendment, all other definitions, terms and conditions, provisions, paragraphs and exhibits of the Agreement shall remain in full force and effect and without change.
- 6. This Amendment and all its Exhibits/Attachments are made a part of said Agreement.
- 7. The effective date of this Amendment shall be the date on which it has been signed by all the Parties.

EXECUTION PAGE

document on the respective dates INDEPENDENT LIVING OF BROWAF Commission, Executive, as apple CEO (Title of Signa Commission, Executive) action on	parties hereto have made and executed this sunder each signature: CENTER FOR RD, INC through its Executive (Board, licable), signing by and through its tory) following Executive (Board, the 14th day of June , 2021 and through its President/CEO, following Board
Action on way 21, 2021.	
AS TO CENTER FOR INDEPENDENT	LIVING OF BROWARD, INC:
ATTEST: Baian Ochnica	
- Suur Grandi	BY:(Signature)
Onita Diaz	(Signature) COREY HINDS
	TITLE: CEO
	DATE: 06/14/2021
AS TO CAREERSOURCE BROWARD	:
ATTEST:	
Amy Winer	BY: \frac{Carol Hylton}{(Signature)}
Moya Brathwaite	(Signature) CAROL HYLTON TITLE: President/CEO
	DATE: _06/22/2021
Approved as to form by the CareerSour Rochelle J. Daniels General Counsel 2890 West Cypress Creek Road Fort Lauderdale, FL 33309 BY: Rochelle Daniels	rce Broward
Rochelle J. Daniels General Counsel	

BUDGET - EXHIBIT A Administration

Reminder: Administration is limited to 5%

Note: Totals will automatically calculate when related cells are filled.

Line Item TOTAL

Lille Itelli				 OTAL
Personnel				
Salaries *	\$ -			\$
Fringe Benefits	\$ -			\$ -
Mileage	\$ -			\$
Total Personnel	\$ -	-	\$ -	\$
Non Personnel				
Supplies	\$ -			\$
Materials	\$ -			\$
Books	\$ -			\$ -
Teaching Aids	\$			\$ -
Credential training	\$ -			\$ -
Postage	\$			\$ -
Telephone	\$ -			\$ -
Maintenance	\$			\$ -
Printing	\$			\$ 1
Equipment Rental	\$ -			\$
Equipment Purchase	\$			\$ -
Space Rental	\$			\$ -
Insurance	\$			\$ -
Utilities	\$ -			\$ -
** Indirect Costs	\$ 2,685			\$ 2,685
Audit	\$			\$ -
Legal	\$			\$ -
Accounting	\$			\$ -
***Profit	\$			\$ -
Background Screening	\$ -			\$ -
Subcontractor	\$ -			\$ -
Total Non-Personnel	\$ 2,685	-	-	\$ 2,685
Total ADMINISTRATION	\$ 2,685	-	-	\$ 2,685

^{*}Must be explained in detail.

^{**} Must have an approved indirect cost rate plan all other overhead must be itemized.

^{***}Profit - For for-profits only. Profit is limited to 7.5%.

^{***} Note that all gray areas are read only and can not be changed.

Services

Note: Totals will automatically calculate when related cells are filled.

Line Item TOTAL

Lille Itelli				IOIAL
Personnel				
Salaries *	\$ 41,200			\$ 41,200
Fringe Benefits	\$ 12,500			\$ 12,500
Mileage				\$
Total Personnel	\$ 53,700	\$ -	\$ -	\$ 53,700
Non Personnel				
Supplies				\$
Materials				\$
Books				\$
Teaching Aids				\$
Credential training				\$
Postage				\$
Telephone				\$
Maintenance				\$
Printing				\$
Equipment Rental				\$
Equipment Purchase				\$
Space Rental				\$
Insurance				\$
Utilities				\$
** Indirect Costs				\$
Audit				\$
Legal				\$
Accounting				\$
***Profit				\$
Background Screening				\$
Subcontractor				\$
Total Non-Personnel	\$ -	\$ -	\$ -	\$
Total SERVICES	\$ 53,700	-	\$ -	\$ 53,70

^{***} Note that all gray areas are read only and can not be changed.

<CILB> PERSONNEL DETAILS Salaries

List all positions included and the total amount of wages requested for each cost category. Add more lines if necessary. All allocations of salary across cost categories must be supported by matching job descriptions and a cost allocation plan.

NOTE: Columns with 0 will be automatically calculated when other items are entered.

NOTE: Columns with 0 will be automatically calculated when other items are e	entered.												
				% of				% of Salary from		% of Salary			
				Salary to		% of Salary		Other	\$ from other	from Other	\$ to Other	Total %	
			Year 1 (12	Admin	\$ to Admin	to Services	\$ to Services	WorkForce One	WorkForce One	Sources of	Sources of	(Must total	
Job Title	Staff member (If known)	Annual Salary	months)	Budget	Budget*	Budget	Budget**	Programs	Programs	Funding**	Funding***	100)	Total \$
EX: Case Manager	Jane Doe		\$ 26,000	10	\$ 2,600	50	\$ 13,000	10	\$ 2,600	3	0 \$ 7,800		
Navigator	Shawnesse Jolly	\$ 41,200	\$ 41,200	0.00%	\$ -	100.00%	\$ 41,200	0.00%	, (0		100.00%	\$ 41,20
					\$ -	-	\$ -	0.00%	, (0			
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					\$ -	-	\$	0.00%		o			
							†						
TOTALS					\$ -		\$ 41,200		\$ -		\$ -		\$ 41,20

^{*}Total must match the total salaries on Administration Budget (Budget Sheet #1)

^{**}Total must match the total salaries on Serives Budget (Budget Sheet #2)

^{***}Include all non-CareerSource Broward funds

<CILB> PERSONNEL DETAILS Fringe Benefits

Enter fringe benefits for all positions listed on Budget page 4. Add more lines if necessary. NOTE: Columns with 0 will be automatically calculated when other items are entered.

NOTE: Columns with 0 will be automatically calculated when	other items are entered.					1			,		<u></u>		<u></u>		
									\$ to for	% of Fringes	\$ for Fringes	% of Fringes		,	
					% of Fringes	% of Fringes	\$ for fringes	% of Fringes	Fringes	from other	from other	from Other	\$ for Fringes	Total %	
			Year 1 (12		compared to			to Services		WorkForce One	WorkForce	Sources of	from Other	(Must total	
Job Title	Staff member (If known)	Annual Salary	months)	Total Fringes	Salary	Budget	Budget*		Budget**	Programs	One Programs	s Funding **	Sources ***	100)	Total \$
EX: Case Manager	Jane Doe		\$ 26,000	\$ 4,680	18%		\$ 468		\$ 2,340		\$ 468	30	0 \$ 1,404	100	\$ 4,680
Navigator	Shawnesse Jolly	\$ 41,20	00 \$ 41,200	\$ 12,500	30.34%	0.00%	\$ -	100.00%	\$ 12,500			0.00%	6 \$ -	100.00%	\$ 12,500
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TOTAL 0									A 40 F04						40.500
TOTALS							\$ -		\$ 12,500		\$	-	- \$		\$ 12,500

^{*}Total must match the total fringes on Administration Budget (Budget Sheet #1)

^{**}Total must match the total fringes on Serives Budget (Budget Sheet #2)

^{***}Include all non-WorkForce One Funds

<CILB> BUDGET - EXHIBIT A Personnel Costs

Itemize any items in your budget under the categories listed and provide cost breakdown. Note: Items with 0 will automatically calculate when related cells are filled.

Cost Category*	Item	Quantity	Unit Cost	Total Cost**
EX: Distance Travelled (Per employee)	Pompano to Fort Lauderdale	8 miles	\$0.445 (Mileage rate)	\$3.56
TOTAL				

^{*} Must match categories on budget pages 1-3

^{**} Must match totals on Budget Summary, Budget Page 3

<CILB>
BUDGET - EXHIBIT A
Non-Personnel Costs

Itemize any items in your budget under the categories listed and provide cost breakdown.

Note: Items with 0 will automatically calculate when related cells are filled.

Cost Category* EX: Supplies	Item	Quantity	Unit Cost	Total Cost** \$1,250
EX: Supplies	Paper	50	\$25	\$1,250
		_		
		_		
				•
				-

^{*} Must match categories on budget pages 1-3

^{**} Must match totals on Budget Summary, Budget Page 3

CILB BUDGET EXHIBIT A-SUMMARY

Line Item	Anr	nual Expense	Α	dministration	Services
Personnel					
Salaries *	\$	41,200	\$	-	\$ 41,200
Fringe Benefits	\$	12,500	\$	-	\$ 12,500
Mileage	\$	-	\$	-	\$ -
Total Personnel	\$	53,700	\$	-	\$ 53,700
Non Personnel					
Supplies	\$	-	\$	-	\$ -
Materials	\$	-	\$	-	\$ -
Books	\$	-	\$	-	\$ -
Teaching Aids	\$	-	\$	-	\$ -
Credential training	\$	-	\$	-	\$ -
Postage	\$	-	\$	-	\$ -
Telephone	\$	-	\$	-	\$ -
Maintenance	\$	-	\$	-	\$ -
Printing	\$	-	\$	-	\$ -
Equipment Rental	\$	-	\$	-	\$ -
Equipment Purchase	\$	-	\$	-	\$ -
Space Rental	\$	-	\$	-	\$ _
Insurance	\$	-	\$	-	\$ _
Utilities	\$	-	\$	-	\$ -
** Indirect Costs	\$	2,685	\$	2,685	\$ -
Audit	\$	-	\$	-	\$ _
Legal	\$	-	\$	-	\$ -
Accounting	\$	-	\$	-	\$ -
***Profit	\$	-	\$	-	\$ _
Background Screening	\$	-	\$	-	\$ -
Subcontractor	\$		\$	-	\$
Total Non- Personnel	\$	2,685	\$	2,685	\$ -
GRAND TOTAL	\$	56,385	\$	2,685	\$ 53,700

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SIGNATURE CERTIFICATE



REFERENCE NUMBER

0D4FD502-A644-4E1B-9747-F1C467E2520B

TRANSACTION DETAILS

Reference Number

0D4FD502-A644-4E1B-9747-F1C467E2520B

Transaction Type

Signature Request

Sent At

06/11/2021 16:31 EDT

Executed At

06/22/2021 09:22 EDT

Identity Method

Distribution Method

email

Signed Checksum

5899206c746b7a9fdd3839949212b753a9a0e732793956c33326703585f6756b

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Document Passcode

Disabled

DOCUMENT DETAILS

Document Name

Rd-Cilb Amendment 2 To Agreement No 2019-2020-Cr-Wioa-Osy-226000 2021 2022 With Exhibit A

Filename

Pages

13 pages

Content Type

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File Size 1.06 MB

Original Checksum

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SIGNERS

SIGNER	E-SIGNATURE	EVENTS
Name Anita Diaz	Status signed	Viewed At 06/22/2021 09:21 EDT
Email anitadiaz@cilbroward.org	Multi-factor Digital Fingerprint Checksum 5586327e5dc9a91f702111e0bf04f77145f07e1c8422e93de3a04b9e8e67bf1a	Identity Authenticated At 06/22/2021 09:22 EDT
Signer Sequence 2	IP Address 50.242.171.161	Signed At 06/22/2021 09:22 EDT
Components 1	Device Chrome via Windows	
	Typed Signature Anita Diaz	
	Signature Reference ID BAEADE9C	
Name	Status	Viewed At

Name

Brian Johnson

Email

bjohnson@cilbroward.org

Signer Sequence

Components

1

Status

signed

Multi-factor Digital Fingerprint Checksum

fb05b44fffe70631deb43f4cc74534727c150bc2383b5841fb78e1597d90d530

IP Address

50.242.171.161

Device

Chrome via Windows

Typed Signature

Brian Johnson

Signature Reference ID

F4CF7869

Name Corey Hinds

Email

Status signed

Multi-factor Digital Fingerprint Checksum

Viewed At

06/14/2021 11:40 EDT

06/22/2021 09:18 EDT

06/22/2021 09:20 EDT

06/22/2021 09:20 EDT

Signed At

Identity Authenticated At

Identity Authenticated At

chinds@cilbroward.org **Signer Sequence**

Components

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06/14/2021 11:44 EDT

06/14/2021 11:44 EDT

Signed At

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Corey Linda

Drawn Signature

Signature Reference ID 81140F76

Signature Biometric Count

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06/11/2021 16:31 EDT	Corey Hinds (chinds@cilbroward.org) was emailed a link to sign.
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06/14/2021 11:44 EDT	Corey Hinds (chinds@cilbroward.org) authenticated via email on Chrome via Windows from 66.229.106.227.
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TRANSACTION DETAILS

Reference Number

47FB6D95-0C45-4C8C-A448-94D01ABF1072

Transaction Type

Signature Request

Sent At

06/22/2021 11:58 EDT

Executed At

06/22/2021 13:12 EDT

Identity Method

Distribution Method

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Signed Checksum

34406b98b94e550afd36f0fedb34d916b4e7af157fa834b0b635597ab39817e9

Signer Sequencing

Enabled

Document Passcode

Disabled

SIGNED

DOCUMENT DETAILS

Document Name

Partially Executed-Cilb Amendment 2 To Agreement No 2019-2020-Cr-Wioa-Osy-226000 2021 2022 With Exhibit A

Filename

partially executed-cilb amendment 2 to agreement no 2019-2020-cr-wioaosy-226000 2021 2022 with exhibit a pdf

Pages

15 pages

Content Type application/pdf

File Size

399 KB

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Original Checksum

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SIGNERS

SIGNER	E-SIGNATURE	EVENIS	
Name Moya Brathwaite	Status signed	Viewed At 06/22/2021 13:12 EDT	
Email mbrathwaite@careersourcebroward.com Signer Sequence 2 Components 1	Multi-factor Digital Fingerprint Checksum 47808a27976850bb62717b102a9dba9c3a7793d6e822d4b7083075e57d9ee34e	Identity Authenticated At 06/22/2021 13:12 EDT	
	IP Address 67.23.70.69	Signed At 06/22/2021 13:12 EDT	
	Device Internet Explorer via Windows Typed Signature		
	Moya Brathwaite		
	Signature Reference ID 51CF39DF		
Name	Status	Viewed At	

Ν	а	n	(9	

Amy Winer

Email

awiner@careersourcebroward.com

Signer Sequence

Components

1

signed

Multi-factor Digital Fingerprint Checksum

9728707686d6ab279fe258902f3df5b3f28a47508f8ce4b504a6882017193cab

IP Address

67.23.70.69

Device

Chrome via Windows

Typed Signature

amy Winer

Signature Reference ID

72F1DD2B

Name Carol Hylton

Email

Status signed

Multi-factor Digital Fingerprint Checksum

Viewed At

06/22/2021 12:58 EDT

06/22/2021 13:09 EDT

06/22/2021 13:09 EDT

06/22/2021 13:09 EDT

Signed At

Identity Authenticated At

Identity Authenticated At

chylton@careersource broward.com

Signer Sequence

Components

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06/22/2021 12:58 EDT

06/22/2021 12:58 EDT

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Typed Signature

Carol Hylton

Signature Reference ID

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AUDITS

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06/22/2021 11:58 EDT	Carol Hylton (chylton@careersourcebroward.com) was emailed a link to sign.
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Reference Number D22FC485-2A88-4448-AA5E-46207A45BC31	Document Name Executed-Cilb Amendment 2 To Agreement No 2019-2020-Cr-Wioa-Osy-226000	
Transaction Type Signature Request	2021 2022 With Exhibit A Filename	
Sent At 06/25/2021 09:36 EDT	executed-cilb_amendment_2_to_agreement_no_2019-2020-cr-wioa-osy-226000_2021_2022_with_exhibit_a.pdf	
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