AMENDMENT NO. 2

TO

SUB-GRANT AGREEMENT NO. 2024-2025-CR-WIOA-OSY-226000

(PROGRAM YEAR 2026 – 2027)

BETWEEN

CAREERSOURCE BROWARD

AND

CENTER FOR INDEPENDENT LIVING OF BROWARD, INC.

UNIQUE ENTITY ID#	CYVCLLM4H5J9
FEDERAL AWARD IDENTIFICATION / FAIN)#	25A55AY000112
FEDERAL AWARD DATE	4/1/2025
TOTAL FEDERAL AWARD	$1,889,627
FEDERAL AWARDING AGENCY	USDOL
ALN #	17.259
PASS THROUGH ENTITY	Florida Department of Commerce
CONTRACT OFFICER	Carol Hylton
CONTACT INFORMATION	2890 W. Cypress Creek Road, Fort Lauderdale, FL 33309

Pursuant to the Steven's Amendment Consolidated Appropriations Act of 2018, Pub. L No. 115-141, 132 Stat. 348, div. H, Title V, Sec. 505 (Mar. 23, 2018)

1. The percentage of the total costs of the program or project which will be financed with Federal money is 100 percent.
2. The dollar amount of Federal funds for the project or program is $58,896
3. The percentage and dollar amount of the total costs of the project or program that will be financed by non-governmental sources is 0 percent

THIS AMENDMENT TO SUB-GRANT AGREEMENT NO. 2024-2025-CR-WIOA-OSY-226000, which was entered into the 11th day of June, 2024 by and between CAREERSOURCE BROWARD hereinafter referred to as "CSBD", the administrative entity and fiscal agent for the CareerSource Broward Council of Elected Officials (hereinafter "Council") and the Broward Workforce Development Board, Inc., (hereinafter "BWDB") 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 entity, having its principal office at 4800 North State Road 7, Bldg. F, Suite 102, Fort Lauderdale, FL 33319, to begin on the date this Agreement is executed by the parties and to terminate June 30, 2027.

RECITALS

WHEREAS, CSBD and Sub-Grantee entered into an Agreement effective July 1, 2024 to serve Out-of-School youth under the Workforce Innovation and Opportunity Act of 2014 (WIOA 29 U.S.C. Sec. 3101, et. seq. Public Law 113-128); and

WHEREAS, CSBD wishes to amend the existing Agreement to extend the term of the Sub-Grant Agreement with Sub-Grantee through June 30, 2027, for the continuation of the youth program and to provide funds for the period of the extension; and

WHEREAS, at their meeting on April 23, 2026, the CSBD governing boards approved the extension of Agreement No. 2024-2025-CR-WIOA-OSY-226000 and the funds needed to continue the program;

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 as follows:

1. Article 3, Fiscal Management, Section 3.2.1 Total Compensation is amended by replacing Sub-section 3.2.1 Subparagraph a in its entirety with the underscored language as follows:

   3.2.1 Total Compensation

   a. <u>The compensation awarded for the Out of-School Youth program funded under this sub-grant agreement shall be Fifty-eight Thousand Eight Hundred and Ninety-Six Dollars and zero cents ($58,896.00), for the period July 1, 2026 through June 30, 2027 in accordance with the budget attached hereto as Exhibit A.</u>

2. Article 5, Program Requirements, Section 5.17 Sub-Grant Agreement Term, Sections 5.17.1, and 5.17.2, are amended by deleting those sections and replacing the sections in their entirety to incorporate the underscored language as follows:

   5.17 Sub-Grant Agreement Term

   5.17.1 The term of this Sub-Grant Agreement shall begin on the date it is fully executed by both parties and shall end on June 30, 2027.

   5.17.2 The term of this Sub-Grant Agreement may be extended for two additional one-year periods. Renewal shall be at the option of the CSBD governing boards. The continuation of this Sub-Grant Agreement shall be subject to performance as defined herein, and the appropriation and availability of funds as described in this Sub-Grant Agreement.

3. Article 7 Scope of Work, Paragraph 7.8 Program Staffing, shall be amended by adding the underscored Sub-paragraph 7.8.5 State-Mandated Training and Credentialing, for staff as follows:

   7.8.5 State-Mandated Staff Training and Credentialing

   a. Tier 1 Certification is a course providing instruction with respect to the WIOA programs and its requirements as set forth, adopted and implemented by Florida Commerce.

   b. Sub-Grantee staff who work directly with participants shall attain Tier 1 Certification and state-mandated credentialing within the timeframe specified in accordance with State Policy 92.

   c. The Sub-Grantee agrees to require staff to take the test upon completion of the course and to remove any staff from this grant who do not pass the course after the requisite number of test attempts from working in the program funded by this Agreement.

4. All provisions of the Sub-Grant Agreement entered into on June 11, 2024, which are not in conflict with this Amendment, shall continue to be enforced in accordance with the terms and conditions therein.

5. This Amendment and all its attachments are made a part of said Agreement. The effective date of the Amendment shall be the date on which it has been signed by all parties.

EXECUTION PAGE

IN WITNESS THEREOF, the parties hereto have made and executed this document on the respective dates under each signature: CENTER FOR INDEPENDENT LIVING OF BROWARD, INC., through its CEO (Title of Signatory) following Executive (Board, Commission, Executive) action on the 18th day of June, 2026 and CareerSource Broward signing by and through its President/CEO following GOVERNING BOARDS' action on April 23, 2026.

AS TO CENTER FOR INDEPENDENT LIVING OF BROWARD, INC.:

ATTEST:

Brian Johnson

Anita Diaz

BY: Corey Hinds
(Signature)

NAME: COREY HINDS

TITLE: CEO

DATE: 06/18/2026

AS TO CAREERSOURCE BROWARD:

ATTEST:

Sandra Martin

Moya Brathwaite

BY: Carol Hylton
(Signature)

NAME: CAROL HYLTON

TITLE: PRESIDENT/CEO

DATE: 06/22/2026

Approved as to form and sufficiency by
CareerSource Broward General Counsel
2890 West Cypress Creek Road
Ft. Lauderdale, FL 33309

BY: _____
ROCHELLE J. DANIELS
General Counsel

ADMINISTRATION						
Note: Totals will automatically calculate when related cells are filled.						
Line Item						**TOTAL**
Personnel						
Salaries *						0
Fringe Benefits						0
Mileage and Travel	0					0
Staff Incentives	0					0
Other (Specify)	0					0
Total Personnel	**0**	**0**	**0**	**0**	**0**	**0**
Non Personnel						
Supplies						0
Materials						0
Books						0
Credential Training						0
Teaching Aids						0
Postage						0
Telephone						0
Maintenance						0
Printing						0
Equipment Rental						0
Equipment Purchase						0
Space Rental						0
Insurance						0
Utilities						0
** Indirect Costs	2,521					2,521
Audit						0
Legal						0
Accounting						0
*Profit						0
Other (specify)	0					0
Other (specify)	0					0
Other (specify)	0					0
Other (specify)	0					0
Total Non-Personnel	**2,521**	**0**	**0**	**0**	**0**	**2,521**
Total ADMINISTRATION	**2,521**	**0**	**0**	**0**	**0**	**2,521**

Reminder: Administration is limited to **4.46%**

*Must be explained in detail.

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

*** This worksheet is protected. Only gray areas are the open for editing.

SERVICES						
Note: Totals will automatically calculate when related cells are filled.						
Line Item						**TOTAL**
Personnel						
Salaries *	42,266					42,266
Fringe Benefits	14,213					14,213
Mileage and Travel	0					0
Staff Incentives	0					0
Other (specify)	0					0
Total Personnel	**56,479**	**0**	**0**	**0**	**0**	**56,479**
Non Personnel						
Supplies						0
Materials						0
Books						0
Credential Training						0
Teaching Aids						0
Postage						0
Telephone						0
Maintenance						0
Printing						0
Equipment Rental						0
Equipment Purchase						0
Space Rental						0
Insurance						0
Utilities						0
** Indirect Costs	0					0
Audit	0					0
Legal	0					0
Accounting	0					0
*Profit	0					0
Other (specify)	0					0
Other (specify)	0					0
Other (specify)	0					0
Other (specify)	0					0
Total Non-Personnel	**0**	**0**	**0**	**0**	**0**	**0**
Total SERVICES	**56,479**	**0**	**0**	**0**	**0**	**56,479**

*** This worksheet is protected. Only gray areas are the open for editing.

SUMMARY			
Note: Totals will automatically calculate when related cells are filled.			TOTAL
Line Item	**Administration**	**Services**	**Annual Expense**
Personnel			
Salaries *	0	42,266	42,266
Fringe Benefits	0	14,213	14,213
Mileage and Travel	0	0	0
Staff Incentives	0	0	0
Other	0	0	0
Total Personnel	**0**	**56,479**	**56,479**
Non Personnel			
Supplies	0	0	0
Materials	0	0	0
Books	0	0	0
Credential Training	0	0	0
Teaching Aids	0	0	0
Postage	0	0	0
Telephone	0	0	0
Maintenance	0	0	0
Printing	0	0	0
Equipment Rental	0	0	0
Equipment Purchase	0	0	0
Space Rental	0	0	0
Insurance	0	0	0
Utilities	0	0	0
** Indirect Costs	2,521	0	2,521
Audit	0	0	0
Legal	0	0	0
Accounting	0	0	0
*Profit	0	0	0
Other	0	0	0
Total Non-Personnel	**2,521**	**0**	**2,521**
GRAND TOTAL		**59,000**	

* Note: This page is READ ONLY. All values are based on calculation from other sheets.

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: ALL PERCENTAGES MUST NOT EXCEED 2 DECIMAL PLACES. Columns with 0 will be automatically calculated when other items are entered. ONLY COMPLETE GREY FIELDS.

Job Title	Staff member (If known)	Total Annual Salary	% of Salary to Admin Budget	$ to Admin Budget*	% of Salary to Services Budget	$ to Services Budget**	% of Salary from Other WorkForce One Programs	$ from other WorkForce One Programs	% of Salary from Other Sources of Funding**	$ to Other Sources of Funding***	Total % (Must total 100)	Total $
EX: Case Manager	**Jane Doe**	**$26,000**	**10%**	**$2,600**	**50%**	**$13,000**	**10%**	**$2,600**	**30%**	**$7,800**	**100%**	**$26,000**
Navigator	Nathan Flynn	$59,039	0.00%	$0	71.59%	$42,266	0.00%	$0	28.41%	$16,773	100.00%	$59,039
			0.00%	$0	0.00%	$0	0.00%	$0	0.00%	$0	0.00%	$0
			0.00%	$0	0.00%	$0	0.00%	$0	0.00%	$0	0.00%	$0
			0.00%	$0	0.00%	$0	0.00%	$0	0.00%	$0	0.00%	$0
			0.00%	$0	0.00%	$0	0.00%	$0	0.00%	$0	0.00%	$0
			0.00%	$0	0.00%	$0	0.00%	$0	0.00%	$0	0.00%	$0
			0.00%	$0	0.00%	$0	0.00%	$0	0.00%	$0	0.00%	$0
			0.00%	$0	0.00%	$0	0.00%	$0	0.00%	$0	0.00%	$0
			0.00%	$0	0.00%	$0	0.00%	$0	0.00%	$0	0.00%	$0
TOTALS		**$59,039**		**$0**		**$42,266**		**$0**		**$16,773**		**$59,039**

*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-WorkForce One Funds
*** This worksheet is protected. Only gray areas are the open for editing.

Enter fringe benefits for all positions listed on Budget page 4. Add more lines if necessary.
NOTE: ALL PERCENTAGES MUST NOT EXCEED 2 DECIMAL PLACES. Columns with 0 will be automatically calculated when other items are entered.

Job Title	Staff member (If known)	Total Salary	% of Fringes to Salary	Total Fringes	% of Fringes to Admin Budget	$ for fringes to Admin Budget*	% of Fringes to Services Budget	$ to for Fringes Services Budget**	% of Fringes from other WorkForce One Programs	$ for Fringes from other WorkForce One Programs	% of Fringes from Other Sources of Funding **	$ for Fringes from Other Sources ***	Total % (Must total 100)	Total $
EX: Case Manager	**Jane Doe**	**$26,000**	**18.00%**	**$4,680**	**10%**	**$468**	**50%**	**$2,340**	**10%**	**$468**	**30%**	**$1,404**	**100%**	**$4,680**
Navigator	Nathan Flynn	$59,040	33.63%	$19,853	0.00%	$0	71.59%	$14,213	0.00%	$0	28.41%	$5,640	100.00%	$19,853
			0.00%	$0	0.00%	$0	0.00%	$0	0.00%	$0	0.00%	$0	0.00%	$0
			0.00%	$0	0.00%	$0	0.00%	$0	0.00%	$0	0.00%	$0	0.00%	$0
			0.00%	$0	0.00%	$0	0.00%	$0	0.00%	$0	0.00%	$0	0.00%	$0
			0.00%	$0	0.00%	$0	0.00%	$0	0.00%	$0	0.00%	$0	0.00%	$0
			0.00%	$0	0.00%	$0	0.00%	$0	0.00%	$0	0.00%	$0	0.00%	$0
			0.00%	$0	0.00%	$0	0.00%	$0	0.00%	$0	0.00%	$0	0.00%	$0
			0.00%	$0	0.00%	$0	0.00%	$0	0.00%	$0	0.00%	$0	0.00%	$0
			0.00%	$0	0.00%	$0	0.00%	$0	0.00%	$0	0.00%	$0	0.00%	$0
			0.00%	$0	0.00%	$0	0.00%	$0	0.00%	$0	0.00%	$0	0.00%	$0
			0.00%	$0	0.00%	$0	0.00%	$0	0.00%	$0	0.00%	$0	0.00%	$0
		$59,040		**$19,853**		**$0**		**$14,213**		**$0**		**$5,640**		**$19,853**

*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
*** This worksheet is protected. Only gray areas are the open for editing.

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 Per Line Item	Total Cost Per Category
EX: Equipment Purchase	**Saff Desks**	**10**	**$400**	**$4,000**	**$4,000**
Supplies					$0
Materials					$0
Books					$0
Credential Training					$0
Teaching Aids					$0
Postage					$0
Telephone					$0
Maintenance					$0
Printing					$0
Equipment Rental					$0
Equipment Purchase					$0
Space Rental					$0
Insurance					$0
Utilities					$0
Other					$0
Total				**$0**	**$0**

* Must match categories on budget pages 1-3
** Must match totals on Budget Summary, Budget Page 3
*** This worksheet is protected. Only gray areas are the open for editing.

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SIGNATURE CERTIFICATE

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TRANSACTION DETAILS

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Transaction Type
Signature Request

Sent At
06/18/2026 10:51:41 AM EDT

Executed At
06/18/2026 12:50:27 PM EDT

Identity Method
email

Distribution Method
email

Signed Checksum
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Signer Sequencing
Enabled

Document Passcode
Disabled

eIDAS Authentication
Disabled

DOCUMENT DETAILS

Document Name
CILB-PY 26-27 Amendment No 2 to Agreement No 2024-2025-CR-WIOA-OSY-226000

Filename
CILB-PY_26-27_Amendment_No_2_to_Agreement_No_2024-2025-CR-WIOA-OSY-226000.pdf

Pages
10 pages

Content Type
application/pdf

File Size
228 KB

Original Checksum
850a645656c51fbb32df6bd5402192aa33a8149ad2ba6a2c430b312cae5ee7a3

SIGNERS

SIGNER

Name
Anita Diaz

Email
anitadiaz@cilbroward.org

Signer Sequence
2

Components
1

E-SIGNATURE

Status
signed

Multi-factor Digital Fingerprint Checksum
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IP Address
50.242.171.161

Device
Microsoft Edge via Windows

Typed Signature
Anita Diaz

Signature Reference ID
13054357

EVENTS

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06/18/2026 12:48:26 PM EDT

Identity Authenticated At
06/18/2026 12:50:05 PM EDT

Signed At
06/18/2026 12:50:27 PM EDT

Name
Brian Johnson

Email
bjohnson@cilbroward.org

Signer Sequence
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Status
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Multi-factor Digital Fingerprint Checksum
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IP Address
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Device
Chrome via Windows

Typed Signature
Brian Johnson

Signature Reference ID
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06/18/2026 12:47:21 PM EDT

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06/18/2026 12:47:21 PM EDT

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	Signature Reference ID 69353D39	

AUDITS

TIMESTAMP	AUDIT
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06/18/2026 10:51:42 AM EDT	Corey Hinds (chinds@cilbroward.org) was emailed a link to sign.
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A4F4FB34-AA67-4979-87AC-006AA69E667B

TRANSACTION DETAILS	DOCUMENT DETAILS
Reference Number A4F4FB34-AA67-4979-87AC-006AA69E667B	**Document Name** PE-CILB-PY 26-27-Amendment No 2 to Agreement No 2024-2025-CR-WIOA-OSY-226000
Transaction Type Signature Request	**Filename** PE-CILB-PY_26-27-Amendment_No_2_to_Agreement_No_2024-2025-CR-WIOA-OSY-226000.pdf
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Executed At 06/22/2026 11:34:46 AM EDT	**Content Type** application/pdf
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Signer Sequencing Enabled	
Document Passcode Disabled	
eIDAS Authentication Disabled	

SIGNERS

SIGNER	E-SIGNATURE	EVENTS
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Email mbrathwaite@careersourcebroward.com	**Multi-factor Digital Fingerprint Checksum** 4f53cda18c2baa0c0354bb5f9a3ecbe5ed12ab4d8e11ba873c2f11161202b945	**Identity Authenticated At** 06/22/2026 11:34:46 AM EDT
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	Signature Reference ID 800114D7	
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Email smartin@careersourcebroward.com	**Multi-factor Digital Fingerprint Checksum** 4f53cda18c2baa0c0354bb5f9a3ecbe5ed12ab4d8e11ba873c2f11161202b945	**Identity Authenticated At** 06/22/2026 11:34:18 AM EDT
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Components 1	**Device** Chrome via Windows	
	Typed Signature Sandra Martin	
	Signature Reference ID D6D4E34B	

SIGNER	E-SIGNATURE	EVENTS
Name Carol Hylton	**Status** signed	**Viewed At** 06/22/2026 10:16:21 AM EDT
Email chylton@careersourcebroward.com	**Multi-factor Digital Fingerprint Checksum** 4f53cda18c2baa0c0354bb5f9a3ecbe5ed12ab4d8e11ba873c2f11161202b945	**Identity Authenticated At** 06/22/2026 10:16:34 AM EDT
Signer Sequence 0	**IP Address** 67.23.70.69	**Signed At** 06/22/2026 10:16:34 AM EDT
Components 1	**Device** Chrome via Windows	
	Typed Signature Carol Hylton	
	Signature Reference ID 6373266A	

AUDITS

TIMESTAMP	AUDIT
06/18/2026 04:50:35 PM EDT	Moya Brathwaite (mbrathwaite@careersourcebroward.com) created document 'PE-CILB-PY_26-27-Amendment_No_2_to_Agreement_No_2024-2025-CR-WIOA-OSY-226000.pdf' on Chrome via Windows from 67.23.70.69.
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06/22/2026 09:22:03 AM EDT	Carol Hylton (chylton@careersourcebroward.com) was emailed a reminder.
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