

**WORKFORCE SERVICES
NATIONAL EMERGENCY
MODIFICATION TO CONTRACT BETWEEN
SOUTH FLORIDA WORKFORCE INVESTMENT BOARD
AND
CITY OF NORTH MIAMI**

TH, JUN 28 2018 AM 11:40

AWARDING AGENCY
SOUTH FLORIDA WORKFORCE INVESTMENT BOARD
7300 Corporate Center Drive, Suite 500
Miami, Florida 33126-1234

PASS THROUGH:	
DEPARTMENT OF ECONOMIC OPPORTUNITY	
CFDA	FAIN
WIOA DWG: 17.277	DW-31163-17-60-A-12

AWARDING OFFICIAL CONTACT INFORMATION

Name: Rick Beasley
Title: Executive Director
Telephone Number: (305) 929-1500
Date of Notice: September 20, 2017

CONTRACTOR

City of North Miami
776 NE 125 Street
North Miami, FL 33161
DUNS Number: 676987692

TITLE OF CONTRACTOR'S PROGRAM

"Dislocated Worker Grant: FL-Disaster-2017 Hurricane Irma"

MODIFIED:

<u>CONTRACT AMOUNT</u>	<u>CONTRACT NUMBER</u>
\$515,473.00	WS-NE-DWG-PY'17-03-01

PREVIOUS:

<u>CONTRACT AMOUNT</u>	<u>CONTRACT NUMBER</u>	<u>INDEX CODE</u>	<u>CONTRACT PERIOD</u>
\$403,861.00	WS-NE-DWG-PY'17-03-00	71703	November 20, 2017 – September 30, 2018

THIS AMENDMENT #01, hereinafter referred to as the "AMENDMENT," entered into between **City of North Miami**, hereinafter referred to as the "CONTRACTOR" and the South Florida Workforce Investment Board, hereinafter referred to as the "SFWIB," amends the Workforce Services Contract, hereinafter collectively with amendment referred to as the "CONTRACT" between the SFWIB and the CONTRACTOR dated November 20, 2017 and expiring September 30, 2018.

Article I, Section C, Total Payment, is amended to delete "\$403,861.00" and replace this amount with "\$515,473.00," an increase for additional National Emergency Grant funding to accommodate a work extension for twenty-eight (28) residents. The table is repealed and replaced with the following:

DWG – FL Disaster-2017 Hurricane Irma	Total
Program and Participant Costs	\$515,473.00
Total	\$515,473.00

Article IV, Section G, Contractor's Cost Allocation Plan and Indirect Cost Rate, is renamed to **Article IV, Section G, Contractor's Cost Allocation Plan** and deleted in its entirety and replaced with the following language:

1. **Cost Allocation Plan:** The Contractor's operating expenditures shall be cost allocated across all applicable funding streams. A Cost Allocation Plan is not required if the Contractor's award is specific to a single program and funding stream where there will be no shared costs.

If applicable, the Contractor shall submit a detailed **Cost Allocation Plan (CAP)** to the SFWIB in accordance with the guidance that can be accessed through the link provided below.

http://www.floridajobs.org/docs/default-source/2016-guidance-papers/lwdb_indirectcostadminpolicy_final_-_20160805.pdf?sfvrsn=2

The CAP is a document that specifies the allocation methods used for distributing all costs of an organization. A plan for allocating shared costs is required to support the distribution of those costs to grant and non-grant programs. All Contractor's costs should be included in the plan. Official accounting records must support all costs.

The Contractor shall maintain appropriate supporting documentation for the Contractor's cost allocation in accordance with the records retention requirements set forth in **Article III, Section F, Audit, Inspection and Access to Records** and **Article III, Section G, Records Retention**. Failure to maintain the appropriate documentation and to follow the submitted and approved plan may result in cost disallowances by the SFWIB.

Failure to comply with this **Section G** may be considered a breach of this contract and can lead to disallowance of indirect/administrative costs and/or other remedies for non-compliance as specified in **Article II, Section G, Breach of Contract: SFWIB Remedies**.

Article IV, Section H, SFWIB's Cost Allocation Plan and Indirect Cost Rate, is deleted in its entirety.

All provisions in the CONTRACT and any attachments thereto in conflict with this AMENDMENT shall be and hereby are changed to conform with this AMENDMENT.

All other terms and conditions not in conflict with this AMENDMENT remain unchanged as agreed to in the original CONTRACT.

SIGNATURES APPEAR ON THE FOLLOWING PAGE

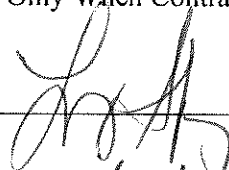
SIGNATORY FORM

IN WITNESS HEREOF THE PARTIES HERETO HAVE CAUSED TO BE EXECUTED BELOW THE SIGNATURES OF THE AUTHORIZED REPRESENTATIVES OF THE PARTIES HERETO WHO ARE FULLY AND DULY AUTHORIZED TO EXECUTE THIS CONTRACT ON BEHALF OF THE RESPECTIVE PARTIES HERETO:

AUTHORIZED SIGNATURES FOR: **City of North Miami**
PROGRAM ENTITLED: **"National Dislocated Worker Grant: FL-Disaster-2017 Hurricane Irma"**
CONTRACT NUMBER: **WS-NE-DWG-PY'17-03-01**
CFDA NUMBERS: **WIOA DWG: 17.277**

(These Signatures shall be the same as those names that appear in the List of Authorized Signatures Provided in the Operational Documents on file with the South Florida Workforce Investment Board)


(For Use Only When Contractor Is a Governmental Entity)

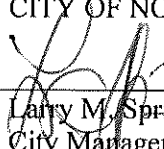
1a.  1b. _____
Signature of Authorized Official (s)
6/26/18 _____
Date Date


2a. **Smith Joseph** 2b. _____
Typed Name of Authorized Official(s)

3a. **Mayor** 3b. _____
Full Title of Authorized Official(s)

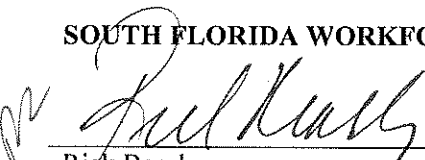
IN WITNESS WHEREOF, the parties have caused this Agreement to be executed, the day and year first above written.

ATTEST: 
Michael A. Etienne, Esq.
City Clerk

CITY OF NORTH MIAMI
By: 
Larry M. Spring, CPA
City Manager

APPROVED AS TO FORM

Jeff P. H. Cazeau, Esq.
City Attorney

SOUTH FLORIDA WORKFORCE INVESTMENT BOARD

 6/28/18
Rick Beasley Date
Executive Director, SFWIB