

WIA SERVICE PROVIDER CONTRACT  
MODIFICATION

GOLDEN SIERRA JOB TRAINING AGENCY

This Contract, No.     K386295-04    , Modification No.     3    , dated this     1st     day of     February    ,     2014    , is by and between the Golden Sierra Job Training Agency, a Joint Powers Agency hereinafter referred to as GSJTA, and     El Dorado County Health & Human Services Agency     hereinafter referred to as CONTRACTOR.

As provided for in the standard GSJTA WIA Service Provider Contractor Agreement section 5 (A) and (B) of the General Terms and Conditions in Exhibit A, this contract may be modified unilaterally or jointly depending on certain circumstances. GSJTA has determined this contract modification is:

- Unilateral
- Jointly with Contractor

This contract modification is for the purpose of:

- Term of the contract

As of the date of this modified contract the term of this contract is now:

- Scope of contract/request for proposal services:

- Program deliverables:     Add Work Experience to Flex funding activities

- Work Plan Implementation Schedule:

- Quantitative Outcomes:     Revised as follows:    
  - Number Served (21)
  - Number to Successfully Complete Services/Completion rate: 80% (17)
  - Number to Receive a Certificate of Completion for either Workshop Series (14)
  - Number to Receive a Certificate of Completion for Work Experience (3)

- Budget Summary Plan:       
    Transfer funds from Staff & Indirect Program to Direct Program to provide Work Experience      
    \$15,200 – Staff to Direct Program      
    \$1,000 – Indirect Program to Direct Program      
    (Requires submittal of updated Exhibit C)

- Other:

Time is of the essence in the performance of this Contract. Therefore, the parties have executed this Contract, No. K386295-04, Modification No. 3,

Dated: 5/12/14

GOLDEN SIERRA JOB TRAINING AGENCY (GSJTA)

By [Signature]  
(Signature of Authorized Officer)

Jason Buckingham, Executive Director  
(Name and Title of Authorized Officer)

1919 Grass Valley Hwy, Suite 100  
Address

Auburn, CA 95603  
City, State, Zip Code

Dated: 4/29/14

El Dorado County Health & Human Services Agency  
(Legal Name of CONTRACTOR)

By [Signature]  
(Signature of Authorized Officer)

Norma Santiago, Chairman  
El Dorado County Board of Supervisors  
(Name and Title of Authorized Officer)

330 Fair Lane  
Address

Placerville, CA 95667  
City, State, Zip Code

ATTEST: James S. Mitrisin  
Clerk of the Board of Supervisors

By [Signature]  
Marcie MacFarland, Deputy Clerk

If Unilateral  
(GSJTA signature only)

If Jointly  
(both signatures required)

**Contract**

**Exhibit B**

**6. PERFORMANCE EXPECTATIONS**

**WIA funding:**

<b>Performance Goals</b>	<b>Total</b>
1. Total number of individuals with disabilities to be served	40
2. Total number receiving core and intensive services	30
3. Total number receiving training	20
4. Total number receiving a recognized certificate/diploma/degree	12
5. Total number entering unsubsidized employment	14
6. Average hourly wage rate expected	12.00
7. Retention Rate (6 months)	11
8. Number of individuals that will be co-enrolled in WIA	20
9. Number of individuals that will be co-enrolled in other programs such as TANF, VR, ENs etc.	13

**WP funding:**

<b>Performance Goals</b>	<b>Total</b>
1. Number served	21
2. Number to complete services (80% completion rate)	17
3. Number to complete "Principles of Employment" or "BWT" series	14
4. Number to receive a Certificate of Completion for Work Experience	3