

AMENDMENT # THREE TO CONTRACT # C1-1-IS-0-09

This is an Amendment to the Contract for the Provision of the Integrated Employment and Training Services entered into by and between The Indiana Department of Workforce Development (hereinafter referred to as "State") and the Indiana Region 9 Workforce Board, Inc. (hereinafter referred to as "Contractor") dated December 10, 2010.

In consideration of the mutual undertakings and covenants hereinafter set forth, the parties agree to the items marked below:

1. X This Amendment X increases/___ decreases the State's previously-obligated funds by \$ 56,907. Total obligation the State will pay the Contractor is \$ 644,010.

2. X This Amendment ___ increases/ X decreases the Contractor's previously-obligated funds by \$ 13,585. Total obligation the Contractor will pay the State is \$ 49,188.

3. ___ This Amendment changes the Contract Expiration Date from _____ to _____.

4. X Attachments: The items marked below are attached herein, made a part hereof, and incorporated herein by reference as part of this Agreement

 X a. Project/Project Statement (Exhibit Am B3)
 X b. Budget/Budget Summary (Exhibit Am C3)

All other matters previously agreed to and set forth in the original Grant Agreement and not affected by this Amendment shall remain in full force and effect.

Non-Collusion And Acceptance: The undersigned attests under penalties of perjury that he/she is the Grantee, or that he/she is the representative, agent, member or officer of the Grantee, that he has not, nor has any member, employee, representative, agent or officer of the Grantee, directly or indirectly, to the best of his/her knowledge, entered into or offered to enter into any combination, collusion or agreement to receive or pay, and that he/she has not received or paid, any sum of money or other consideration for the execution of this Amendment # three to Grant Agreement other than that which appears upon the face hereof.

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The parties, having read and understanding the foregoing terms of this Contract Amendment, do by their respective signatures dated below hereby agree to the terms thereof.

CONTRACTOR

Indiana Region 9 Workforce Board, Inc.

Organization Name

Beth Blasdel

Signature

Beth Blasdel/Chair

Typed or Printed Name and Title

6/27/12

Date

**BALANCE OF STATE
WORKFORCE INVESTMENT BOARD**

Jeffery L. Williams

Jeffery L. Williams, Chair

6/30/12

Date

**INDIANA DEPARTMENT OF
WORKFORCE DEVELOPMENT**

Scott B. Sanders

Scott B. Sanders, Commissioner

7/9/2012

Date

**INDIANA DEPARTMENT OF
ADMINISTRATION**

Robert D. Wynkoop

Robert D. Wynkoop, Commissioner

8.9.12

Date

STATE BUDGET AGENCY

Adam M. Horst

Adam M. Horst, Director

8-13-12

Date

**APPROVED AS TO FORM AND
LEGALITY**

Misty L. Mueser

Gregory F. Zoeller, Attorney General

8/29/2012

Date

RECEIVED
SEP 13 2012
STATE BUDGET AGENCY

8/29/12

Statement of Work

This amendment includes cost adjustments where reimbursement is needed for shared expenses due to:

The RWB assuming responsibility for payment of lease and utilities at the Madison location in February 2012; inclusion of shared expenses at the North Vernon location due to a DWD employee's workstation being relocated from Columbus to North Vernon; adjustments for shared expenses of an additional copier at the Columbus location; and a slight adjustment in shared cost of security panic buttons at 3 sites.

The total change in the contract for IDWD Reimbursement to Contractor is an increase of \$56,907.

The total change in the contract for Contractor Reimbursement to DWD is a decrease of \$13,585.

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STATEMENT OF WORK

Office Location: 4555 Central Avenue Columbus, IN
(Address) (City)

Department Number: 191237

Complete the following information for each location where reimbursement is needed for shared expenses. Additional notes may be attached, as needed, to provide further clarification or justification. Provide known or estimated cost and percentage of shared expenses between the funding sources.

1. **PS/PB**

1a. Administrative Costs

Describe specifically any administrative services provided that will require reimbursement, including a list of positions paid from this category. Allowable administrative cost may include but not limited to costs associated with contract preparation, negotiation, accounting, record keeping, time tracking, lease negotiations, issuing and handling checks, procurement, property management, marketing, etc. DWD will reimburse the WIB/RWB a maximum of 10% of cost paid per funding source. The WIB/RWB will reimburse DWD 8% of the cost paid per funding source for indirect cost.

Regional Operator ("RO") office manager, CEO, and Legal are all positions paid from this category. Accounting, record keeping, time tracking, issuing/handling checks, procurement, property management, contract prep and reporting requirements are all admin costs associated with this contract.

1b. Clerical Support

Describe specifically the clerical support services that will require reimbursement. This description should include a list of all positions, their role and responsibilities as it relates to this contract and the percentage of time involved.

N/A

1c. Functional Supervision

Describe specifically the functional supervision services that will require reimbursement. This description should include a list of all positions, their role and responsibilities as it relates to this contract and the percentage of time involved.

Center Manager – RO employee that oversees Columbus office (functional supervision). Also the Operations Manager – RO employee who has direct oversight overall all center managers and is ultimately responsible for all WorkOne Southeast operations (to include leases). Part of the \$81,800 placed in the budget sheets* is for the Operations Manager (approximately 1/3 of her salary is paid via this \$81,800). The remainder of that \$81,800 is for 50% of the salary/benefits of TWO Center Managers (one of which is in the Columbus office).

*See PY10; \$25,000 is budgeted for the period 7/1/11 to 9/30/12 for Operations Manager/Two Center Managers – Columbus & Madison.

Update April 2012: As of February 2012, the RO no longer employs a Center Manager for the Columbus office; this position is now covered by DWD staff.

2. Premise Expense

Provide the requested premise expense information. If expenses for items 2b – 2e are included in the lease the monthly cost space should remain empty and the lease space should be marked with an "X".

2a. Lease

Monthly Lease Amount: \$9,140.63 (held by RWB) Amount per Sq. Ft: \$13.50 annual

Lease Expiration Date: 11/30/2013

Update May 2012 – DWD employee moved from Columbus office to North Vernon office. Employee was 100% UI service – budget sheet has been reduced against what is charged toward UI for the amount of that employee's office space (approx 116 square feet @ 13.50 per sq foot = \$1,566 per year/\$131 per month) after his departure (period of May 14th – September 30, 2012) – resulted in decrease of \$596 total under UI column and increase in the RWB column to make up the difference.

2b. Utilities

Gas Monthly Cost: _____ or Lease X

Electric Monthly Cost: _____ or Lease X

Water Monthly Cost: _____ or Lease X

Sewer Monthly Cost: _____ or Lease X

2c. Janitorial Monthly Cost: _____ or Lease X

2d. Security Monthly Cost: \$21.35 or Lease _____

**This security cost is for panic buttons and lock pads/security codes to enter the WorkOnes. Region 9 has these in every office.*

2e. Other (identify)

_____ Monthly Cost: _____ or Lease _____

3. **Supply Expenses**

Describe the specific supplies to be purchased.

DWD will purchase office supplies for the Columbus (Bartholomew) WorkOne at approximately \$1,600 per year (\$2,000 for 15 months). Columbus will order office supplies for Seymour (Jackson) at approximately \$1,600 per year (or \$2,000 for 15 months -- this amount includes Service Provider and Non-DWD employee costs in both Columbus and Seymour and the RWB will reimburse DWD for these costs).

4. **Equipment Purchases or Leased (not computer)**

List the equipment to be purchased or leased, the known or estimated cost or monthly cost if leased and percentage assigned to various funding sources

DWD has one MFD and the RWB pays for 2 copiers @ \$258 per month, \$78 of which is for use by WIA (non-DWD) staff, and \$180 for DWD employee use...this has been broken out accordingly on the Budget sheet. DWD MFD is used by all staff to fax but only state staff to print and copy. The 2 that RWB leases are used by all staff. They are located on the floor for easier convenience to staff assisting customers and they are also used to print numerous copies for business service purposes.

5. **Equipment Expenses (not computer)**

Describe equipment expenses to be incurred such as maintenance agreements. Include the percentage assigned to various funding sources.

N/A

6. **Computer Replacements**

This cost is only applicable to the regions that are not utilizing the State system. Provide the number of computers to be replaced, the reason for replacement and the DWD positions receiving the replacement computers.

n/a

7. **Other Computer Expenses**

This cost is only applicable to the regions that are not utilizing the State system. Identify any other computer expenses that will occur for DWD employees.

n/a

8. **Telephone Expenses**

Provide a description of the type of costs anticipated. This description should include number of phone lines, who owns the phone system and any special configuration of the phone system.

RWB pays phone expenses through our lease. Columbus Learning Center Management Corporation (landlord) owns the phone system. There are 26 WorkOne lines.

9. **Data Line Expenses**

Describe any shared cost associated with data lines supporting FAX machines, computers, printers and any other expenses related to data lines.

DWD pays Fax expenses.

10. **Miscellaneous Expenses**

Provide a list of the type of miscellaneous expenses anticipated and not listed above.

n/a

11. **Other Expenses**

Funds allocated in this category will be used only as directed and in writing from the Chief Financial Officer or Budget Director of DWD.

STATEMENT OF WORK

Office Location: 110 Walnut Street Lawrenceburg, IN
 (Address) (City)

Department Number: 191226

Complete the following information for each location where reimbursement is needed for shared expenses. Additional notes may be attached, as needed, to provide further clarification or justification. Provide known or estimated cost and percentage of shared expenses between the funding sources.

1. **PS/PB**

1a. Administrative Costs

Describe specifically any administrative services provided that will require reimbursement, including a list of positions paid from this category. Allowable administrative cost may include but not limited to costs associated with contract preparation, negotiation, accounting, record keeping, time tracking, lease negotiations, issuing and handling checks, procurement, property management, marketing, etc. DWD will reimburse the WIB/RWB a maximum of 10% of cost paid per funding source. The WIB/RWB will reimburse DWD 8% of the cost paid per funding source for indirect cost.

Regional Operator ("RO") office manager, CEO, and Legal are all positions paid from this category. Accounting, record keeping, time tracking, issuing/handling checks, procurement, property management, contract prep and reporting requirements are all admin costs associated with this contract.

1b. Clerical Support

Describe specifically the clerical support services that will require reimbursement. This description should include a list of all positions, their role and responsibilities as it relates to this contract and the percentage of time involved.

-N/A

1c. Functional Supervision

Describe specifically the functional supervision services that will require reimbursement. This description should include a list of all positions, their role and responsibilities as it relates to this contract and the percentage of time involved.

Operations Manager – RO employee who has direct oversight overall all center managers and is ultimately responsible for all WorkOne Southeast operations (to include leases). Part of the \$81,800 placed in the budget sheets* is for the Operations Manager (approximately 1/3 of salary is paid via this contract.
*See PY10 contract Summary budget.

2. Premise Expense

Provide the requested premise expense information. If expenses for items 2b – 2e are included in the lease the monthly cost space should remain empty and the lease space should be marked with an "X".

2a. Lease

Monthly Lease Amount: \$4,916.67 (held by RWB) Amount per Sq. Ft: \$8.31 annual

Lease Expiration Date: 3/31/2020

2b. Utilities

Gas Monthly Cost: \$512.50 or Lease _____

Electric Monthly Cost: \$512.50 or Lease _____

Water Monthly Cost: _____ or Lease X

Sewer Monthly Cost: _____ or Lease X

2c. Janitorial Monthly Cost: \$400 or Lease _____

2d. Security Monthly Cost: \$21.35 or Lease _____

**This security cost is for panic buttons and lock pads/security codes to enter the WorkOnes. Region 9 has these in every office.*

2e. Other (identify)

_____ Monthly Cost: _____ or Lease _____

3. Supply Expenses

Describe the specific supplies to be purchased.

Extra janitorial expense (beyond monthly expense in Section 2c) – RWB responsible for buying paper products and hand soap. DWD will pay for office supplies at approximately \$4,000 per year (\$5,000 for 15 months) for Lawrenceburg.

Lawrenceburg will also order supplies for Greensburg (Decatur) which are approximately \$4,000 per year (or \$5,000 for 15 months -- this amount includes supplies for Service Provider/Non-DWD employees in both Lawrenceburg and Greensburg and the RWB will reimburse DWD for these costs).

4. **Equipment Purchases or Leased (not computer)**

List the equipment to be purchased or leased, the known or estimated cost or monthly cost if leased and percentage assigned to various funding sources

RWB pays for 1 copier @ \$130 per month, \$40 of which is for use by WIA (non-DWD) staff, and \$90 for DWD employee use...this has been broken out accordingly on the Budget sheet.

5. **Equipment Expenses (not computer)**

Describe equipment expenses to be incurred such as maintenance agreements. Include the percentage assigned to various funding sources.

N/A

6. **Computer Replacements**

This cost is only applicable to the regions that are not utilizing the State system. Provide the number of computers to be replaced, the reason for replacement and the DWD positions receiving the replacement computers.

n/a

7. **Other Computer Expenses**

This cost is only applicable to the regions that are not utilizing the State system. Identify any other computer expenses that will occur for DWD employees.

n/a

8. Telephone Expenses

Provide a description of the type of costs anticipated. This description should include number of phone lines, who owns the phone system and any special configuration of the phone system.

N/A

9. Data Line Expenses

Describe any shared cost associated with data lines supporting FAX machines, computers, printers and any other expenses related to data lines.

n/a

10. Miscellaneous Expenses

Provide a list of the type of miscellaneous expenses anticipated and not listed above.

n/a

11. Other Expenses

Funds allocated in this category will be used only as directed and in writing from the Chief Financial Officer or Budget Director of DWD.

STATEMENT OF WORK

Office Location: 620 Green Road Madison, IN
 (Address) (City)

Department Number: 191227

Complete the following information for each location where reimbursement is needed for shared expenses. Additional notes may be attached, as needed, to provide further clarification or justification. Provide known or estimated cost and percentage of shared expenses between the funding sources.

1. **PS/PB**

1a. Administrative Costs

Describe specifically any administrative services provided that will require reimbursement, including a list of positions paid from this category. Allowable administrative cost may include but not limited to costs associated with contract preparation, negotiation, accounting, record keeping, time tracking, lease negotiations, issuing and handling checks, procurement, property management, marketing, etc. DWD will reimburse the WIB/RWB a maximum of 10% of cost paid per funding source. The WIB/RWB will reimburse DWD 8% of the cost paid per funding source for indirect cost.

Regional Operator ("RO") office manager, CEO, and Legal are all positions paid from this category. Accounting, record keeping, time tracking, issuing/handling checks, procurement, property management, contract prep and reporting requirements are all admin costs associated with this contract.

1b. Clerical Support

Describe specifically the clerical support services that will require reimbursement. This description should include a list of all positions, their role and responsibilities as it relates to this contract and the percentage of time involved.

N/A

1c. Functional Supervision

Describe specifically the functional supervision services that will require reimbursement. This description should include a list of all positions, their role and responsibilities as it relates to this contract and the percentage of time involved.

Center Manager – RO employee that oversees Madison office. Also the Operations Manager – RO employee who has direct oversight overall all center managers and is ultimately responsible for all WorkOne Southeast operations (to include leases). Part of the \$81,800 placed in the budget sheets* is for the Operations Manager (approximately 1/3 of salary is paid via this contract).

*See PY10; \$25,000 is budget for the period 7/1/11 to 9/30/12 for Operations Manager/Two Center Managers – Columbus & Madison.

Update April 2012: As of April 2012, the RO no longer employs a Center Manager for the Madison office (she now manages WorkOne Express sites); the Center Manager position is now covered by DWD staff.

2. Premise Expense

Provide the requested premise expense information. If expenses for items 2b – 2e are included in the lease the monthly cost space should remain empty and the lease space should be marked with an "X".

2a. Lease

Monthly Lease Amount: \$6,522 Feb – Sept 2012 Amount per Sq. Ft: \$11.51 annual
\$6,273 (held by DWD thru Jan 2012) Amount per Sq. Ft: \$11.07 annual

Lease Expiration Date: 1/31/2012 (DWD) and 12/31/2012 (RWB)

2b. Utilities

Gas Monthly Cost: \$114 or Lease _____
7 months charged to DWD side
8 months charged to RWB side

Electric Monthly Cost: \$1006 or Lease _____
7 months charged to DWD side
8 months charged to RWB side

Utilities \$1,120 x 15 months \$16,800 per contract period. Madison 8 months on RWB side = \$8,960. And Madison 7 months on DWD side = \$7,840.

Water Monthly Cost: _____ or Lease X

Sewer Monthly Cost: _____ or Lease X

2c. **Janitorial** Monthly Cost: _____ or Lease X

2d. **Security** Monthly Cost: 21.35 or Lease _____

**This security cost is for panic buttons and lock pads/security codes to enter the WorkOnes. Region 9 has these in every office.*

2e. **Other (Identify)**

_____ Monthly Cost: _____ or Lease _____
_____ Monthly Cost: _____ or Lease _____

3. Supply Expenses

Describe the specific supplies to be purchased.

DWD will purchase office supplies for the Madison (Jefferson) office at approximately \$1,400 per year (or \$1,750 for 15 months). The Madison office will also be ordering for North Vernon (Jennings) at approximately \$1,400 per year (or \$1,750 for 15 months -- this amount includes supplies for Service Provider/Non-DWD employees in both Madison and North Vernon and the RWB will reimburse DWD for these costs).

4. Equipment Purchases or Leased (not computer)

List the equipment to be purchased or leased, the known or estimated cost or monthly cost if leased and percentage assigned to various funding sources

RWB pays for 1 copier @ \$137 per month, \$40 of which is for use by WIA (non-DWD) staff, and \$97 for DWD employee use...this has been broken out accordingly on the Budget sheet.

5. Equipment Expenses (not computer)

Describe equipment expenses to be incurred such as maintenance agreements. Include the percentage assigned to various funding sources.

N/A

6. Computer Replacements

This cost is only applicable to the regions that are not utilizing the State system. Provide the number of computers to be replaced, the reason for replacement and the DWD positions receiving the replacement computers.

_____ n/a _____

7. Other Computer Expenses

This cost is only applicable to the regions that are not utilizing the State system. Identify any other computer expenses that will occur for DWD employees.

n/a

8. Telephone Expenses

Provide a description of the type of costs anticipated. This description should include number of phone lines, who owns the phone system and any special configuration of the phone system.

9. Data Line Expenses

Describe any shared cost associated with data lines supporting FAX machines, computers, printers and any other expenses related to data lines.

n/a

10. Miscellaneous Expenses

Provide a list of the type of miscellaneous expenses anticipated and not listed above.

n/a

11. Other Expenses

Funds allocated in this category will be used only as directed and in writing from the Chief Financial Officer or Budget Director of DWD.

STATEMENT OF WORK

Office Location: 1200 West O & M Avenue North Vernon
(Address) (City)

Department Number: 191191

Complete the following information for each location where reimbursement is needed for shared expenses. Additional notes may be attached, as needed, to provide further clarification or justification. Provide known or estimated cost and percentage of shared expenses between the funding sources.

1. **PS/PB**

1a. Administrative Costs

Describe specifically any administrative services provided that will require reimbursement, including a list of positions paid from this category. Allowable administrative cost may include but not limited to costs associated with contract preparation, negotiation, accounting, record keeping, time tracking, lease negotiations, issuing and handling checks, procurement, property management, marketing, etc. DWD will reimburse the WIB a maximum of 10% of cost paid per funding source. The WIB will reimburse DWD 8% of the cost paid per funding source for indirect cost.

N/A

1b. Clerical Support

Describe specifically the clerical support services that will require reimbursement. This description should include a list of all positions, their role and responsibilities as it relates to this contract and the percentage of time involved.

N/A

1c. Functional Supervision

Describe specifically the functional supervision services that will require reimbursement. This description should include a list of all positions, their role and responsibilities as it relates to this contract and the percentage of time involved.

N/A

2. Premise Expense

Provide the requested premise expense information. If expenses for items 2b – 2e are included in the lease the monthly cost space should remain empty and the lease space should be marked with an "X".

2a. Lease

Monthly Lease Amount: \$1,740.00 Amount per Sq. Ft: 1.721

July 2011 – April 2012 - \$1,550
May 2012 – prorated rental amount \$1,655.00 (17 of 31 days at new rate)
June 2012 – June 2013 - \$1,740.00
July 2013 – June 2015 - \$1,760.00
July 2015 – June 2016 - \$1,788.00

Lease Expiration Date: June 2016

2b. Utilities

Gas	Monthly Cost: _____	or Lease <u> X </u>
Electric	Monthly Cost: _____	or Lease <u> X </u>
Water	Monthly Cost: _____	or Lease <u> X </u>
Sewer	Monthly Cost: _____	or Lease <u> X </u>

2c. Janitorial Monthly Cost: _____ or Lease X

2d. Security Monthly Cost: 21.50 or Lease _____

2e. Other (identify)

_____ Monthly Cost: _____ or Lease _____

3. Supply Expenses

Describe the specific supplies to be purchased.

Basic office supplies -- \$500 for one year (\$625 for 15 month contract period) with 10% charged to UI for DWD employee use from May 14, 2012 – September 30, 2012.

4. Equipment Purchases or Leased (not computer)

List the equipment to be purchased or leased, the known or estimated cost or monthly cost if leased and percentage assigned to various funding sources

N/A

5. **Equipment Expenses (not computer)**

Describe equipment expenses to be incurred such as maintenance agreements. Include the percentage assigned to various funding sources.

N/A

6. **Computer Replacements**

This cost is only applicable to the regions that are not utilizing the State system. Provide the number of computers to be replaced, the reason for replacement and the DWD positions receiving the replacement computers.

N/A

7. **Other Computer Expenses**

This cost is only applicable to the regions that are not utilizing the State system. Identify any other computer expenses that will occur for DWD employees.

N/A

8. **Telephone Expenses**

Provide a description of the type of costs anticipated. This description should include number of phone lines, who owns the phone system and any special configuration of the phone system.

Phone \$220 per month avg July 2011-May 14, 2012, then add'1 \$27 per month. We anticipate a monthly increase of \$27.00 per month for the DWD employee's use. DWD employee will be the regional support liaison for DWD/RWB. The RWB pays for the phone system and one additional line was added for DWD employee's use.

9. **Data Line Expenses**

Describe any shared cost associated with data lines supporting FAX machines, computers, printers and any other expenses related to data lines.

Data Line \$52.50 per month avg July 2011-May 14, 2012, then add'1 \$13.50 per month. We anticipate a monthly increase of \$13.50 for the DWD employee's use. DWD employee will be utilizing RWB secured internet access and will be using fax and printer located in that office.

10. **Miscellaneous Expenses**

Provide a list of the type of miscellaneous expenses anticipated and not listed above.

N/A

11. **Other Expenses**

Funds allocated in this category will be used only as directed and in writing from the Chief Financial Officer or Budget Director of DWD.

Location Budget - Integrated Services Contract
7/1/2011 - 9/30/2012

Location: Columbus		EDS# C1-1-JS-0-09										Mod # 3			
CATEGORY	TOTAL	WIB/RWB Responsible for Bills and IDWD or Other Entity Reimburses RWB/RWB					IDWD Pays Bills and WIB/RWB or Other Entity Reimburses IDWD								
		WIB/RWB FUNDS	CFDA#17.207 WP	CFDA#17.207 LVER	CFDA#17.207 DVOP	CFDA#17.225 UI	OTHER ENTITY	WIB/RWB FUNDS	CFDA#17.207 WP	CFDA#17.207 LVER	CFDA#17.207 DVOP	CFDA#17.225 UI	OTHER ENTITY		
1. PS/IPB															
1a. Administrative Costs	\$6,271		\$6,104									\$167			\$0
1b. Clerical Support	\$0														
1c. Functional Supervision	\$12,500		12,500												
PS/IPB subtotal (item 1)	\$18,771		\$18,604			\$0	\$0					\$167			\$0
2. Premise Expenses	\$137,428	\$10,490	\$58,269	\$5,498	\$5,498	\$57,673	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
2a. Lease	\$137,108	10,468	58,134	5,484	5,484	57,538									
2b. Utilities	\$0														
2c. Janitorial	\$0														
2d. Security	\$320	22	135	14	14	135									
2e. Other Premise	\$0														
3. Supply Expenses	\$4,000														
4. Equipment Purchases (not computer)	\$3,871	1,161	1,084	271	271	1,084									
5. Equipment Expenses (not computer related)	\$0														
6. Computer Replacement	\$0														
7. Other Computer Expenses	\$0														
8. Telephone Expenses	\$7,920	555	3,326	317	396	3,326									
9. Data Line Expenses	\$1,306											92	554	53	554
10. Miscellaneous Expenses	\$0														
sub-total (items 2-10)	\$154,525	\$12,206	\$62,679	\$6,086	\$6,165	\$62,083	\$0	\$0	\$2,092	\$1,354	\$253	\$53	\$1,554	\$0	\$0
Total (Items 1-10)		\$173,296	\$12,206	\$81,283	\$6,086	\$6,165	\$62,083	\$0	\$2,259	\$1,354	\$253	\$53	\$1,554	\$0	\$0
		TOTAL CONTRACT AMOUNT IDWD REIMBURSEMENT TO WIB/RWB (b+c+d+e)					TOTAL CONTRACT AMOUNT WIB/RWB REIMBURSEMENT TO IDWD (equals f)								
		\$155,617					\$2,259					\$1,554		\$0	

Location Budget - Integrated Services Contract
7/1/2011 - 9/30/2012

Location: Madison		EDS# C1-1-IS-0-09										Mod # 3			
		WIB/RWB Responsible for Bills and IDWD or Other Entity Reimburses RWB/WIB					IDWD Pays Bills and WIB/RWB or Other Entity Reimburses IDWD								
mspro	TOTAL	WIB/RWB FUNDS	CFDA#17.207 WP	CFDA#17.207 LVER	CFDA#17.207 DVOP	CFDA#17.207 UI	OTHER ENTITY	WIB/RWB FUNDS	CFDA#17.207 WP	CFDA#17.207 LVER	CFDA#17.207 DVOP	CFDA#17.207 UI	OTHER ENTITY		
1. PSPB															
1a. Administrative Costs	\$4,828		\$3,600					\$1,019					\$209		
1b. Clerical Support	\$0														
1c. Functional Supervision	\$12,500		12,500												
	\$17,328		\$16,100			\$0	\$0	\$1,019					\$209		
2. Premise Expenses	\$113,208	\$6,146	\$24,582	\$6,146	\$0	\$24,582	\$0	\$10,992	\$17,729	\$1,570	\$0	\$18,844	\$2,617		
2a. Lease	\$96,088	5,218	20,870	5,218		20,870		9,346	14,985	1,335		16,021	2,226		
2b. Utilities	\$16,800	896	3,584	896		3,584		1,646	2,744	235		2,823	392		
2c. Janitorial	\$0														
2d. Security	\$320	32	128	32		128									
2e. Other Premise	\$0														
3. Supply Expenses	\$3,500								700	175		875			
4. Equipment Purchases (not computer)	\$2,055	600	428	205		822									
5. Equipment Expenses (not computer related)	\$0														
6. Computer Replacement	\$0														
7. Other Computer Expenses	\$0														
8. Telephone Expenses	\$0														
9. Data Line Expenses	\$0														
10. Miscellaneous Expenses	\$0														
sub-total (Items 1-10)	\$118,763	\$6,746	\$25,010	\$6,351	\$0	\$25,404	\$0	\$12,742	\$18,429	\$1,745	\$0	\$19,719	\$2,617		
Total (Items 1-10)		\$136,091	\$6,746	\$41,110	\$6,351	\$0	\$25,404	\$0	\$13,761	\$18,429	\$1,745	\$0	\$19,719	\$2,826	
		TOTAL CONTRACT AMOUNT IDWD REIMBURSEMENT TO WIB/RWB (b+c+d+e)		TOTAL CONTRACT AMOUNT IDWD REIMBURSEMENT TO IDWD (equals f)											
		\$72,865		\$13,761											

Additional Contract Clause Attachment

The following clause is added and incorporated as an additional contract term to:

EDS # CI-1-IS-0-09

No Investment in Iran. As required by IC 5-22-16.5-13, the Contractor hereby certifies that the Contractor is not engaged in investment activities in Iran.

Indiana Region 9 Workforce Board, Inc.

[Contractor Name, Printed]

Indiana Department of

Workforce Development

[Indiana Agency Name]

Signed: Martin W. Hon
Printed Name: Martin W. Hon
Title: Chair
Date: 8/24/12

Initials: RLG
Printed Name: Charles R. Gillespie