

# \* RUSH \*

## EXECUTIVE DOCUMENT SUMMARY

State Form 41221 (R10/4-08)

# Received

Instructions for completing the EDS and the Contract pages.



1. Please read the guidelines on the back of this form.
2. Please type all information.
3. Check all boxes that apply.
4. For amendments / renewals, attach original contract.
5. Attach additional pages if necessary.

OCT 22 2012  
DOA Contracts  
12/7  
ML

1. EDS Number: C1-3-RWB-2-09	2. Date prepared: 10/9/2012
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### 3. CONTRACTS & LEASES

<input type="checkbox"/> Professional/Personal Services	<input type="checkbox"/> Contract for procured Services
<input checked="" type="checkbox"/> Grant	<input type="checkbox"/> Maintenance
<input type="checkbox"/> Lease	<input type="checkbox"/> License Agreement
<input type="checkbox"/> Attorney	<input checked="" type="checkbox"/> Amendment# 1
<input type="checkbox"/> MOU	<input type="checkbox"/> Renewal #
<input type="checkbox"/> QPA	<input type="checkbox"/> Other

### FISCAL INFORMATION

4. Account Number: 62410-51000.570010	5. Account Name: DWD DOL Fund
6. Total amount this action: \$1,291,288.00	7. New contract total: 2,122,028.00
8. Revenue generated this action: \$0.00	9. Revenue generated total contract: \$0.00
10. New total amount for each fiscal year:	
Year 2013	\$968,781.00
Year 2014	\$1,153,247.00
Year	\$
Year	\$

### TIME PERIOD COVERED IN THIS EDS

11. From (month, day, year): 7/1/2012	12. To (month, day, year): 6/30/2014
13. Method of source selection:	
<input type="checkbox"/> Bid/Quotation	<input type="checkbox"/> Emergency
<input type="checkbox"/> RFP#	<input checked="" type="checkbox"/> Other (specify) GRANT
<input type="checkbox"/> Negotiated	<input type="checkbox"/> Special Procurement

35. Will the attached document involve data processing or telecommunications systems(s)?  Yes: IOT or Delegate has signed off on contract

36. Statutory Authority (Cite applicable Indiana or Federal Codes):  
IC 22-4-18-1(B)(4)

37. Description of work and justification for spending money. (Please give a brief description of the scope of work included in this agreement.)  
The purpose of this amendment is to add the October allocation to provide funding for the provision of employment and training programs and services for citizens of this region of the Balance of State workforce service area to enroll participants and carry out the duties consistent with the workforce investment area plan and provide innovative workforce development services. A Purchase Order has been issued for this agreement. It will be updated when this amendment is fully executed.

38. Justification of vendor selection and determination of price reasonableness:  
The State is entering into this agreement with the grant recipient in accordance with the Workforce Investment Act. The funds are federal pass through dollars.

39. If this contract is submitted late, please explain why: (Required if more than 30 days late.)

40. Agency fiscal officer or representative approval 	41. Date Approved 10/18/12	42. Budget agency approval 	43. Date Approved 10-23-12
44. Attorney General's Office approval 	45. Date Approved 10/23/12	46. Agency representative receiving from AG	47. Date Approved

AGENCY INFORMATION	
14. Name of agency: Dept of Workforce Development	15. Requisition Number: 0013503077
16. Address: DWD 10 N SENATE AVE RM SE0015 INDIANAPOLIS, IN 46204-2201	

AGENCY CONTACT INFORMATION	
17. Name: Cynthia B. Simmons	18. Telephone #: 317.232.7373
19. E-mail address: csimmons@dwd.in.gov	

COURIER INFORMATION	
20. Name: Patricia Freeman	21. Telephone #: 317.232.7356
22. E-mail address: pfreeman@dwd.in.gov	

VENDOR INFORMATION	
23. Vendor ID # 0000200701	
24. Name: REGION 9 WORKFORCE BOARD INC	25. Telephone #: 812-537-4949
26. Address: INDIANA REGION 9 WORKFORCE 9 E HIGH ST LAWRENCEBURG, IN 47025	

27. E-mail address: bbrown@indianaregion9.org

28. Is the vendor registered with the Secretary of State? (Out of State Corporations, must be registered)  Yes  No

29. Primary Vendor: M/WBE	30. If yes, list the %:
Minority: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Minority: _____ %
Women: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Women: _____ %

31. Sub Vendor: M/WBE	32. If yes, list the %:
Minority: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Minority: _____ %
Women: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Women: _____ %

33. Is there Renewal Language in the document?	34. Is there a "Termination for Convenience" clause in the document?
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

# RECEIVED

OCT 23 2012

## OAG-ADVISORY

**AMENDMENT # ONE TO EDS # C1-3-RWB-2-09**

This is an Amendment to the Grant Agreement, entered into by and among the Indiana Department of Workforce Development (hereinafter "DWD") for and on behalf of the State of Indiana (hereinafter the "State"), the Balance of State Workforce Investment Board (hereinafter the "BOS-WIB"), and the Indiana Region 9 Workforce Board, Inc. [Regional Workforce Board] (hereinafter the "RWB or "Grantee") dated June 22, 2012.

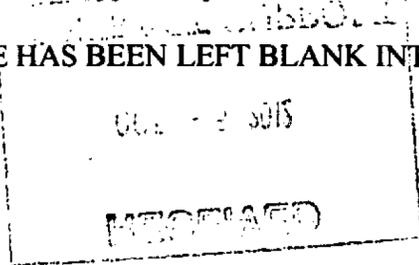
In consideration of the mutual undertakings and covenants hereinafter set forth, the parties agree to the items marked below:

1. X This Amendment X increases/\_\_\_ decreases the previously obligated funds by \$1,291,288. Total obligation of this Grant is \$2,122,028.
  
2. \_\_\_ This Amendment changes the Grant Expiration Date from \_\_\_ to \_\_\_.
  
3. \_\_\_ This Amendment changes the name for Grantee formerly known as \_\_\_ to \_\_\_.
  
4. X Exhibit: The items marked below are attached hereto, made a part hereof, and incorporated herein by reference as part of this Agreement
  - \_\_\_ a. Statement of Work (Exhibit Am \_\_\_)
  - X b. Budget (Exhibit Am C1)

**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, subject to the penalties for perjury, that the undersigned is the Grantee, or that the undersigned is the properly authorized representative, agent, member or officer of the Grantee. Further, to the undersigned's knowledge, neither the undersigned nor any other member, employee, representative, agent or officer of the Grantee, directly or indirectly, has entered into or been offered any sum of money or other consideration for the execution of this Amendment other than that which appears upon the face hereof.

THE REST OF THIS PAGE HAS BEEN LEFT BLANK INTENTIONALLY.



In Witness Whereof, Grantee and the State of Indiana, have through their duly authorized representatives, entered into this Grant Agreement. The parties, having read and understanding the foregoing terms of the Grant, do by their respective signatures dated below hereby agree to the terms thereof.

**GRANTEE:**

Indiana Region 9 Workforce Board, Inc..

Organization Name

Martin W. How  
Signature

Martin W. How  
Typed or Printed Name and Title

10/2/12  
Date

**BALANCE OF STATE WORKFORCE INVESTMENT BOARD**

Jeffrey Williams  
Jeffrey Williams, Chair

10/9/12  
Date

**INDIANA DEPARTMENT OF WORKFORCE DEVELOPMENT**

Scott B. Sanders  
Scott B. Sanders, Commissioner

10/18/2012  
Date

**INDIANA DEPARTMENT OF ADMINISTRATION:**

Robert D. Wynkoop  
Robert D. Wynkoop, Commissioner

10/23/12  
Date

**STATE BUDGET AGENCY:**

Adam M. Horst  
Adam M. Horst, Director

10-23-12  
Date

**APPROVED AS TO FORM AND LEGALITY**

Gregory F. Zoeller  
Gregory F. Zoeller, Attorney General

10/23/12  
Date

**EXHIBIT Am C1**

**WIA ADULT BUDGET**

<b>EDS NUMBER:</b> <u>C1-3-RWB-2-09</u>	<b>CFDA:</b> <u>17.258</u>
<b>FEDERAL AGENCY:</b> <u>DOL</u>	<b>DUNS#:</b> <u>033399727</u>
	<b>CCR#:</b> <u>6FGE1</u>

<b>Project Code</b>	<b>Activity</b>	<b>Cost Category</b>	<b>Budget</b>	<b>Adjustment**</b>	<b>Modified Budget</b>
5107309P12WIAAD	7100000	Administration*	\$ 4,868	\$ 58,940	\$ 63,808
5107311P12WIAAD	7160000	Program Cost	\$ 43,816	\$ 530,464	\$ 574,280
		<b>TOTAL</b>	<b>\$ 48,684</b>	<b>\$ 589,404</b>	<b>\$ 638,088</b>

\* Administration is a maximum of 10% of allocation.

\*\* Funds cannot be obligated, accrued or expended prior to Oct. 1, 2012.

09/12

## WIA YOUTH BUDGET

<b>EDS NUMBER:</b> <u>C1-3-RWB-2-09</u>	<b>CFDA:</b> <u>17.259</u>
<b>FEDERAL AGENCY:</b> <u>DOL</u>	<b>DUNS#:</b> <u>033399727</u>
	<b>CCR#:</b> <u>6FGE1</u>

Project Code	Activity	Cost Category	Budget	Adjustment**	Modified Budget
5107309P12WIA Y T	7100000	Administration*	\$ 66,114	\$ -	\$ 66,114
5107314P12WIA Y T	7500000	In School	\$ 416,520	\$ -	\$ 416,520
5107314P12WIA Y T	7510000	Out of School	\$ 178,509	\$ -	\$ 178,509
<b>TOTAL</b>			<b>\$ 661,143</b>	<b>\$ -</b>	<b>\$ 661,143</b>

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09/12

## DISLOCATED WORKER BUDGET

<b>EDS NUMBER:</b> <u>C1-3-RWB-2-09</u>	<b>CFDA:</b> <u>17.278</u>
<b>FEDERAL AGENCY:</b> <u>DOL</u>	<b>DUNS#:</b> <u>033399727</u>
	<b>CCR#:</b> <u>6FGE1</u>

Project Code	Activity	Cost Category	Budget	Adjustment**	Modified Budget
5107309P12WIADW	7100000	Administration*	\$ 12,091	\$ 70,188	\$ 82,279
5107312P12WIADW	7160000	Program Cost	\$ 108,822	\$ 409,541	\$ 518,363
<b>TOTAL</b>			\$ 120,913	\$ 479,729	\$ 600,642

### DISLOCATED WORKER TRANSFERRED TO ADULT

Project Code	Activity	Cost Category	Budget	Adjustment**	Modified Budget
5107310P12WIADW	7160000	Program Cost	\$ -	\$ 222,155	\$ 222,155

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09/12