



Contract Number

20-305 A-2

SAP Number

4400014346

Transitional Assistance Department

Department Contract Representative Telephone Number John Greswit, Contract Analyst
(909) 388-0255

Contractor	Career Institute
Contractor Representative Telephone Number	Judy Takano, President (909) 481-0270
Contract Term	07/01/2020 through 06/30/2023
Original Contract Amount	NTE \$5,000,000
Amendment Amount	NTE \$2,500,000
Total Contract Amount	NTE \$7,500,000
Cost Center	5017601000

IT IS HEREBY AGREED AS FOLLOWS:

AMENDMENT NO. 2

It is hereby agreed to amend Contract No. 20-305, effective July 1, 2022, as follows:

SECTION I. DEFINITIONS

Amend Paragraphs H and I to read as follows:

- H. Referral to Activity – (TAD WTW 109) – Required County form completed by the WTW staff to enroll customer into program activities. The referral form is provided to the Contractor to initiate enrollment of CalWORKs customers into program activities.
- I. Welfare-to-Work Program Attendance and Progress Report (CSF 124) – Report prepared by the Contractor in a format approved by the County. At a minimum, the report shall contain customer’s name, Social Security Number, attendance date, daily time in and time out, daily total attendance hours, weekly total attendance hours, narration of participant progress in course, customer’s signature, instructor’s signature, and date signed. Attendance is submitted weekly and Progress is submitted monthly to the County for each CalWORKs customer.

SECTION II. CONTRACTOR RESPONSIBILITIES

Amend Paragraphs D and Q to read as follows:

- D. Verify eligibility and obtain approval from the County to provide services for any CalWORKs customer using the Referral to Activity (TAD WTW 109).
- Q. Provide case management for all CalWORKs customers who receive services under the Contract. Case management includes, but is not limited to, maintaining a customer's case file while enrolled in vocational education/training services, continually assessing service(s) needed, and documenting customer's progress including success and problems. Each customer shall have an individual case file, which must be accurate and complete, and minimally contain the following information:
 - 1. Referral to Activity (TAD WTW 109)
 - 2. Release of Information (TAD 228 form)
 - 3. Welfare-to-Work Program Attendance and Progress Report (CSF 124)
 - 4. Signed County Complaint and Grievance Procedure (HS 39) (Attachment B)
 - 5. Copy of the Certificate of Completion

SECTION IV. COUNTY RESPONSIBILITIES

Amend Paragraphs B to read as follows:

- B. Complete the County portion of the Referral to Activity (TAD WTW 109)) to be sent with the customer at the time of enrollment into the Contractor's educational services.

SECTION V. FISCAL PROVISIONS

Amend Paragraph A and C to read as follows:

- A. The aggregate amount of payment under this Contract is a combined total for all CalWORKs Vocational Education and Training Services. Contractors identified in the corresponding Board Agenda item and together shall not exceed \$7,500,000 for the term of the contract, of which \$7,500,000 may be federally funded, and shall not exceed the \$2,500,000 for the period from July 1, 2022 through June 30, 2023, and shall be subject to availability of funds to the County. The consideration to be paid to Contractor, as provided herein, shall be in full payment for all Contractor's services and expenses incurred in the performance hereof, including travel and per diem.
- C. The basis for payment is for services provided under this Fee-for-Service Contract. The Contractor shall be reimbursed according to Benchmark Payments as listed herein:
 - 1. Enrollment
Twenty percent (20%) of the total cost identified in Attachment A, Training Program Sites and Costs, upon completion of one (1) week attendance in program. Copies of Referral to Activity (TAD WTW 109) and enrollment/attendance verification must be attached to invoice.
 - 2. Half Completion
Thirty percent (30%) of the total cost as identified in Attachment A, Training Program Sites and Costs, upon half completion of program. Copies of Referral to Activity (TAD WTW 109) documentation of half completion, and attendance/progress verification must be attached to invoice.
 - 3. Completion
Thirty percent (30%) of the total cost as identified in Attachment A, Training Program Sites and Costs, upon completion of program. Copies of Referral to Activity (TAD WTW 109) completion certificate, passing test scores and/or skill levels, and attendance/progress verification must be attached to invoice.

4. Job Placement

Twenty percent (20%) of the total cost as identified in Attachment A, Training Program Sites and Costs, upon entering into related unsubsidized employment within ninety (90) days from the completion date of the education/training program. San Bernardino County Employment Verification form (Attachment C) must be attached to invoice.

The County may approve payment upon entering related unsubsidized employment beyond ninety (90) days to be determined on a case by case basis.

SECTION VIII. TERM

Amend Section VIII to read as follows:

This Contract is effective as of July 1, 2020, and is extended from its original expiration date of June 30, 2022, to expire on June 30, 2023, but may be terminated earlier in accordance with provisions of Section IX of the Contract.

All other terms and conditions of Contract No. 20-305 remain in full force and effect.

This Amendment may be executed in any number of counterparts, each of which so executed shall be deemed to be an original, and such counterparts shall together constitute one and the same Amendment. The parties shall be entitled to sign and transmit an electronic signature of this Amendment (whether by facsimile, PDF or other email transmission), which signature shall be binding on the party whose name is contained therein. Each party providing an electronic signature agrees to promptly execute and deliver to the other party an original signed Amendment upon request.

SAN BERNARDINO COUNTY

CAREER INSTITUTE

(Print or type name of corporation, company, contractor, etc.)



By

Curt Hagman, Chairman, Board of Supervisors

(Authorized signature - sign in blue ink)

Dated: _____

Name Judy Takano

SIGNED AND CERTIFIED THAT A COPY OF THIS DOCUMENT HAS BEEN DELIVERED TO THE CHAIRMAN OF THE BOARD

(Print or type name of person signing contract)

Lynna Monell
Clerk of the Board of Supervisors
San Bernardino County

Title President

(Print or Type)

By _____

Deputy

Dated: _____

Address 10722 Arrow Route, Suite 516

Rancho Cucamonga, CA 91730

FOR COUNTY USE ONLY

Approved as to Legal Form

Reviewed for Contract Compliance

Reviewed/Approved by Department



Adam Ebright, Deputy County Counsel



Patty Steven, HS Contracts



Gilbert Ramos, Director

Date _____

Date _____

Date _____