

**COMMUNITY BASED ORGANIZATION
Master Contract Exhibit A and B Coversheet**

EXHIBIT #

Dept. Name: WIB Dept / 320400 Vendor ID #: 28144 Board PO #: SOCSA
 Business Unit: SOCSA Acct #: 610341 Master Contract #: C95-0263 Budget Year 2007

FUND #	DEPT #	PROGRAM #	SUB #	PROJECT / GRANT #	Amount to be Encumbered	Total Contract Amount
22404	320400	32000		SSGPCP060700008	\$755,917.00	\$755,917.00

Period of Funding: From: July 1, 2006 To: June 30, 2007 Contract Maximum: \$755,917.00

Department Contact: Jan Pinney Telephone: (510) 259-3828 FAX (510) 259-3845 QIC: 50306

Contractor Name: **Ohlone Community College District**

Contractor Address: 43600 Mission Blvd. BOS Dist #: 1
Fremont, CA 94539 Location #: 3

Remittance Address: Same as above Federal Tax I.D. #: 94-2378181

Contractor Phone #: (510) 742-2320 Email: yheadley@ohlone.edu

Contractor Contact Person: Yvonka Headley FAX #: (510) 742-2332

Contract Service Category: WIA GRANT PROGRAM ONE-STOP CAREER CENTER OPERATION

Estimated Units of Service: Provide One-Stop services as described in Exhibit A.

Maximum Single Payment & Exceptions: Not to exceed 110% of expenditure plan calculated on a monthly basis.

Method of Reimbursement (Invoicing Procedures): Line-item cost reimbursement per periodic (monthly) invoice.

TOTAL CUMULATIVE INVOICED AMOUNT SHALL NOT EXCEED CONTRACT MAXIMUM.

History of Funding	Original	Amendment # 1	Amendment # 2	Amendment # 3	Amendment # 4
Funding Level	\$960,289.00				
Exhibit Number					
Amount of Encumbrance	\$755,917.00				
File Date					
File Number					
Reason	Start services				

Funding Source of Allocation:	Federal - CFDA #s @ Exhibit B	State	County
	\$755,917.00		

The signatures below signify that the attached Exhibits A and B have been reviewed, negotiated and finalized. The Contractor also signifies agreement with all provisions of the Master Contract.

DEPARTMENT

By _____
Signature
Chet P. Hewitt
 Title Social Services Agency Director
 Date _____

CONTRACTOR

By _____
Signature
 Print Name Dr. Douglas Treadway, PhD
 Title President/Supervisor Date _____
 By _____
 Print Name _____
 Title _____ Date _____

Exhibit B - PY 2006/2007

**WORKFORCE INVESTMENT ACT (WIA) Grants
STAFF SALARIES WORKSHEET**

**Contract Period:
7/1/06 - 6/30/07**

Contractor: Ohlone Community College Dist. One-Stop Career Center

Activities: One-Stop Career Center Operations

A. STAFF POSITION or JOB TITLE		FTE * Monthly or Hourly	CONTRACT COST per COST CATEGORY			
			PROGRAM		WIB Use	
			% FTE or Total Hrs	TOTAL SALARY **	% FTE or Total Hrs	TOTAL SALARY **
1.	Director yv	\$8,199	100%	\$98,388		
2.	WIA Case Manager g	\$4,710	100%	\$56,520		
3.	WIA Case Manager ta	4,703	100%	\$56,436		
4.	Job Developer mvn	\$4,599	100%	\$55,188		
5.	Job Developer sh	3,792	100%	\$45,504		
6.	Operations Secretary	3,522	90%	\$42,264		
7.	Bi-Lingual Career Center Assistant	3,291	100%	\$39,492		
8.	Program Specialist ej	\$16/hr	28%	\$9,600		
9.	Program Specialist a	\$16/hr	38%	\$12,800		
10.	Program Specialist th	\$17/hr	0.01%	\$544		
11.	Program Specialist mkl	\$20/hr	24%	\$10,000		
12.	Program Specialist ma	\$14/hr	37%	\$10,920		
	TOTAL-Salaries:			\$437,656		
B. CONSULTANTS / Sub-Contracts						
13.	Services for 1 Stop			\$120,000		
14.	Supportive Services			\$10,000		
15.	TOTAL-Consultant Contracts:			\$130,000		

* Hourly rate paid, monthly salary for a full-time equivalent (FTE) position, or basis for consultant contract. Do NOT include benefits.

** The contract cost is the amount of salary / wages (do NOT include fringe benefits) covered by funds in this contract.

NOTE: Salary allocations to cost categories may have been rounded to the nearest whole dollar.

Exhibit B - PY 2006/2007

WORKFORCE INVESTMENT ACT (WIA) Grants
GRANT SOURCE / LINE ITEM BUDGET / QUARTERLY PLAN

Contract Period:

7/01/06 - 6/30/07

Contractor: Eden Area One-Stop Career Center

Activities: One-Stop Career Center Operations

A. SOURCE of FUNDS for CONTRACT		CFDA	
1.	WIA - Adult Programs	17.258	\$253,026
2.	WIA - Adult Program Employer Services	17.258	\$10,544
3.	WIA - Dislocated Worker Program	17.260	\$474,476
4.	WIA - Dislocated Worker Employer Services	17.260	\$17,871
5.	ALLOCATION for CONTRACT PERIOD		\$755,917
B. LINE ITEMS for COST REIMBURSEMENT			
6.	Staff Salaries / see Staff Salaries Worksheet		\$437,656
7.	Staff Fringe Benefits		\$133,191
8.	Staff Travel		\$1,500
9.	Staff Training / Conferences		\$800
10.	Facilities Operations (Rent-utilities/ phone-mailing/ etc.)		\$4,500
11.	Office / Operations - Supplies, Equipment, Computers Single item cost - less than \$5,000:		\$2,700
12.	Office / Operations - Supplies, Equipment, Computers Single item cost of \$5,000 or more:		\$0
13.	Services for One Stop / see Staff Salaries Worksheet		\$120,000
14.	Sub-contracts / see Staff Salaries Worksheet		\$0
15.	Occupational Training / OJT & IR's		\$0
16.	Insurance, Bonding, Audit Costs		\$0
17.	Supportive Services / see Staff Salaries Worksheet		\$10,000
18.	Bio Tech Coordinator		\$45,570
19.	INTERNAL TOTAL - COST REIMBURSEMENT		755,917
20.	EXTERNAL TOTAL for ITAs		
C. EXPENDITURE PLAN (cumulative for 4 Quarters)			
21.	1st Quarter / July - September 2006		\$200,061
22.	2nd Quarter / October - December 2006		\$400,122
23.	3rd Quarter / January - March 2007		\$578,641
24.	4th Quarter / April - June 2007		\$755,917

* 10. - REQUIRES prior written approval from Alameda County WIB.

PERFORMANCE AND EXPENDITURE PLAN
WIA Adult/Dislocated Worker Program

REGISTERED PARTICIPANTS	JULY	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
FUNDING ALLOCATION PERIOD 2005/2006												
Standard New Registered Adults												
Standard Exited Adults												
Standard New Registered Dislocated Workers												
Standard Exited Dislocated Workers												
Core B New Registered Adults												
Core B Exited Adults												
Core B New Registered Dislocated Workers												
Core B Exited Dislocated Workers												
100% Enrollment in July 50% Exit by December 75% Exit by March 100% Exit by June												

REGISTERED PARTICIPANTS	JULY	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
FUNDING ALLOCATION PERIOD 2006/2007												
Standard New Registered Adults	3	3	3	3	3	3	3	2	1	1	1	1
Standard Exited Adults	0	0	1	1	2	1	1	2	2	2	1	1
Standard New Registered Dislocated Workers	4	4	6	6	2	2	4	6	4	4	2	2
Standard Exited Dislocated Workers	0	0	3	3	3	1	1	3	4	3	1	1
50% Enrollment by December 75% Enrollment by March 100% Enrollment by June 25% Exits by March 50% Exits by June												

EXPENDITURES FOR PY06-07	JULY	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
Projected Adult Expenditures	18171	18171	18171	18171	18171	18171	18171	18171	18171	18171	18171	18919
Projected Dislocated Workers Expenditures	30940	30940	30940	30940	30940	30940	30940	30940	30940	30940	30940	31417
Total Projected Expenditures by Month	49111	49111	49111	49111	49111	49111	49111	49111	49111	49111	49111	50336

WIB policy directs staff to assess expenditures and make recommendations for recapture of WIA funds.

TOTAL
218800
371757
590557

PERFORMANCE AND EXPENDITURE PLAN

WIA Adult/Dislocated Worker Program

REGISTERED PARTICIPANTS	JULY	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	TOTAL
FUNDING ALLOCATION PERIOD 2005/2006													
Standard New Registered Adults													0
Standard Exited Adults													0
Standard New Registered Dislocated Workers													0
Standard Exited Dislocated Workers													0
Core B New Registered Adults													0
Core B Exited Adults													0
Core B New Registered Dislocated Workers													0
Core B Exited Dislocated Workers													0
100% Enrollment in July 50% Exit by December 75% Exit by March 100% Exit by June													

REGISTERED PARTICIPANTS	JULY	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	TOTAL
FUNDING ALLOCATION PERIOD 2006/2007													
Standard New Registered Adults	2	2	3	3	3	2	2	4	5	4	4	2	36
Standard Exited Adults	0	0	2	2	2	1	1	2	2	2	2	2	18
Standard New Registered Dislocated Workers	6	7	7	7	6	3	6	6	5	4	4	4	65
Standard Exited Dislocated Workers	2	2	3	3	3	2	2	3	4	4	3	2	33
50% Enrollment by December 75% Enrollment by March 100% Enrollment by June 25% Exits by March 50% Exits by June													



EXPENDITURES FOR PY06-07	JULY	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	TOTAL
Projected Adult Expenditures	3730	3730	3730	3730	3730	3730	3730	3730	3730	3730	3730	3740	44770
Projected Dislocated Workers Expenditures	6251	6251	6251	6251	6251	6251	6251	6251	6251	6251	6251	7469	76230
Total Projected Expenditures by Month	9981	9981	9981	9981	9981	9981	9981	9981	9981	9981	9981	11209	121000

WIB policy directs staff to assess expenditures and make recommendations for recapture of WIA funds.

Exhibit B2

Performance Goals

Contractor: Tri-Cities One-Stop Centers
 Activities: One-Stop Career Center Operations

Contract Period: 7/01/06 - 6/30/07

	Adult Program	Dislocated Worker Program
Funding Allocation Period 2005-06		
Enrollments by 7/1/06	100%	100%
Exits by 6/30/07	100%	100%
Entered Employment	75%	82%
Entered Employment with Credential	56%	66%
Wage Gain	\$3,300	(\$3,000)
Retention Rate	77%	86%

	Adult Program	Dislocated Worker Program
Funding Allocation Period 2006-07		
Enrollments by 6/30/07	100%	100%
Exits by 6/30/08	100%	100%
Entered Employment	75%	82%
Entered Employment with Credential	56%	66%
Wage Gain	\$3,300	(\$3,300)
Retention Rate	77%	86%

Performance Goal achievement will be evaluated in two (2) different ways by the Alameda County Workforce Investment Board:

1. Through the Contract Performance Indicator Reports compiled monthly that are based on Actual exit outcomes reported by the program providers via MIS forms.
2. Through the Performance Reports by Grant compiled annually that are based on the State calculations from the base wage file records.

Additionally, annually the State allows for Performance Goal negotiation with the local Workforce Investment Areas. Until the negotiations are complete the program providers are responsible to meet performance goals from the prior funding allocation peri

Alameda County Workforce Investment Board - WIB/320400 MONTHLY REPORT of FINANCIAL ACTIVITY WIA GRANTS - ONE-STOP CAREER CENTER	INVOICE NUMBER: mmyr-xxxx-01 Invoice # is: mmyr-PO # - xx
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Contact Person		BOARD P.O. NUMBER.:
Contractor	Ohlone Community College District	SOCSA - xxxx
Street Address	43600 Mission Blvd.	
City, Zip Code	Fremont, CA 94539	VENDOR ID / LOCATION #:
Contact Phone / FAX	(510) 659-6000; (510) 659-6202	28144 / #3

IRS IDENTIFICATION NO:	94-2378181	CONTRACT PERIOD:
MASTER CONTRACT #:	C95-0263	07/01/06 to 6/30/07

REPORT MONTH:	Enter Date Here	ONE-STOP / 06-07
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ACTUAL and ACCRUED EXPENDITURES / BY COST CATEGORY - WIA ACTIVITY

Federal CFDA #	17.258	17.260	REPORT MONTH	FOR WIB USE-ONLY	YEAR-to DATE (YTD)
<i>Costs Claimed / Earned</i>	ADULTS	DISL WRKR s			
1. TOTAL CLAIMED			\$0.00		
2. Cash Expenditures			\$0.00		
3. Accrued Expenditures			\$0.00		
<i>Allocation to Cost Categories</i>	\$0.00	\$0.00	\$0.00		\$0.00
A. Core A - Self Services			\$0.00		
B. Core B - Staff-assisted			\$0.00		
C. Intensive Services			\$0.00		
D. Other			\$0.00		
APPROVED BUDGET					\$0.00
Alameda County Accounting	Account 610341	Fund 22404	Org / Dept 320400	Program 32000	Project-Grant SSGPCP060700008

Total Contract Amount:		
1. Cash Disbursed/Earned-Year-To-Date . . .	\$0.00	
2. Cash Received -- Year-To-Date Total . . .	\$0.00	
3. Available Cash (line 2 minus line 1)	\$0.00	
4. Cash Requested by this Invoice	\$0.00	

Comments:
 Cost Category: Sum of A. thru D. must equal 1. TOTAL CLAIMED

CERTIFICATION: I certify that, to the best of my knowledge and belief, this report is true in all respects, and that all disbursements have been made for the purposes of, and within all conditions of, the contract.

NAME / TITLE	AUTHORIZED SIGNATURE	DATE
Yvonka Headley, Director 1 Stop Career Center Newark		