

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

Dept. Name: WIB Dept / 320400 Vendor ID #: 28144 Board PO #: SOCSA -

Business Unit: SOCSA Master Contract # 900132 Procurement Contract # \_\_\_\_\_ Budget Year 2010

ACCOUNT	FUND	DEPT	PROGRAM	SUB	PROJECT-GRANT	Amount to be Encumbered	Total Contract Amount
610341	22404	320400	32000		<b>SSGPCP091000011</b>	<b>\$839,482.00</b>	<b>\$839,482.00</b>

Procurement Contract: Begin Date: July 1, 2009 Expire Date: June 30, 2010 Contract Maximum: **\$839,482.00**

Period of Funding: From: July 1, 2009 To: June 30, 2010

Department Contact: David Harkess Telephone: 510-259-3832 FAX: 510-259-3845 QIC: 50306

Contract Name: **Ohlone Community College District**

Contractor Address: dba Tri-Cities One-Stop Career Center BOS Dist #: 1  
39399 Cherry Street, Newark CA 94560 Location #: 3

Remittance Address: Ohlone Community College Attn: John Li, Senior Accountant  
43600 Mission Blvd., Fremont CA 94539 Federal Tax I.D. #: 94-2378181

Contractor Telephone #: 510-742-2320 Email: [tdodson@ohlone.edu](mailto:tdodson@ohlone.edu)

Contractor Contact Person: Tina Dodson FAX #: 510-742-2332

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

Estimated Units of Service: Provide One-Stop services as described in Exhibit A / Statement of Work

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	<b>\$1,007,200.00</b>				
Exhibit Number					
Amount of Encumbrance	<b>\$839,482.00</b>				
File Date	<b>6/9/09</b>				
File Number					
Reason	<b>Board Approval</b>				

Funding Source of Allocation:	Federal - CFDA # @ Exhibit B	State	County
	<b>\$839,482.00</b>		

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*  
Yolanda Baldovinos  
 Title Social Services Agency, Director  
 Date \_\_\_\_\_

**CONTRACTOR**

By \_\_\_\_\_  
*Signature*  
 Print Name Dr. Gari Browning, Ph. D.  
 Title President / Superintendent Date \_\_\_\_\_  
 By \_\_\_\_\_  
 Print Name \_\_\_\_\_  
 Title \_\_\_\_\_ Date \_\_\_\_\_

GRANT SOURCE / LINE ITEM BUDGET / QUARTERLY PLAN

Contract Period:

7/01/09 - 6/30/10

Contractor: Ohlone CCD / Tri-Cities One-Stop

Activities: One-Stop Career Center Operations

A. SOURCE of FUNDS for CONTRACT		CFDA Numbers		
1.	WIA - Adult Programs	31.85%	17.258	\$257,661
2.	WIA - Adult Programs Employer Services	\$25,600	17.258	\$9,669
3.	WIA - Dislocated Workers	68.15%	17.260	\$551,442
4.	WIA - Dislocated Workers Employer Services	\$54,400	17.260	\$20,710
5.	<b>ALLOCATION for CONTRACT PERIOD</b>			\$839,482
B. LINE ITEMS for COST REIMBURSEMENT		ADULT CFDA: 17.258	DIS. WRKR. CFDA: 17.260	TOTAL EACH LINE ITEM
6.	Staff Salaries / see Staff Salaries Worksheet	\$125,603	\$266,907	\$392,510
7.	Staff Fringe Benefits	\$61,189	\$133,939	\$195,128
8.	Staff Travel	\$1,600	\$3,400	\$5,000
9.	Staff Training / Conferences	\$1,840	\$3,910	\$5,750
10.	Facilities Operations (Rent-utilities/ phone-mailing/ etc.)	\$2,016	\$4,284	\$6,300
11.	Single item cost - less than \$5,000: Office / Operations - Supplies, Equipment, Computers	\$5,952	\$12,647	\$18,599
* 12.	Single item cost of \$5,000 or more: * Office / Operations - Supplies, Equipment, Computers			\$0
13.	Supportive Services / see Staff Salaries Worksheet	\$3,040	\$6,460	\$9,500
14.	EDD Sub-contracts / see Staff Salaries Worksheet	\$56,421	\$119,895	\$176,316
15.	Occupational Training / OJT & IR's			\$0
16.	Insurance, Bonding, Audit Costs			\$0
17.	Employer Services	\$9,669	\$20,710	\$30,379
18.				\$0
19.				\$0
20.	<b>TOTAL COST REIMBURSEMENT</b>	<b>\$267,330</b>	<b>\$572,152</b>	<b>\$839,482</b>
C. EXPENDITURE PLAN (cumulative for 4 Quarters)				
21.	1st Quarter / July - September 2009	\$65,146	\$138,436	\$203,582
22.	2nd Quarter / October - December 2009	\$132,555	\$281,681	\$414,236
23.	3rd Quarter / January - March 2010	\$198,757	\$522,713	\$621,115
24.	4th Quarter / April - June 2010	\$267,330	\$572,152	\$839,482

\$0	\$0	\$0
WIB Review:		8/6/09 3:19 PM
Date:		drh 5-21-09 / A-B Cvr 2010

\* 12. - REQUIRES prior written approval from Alameda County WIB.

STAFF SALARY WORKSHEET

Contractor: Ohlone CCD / Tri-Cities One-Stop

Contract Period: 7/01/09 to 6/30/10

Activities: One-Stop Career Center Operations

A. STAFF POSITION or JOB TITLE	FTE * Monthly or Hourly Salary	Personnel Calculations		Personnel Cost Allocations	
		% FTE or Total Hrs	TOTAL SALARY **	Adult Programs CFDA 17.258	Dislocated Workers CFDA 17.260
1. Director	\$8,181	55%	\$53,994	\$17,278	\$36,716
2. Executive Assistant	\$5,223	80%	\$50,141	\$16,045	\$34,096
3. Case Manager	\$4,974	100%	\$59,688	\$19,100	\$40,588
4. Case Manager J - D	\$4,311	85%	\$21,984	\$7,035	\$14,949
5. Case Manager J - J	\$4,520	85%	\$23,052	\$7,377	\$15,675
6. Job Developer J - D	\$4,624	70%	\$19,421	\$6,215	\$13,206
7. Job Developer J - J	\$4,856	70%	\$20,395	\$6,526	\$13,869
8. Job Developer J - D	\$4,202	100%	\$25,212	\$8,068	\$17,144
9. Job Developer J - J	\$4,411	100%	\$26,466	\$8,469	\$17,997
10. Student Services Assistant	\$4,110	100%	\$49,320	\$15,782	\$33,538
11. Student Services Assistant J - D	\$3,388	75%	\$15,246	\$4,879	\$10,367
12. Student Services Assistant J - J	\$3,558	75%	\$16,011	\$5,124	\$10,887
13. Other Hourly	15.44 hr	750 hrs	\$11,580	\$3,706	\$7,874
14. TOTAL-Salaries:			\$392,510	\$125,604	\$266,906
<b>B. CONSULTANTS / Sub-Contracts</b>					
15. EDD Contract estimate as of this date 7 14 09			\$176,316		
16.					
17.					
17.			\$176,316	\$0	\$0

\* 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.

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WIB Review:	Date:

**WORKFORCE INVESTMENT ACT (WIA) Grants  
EMPLOYER SERVICES BUDGET**

Contractor: **Ohlone CCD / Tri-Cities One-Stop**

Contract Period: **7/01/09 to 6/30/10**

Activities: **One-Stop Career Center / Employer Services**

<b>EMPLOYER SERVICES ACTIVITIES</b>		<b>Adult Programs CFDA # 17.258</b>	<b>Dislocated Workers CFDA # 17.260</b>	<b>Combined CFDA Totals/Activity</b>
1.	Job Fairs	\$880.00	\$1,870.00	<b>\$2,750.00</b>
2.	Chamber Mixers	\$824.00	\$1,751.00	<b>\$2,575.00</b>
3.	Trade Shows	\$1,056.00	\$2,244.00	<b>\$3,300.00</b>
4.	Printing/Collateral Materials	\$1,440.00	\$3,060.00	<b>\$4,500.00</b>
5.	Employer Workshops	\$480.00	\$1,020.00	<b>\$1,500.00</b>
6.	Employer Recognition Events	\$640.00	\$1,360.00	<b>\$2,000.00</b>
7.	Media Stories/Press Releases	\$800.00	\$1,700.00	<b>\$2,500.00</b>
8.	On-Site Recruitments	\$941.00	\$2,163.00	<b>\$3,104.00</b>
9.	Workforce Conference	\$560.00	\$1,190.00	<b>\$1,750.00</b>
10.	Business Publications	\$400.00	\$850.00	<b>\$1,250.00</b>
11.	Other	\$1,648.00	\$3,502.00	<b>\$5,150.00</b>
12.				
13.	<b>TOTALS:</b>	<b>\$9,669.00</b>	<b>\$20,710.00</b>	<b>\$30,379.00</b>
		drh @ 5-15-09 / A-B Cvr 2010		8/6/09 3:19 PM

**Exhibit B-3 PY 2009/2010**

**EXPENDITURE PLAN  
WIA Adult/Dislocated Worker Program**

**Contractor: Ohlone CCD / Tri-Cities One-Stop**

	2009					
EXPENDITURES FOR PY 09/10	JULY	AUG	SEP	OCT	NOV	DEC
Projected Adult Expenditures	\$16,729	\$33,846	\$65,146	\$88,240	\$110,039	\$132,555
Projected Dislocated Workers Expenditures	\$35,550	\$71,922	\$138,436	\$187,510	\$233,834	\$281,681
Total Projected Expenditures by Month	\$52,279	\$105,768	\$203,582	\$275,750	\$343,873	\$414,236

	2010					
EXPENDITURES FOR PY 09/10	JAN	FEB	MAR	APR	MAY	JUN
Projected Adult Expenditures	\$154,383	\$176,571	\$198,757	\$222,115	\$245,983	\$267,330
Projected Dislocated Workers Expenditures	\$328,066	\$375,214	\$422,358	\$471,993	\$522,713	\$572,152
Total Projected Expenditures by Month	\$482,449	\$551,785	\$621,115	\$694,108	\$768,696	\$839,482

Projected expenditures are cumulative -- July 1 thru June 30.

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

**Exhibit B-4 PY 2009/2010**

**PERFORMANCE PLAN**  
**WIA Adult/Dislocated Worker Program**

**Contractor: Ohlone CCD / Tri-Cities One-Stop**

*Enrollments* 50% 75% 100%

REGISTERED PARTICIPANTS FUNDING ALLOCATION PERIOD 2009/2010	2009						2010						Total Contracted
	JULY	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	
TOTAL NEW ENROLLMENTS - ADULTs	24	35	50	65	80	89	99	110	121	131	141	153	153
Staff-Assisted New Registered Adults			15	30	45	50	60	70	80	90	95	100	100
Intensive New Registered Adults	24	35									40	45	45
ARRA Adult Staff Assisted						2		3				4	4
ARRA Adult Intensive						2			3			4	4
TOTAL NEW ENROLLMENTS - DWs	68	106	137	161	183	196	201	229	241	252	259	234	266
Staff-Assisted New Registered Dislocated Workers			15	30	45	50	60	70	80	90	95	100	100
Intensive New Registered Dislocated Workers	65	103	113	120	125	130	134					134	134
ARRA Dislocated Workers Staff Assisted	1	3	5	6	7	8		13	14		15	16	16
ARRA Dislocated Workers Intensive	2		4	5	8	8	11	12	13	14	15	16	16

TOTAL NEW ENROLLMENTS will be a non-duplicative count of WIA enrolled individuals

*The Performance Plan is developed with each month including the performance of the previous months.*

50% Enrollment by December

75% Enrollment by March

100% Enrollment by June

Alameda County Workforce Investment Board - WIB/320400 <b>MONTHLY REPORT of FINANCIAL ACTIVITY</b> <b>WIA GRANTS - ONE-STOP CAREER CENTER</b>		<b>INVOICE NUMBER:</b> xxxx-0709 Invoice # is: PO # - moyr
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Contact Person	<b>EXAMPLE</b>	<b>BOARD P.O. NUMBER.:</b> <b>SOCSA - xxxx</b>
Contractor		
Street Address		
City, Zip Code		<b>VENDOR ID / LOCATION #:</b> <b>12345 / Loc #: 1</b>
Contact Phone / FAX		

IRS IDENTIFICATION NO:		CONTRACT PERIOD: <b>7/01/09 to 6/30/10</b>
MASTER CONTRACT #:		

REPORT MONTH:	<b>JULY 2009</b>
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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>	<b>ADULTS</b>	<b>DISL WRKR's</b>			
<b>1. TOTAL CLAIMED</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>		<b>\$0.00</b>
<b>2. Cash Expenditures</b>			\$0.00		
<b>3. Accrued Expenditures</b>			\$0.00		
<i>Allocation to Cost Categories</i>	\$0.00	\$0.00	\$0.00		\$0.00
A. Core A - Self Services					
B. Core B - Staff-assisted					
C. Intensive Services					
D. Other					
E.					
<b>APPROVED BUDGET</b>					\$0.00
Alameda County Accounting	Account 610341	Fund 22404	Dept 320400	Program 32000	Project-Grant SSGPCP091000011

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

Comments: Cost Category: Sum of A. thru E. 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