

Exhibit A

Senior Service America, Inc. (SSAI) SCSEP Sponsor Agreement Amendment: 07-01-2020 to 10-31-2020	
Federal Award ID Number: AD-35223-20-60-A-24 Sponsor Number: 116	Effective Date of this Amendment: 11-01-2020
Original Agreement Date: 07-01-2020	Modification No: 001
To: City of Duluth Workforce Development 402 W 1st St Duluth, MN 55802	From: Senior Service America, Inc. 8403 Colesville Road, Suite 200 Silver Spring, MD, 20910-6931

The above referenced Agreement is amended as follows:

1. Per the Amendment Effective Date above, Senior Service America, Inc. (SSAI) is now named the Center for Workforce Inclusion, Inc. (Center). Sponsors shall no longer reference SSAI and instead reference the Center in all forms, documents, correspondence, agreements, audit documents, MOUs, etc.
2. This Amendment refers to the Center for Workforce Inclusion, Inc. as *we* or *us*, and this Amendment refers to Sponsor or Subgrantee as *you*.
3. Section 1, *The Period of this Agreement*, is now July 1, 2020 to December 31, 2020.
4. This Agreement requires compliance with the following additional documents:
 - TEGL 22-19, *Program Year (PY) 2020 Planning Instructions and Allotments for Senior Community Service Employment Program (SCSEP) State, Territory, and National Grantees; and Implementation of SCSEP Provisions of the Coronavirus Aid, Relief, and Economic Security Act (CARES Act)* (May 28, 2020); and
 - Funding Opportunity Announcement (FOA) FOA-ETA-20-09.
5. ***Section VIII You Will Seek Community Support*** has been revised.

FROM: You will publicize the SCSEP Program, its concepts, and its objectives to develop extensive community understanding of the capability and performance of older workers and their need for unsubsidized employment. This public interest could be developed through advertising, public speaking, display posters, and other media. If your agency has a website, information about your SCSEP must be posted on the website.

In any publicity releases, outreach materials, including your website, and *Memoranda of Understanding* about the SCSEP Program, you will include the following, “...operated under a USDOL grant and in cooperation with Senior Service America, Inc. SCSEP is funded by a \$XX million grant from the U.S. Department of Labor. This funding provides 90% of the support for SCSEP with SSAI providing 10% match or \$XXM. The SCSEP

Program is an equal opportunity program. Auxiliary aids and services are available upon request to individuals with disabilities.’

TO: this language replaces the above completely:

You will include the following statements and the Center for Workforce Inclusion logo on the SCSEP page(s) of your organization’s website:

- The Senior Community Service Employment Program (SCSEP) is a community service and work-based job training program for older Americans operated under a U.S. Department of Labor grant. We thank the Center for Workforce Inclusion, Inc. for selecting our organization to operate SCSEP in our community.
- The [insert your name] SCSEP program is funded by a \$46.3 million grant from the U.S. Department of Labor. This funding provides 90% of the support for SCSEP with the Center and its subgrantees providing approximately \$5 million in nonfederal match. The SCSEP Program is an equal opportunity program. Auxiliary aids and services are available upon request to individuals with disabilities.’

You will follow or like the Center’s Facebook, Twitter, and LinkedIn accounts;

You will participate in the Center’s social media campaigns related to: National Employ Older Workers Week and Older American’s Month.

You will tag the Center in any SCSEP-related social media posts made by you.

You will provide one completed Participant Profile per program year. A completed Participant Profile includes:

- One completed Interview in writing or via video using the questions provided by the Center.
- One release form signed by the participant.
- Two photos of the participant adhering to the standards outlined in the Participant Profile Instructions (see Attachment 7).

[Waiver Process for Marketing](#)

If you are unable to comply with our revised marketing requirements outlined in Section VIII above, you may apply for a waiver. To apply for a waiver:

- Submit a completed Waiver Request Form (see Attachment 8) to your Program Officer outlining the reasons you need a Waiver for the Center’s revised marketing requirements. Waiver requests must be received within 90 days of the date this Amendment is signed by both parties.

If approved, a waiver is in effect only until the end of the current program year for which it is granted. Waivers do not automatically renew for additional program years. We reserve the right to grant waivers at our sole discretion.

6. The Federal budget amount is increased by \$37,625 as follows:

- a. PWFB \$32,953
- b. Admin \$3,137
- c. OPC \$1,535

7. The Non-federal budget amount is increased by \$4,850.

This additional funding is SCSEP operations for November and December 2020.

8. A blank budget revision spreadsheet is attached. Complete as needed and return the spreadsheet with the signed modification form. Electronic signatures from an individual listed on your previously submitted *Sponsor Signature Delegation Form* are acceptable.

These budget changes will be reflected on your next SA1 Report of Costs.

9. You must serve 33 total participants from July 1, 2020 to June 30, 2021 to meet your PY20 service level goal.

10. You must exit 7 participants total into unsubsidized jobs from July 1, 2020 to June 30, 2021 to meet your PY20 unsubsidized exit level goal.

(End of Modification)

Except as hereby modified, all terms and conditions of said Agreement shall remain unchanged and in full effect.

ACKNOWLEDGEMENT BY SUBGRANTEE <i>Authorized Signature for Sponsor</i>	SSAI <i>Authorized Signature for SSAI</i>
_____ (signature)	_____ (signature)
Name (print): Job Title:	Gary A. Officer President and CEO
DATE:	DATE:

CITY OF DULUTH

By: _____
Emily Larson
Mayor

Attest:

By: _____
Chelsea Helmer
City Clerk

Date:

Countersigned:

Josh Bailey
City Auditor

Approved as to form:

Rebecca St. George
City Attorney

Sponsor Budget Proposal*

July 1, 2020 – December 31, 2020

Sponsor Name:

Project No.:

FEDERAL SHARE

Participant Wages	\$ 90,158	
Participant Fringe Benefits		
FICA	6,897	
Unemployment / Disability, if applicable		
Worker's Compensation	1,803	
Physical Exam		
Total Participant Wages / Fringe Benefits		\$ 98,858
Program - Other Costs		
Transportation		
Training		
Incidentals		
Subgrantee Staff Cost	4,605	
Other Program Costs		
Total Program / Other Costs		\$ 4,605
Project Administration		
Subgrantee Staff Cost	\$ 9,410	
Other Admin. Costs		
Total Project Admin.		\$ 9,410
TOTAL FEDERAL SHARE:		\$ 112,873

NON-FEDERAL SHARE

Rent		
Staff Salaries & Fringe Benefits		
Travel		
Postage & Delivery		
Supplies		
Insurance		
Other		
Total Cash Component		\$ -
Indirect Component		
Total Indirect Component		\$ -
Host Agency Supervision		
Space		
Other	14,550	
Total In-Kind Component		\$ 14,550
TOTAL NON-FEDERAL SHARE:		\$ 14,550

I hereby certify (a.) this budget is true in all aspects; (b.) all non-federal share of costs will be made in accordance with the agreement; (c.) receipts, records, and accounts as required by the agreement and the U.S. Department of Labor rules and regulations will be sufficient to document these costs for which credit is claimed and are available for inspection; (d.) these costs will be from non-federal sources with the exception of general revenue-sharing funds; (e.) these costs will not be claimed on any other federal programs.

Name and Title of Auth. Official Carol Turner, Operations Manager	
Signature and Date	11/9/2020

*AN ELECTRONIC VERSION OF THIS FORM IS AVAILABLE ON THE SSAI WEBSITE (FOR OUR PARTNERS) OR SEND REQUEST TO SA1FUNDS@SSA-I.ORG