

**Center for Workforce Inclusion, Inc. (the Center)**  
**SCSEP Sponsor Agreement Amendment**  
**July 1, 2020 to June 30, 2021**

<b>Federal Award ID Number:</b> AD-35223-20-60-A-24	<b>Effective Date of this Amendment:</b>
<b>Sponsor Number:</b> 116	01-01-2021
<b>Original Agreement Date:</b> 07-01-2020	<b>Modification No:</b> 002
<b>To:</b> City of Duluth Workforce Development 402 W 1st St Duluth, MN 55802	<b>From:</b> Center for Workforce Inclusion, Inc. 8403 Colesville Road, Suite 200 Silver Spring, MD, 20910-6931

This Amendment refers to the Center for Workforce Inclusion, Inc. as *we* or *us*, and this Amendment refers to Sponsor or Subgrantee as *you*.

1. Section 1, *The Period of this Agreement*, is now July 1, 2020 to June 30, 2021.
2. The Federal budget amount is increased by \$109,212 for a new federal budget of \$222,085. The additional funding is categorized as follows:
  - a. PWFB               \$95,197
  - b. Admin             \$9,410
  - c. OPC                \$4,605
3. The Non-federal budget amount is increased by \$14,070 for a new nonfederal budget amount of \$28,621.

This additional funding is SCSEP operations for January 1 through June 30, 2021.

4. 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.

(End of Modification)

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

## ACKNOWLEDGEMENT BY SUBGRANTEE

*Authorized Signature for Sponsor*

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(signature)

Name (print):

Job Title:

DATE:

**CENTER FOR WORKFORCE  
INCLUSION, INC.**

Authorized Signature for the Center

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(signature)

Gary A. Officer  
President and CEO

DATE:

Center for Workforce Inclusion, Inc.

**Sponsor Budget Proposal\*****July 1, 2020 – June 30, 2021**

Sponsor Name: City of Duluth Workforce Development

Project No.: 116

**FEDERAL SHARE**

<b>Participant Wages</b>	\$ 178,606	
<b>Participant Fringe Benefits</b>		
FICA	13,663	
Unemployment / Disability, if applicable		
Worker's Compensation	1,786	
Physical Exam		
<b>Total Participant Wages / Fringe Benefits</b>		\$ 194,055
<b>Program - Other Costs</b>		
Transportation		
Training		
Incidentals		
Subgrantee Staff Cost	9,210	
Other Program Costs		
<b>Total Program / Other Costs</b>		\$ 9,210
<b>Project Administration</b>		
Subgrantee Staff Cost	\$ 18,820	
Other Admin. Costs		
<b>Total Project Admin.</b>		\$ 18,820
<b>TOTAL FEDERAL SHARE:</b>		\$ 222,085

**NON-FEDERAL SHARE**

Rent		
Staff Salaries & Fringe Benefits		
Travel		
Postage & Delivery		
Supplies		
Insurance		
Other		
<b>Total Cash Component</b>		\$ -
Indirect Component		
<b>Total Indirect Component</b>		\$ -
Host Agency Supervision		
Space		
Other	28,621	
<b>Total In-Kind Component</b>		\$ 28,621
<b>TOTAL NON-FEDERAL SHARE:</b>		\$ 28,621

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 *Carol Turner* 1/9/2021

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