

1. Identification of Contract to be Amended.

Number: 18-235-0
Effective Date: February 15, 2010
Department: Employment and Human Services
Subject: Microsoft Office Training Services

2. Parties. The County of Contra Costa, California (County), for its Department named above, and the following named Contractor mutually agree and promise as follows:

Contractor: Mt. Diablo Adult School
Capacity: Public Agency
Address: 1266 San Carlos Avenue, Concord, CA 94520

3. Amendment Date. The effective date of this Amendment/Extension Agreement is September 20, 2010.

4. Amendment Specifications. The Contract identified above is hereby amended as set forth in the "Amendment Specifications" attached hereto which are incorporated herein by reference.

5. Extension of Term. The termination date of the above described Contract is hereby extended from February 14, 2011 to a new termination date of June 30, 2011, unless sooner terminated as provided in said contract.

6. Payment Limit Increase. The payment limit of the above described Contract is hereby increased by \$122,568.00, from \$76,650.00 to a new total Contract Payment Limit of \$199,218.00.

7. Signatures. These signatures attest the parties' agreement hereto:

COUNTY OF CONTRA COSTA, CALIFORNIA

BOARD OF SUPERVISORS By _____ Chairman/Designee	ATTEST: Clerk of the Board of Supervisors By _____ Deputy
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CONTRACTOR

Name of business entity: Mt. Diablo Adult School, a Public Agency By _____ (Signature of individual or officer) _____ (Print name and title A, if applicable)	Name of business entity: Mt. Diablo Adult School, a Public Agency By _____ (Signature of individual or officer) _____ (Print name and title B, if applicable)
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Note to Contractor: For Corporations (profit or nonprofit), the contract must be signed by two officers. Signature A must be that of the president or vice-president and Signature B must be that of the secretary or assistant secretary (Civil Code Section 1190 and Corporations Code Section 313). All signatures must be acknowledged as set forth on Form L-2.

ACKNOWLEDGMENT

STATE OF CALIFORNIA)
)
COUNTY OF CONTRA COSTA)

On _____, before me, _____
(insert name and title of the officer), personally appeared _____

_____ who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS MY HAND AND OFFICIAL SEAL.

_____ (Seal)
Signature

ACKNOWLEDGMENT (by Corporation, Partnership, or Individual)
(Civil Code §1189)

APPROVALS

RECOMMENDED BY DEPARTMENT

FORM APPROVED
COUNTY COUNSEL

By: _____
 Designee

By: _____
 Deputy County Counsel

APPROVED: COUNTY ADMINISTRATOR

By: _____
 Designee

ACKNOWLEDGMENT

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)
COUNTY OF CONTRA COSTA)

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instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

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WITNESS MY HAND AND OFFICIAL SEAL.

Signature

(Seal)

ACKNOWLEDGMENT (by Corporation, Partnership, or Individual)
(Civil Code §1189)

APPROVALS

RECOMMENDED BY DEPARTMENT

FORM APPROVED
COUNTY COUNSEL

By: _____
Designee

By: _____
Deputy County Counsel

APPROVED: COUNTY ADMINISTRATOR

By: _____
Designee

ACKNOWLEDGMENT

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COUNTY OF CONTRA COSTA)

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Signature (Seal)

ACKNOWLEDGMENT (by Corporation, Partnership, or Individual)
(Civil Code §1189)

APPROVALS

RECOMMENDED BY DEPARTMENT

FORM APPROVED
COUNTY COUNSEL

By: _____
Designee

By: _____
Deputy County Counsel

APPROVED: COUNTY ADMINISTRATOR

By: _____
Designee

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COUNTY OF CONTRA COSTA)

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Signature (Seal)

ACKNOWLEDGMENT (by Corporation, Partnership, or Individual)
(Civil Code §1189)

APPROVALS

RECOMMENDED BY DEPARTMENT

FORM APPROVED
COUNTY COUNSEL

By: _____
Designee

By: _____
Deputy County Counsel

APPROVED: COUNTY ADMINISTRATOR

By: _____
Designee

AMENDMENT EXTENSION SPECIFICATIONS

In consideration for providing continuing services and additional classroom training, Contra Costa County on behalf of its Employment and Human Services Department's (County), Workforce Development Board, and Mt. Diablo Adult School (Agency) hereby agree to increase the payment limit by \$122,568 from \$76,650 to a new contract payment limit not to exceed \$199,218, and extend the term from February 14, 2011 to June 30, 2011. All other agreement terms remain unchanged, in full force, and in effect except as specifically set forth below.

Contract # 18-235-0 is amended as follows:

- I. Interagency Agreement – Standard Form, paragraph 3, is deleted in its entirety and replaced with the following paragraph:
 - 3. **Term.** The effective date of this Agreement is February 15, 2010. It terminates on June 30, 2011 unless sooner terminated as provided herein.

- II. Interagency Agreement – Standard Form, paragraph 4, is deleted in its entirety and replaced with the following paragraph:
 - 4. **Payment Limit.** County's total payments to Agency under this Agreement shall not exceed \$199,218.00.

- III. Service Plan, **I. Agency Obligations, Paragraph B** is amended to add the following:

SCHOOL	TRAINING DATES	CAPACITY (Maximum Enrollment)
Liberty Adult Education	10/25/10 - 12/10/10	20
Mount Diablo Adult Education	1/3/11 – 2/11/11	20
West Contra Costa Adult Education	2/15/11 – 3/25/11	20
Pittsburg Adult Education	3/28/11 – 5/13/11	20
Martinez Adult Education	5/16/11 – 6/24/11	20

- IV. Service Plan, **I. Agency Obligations**, is amended to add the following subparagraphs:
 - F. Provide **Introduction to Microsoft Word and Outlook Training** to 40 Title V participants.
 - G. Provide two cohorts of training for up to 20 Title V participants per class in two week modules @ 20 hours/week on the following dates:

Cohort 1	September 20 – October 1, 2010	Location to be determined
Cohort 2	October 4 – October 14, 2010	Location to be determined

AMENDMENT EXTENSION SPECIFICATIONS

- H. Coordinate with Title V Case Manager to conduct outreach and recruitment, including conducting orientation to training for participants.
- I. Provide flyers to Title V Case Managers which outlines the dates, times and content of training to be provided
- J. Provide **Phlebotomy Training** to 20 WIA Adult and Dislocated Workers.
- K. Provide flyers and detailed information to WIA Case Managers and One Stop Coordinators regarding the Phlebotomy class to be held as follows:
 - 1. New student orientation the evening of January 11, 2011.
 - 2. Classroom instruction term: January 18- March 2, 2011.
 - 3. Classroom instruction hours: Tuesday/Wednesday/Thursday 5:30-9:30 p.m.
 - 4. Total number of classroom hours: 120.
 - 5. Students successfully completing the classroom portion, will be placed in externships, and must complete a total of 120 hours, which will be conducted over the following 3-5 weeks.
- L. Provide Case Managers with enrollment, attendance and competency certification information on each participant.
- V. Service Plan, **III. Payment Provisions**, is amended to add the following:

Microsoft Office Suite Training

Application	Cost for 20 hour (1 week) Course for up to 20 students	Textbook Costs	Completion Certification Assessment	Total for Module for 20 students
Introduction to PC/Windows	\$1600	\$20 *20 students = \$400	\$8 * 20 students = \$160	\$ 2,160
Introduction to Word	\$1600	\$20 *20 students = \$400	\$8 * 20 students = \$160	\$ 2,160
Intermediate Word	\$1600	\$20 *20 students = \$400	\$8 * 20 students = \$160	\$ 2,160

AMENDMENT EXTENSION SPECIFICATIONS

Introduction to Excel	\$1600	\$20 *20 students = \$400	\$8 * 20 students = \$160	\$ 2,160
Intermediate Excel	\$1600	\$20 *20 students = \$400	\$8 * 20 students = \$160	\$ 2,160
PowerPoint and Outlook	\$1600	\$32 * 20 students = \$640	\$16*20 students = \$320	\$ 2,560

Subtotal \$13,360

Service	Frequency	Cost
Intake, follow-up & reporting	2 hours per week X 6 wks = 12 hr * \$80	\$ 960

Total Per 6 Week Session \$14,320

Total for Five (5), 6 Week Sessions @14,320 each \$71,600

Mt. Diablo Unified School District Indirect @ 4.35% \$ 3,113

Total Microsoft Office Training \$74,713

Introduction to Microsoft Word and Outlook Training

Application	Cost for 40 hour (2 week) Course for up to 20 students	Textbook Costs	Total for Module for 20 students
Introduction to Word and Outlook Cohort I September 20 – October 1, 2010	\$3200	\$20 *20 students = \$400	\$ 3600
Introduction to Word and Outlook Cohort II October 4 – 15, 2010	\$3200	\$20 *20 students = \$400	\$ 3600

Subtotal \$ 7,200

Mt. Diablo Unified School District Indirect @ 4.35% \$ 313

Total for Introduction to Microsoft Word & Outlook Training \$ 7,513

AMENDMENT EXTENSION SPECIFICATIONS

Phlebotomy Training

Cost for 20 hour course for 16 students	Textbook Costs	Materials/Lab Fee	Service (Malpractice Insurance, Background Check/ Drug Screen, Certification Exam)	Total Cost
\$1325 * 20 students = \$26,500	\$110 * 20 students = \$2200	\$300 * 20 students = \$6000	\$198 * 20 students = \$3960	\$1933 * 20 students = \$38,660

Subtotal	\$38,660
Mt. Diablo Unified School District Indirect @4.35%	\$1,682
Total for Phlebotomy Training	\$40,342

Note that the cost for all courses above are not on a per student basis, but for the course, regardless of the number of students enrolled, with a maximum of 20 students.

Amendment Subtotal	\$122,568
Original Contract #18-235-0 Amount	\$76,650
TOTAL CONTRACT PAYMENT LIMIT	\$199,218

VI. Service Plan, **IV. Payment Process**, paragraph A, is deleted in its entirety and replaced with the following paragraph:

A. Agency will be reimbursed upon completion of each training session.