

WORKFORCE INVESTMENT ACT SUBGRANT COVER SHEET		1. CONTRACT /MODIFICATION NO.	EXPIRES: 9/30/2010
<p>This Agreement is made and entered into by the EASTERN Workforce Development Board (WIB) hereinafter referred to as the RECIPIENT and HOME EDUCATION LIVELIHOOD PROGRAM (HELP) hereinafter referred to as the SUBRECIPIENT. The Subrecipient agrees to operate a job training program in the State of New Mexico pursuant to the provisions of the 1998 Workforce Investment Act (WIA), and in accordance with the provisions of this Agreement. This Agreement consists of this WIA Contract Cover Sheet; WIA General Provisions, Program Narrative; Budget Information Summaries; Budget Information Backups; Participant Demographics; and Performance Standards: and other supporting documents.</p>			
2. NAME OF PROVIDER		3. NAME OF PROVIDERS POINT OF CONTACT	
ADDRESS		TITLE OF POINT OF CONTACT	
CITY, STATE & ZIP		TELEPHONE/FAX NUMBER	
4. TITLE OF CONTRACT (Check 1) TITLE I <input type="checkbox"/> Adult <input type="checkbox"/> Dislocated Worker <input type="checkbox"/> Youth		5. TYPE OF CONTRACT ACTION (Check 1) <input type="checkbox"/> New Contract <input type="checkbox"/> Modification <input type="checkbox"/> Other	
AMOUNT OF CONTRACT			
ADMINISTRATION		PROGRAM	TOTAL
\$0		\$	\$
AMOUNT OF CONTRACT MODIFICATION			
ADMINISTRATION		PROGRAM	TOTAL
SIGNATURE OF SUBRECIPIENT		DATE	
TITLE OF SUBRECIPIENT			
SIGNATURE OF AWARDING WDB		DATE	
NAME & TITLE OF WDB MEMBER Mr. Jimmie Shearer, Chairman EAWDB			

SUMMER YOUTH EMPLOYMENT PROGRAM

STAFF COSTS

P-1 STAFF COSTS				
Position Title	Salary <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly	% of Time On Program	Number <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly	Total Amount
				\$ -
<i>*Employment Community Specialist allocated 15% of Salary starting July to September 2009</i>				
TOTAL Staff Salaries and Wages (Budget Item P-1) ▶				\$ -

P-2 COST OF FRINGE BENEFITS FOR STAFF				
TYPE OF BENEFIT	Percent %		AMOUNT (In Dollars)	TOTAL COST
1. F.I.C.A.		x	\$ -	\$ -
2. Worker's Compensation		x	\$ -	\$ -
3. Health/Dental Insurance		x	\$ -	\$ -
a. Retirement		x	\$ -	\$ -
b. Pension		x	\$ -	\$ -
4. Other (specify		x	\$ -	\$ -
a. Unemployment Insurance		x	\$ -	\$ -
b.		x	\$ -	\$ -
TOTAL Cost of fringe benefits for staff (Budget Items P-2) ▶				\$ -

**SUMMER YOUTH EMPLOYMENT PROGRAM
IN/OUT-OF-STATE STAFF TRAVEL EXPENSES**

P-3 IN-STATE STAFF TRAVEL EXPENSES				
MILEAGE DATA				
No. of Miles Traveled	Cost Per Mile	No. of Weeks	Destination	TOTAL-In-State Staff Mileage Expense
PER DIEM AND ACTUAL COST DATA				
No. of Days of Per Diem Used	Cost Per Day	Actual Cost (In Lieu of Per Diem)	Destination	TOTAL-In-State Per-Diem Expenses
				\$ -
				\$ -
TOTAL- In-State Mileage & Per-Diem Cost (Budget Item P-3) ▶				\$ -

P-4 OUT-OF-STATE STAFF TRAVEL EXPENSES				
MILEAGE DATA				
No. of Miles Traveled	Cost Per Mile	No. of Weeks	Destination	TOTAL-Out-of-State Staff Mileage Expense
				\$ -
				\$ -
PER DIEM AND ACTUAL COST DATA				
No. of Days of Per Diem Used	Cost Per Day	Actual Cost (In Lieu of Per Diem)	Destination	TOTAL-Out-of-State Per-Diem Expenses
				\$ -
				\$ -
TOTAL- Out-of-State Mileage & Per-Diem Cost (Budget Item P-4) ▶				\$ -

**SUMMER YOUTH EMPLOYMENT PROGRAM
MATERIALS, SUPPLIES AND PROPERTY COSTS**

P-5 MATERIALS AND SUPPLIES

List below all materials and supplies that are estimated as necessary for performance of this program

ITEM	QUANTITY	UNIT PRICE	TOTAL
TOTAL- Material and Supplies (Budget Item P-5) ►			\$ -

Comments:

P-6 PROPERTY REQUIREMENTS

List below all property that is estimated as necessary for performance of this program

DESCRIPTION OF ITEM	QTY.	UNIT	UNIT COST	TOTAL
				\$ -
TOTAL-Property Requirements Cost (Budget Item P-6) ►			\$ -	

Comments:

**SUMMER YOUTH EMPLOYMENT PROGRAM
FACILITY RENTAL AND MISCELLANEOUS COSTS**

P-7 FACILITY RENTAL						
Type of Facility	Location	No. of Staff Housed	No. Of Sq. Feet	Times	Rates/Sq. Ft./Yr.	Total Rent
Utilities/Custodial Services (if not included in rent)						\$ -
TOTAL- Facility Rental Cost (Budget Item P-7) ►						\$ -
<i>Comments:</i>						

P-8 OPERATIONAL COSTS				
TYPE OF SERVICE	AMOUNT PER MO.	TIMES	NO. OF MONTHS	TOTAL
Telephone				
Advertising				
Postage				
Liability Bonding		x		\$ -
Copying	\$ -	x		\$ -
Other (Specify) Internet	\$ -	x		\$ -
Other (Specify) Equipment Rental	\$ -	x		\$ -
TOTAL- Miscellaneous (Budget Item P-8) ►				\$ -
<i>Comments:</i>				

**SUMMER YOUTH EMPLOYMENT PROGRAM
PROFESSIONAL SERVICES AND INDIRECT COSTS**

0

P-9 PROFESSIONAL SERVICES		
<i>List below professional services costs that are estimated as necessary for performance of this program (e.g., accounting, audit, other.)</i>		
TYPE OF SERVICE	JUSTIFICATION	COST
		\$ -
TOTAL- Professional Services Cost (Budget Item P-9) ►		\$ -
<i>Comments:</i>		

P-10 INDIRECT COSTS			
<i>List below the indirect cost that is estimated as applicable for performance of this program. If indirect costs are included, the profficer must attach an approved indirect cost negotiation agreement and an eplanation of how the amount was derived.</i>			
TOTAL DIRECT COSTS (e.g. staff salaries + fringe benefits)	TIMES	APPROVED INDIRECT COST RATE	TOTAL INDIRECT COST
\$ -	x		
TOTAL- Indirect Cost (Budget Item P-10) ►			
<i>Comments:</i>			

SUMMER YOUTH EMPLOYMENT PROGRAM

PARTICIPANT SERVICES

0

P-11 PARTICIPANT SERVICES

List below participant services which are a cost to the program and show method of calculation. A description of these services are located on the back of this page.

TYPE OF SERVICE	CALCULATION (Number of participants x cost per participant)	TOTAL
TOTAL- Participant Services (Budget Item P-11) ▶		\$ -

TOTALSUMMER YOUTH EMPLOYMENTPROGRAM COSTS ▶	\$ -
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SUMMER YOUTH PROGRAM
BUDGET INFORMATION SUMMARY

TOTAL PLANNED BUDGET BY PROGRAM								
COST CATEGORIES			YEAR ROUND YOUTH	SUMMER YOUTH	5%	OTHER	TOTAL	
A. Administration								
1. Board Administration								
2. Other Administration								
B. Program			\$ -	\$ -				\$ -
1. One-Stop Center(s)								
2. Service Providers			\$ -	\$ -				\$ -
TOTALS:			\$ -	\$ -				\$ -
TOTAL PLANNED EXPENDITURES BY QUARTER								
	1st QUARTER		2nd QUARTER		3rd QUARTER		4th QUARTER	
	YR RD YOUTH	SUMMER YOUTH	YR RD YOUTH	SUMMER YOUTH	YR RD YOUTH	SUMMER YOUTH	YR RD YOUTH	SUMMER YOUTH
A. Administration								
1. Board Administrative Costs								
2. Other Administrative Costs								
(a) Fiscal								
(b) Administrative Entity(ies)								
(c) One-Stop Center(s)								
(d) Service Provider(s)								
B. Program								
1. One-Stop Center(s)								
(a) Core Services								
(b) Intensive Services								
(c) Training Services								
2. Service Provider(s)								\$ -
(a) Core Services								\$ -
(b) Intensive Services								\$ -
(i) Work Experience (WE)								\$ -
(c) Training Services								\$ -
(i) Individual Training Accounts (ITAs)								\$ -
(ii) On-the-Job Training (OJT)								\$ -
(iii) Supportive Services								\$ -
(iv) Relocation		\$ -		\$ -		\$ -		
TOTAL		\$ -		\$ -		\$ -		\$ -

SUMMER YOUTH EMPLOYMENT PROGRAM COST SUMMARY

Subgrant No:	Name of Provider:			Title of Contract:	
Administration Expense Category	Qtr. 1	Qtr. 2	Qtr. 3	Qtr. 4	Total
A1	Staff Salary				\$ -
A2	Fringe Benefits				\$ -
A3	In-State Travel				\$ -
A4	Out-of State Travel				\$ -
A5	Materials and Supplies				\$ -
A6	Property				\$ -
A7	Facility Rental				\$ -
A8	Miscellaneous				\$ -
A9	Professional Services				\$ -
A10	Indirect Cost				\$ -
Program Expense Category	Qtr. 1	Qtr. 2	Qtr. 3	Qtr. 4	Total
P1	Staff Salary				\$ -
P2	Fringe Benefits				\$ -
P3	In-State Travel				\$ -
P4	Out-of State Travel				\$ -
P5	Materials and Supplies				\$ -
P6	Property				\$ -
P7	Facility Rental				\$ -
P8	Operational Costs				\$ -
P9	Professional Services				\$ -
P10	Indirect Cost				\$ -
P11	Participant Services				\$ -
	Totals	\$ -	\$ -	\$ -	\$ -