

**DISLOCATED WORKER PROGRAM
(MASS-LAYOFF)
CONTRACT MODIFICATION INFORMATION**

Name of Project:

Service Provider:

Grant Number:

Project Dates: Start: _____ End: _____

(All projects must end on a Quarter End Date, i.e. March 31, June 30, September 30 or December 31.)

Modification Request Number:

Authorized Signature:

Date:

Title: _____

SECTION I. MODIFICATION REQUESTED

Indicate modification(s) requested

- A. Term (Dates) of the contract _____
Projects are initially limited to no more than five quarters (i.e. one partial quarter plus four full quarters). Projects will be limited to a total of nine quarters (i.e. one partial quarter plus eight full quarters) and must end on a quarter end date.

- B. Increase or Decrease in the Total Allocation _____
Funding must be rounded to the nearest five hundred dollars.

- C. Addition or deletion of participants _____

- D. Direct Customer Retraining Waiver _____

SECTION II. JUSTIFICATION FOR MODIFICATION

(Maximum of one page)

Is this modification request a result of a monitoring recommendation?: YES___ NO

Are you requesting a Direct Customer Retraining Waiver? Yes ___ No___

Provide justification:

SECTION III. EXPENDITURE PLAN vs ACTUAL

Contracted Total: \$ _____ Balance Available: \$ _____

Planned Expenditures through most recently completed quarter (Quarter End Date) _____ Actual Expenditures through most recently completed quarter (Quarter End Date) _____

Administration: \$ _____ Administration: \$ _____

Core Services: \$ _____ Core Services: \$ _____

Direct Customer Training Costs: \$ _____ Direct Customer Training Costs: \$ _____

Service Related Costs: \$ _____ Service Related Costs: \$ _____

Support Services: \$ _____ Support Services: \$ _____

*Outstanding Obligations Against Balance Available: \$ _____

*Explanation:

CURRENT CONTRACT vs PROPOSED MODIFICATION

Contracted Total: \$ _____ Modification Total: \$ _____

Current Grant Totals by cost category	%	Proposed Modification Totals by cost category	%
	Of Total		Of Total

Administration: \$ _____	Administration: \$ _____
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Core Services: \$ _____	Core Services: \$ _____
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Direct Customer Training Costs: \$ _____	Direct Customer Training Costs: \$ _____
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Service Related Costs: \$ _____	Service Related Costs: \$ _____
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Support Services: \$ _____	Support Services: \$ _____
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SECTION IV. PERFORMANCE GOALS PLAN vs ACTUAL

Planned performance through
most recently completed
quarter (quarter end date) _____

Actual Performance through
Most recently completed
quarter (quarter end date) _____

Enrollment _____

Enrollment _____

Placement _____

Placement _____

Cost per Participant _____

Cost per Participant _____

Cost per Placement _____

Cost per Placement _____

Entered Employment
Rate _____

Entered Employment
Rate _____

Average Wage
at Placement _____

Average Wage
at Placement _____

CURRENT CONTRACT vs PROPOSED MODIFICATION

Enrollment _____

Enrollment _____

Placement _____

Placement _____

Cost per Participant _____

Cost per Participant _____

Cost per Placement _____

Cost per Placement _____

Entered Employment
Rate _____

Entered Employment
Rate _____

Average Wage
at Placement _____

Average Wage
at Placement _____

REVISED CONTRACT PARTICIPANT PLAN, ACTIVITY PLAN, BUDGET AND SUPPORT SERVICES PLAN

This section incorporates revisions to contract activity plans and budget pages. Indicate segments modified and attach **revised** forms with this submission.

- A. Participant Plan by Quarter _____
- B. Activity Plan By Quarter _____
- C. Project Budget by Quarter _____
- D. Detailed Budget Information _____
- E. Support Service Plan _____

A. PARTICIPANT PLAN

Complete the Participant, Activity and Support Services plans below indicating in cumulative fashion the number of people to be enrolled by quarter in each activity.

Quarter ending dates are: March 31; June 30; September 30; and December 31

Participant Plan (Cumulative)

Category	Qtr. 1	Qtr. 2	Qtr. 3	Qtr. 4
Enter Quarter End Date				
A. Total Enrollments				
B. Total Terminations				
1. Entered Employment				
2. Other Terminations				
C. Current Enrollment				

B. Activity Plan (Cumulative)

WIA Type	Label	Qtr. 1 Plan	Qtr. 2 Plan	Qtr. 3 Plan	Qtr. 4 Plan
Intensive	Individual Plan Development				
Intensive	Career Counseling				
Intensive	Short Term Prevocational Services				
Training	CLT – Academic				
Training	CLT Occupational Skills				
Training	Customized Training				
Training	Entrepreneurial Training				
Training	ESL Training				
Training	GED Training				
Training	Literacy Training				
Training	OJT Public or Private				
n/a	Partnering				

C. BUDGET INFORMATION SUMMARY

Standard budget quarters are July/September, October/December, January/March, and April/June. Projects starting "mid-quarter" will need to complete a fifth quarter plan to include a full 12 months of operation. Quarterly ending dates are: March 31; June 30; September 30; and December 31.

Dislocated Worker Program (Cumulative)

<u>Cost Category</u>	<u>Qtr. 1</u>	<u>Qtr. 2</u>	<u>Qtr. 3</u>	<u>Qtr. 4</u>
Quarter End Date				
I. Administrative (10 Maximum)	\$ -	\$ -	\$ -	\$ -
II. Core Services	\$ -	\$ -	\$ -	\$ -
III. Direct Customer Training Costs (50% Minimum)	\$ -	\$ -	\$ -	\$ -
IV. Service Related Costs	\$ -	\$ -	\$ -	\$ -
V. Support Services (15% Maximum)	\$ -	\$ -	\$ -	\$ -
VI. TOTAL	\$ -	\$ -	\$ -	\$ -

E. Support Service Plan

<u>Support Service Category</u>	<u>Project Totals</u>	
	Funds	Clients
Transportation (TRA)	\$0.00	0
Family Care (CBC)	\$0.00	0
Health Care (HE)	\$0.00	0
Housing or Rental Assistance (TS)	\$0.00	0
Counseling: Personal, Financial, Legal (PCU)	\$0.00	0
Emergency Health Insurance (EHI)	\$0.00	0
Emergency Financial Assistance (EFA)	\$0.00	0
Tools & Clothing (CLO)	\$0.00	0
Relocation	\$0.00	0
Out of Area Job Search	\$0.00	0
Other (OTH) – Specify:	\$0.00	0
TOTAL	\$ 0.00	0