

32903

SECOND AMENDMENT
TO AGREEMENT NUMBER C-121290 OF CITY OF LOS ANGELES CONTRACT
BETWEEN
THE CITY OF LOS ANGELES
AND
CITY OF LONG BEACH
(ADMINISTERING ENTITY FOR PACIFIC GATEWAY WORKFORCE INVESTMENT NETWORK)

THIS SECOND AMENDMENT to Agreement Number C-121290 of City of Los Angeles Contract is made and entered into by and between the City of Los Angeles ("City") and City of Long Beach (Administering entity for Pacific Gateway Workforce Investment Network) ("Contractor").

RECITALS

WHEREAS, the City and Contractor have entered into an Agreement wherein Contractor shall provide certain services. Said Agreement was effective July 1, 2012, which together with all amendment(s) thereto shall hereinafter be referred to as the Agreement; and

WHEREAS, PSC-6, Exhibit A, Standard Provisions for City Contracts, provides for amendments to the Agreement; and

WHEREAS, the Agreement contemplates that modifications and closeout activities may be required after the time set forth in Section 201 of the Agreement; and

WHEREAS, the City Council, on August 21, 2013, adopted Council File Number 13-0948 and the accompanying Ordinance No. 182692 thereby abolishing the Community Development Department ("CDD"), amending the Los Angeles Administrative Code to re-designate the Economic Development Department as the Economic and Workforce Development Department ("EWDD"), and amending certain other provisions of the Los Angeles Administrative Code and Los Angeles Municipal Code to transfer specific administration of economic development functions from CDD to EWDD effective October 8, 2013; and

WHEREAS, the City and Contractor are desirous of amending the Agreement as authorized by the City Council and the Mayor (refer to Council File Number 13-0728 dated June 27, 2013) which authorizes the General Manager of EWDD to prepare and execute an amendment to the Agreement for the purpose of:

- (a) changing the name of the City department administering this Agreement from CDD to EWDD;
- (b) adding an additional Six (6) months for a new ending date of June 30, 2014;
- (c) adding additional funds in the amount of Forty Eight Thousand Five Hundred Dollars (\$48,500) for a new total of One Hundred Ninety Seven Thousand Dollars (\$197,000);
- (d) revising and adding additional services to the Agreement; and
- (e) making such other changes as are required in connection with the foregoing, all as detailed elsewhere in this Amendment; and

WHEREAS, this Amendment is necessary and proper to continue and/or complete certain activities authorized under the Agreement.

NOW, THEREFORE, the City and Contractor agree that the Agreement be amended effective January 1, 2014 as follows:

17 JUN 18 10:11:10

AMENDMENT

- §1. Amend the name of City department administering this Agreement from CDD to EWDD.
- §2. Amend Section 201, "Time of Performance," by deleting the current ending date of December 31, 2013 and replacing with the new ending date of June 30, 2014. This amendment adds an additional Six (6) months for a new total term of Twenty Four (24) months.
- §3. Amend Section 301A, "Compensation and Method of Payment," by deleting the current total dollar amount of One Hundred Forty Eight Thousand Five Hundred Dollars (\$148,500) and replacing with a new total dollar amount of One Hundred Ninety Seven Thousand Dollars (\$197,000).

This Amendment adds an additional Forty Eight Thousand Five Hundred Dollars (\$48,500) in WIA Dislocated Worker and WIA Rapid Response funds for a new total of One Hundred Ninety Seven Thousand Dollars (\$197,000). Funding allocation for the full term of this Agreement shall be as follows:

FUNDING ALLOCATION TABLE

| Funding | WIA Title I Dislocated Worker (CFDA# 17.278) | WIA Rapid Response (CFDA# 17.278) | Total Allocation |
|------------------------|---|--|-------------------------|
| Original Amount | \$50,000 | \$50,000 | \$100,000 |
| Amendment 1 | \$29,040 | \$19,460 | \$48,500 |
| Amendment 2 | \$29,040 | \$19,460 | \$48,500 |
| TOTAL | \$108,080 | \$88,920 | \$197,000 |

Contractor shall submit to the City within thirty (30) days for approval a revised Budget/Expenditure Plan, in a form prescribed by the City, detailing the allocation of the adjusted funds and the additional activities described in §4 below.

- §4. Effective January 1, 2014, Amend Exhibit I, "Scope of Work and Contractor Responsibility," by adding the following services to be provided by Contractor in the period of January 1, 2014 through June 30, 2014:
 - A. Contractor shall identify **Thirty (30)** eligible "at-risk" business clients and enroll those clients by obtaining a written agreement for acceptance of services by June 30, 2014. Contractor shall complete 75% (23 eligible "at-risk" business clients) of the enrollment goal by March 31, 2014. Eligibility is defined as follows:
 - 1. Operating within the following City locations: San Pedro, Wilmington and Harbor City-Gateway;
 - 2. Exhibiting a minimum of one stress factor. Stress factors include low credit scores, a stress code of 3, 4 or 5 in the Dun & Bradstreet database, a decrease in employee numbers, a bankruptcy declaration, a history of making late payments, and/or any other factor or factors that indicate that the business is at risk; AND
 - 3. Reducing or considering a reduction in employee numbers (including decreasing employee(s) maximum work hours).
 - B. Contractor shall provide individualized services as follows:

1. Assess all business clients using the City's prescribed Business Needs Assessment (BNA) form. Contractor may develop additional form(s) to capture questions not included in the BNA necessary for a thorough assessment. (Refer to **Attachment A.**)
 2. Develop a service plan that includes the need, the service to be provided (action to be taken to address the need), name of staff developing the service plan, which provider will be responsible for providing the service, and the date the service is expected to be provided by. (Refer to **Attachment B.**) A minimum of one service is to be provided to 100% of business clients by June 30, 2014. If the minimum service to be provided is a referral to an outside entity, said service is not complete until the outside entity fully provides the service. Services include, but are not limited to:
 - a. Access to capital;
 - b. Development of a business plan or marketing plan, etc.;
 - c. Access to business tax credits;
 - d. Assistance with real estate development Issues – permitting, zoning, etc.; and
 - e. Developing production cost studies with the goal of continuing cost-effective production within the United States.
 3. Advocate for/refer, document eligibility and service delivery, track progress, and report status of all business clients monthly. Contractor to utilize tracking mechanism of its choice that will allow for easy access of information for monthly reporting and specific information requests made by the City. Monthly reporting format to be prescribed by the City. (Refer to **Attachment C.**)
- C. Contractor shall avert the layoff (or the reduction in hours) of **Sixty (60)** jobs as a result of providing services per the Business Service Plan. These are the jobs that were identified to be at-risk of elimination (or hour reduction) by the business client during the assessment. Written confirmation from the business client is required to document the layoff aversion. Documentation may include electronic mail, written correspondence on business letterhead, etc., from the business client specifying that because of the services received, "x" amount of jobs were saved/retained.
- D. Contractor shall maintain a hard file for each business client that at minimum contains the BNA, the Business Service Plan, referral forms (refer to **Attachment D**), case/contact notes, correspondence (including email print outs), eligibility support documentation, and customer satisfaction survey.
- E. Contractor shall develop and implement a strategic outreach plan as necessary to ensure the required number of service-eligible companies is identified. Outreach efforts are to be reported monthly.
- F. Contractor shall develop/coordinate **workshops/webinars** that run for a minimum of **Two (2) cumulative hours**. Workshops are to be held at the best date and time available for the business clients. Workshops are to be provided at no cost to the business clients. Copy of sign-in sheet (or list of attendees from the webinar) to be filed in the business clients' file of those participating in the activity. Workshops are to be made available to "non-clients" to fill each workshop's maximum capacity. Business clients are to be referred to ongoing workshops taking place in the business community; however, these required workshops are to be specifically tailored by Contractor to address the needs of its business clients. At the completion of each workshop/webinar, participants are to be provided with a City prescribed workshop/webinar evaluation form. (Refer to **Attachment E.**) Contractor shall notify the City of the workshops' schedule at a minimum of three weeks prior to the activity and report the outcome and feedback received from each activity monthly.
- G. Contractor shall gather customer satisfaction surveys from business clients whose service plan is complete and submit copy with monthly reporting. The survey instrument is to be developed by Contractor and submitted to the City for final approval before implementing its use. (Refer to **Attachment E** for a sample survey.)

- H. Contractor shall refer businesses requesting business services that do not meet the eligibility criteria for this program to WorkSource, BusinessSource, Rapid Response Unit, Mayor's Office Business Team, or any other partners as appropriate to meet their need. Contractor shall document such referrals and maintain them in a single file to be made available to the City for review upon request.
- I. Contractor shall submit a minimum of Three (3) layoff aversion-related stories that highlight events, testimonials, success stories, etc., appropriate for inclusion on the EWDD & WIB website. Stories must include photos, when appropriate, and must be formatted to be Web posting ready. Contractor shall obtain authorization from business clients to make their name and image public. Contractor shall maintain said authorization in the business clients' file.
- J. Contractor, in addition to regular monthly reporting, shall prepare and submit to the City a final program report describing layoff aversion and business assistance activities for the January 1, 2014 to June 30, 2014 amendment term. This report must include, but is not limited to, the program's impact for the entire six-month amendment period (January 1, 2014 to June 30, 2014). Using the salaries of the employees whose job(s) were retained and/or whose hours were not reduced as a result of Contractor's services, or using the average wage for the industry/industries in which the jobs were retained, include a calculation of the dollars kept in the economy as a result of layoff aversion services, and if available, the savings to the Unemployment Insurance system.
- K. During the course of this Agreement, Contractor shall meet with City officials and attend other meetings as requested by the City in order to make periodic updates on its progress or discuss its program and/or operations.

§5. Except as herein amended, all terms and conditions of the Agreement shall remain in full force and effect.

§6. This Amendment is executed in two (2) duplicate originals, each of which is deemed to be an original. This Amendment includes Five (5) pages and Six (6) Attachments, which constitute the entire understanding and agreement of the parties.

IN WITNESS WHEREOF, the City of Los Angeles and Contractor have caused this Agreement to be executed by their duly authorized representatives.

APPROVED AS TO FORM AND LEGALITY:
MICHAEL N. FEUER, City Attorney

Executed this 5th day of March, 2014

For: THE CITY OF LOS ANGELES

JAN PERRY
General Manager
Economic and Workforce Development Department

By [Signature]
Deputy/Assistant City Attorney

Date 3/6/2014

By: [Signature]

ATTEST:
HOLLY L. WOLCOTT, Interim City Clerk

By: [Signature]
Date: 3/7/14



Executed this 2nd day of Feb, 2014

For: CITY OF LONG BEACH (ADMINISTERING
ENTITY FOR PACIFIC GATEWAY
WORKFORCE INVESTMENT NETWORK)

(Contractor's Corporate Seal)

By: [Signature] Assistant City Manager
PATRICK H. WEST, City Manager

APPROVED AS TO FORM AND LEGALITY TO SECTION 301 OF THE CITY CHARTER.

By: [Signature] Deputy
for CHARLES PARKIN, City Attorney

ATTEST

By: [Signature]
LARRY HERRERA, City Clerk

D-U-N-S® Number: [Redacted]

City Business License Number: 0002412696-0001-0

Internal Revenue Service Number: [Redacted]

Council File Number: 13-0728; Date of Approval: June 27, 2013

Said Agreement is Number C-121290 of City Contracts, Amendment Number Two

ATTACHMENT A

BUSINESS NEEDS ASSESSMNET – LAYOFF AVERSION

&

COMMUNICATION LOG (FORMS PRINTED BACK TO BACK)



BUSINESS NAME:

[Empty box for Business Name]

ASSESSMENT DATE: / /

COMPLETED BY:

BUSINESS INFORMATION

Contact Name: _____ Title: _____

Street Address: _____ Unit #: _____ City: _____ Zip: _____

Phone #: _____ EXT.: _____ E-mail: _____

Fax #: _____ Website: _____

BTRC# _____ Industry Sector: _____ Standard Industry Code (SIC/NAICS): _____

Company's product or service: _____

Years in Business: _____ No. of Employees at this location: _____ Check one: Corporate/Headquarters Branch

ASSESSMENT/AREAS OF NEED

AREAS OF NEED:

- Layoff/Downsizing services Market Assessment Identifying new Site Location
- Financing/Access to Capital Business Plan Update Assist with Real Estate Issues (zoning, permitting, etc.)
- Labor Market Information Tax Credit Information Retention Assistance
- Training/Staff Development Job Applicants Lease Negotiation Assistance
- Other: _____
- Other: _____

What are the primary "risk" factors affecting the business?

[Empty box for primary risk factors]

If Services are not received how many positions are at risk?

Have any difficulty finding or retaining qualified employees? Yes No If yes, list main issues below:

[Empty box for listing issues]

How did the business hear about Contractor?

- Surfing the WEB Colleague Referral Direct Contact from Contractor Representative
- Other: _____

- SPECIFIC SERVICES TO BE PROVIDED TO BE LISTED IN BUSINESS SERVICE PLAN-

Equal opportunity employer/program. Auxiliary aids and services available upon request to individuals with disabilities.

ATTACHMENT B

BUSINESS SERVICE PLAN

(CONTRACTOR) - BUSINESS SERVICE PLAN

BUSINESS NAME:

DATE COMPLETED: ____/____/____

| Need Identified | Action to Address Need | Who is providing service/resource? | Date by which service is to be provided | Documentation collected to verify service was provided | OUTCOME |
|-----------------|------------------------|------------------------------------|---|--|---------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Name of Staff completing plan and responsible for ensuring services are provided:

ATTACHMENT C

MONTHLY REPORT FORMAT

- DELIVERABLES MATRIX**
- NARRATIVE**
- ROSTER**
- ATTACHMENTS**

LAYOFF AVERSION MONTHLY ACTIVITY REPORT

CONTRACT TERM: January 1, 2014 to June 30, 2014

CONTRACTOR:

Contract#:

DUE: MONTHLY BY THE 15TH OF THE FOLLOWING MONTH

SECTION A - DELIVERABLES MATRIX

| DELIVERABLES | GOAL | FREQUENCY | JANUARY | FEBRUARY | MARCH | 1ST QUARTER | APRIL | MAY | JUNE | 2ND QUARTER | TOTALS | | |
|--|-------------------|------------------|---------|----------|-------|-------------|-------|-----|------|-------------|--------|--------|-----------|
| | | | | | | | | | | | GOAL | ACTUAL | % OF GOAL |
| PROGRAM: | | | | | | | | | | | | | |
| Enroll eligible businesses | 75% by 3/31/14 | Term | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| Assess Business Clients using BNA (Determined by City Monitor) | Yes or No | Term | | | | | | | | | | | |
| Complete Service Plans for Business Clients (Determined by City Monitor) | Yes or No | Term | | | | | | | | | | | |
| Provide min of one service per Bus. Client (report # of clients receiving min service) | | Term | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| Submit monthly reporting by due date. | 6 | Monthly | | | | 0 | | | | 0 | | | |
| Maintain Business Client Files that contain min. required documents/information. (Determined by City Monitor) | Yes or No | Term | | | | | | | | | | | |
| Advocate for/refer, document eligibility & service delivery, track progress, and report individual business clients' status (Determined by City Monitor) | Yes or No | Term | | | | | | | | | | | |
| Avert layoff or reduction of hours. | | Term | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| Develop, implement, and report on strategic outreach plan (Determined by City Monitor) | Yes or No | | | | | | | | | | | | |
| Develop workshops/webinars addressing Business Clients' needs | # of hours | Term | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| Distribute and collect workshop/webinar evaluation form | Yes or No or N/A | Term | | | | | | | | | | | |
| Gather Customer Satisfaction Surveys. (*Enter # of surveys collected) | Yes* or No or N/A | Term | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| Refer business not eligible for program to appropriate services & track referrals made. List # of referrals made: | On-going | Term | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| Submit layoff aversion related stories, maintain authorization to make information public | | Term | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| Prepare summary of program impact report for contract term | 1 | Term | | | | | | | | | 1 | | |
| Develop and submit an Economic Impact Analysis of the program for the 2013-14 period (Only applies to LAEDC) | 1 | Annual Term | | | | | | | | | 1 | | |
| Attend City or other meetings as required | Yes or No | Term | | | | | | | | | | | |
| FISCAL/ADMINISTRATIVE CAPABILITY: (Items listed below do not reflect entire contract requirements. Compliance with all contract requirements to be further determined during Contract Monitor's Site Visits and Fiscal Division Audits) | | | | | | | | | | | | | |
| New Subcontractor/Vendor Procurement (Determined by City) | N/A | Yes or No or N/A | | | | | | | | | | | |
| Subcontractor Monitoring (if applicable) | 6 | Monthly (Y or N) | | | | | | | | | 6 | | N/A |
| Submit budget for approval within 30 days of contract execution | N/A | Yes or No | | | | | | | | | | | |
| Submit program invoicing (including support documentation & justification for budget modification requests) | 6 | Monthly | | | | | | | | | 6 | | |

SECTION B - PROGRAM NARRATIVE (use as much space as needed)

1). Overview of Significant Achievements/Connections/Success Stories:

2). **Challenges faced by Contractor in the delivery of services (Include specific request for City support):**

3). **List and logistics of upcoming workshops/webinars and update/outcome of past sessions:**

4). **Monthly Outreach Efforts:**

5). **Overview of business needs, industry trends:**

6). **Other information not covered in the questions above:**

| |
|--------------------------------|
| BUSINESS CLIENTS ROSTER |
|--------------------------------|

Submit roster on EXCEL that includes the following information (Excel format can be provided by the City upon request):

"Enrollment" Date, BUSINESS Name, Address, Name of Contact & Contact Information, Industry Sector, Industry Code, List if Corporate or Branch, # of total employees, # of Jobs at Risk, Service Needs, Services to be provided, # of services provided from Service Plan, # of Jobs retained, Confirmation for jobs retained on file (Y/N), Completed Customer Satisfaction Survey (Y/N), Status (Active/Closed-date), Authorization for public release of information (Y/N)

Note: Roster is to be updated monthly

| |
|--------------------|
| ATTACHMENTS |
|--------------------|

1. Completed Customer Satisfaction Surveys
2. Completed Workshop Evaluations Forms
3. Web posting ready layoff aversion related stories

ATTACHMENT D

REFERRAL FORMS

Contractor Name
Address
NOTICE OF REFERRAL

Date of Referral: ___/___/___

Referral to:

Appointment:

Agency/Org. _____
Contact Name: _____
Address: _____
Phone: _____

Date: _____
Time: _____

Person making referral:

| | |
|--------|---------|
| Name: | Title: |
| Phone: | E-Mail: |

Business/Company being referred:

Name: _____
Work Phone: _____
E-mail: _____
Website: _____

Address: _____
City: _____
Zip Code: _____

Reason for referral (Attach BNA):

FOR OFFICE USE ONLY

Date follow-up was made:

Successful Referral? Yes No (If no, note reason in the notes section below)

If yes, confirmed by: _____ (print name) _____ (sign)

Information obtained from contact noted above? Yes No

If no, list name _____ and phone # _____

Notes (use back for more space):

ATTACHMENT E

WORKSHOP/WEBINAR EVALUATION FORM



CITY OF LOS ANGELES RAPID RESPONSE UNIT (CONTRACTOR NAME) WORKSHOP/WEBINAR EVALUATION

Please take a few moments to provide us with some important feedback about today's workshop. This information will be used to improve future workshops.

Workshop Date: ___/___/___ Topic(s): _____ Location: _____

1. Of the following considerations, please select those that were most important in your decision to attend this workshop.

- Workshop Topic
- Date and time of workshop
- Other (please specify): _____
- Length of the workshop
- Description of teaching/learning methods to be employed

2. Please indicate the extent to which you agree or disagree with the following statements (mark NA if the statement is not applicable):

| Strongly Disagree | Disagree | Neither Agree nor Disagree | Agree | Strongly Agree | NA |
|-------------------|----------|----------------------------|-------|----------------|----|
|-------------------|----------|----------------------------|-------|----------------|----|

- | | | | | | | |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| a. The presenter was well organized. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. The presenter made good use of the time allotted. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. The presenter seemed knowledgeable about the topic. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. The presenter's presentation style was effective in helping me learn. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. The teaching/training methods used were appropriate for the audience. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f. The materials provided will be useful to me. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| g. I enjoyed the workshop. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| h. I understood the concepts as presented in the workshop. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| i. The workshop improved my understanding of the topic. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| j. The workshop improved my ability to utilize skills related to the topic. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| l. I would recommend this workshop to others. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| m. I would attend other workshops offered by this/these presenters. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

3. What one thing would you recommend be done to improve this workshop for future participants?

4. What other workshop topics would you like to see offered?

5. Please share any other comments you have regarding this workshop. (Use the back of the form if needed.)

Prior to leaving, please return this form to the facilitator.

Thank You!

ATTACHMENT F

CUSTOMER SATISFACTION SURVEY

**(SAMPLE – Contractor's Form at
minimum to contain questions therein)**

CUSTOMER SATISFACTION SURVEY

AGENCY: (NAME OF CONTRACTOR)

Thank you for giving us the opportunity to serve you and the business community better. Please take a few minutes to tell us about the service(s) you received from our office. We care about your business' health and want to make sure we meet your expectations.

(Contractor) Representative Name:

| | Strongly Disagree | Somewhat Disagree | Neither Agree nor Disagree | Somewhat Agree | Strongly Agree |
|--|-----------------------|-----------------------|----------------------------|-----------------------|-----------------------|
| Representative understands my business needs. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Representative is knowledgeable of available resources to meet my needs. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Representative is able to meet ALL my needs. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Representative is courteous and professional | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Representative made/is making a positive contribution to my business. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Representative responds to my inquiries in a timely manner. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Overall, I am satisfied with the service representative. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Please list the service(s) you found to be most valuable:

What can we do to be even better?

Would you recommend (CONTRACTOR's) services to colleagues or contacts within your industry?

Yes No

Note: In the event you experienced any concerns with the services you received, please feel free to contact the contract the City of Los Angeles Contract Monitor for this provider, Tamika Taylor, at (213) 744-7107 or Tamika.Taylor@LACity.org.

Name of Person completing Form:

Company Name:

EWDD CONTRACT SUMMARY SHEET

To: The Office of the City Attorney, Room 920, CHE
 The Office of the City Clerk, Index Section, Room 395, CH
 The Office of Contract Compliance (OCC), Mail Stop #138, 1149 S. Broadway, 3rd fl.

From: Economic and Workforce Development Department
 Workforce Development System
 Contract Unit (213) 744-9001
 CU Analyst/Phone: Sucy Yu (213) 744-7212

ORIGINAL

Contract No: C-121290

Unit: POD-FS **POD-WF** POD-Youth PRE
 EDD NDD FAS Other:

Amendment No: Two

Amendment Amount: \$48,500

Amendment Authority: Administrative Code 14.8

Council Amendment

Contractor Name: City of Long Beach (Administering Entity for Pacific Gateway Workforce Investment Network)

Council File No: 13-0728

Term of Contract: July 1, 2012 to June 30, 2014

Date of Approval: June 27, 2013

Funding Source: (For the additional amount)
 WIA Rapid Response: \$19,460
 WIA Dislocated Worker: \$29,040

Total Amount: \$197,000

Project Title: Harbor Region Layoff Aversion and Business Assistance Initiative

Line Item of Authority:
 Consolidated Plan, Year 39, ID:
 WIA Annual Plan, Year 14, line: 9
 Other: WIB-LEO authority

Operating Division Analyst-Phone: Tamika Taylor (213) 744-7107 M/S# 854

PURPOSE OF AGREEMENT/AMENDMENT: TO CHANGE NAME OF CITY DEPARTMENT ADMINISTERING THIS AGREEMENT, AND TO EXTEND 6 MONTHS WITH ADDITIONAL FUNDS WITH REVISED ADDITIONAL SERVICES

| Contractor Address: | | 3447 Atlantic Ave., Long Beach, CA 90802 | |
|-----------------------------|-------------------|--|------------------|
| Contact/Title/Phone: | | K.C. Nash, Interim Executive Director (562) 570-3678 KC.Nash@pacific-gateway.org | |
| Contract/Amendment Number | Authority | Description | Dollar Amount |
| Original | 12-0796 | | \$100,000 |
| 1 | 13-0728 | a) extend time; b) add service; and c) add funds; | \$48,500 |
| 2 | 13-0728 & WIB-LEO | a) change name of department; b) extend time; c) add funds; and d) add services | \$48,500 |
| | | | |
| | | | |
| | | | |
| | | TOTAL AMOUNT (requires Council Amend if over \$25,000 cumulative) | \$197,000 |