

938



**SUBMITTAL TO THE BOARD OF SUPERVISORS
COUNTY OF RIVERSIDE, STATE OF CALIFORNIA**

FROM: Department of Public Social Services

SUBMITTAL DATE:
02/25/14

SUBJECT: Subsidized Employment Program, [Districts- All] [\$5,547,153(to be allocated 03/01/14-06/30/14 with 2 one-year terms) 100% Federal Funds]

RECOMMENDED MOTION: That the Board of Supervisors:

1. That the Board of Supervisors authorize DPSS, to use Federal Funds to maximize the placement of CalWORKs participants in a Subsidized Employment Program.
2. Approve template of Agreement for the Subsidized Employment Program (Attachment A).
3. Authorize the Director of the Department of Public Social Services (DPSS) to administer the terms of the Agreement.
4. Authorize the Purchasing Agent, in accordance with Ordinance NO. 459, to enter into Agreement with business partners and exercise renewal options, based on the availability of fiscal funding, and sign amendments that do not change the substantive terms of the Agreements, including amendments to the comparison provision that do not exceed the annual CPI rates.

Susan von Zabern
Susan von Zabern
Director

FINANCIAL DATA	Current Fiscal Year:	Next Fiscal Year:	Total Cost:	Ongoing Cost:	POLICY/CONSENT (per Exec. Office)
COST	\$ 1,849,051	\$ 1,849,051	\$ 5,547,153	\$ 0.00	Consent <input type="checkbox"/> Policy <input checked="" type="checkbox"/>
NET COUNTY COST	\$ 0.00	\$ 0.00	\$	\$ 0.00	
SOURCE OF FUNDS: Federal Funding: 100% State Funding: 0%; County Funding: 0%; Realignment Funding: 0%; Other Funding: 0%				Budget Adjustment: No	
				For Fiscal Year: 13/14	

C.E.O. RECOMMENDATION:

APPROVE

BY: *Jennifer L. Sargent*
Jennifer L. Sargent

County Executive Office Signature

MINUTES OF THE BOARD OF SUPERVISORS

On motion of Supervisor Stone, seconded by Supervisor Benoit and duly carried, IT WAS ORDERED that the above matter is approved as recommended.

Ayes: Jeffries, Stone, Benoit and Ashley
Nays: None
Absent: Tavaglione
Date: April 8, 2014
xc: DPSS, Purchasing

Kecia Harper-Ihem
Clerk of the Board
By: *Kecia Harper-Ihem*
Deputy

Prev. Agn. Ref.:

District: 1-5

Agenda Number:

3-19

FORM APPROVED COUNTY COUNSEL
BY: *Elena M. Boeva*
ELENAM. BOEVA
DATE: 3/27/14
Purchasing: *Mark Seiler*
Mark Seiler, Assistant Director

- A-30
- Positions Added
- 4/5 Vote
- Change Order

SUBMITTAL TO THE BOARD OF SUPERVISORS, COUNTY OF RIVERSIDE, STATE OF CALIFORNIA

FORM 11: Subsidized Employment Program

DATE: 2/25/14

PAGE: Page 2 of 3

BACKGROUND:

Summary

Assembly Bill 74, passed by the State Legislature in 2013, contains funding for several enhancements to the welfare-to-work program. These enhancements were put in place in response to legislative changes in 2012 (Senate Bill 1041), which created a new 24-month time limit for welfare-to-work services. Due to the shorter time frame for customers to receive services, the Legislature identified the need to more quickly and effectively engage customers in activities that will lead to employment and self-sufficiency. One of the new early engagement strategies is the Expanded Subsidized Employment program.

DPSS is developing a comprehensive Subsidized Employment Program that will include partnerships with private, non-profit, and public employers to provide our customers with tangible and relevant work experience. Participants will be placed with local employers and will be paid hourly for their work. In addition to assisting our customers to secure permanent employment, this program will help stimulate the local economy through job development and will expand the programs available for our customers to fulfill federal work participation requirements.

DPSS will be entering into Agreements with business partners from various business industries using the Subsidized Employment Agreement Template (Attachment A). Actual business partners have not been identified yet. No single Agreement with a business partner will exceed \$100,000.

DPSS will be using Federal funds to subsidize business partner paid wages in this program with the following format:

- DPSS will reimburse the business partner 75% of the participants' wages for the first 2 months, up to \$1,000 per month.
- DPSS will reimburse the business partner 50% of the participants' wages for months 3 and 4, up to \$1,000 per month.
- DPSS will reimburse the business partner 25 % of the participants' wages for months 5 and 6, up to \$1,000 per month.

It is important to note that these assignments cannot displace a current job or replace a job that has been vacated as result of a layoff. DPSS will work closely with our business partners to ensure that all assignments meet this requirement.

Our current goal for SEP is to provide: subsidized employment opportunities for upwards of 500 participants per year, with the desired outcome of providing our participants with job training and skills needed to secure permanent employment.

Impact on Residents and Businesses

These programs provide much needed assistance to individuals or families who are currently in the Welfare-to-Work Program and valuable services to the business community

SUPPLEMENTAL:

Additional Fiscal Information

AB 74 Expanded Subsidized Employment Fiscal Year 2013/2014 Allocation for Riverside County: \$1,849,051

SUBMITTAL TO THE BOARD OF SUPERVISORS, COUNTY OF RIVERSIDE, STATE OF CALIFORNIA
FORM 11: Subsidized Employment Program

DATE: 2/25/14

PAGE: Page 3 of 3

Price Reasonableness

Participants will be paid prevailing wages at the going rate that the supervising organization typically pays workers who perform that job function and in accordance with local Area Wage Determination found under the Department of Labor website <http://www.wdol.gov/dba.aspx>. The services under these Agreements, are reimbursed using federal funds and cannot be used for permanent positions or to displace current regular employees of an employer.

SvZ/cg

ATTACHMENTS

Template of Agreement for the Subsidized Employment Program

Riverside County Department of Public Social Services
 Contracts Administration Unit
 10281 Kidd Street
 Riverside, CA 92503

SERVICES Agreement: CW-

CONTRACTOR:

Agreement TERM: TBD

MAXIMUM REIMBURSABLE AMOUNT: \$

WHEREAS, the Department of Public Social Services hereinafter referred to as DPSS, desires to provide Subsidized Employment Services:

WHEREAS, [REDACTED] is qualified to provide Subsidized Employment Services:

WHEREAS, DPSS desires [REDACTED], hereinafter referred to as the Contractor, to perform these services in accordance with the TERMS and CONDITIONS (T&C) attached hereto and incorporated herein by this reference. The T&C specify the responsibilities of DPSS and the Contractor:

NOW THEREFORE, DPSS and the Contractor do hereby covenant and agree that the Contractor shall provide said services in return for monetary compensation, all in accordance with the terms and conditions contained herein and exhibits attached hereto and incorporated herein, hereinafter referred to as Agreement.

Authorized Signature for County:	Authorized Signature for
Printed Name of Person Signing: Mark Whitesell	Printed Name of Person Signing:
Title: Contract Procurement Officer	Title:
Address: 10281 Kidd St. Riverside, CA 92503	Address:
Date Signed:	Date Signed:

TABLE OF CONTENTS

I. DEFINITIONS.....	4
II. DPSS RESPONSIBILITIES	4
III. CONTRACTOR RESPONSIBILITIES.....	4
A. SCOPE OF SERVICE	4
B. REPORTING	5
C. ADMINISTRATIVE.....	6
1. CONFLICT OF INTEREST.....	6
2. CONFIDENTIALITY	6
3. EMPLOYMENT PRACTICES.....	7
4. EQUAL EMPLOYMENT OPPORTUNITY.....	7
5. FAIR LABOR STANDARDS AND SERVICE CONTRACT ACT.....	7
6. CLIENT CIVIL RIGHTS COMPLIANCE	8
7. PROCEDURE TO RESOLVE CLIENT GRIEVANCE.....	9
8. EDD REPORTING REQUIREMENTS.....	10
9. HOLD HARMLESS/INDEMNIFICATION	10
10. INSURANCE	11
11. LICENSES AND PERMITS	13
12. INDEPENDENT CONTRACTOR.....	13
13. ASSIGNMENT	13
14. SUBCONTRACT FOR SERVICES.....	13
15. DEBARMENT AND SUSPENSION.....	13
16. COMPLIANCE WITH RULES, REGULATIONS, REQUIREMENTS AND DIRECTIVES.....	14
IV. FISCAL.....	14
A. MAXIMUM REIMBURSABLE AMOUNT	14
B. SERVICE COST RATE	14
C. COMPENSATION	14
D. METHOD, TIME AND SCHEDULE CONDITIONS OF PAYMENT.....	15
E. FINANCIAL RESOURCES.....	15
F. RECORDS, INSPECTIONS AND AUDITS	15
G. SUPPLANTATION	16
H. DISALLOWANCE.....	16
V. GENERAL.....	17
A. EFFECTIVE PERIOD	17
B. NOTICES	17
C. AVAILABILITY OF FUNDING.....	17
D. DISPUTES.....	17
E. ADVERSE GOVERNMENT ACTION.....	18
F. SANCTIONS.....	18
G. GOVERNING LAW	18
H. MODIFICATION OF TERMS	18
I. TERMINATION.....	19
J. ENTIRE CONTRACT.....	19

List of Exhibits

- Exhibit A – Subsidized Employment Position Description
- Exhibit B – Plan 109 referral
- Exhibit C- GAIN Payment Voucher
- Exhibit D - Monthly Performance Evaluation
- Exhibit E- DPSS Forms 2076A & 2076B
- Exhibit F - Instructions to Forms 2076A and 2076B
- Exhibit G – Timesheet Template
- Exhibit H – Payroll Register – Example

Agreement TERMS AND CONDITIONS

I. DEFINITIONS

- A. "CalWORKs" refers to California Work Opportunity and Responsibility to kids.
- B. "Contractor" refers to the contract company _____, its employees, agents and representatives performing services under this Agreement used in conjunction with the performance of the Agreement.
- C. "COUNTY" refers to the County of Riverside and its Department of Public Social Services (DPSS). For purposes of this Agreement, DPSS and County are used interchangeably.
- D. "Customers" refers to CalWORKs customers.
- E. "DPSS" refers to the County of Riverside and its Department of Public Social Services, which has administrative responsibility for this Agreement.
- F. "WTW" refers to California's Welfare to Work (WTW) program designed to assist welfare recipients to obtain or prepare for employment.

II. DPSS RESPONSIBILITIES

- A. Assign staff to be liaison between DPSS and the Contractor.
- B. DPSS may monitor the performance of the Contractor in meeting the terms, conditions and services in this Agreement. DPSS, at its sole discretion, may monitor the performance of the Contractor through any combination of the following methods: periodic on-site visits, annual inspections, evaluations and Contractor self-monitoring.
- C. Refer customers from the Riverside County Welfare to Work and CalWORKs program using Subsidized Employment Position Description (Exhibit A) and Plan 109 referral (Exhibit B) (attached hereto as **Exhibit A** and **Exhibit B** incorporated herein by this reference).
- D. DPSS will determine eligibility for all customers enrolled in program.
- E. WTW program staff will provide a copy of customers resume.

III. CONTRACTOR RESPONSIBILITIES

- A. Scope of Service

Contractor shall:

1. Assign staff to be liaison between the Contractor and DPSS.
2. Place referred customers on temporary jobs, until the Agreement for Subsidized Employment expires.
3. Pay customer prevailing wages at the going rate that the supervising organization typically pays workers who perform that job function and in accordance with local Area Wage Determination found under the Department of Labor website <http://www.wdol.gov/dba.aspx#>. The services under this Agreement are reimbursed using

temporary federal funds and state funds and cannot be used for permanent positions or to displace current regular employees of an employer.

4. Contractor shall provide their written procedure for grievance and obtain the customers signature verifying their review of the procedure.
5. Conduct customers background checks (as needed), fingerprinting, drug screening, physical, etc. for the position that employer may require. These services are reimbursable by the County to the Contractor with proper voucher submittal, for GAIN Payment Voucher (attached hereto as **Exhibit C** and incorporated herein by this reference).
6. Contractor sites must comply with non-displacement guidelines. Placement sites cannot result in the termination or displacement of current employees, the reduction of current employees' working hours, or the infringement of promotional opportunities for current employees.
7. Contractor must comply with state and federal worker protection provisions outlined in the Welfare and Institutions Code Section 11324.6 (<http://www.leginfo.ca.gov/calaw.html>)
8. Place customers into specified subsidized employment assignment within 5 calendar days of referral and completion of pre-employment processing requirements, including receipt of live scan and/or drug screening results when required.
9. Contractor will offer employment with related training necessary for the customer to successfully perform the job duties of the subsidized employment assignment and make every effort to ensure customers gain experience toward the goal of ongoing unsubsidized employment.
10. Follow standard payroll accounting methods when issuing paychecks to customers. Send 30 day notice to the participant and County that the assignment will be ending.

B. REPORTING

The Contractor shall:

1. Collect attendance records for all customers work hours using Contractor's Time-sheets, Payroll Registers and submit to DPSS along with invoice monthly.
2. Contractor will ensure invoices are submitted and supported in entirety and the manner prescribed by the County. Contractor shall receive reimbursement for costs by submitting monthly cost statements together with a request for payment by the tenth day of the following month.
3. Contractor will be required to provide the following reports:
 - a. Fiscal Reports, including monthly expenditure reports developed by County, and line item cost report based on actual expenditures.
 - b. Monthly Performance Evaluation (MPE) as developed by County; see Attachment "D" at a minimum, (attached hereto as **Exhibit D** and incorporated herein by this reference). Contractor will be required to submit the following information:
 - i. Customer referred and services provided to each Customer who transitioned to unsubsidized employment

4. Financial and performance closeout reports at the end of the Agreement to reconcile statistical and financial information. Report shall include the following:

1. Customer Name
2. Social Security Number
3. Hours Worked
4. Amount paid
5. Dates worked
6. Location worked

C. ADMINISTRATIVE

1. CONFLICT OF INTEREST

The Contractor, Contractor's employees, and agents shall have no interest, and shall not acquire any interest, direct or indirect, which shall conflict in any manner or degree with the performance of services required under this Agreement.

2. CONFIDENTIALITY

The Contractor shall maintain the confidentiality of all information and records and comply with all other statutory laws and regulations relating to privacy and confidentiality.

Each party shall ensure that case record information is kept confidential when it identifies an individual by name, address, or other information. Confidential information requires special precautions to protect it from loss, unauthorized use, access, disclosure, modification, and destruction.

The parties to this Agreement shall keep all information that is exchanged between them in the strictest confidence, in accordance with Section 10850 of the Welfare and Institutions Code. All records and information concerning any and all persons referred to the Contractor shall be considered and kept confidential by the Contractor, its staff, agents, employees and volunteers. The Contractor shall require all of its employees, agents, subcontractors and volunteer staff who may provide services under this Agreement with the Contractor before commencing the provision of any such services, to maintain the confidentiality of any and all materials and information with which they may come into contact, or the identities or any identifying characteristics or information with respect to any and all participants referred to the Contractor by Riverside County.

The confidentiality of juvenile records is established under section 827 and 828 of the Welfare and Institutions Code, California Rules of Court, Rule 5.552 and case law. The Juvenile Court has exclusive jurisdiction over juvenile records and information and has the responsibility to protect the interests of minors and their families in the confidentiality of any records and information concerning minors involved in the justice system and to provide a reasonable method for release of these records and information in appropriate circumstances.

Contractor shall ensure that no person will publish, disclose, use, permit, or cause to be published, disclosed, or used, any confidential information pertaining to any applicant or recipient of services under this Agreement. The Contractor agrees to inform all persons directly or indirectly involved in administration of services provided under this Agreement of

the above provisions and that any person deliberately violating these provisions is guilty of a misdemeanor.

3. EMPLOYMENT PRACTICES

- a. The Contractor shall not discriminate in its recruiting, hiring, promoting, demoting, or terminating practices on the basis of race, religious creed, color, national origin, ancestry, physical handicap, medical condition, marital status, age, or sex in the performance of this Agreement, and to the extent they shall apply, with the provisions of the Fair Employment and Housing Act (FEHA), and the Federal Civil Rights Act of 1964 (P. L. 88-352).
- b. In the provision of benefits, the Contractor shall certify and comply with Public Contract Code 10295.3, to not discriminate between employees with spouses and employees with domestic partners, or discriminate between the domestic partners and spouses of those employees.
- c. For the purpose of this section Domestic Partner means one of two persons who have filed a declaration of domestic partnership with the Secretary of State pursuant to Division 2.5 (commencing with Section 297) of the Family Code.

4. EQUAL EMPLOYMENT OPPORTUNITY

By signing this Agreement or accepting funds under this Agreement, the Contractor shall comply with Executive Order 11246 of September 24, 1965, entitled " Equal Employment Opportunity", as amended by Department of Labor regulations (41 CFR Chapter 60).

5. FAIR LABOR STANDARDS AND SERVICE CONTRACT ACT

The hourly rate may be adjusted to reflect increases or decreases by the Contractor in wages and fringe benefits to the extent that these increases or decreases are made to comply with:

- a. An increased or decreased wage determination applied to this Agreement by operation of law;
- b. An amendment to the Fair Labor Standards Act of 1938 that is enacted subsequent to award of this Agreement, affects the minimum wage, and becomes applicable to this Agreement under law;
- c. Any such adjustment will be limited to increases or decreases in wages and fringe benefits, and to the accompanying increases or decreases in social security and unemployment taxes and worker's compensation insurance; it shall not otherwise include any amount for general and administrative costs, overhead, or profit;
- d. The Contractor shall notify the DPSS Contracts Administration unit of any:
 - i. Increase claimed under this clause within thirty (30) days after the effective date of the wage change, unless the period is extended by the DPSS Contracts Administration unit in writing; and/or
 - ii. Decrease under this clause, but nothing in the clause shall preclude DPSS from asserting a claim within the period permitted by law. The notice shall contain a statement of the amount claimed and any relevant supporting data that the DPSS

Contracts Administration Unit may reasonably require. Upon agreement of the parties, the Agreement hourly rate shall be modified in writing. The Contractor shall continue performance pending agreement on determination of any such adjustment and its effective date.

6. CLIENT CIVIL RIGHTS COMPLIANCE

a. Assurance of Compliance

The Contractor assures it will comply with Title VI of the Civil Rights Act of 1964 as amended; Section 504 of the Rehabilitation Act of 1973, as amended; the Age Discrimination Act of 1975 as amended; the Food Stamp Act of 1977, as amended, and in particular Section 272.6; Title II of the Americans with Disabilities Act of 1990; Government Code (GC) Section 11135, as amended; California Code of Regulations (CCR) Title 22 Section 98000-98413; Title 24 of the California Code of Regulations, Section 3105A(e); the Dymally-Alatorre Bilingual Services Act; Section 1808 Removal of Barriers to Inter Ethnic Adoption Act of 1996 and other applicable federal and state laws, as well as their implementing regulations [including 45 Code of Federal Regulations (CFR) Parts 80, 84, and 91, 7 CFR Part 15, and 28 CFR Part 42], by ensuring that employment practices and the administration of public assistance and social services programs are nondiscriminatory, to the effect that no person shall because of race, color, national origin, political affiliation, religion, martial status, sex, age, or disability be excluded from participation in or be denied the benefits of, or be otherwise subject to discrimination under any program or activity receiving federal or state assistance; and give assurance it will immediately take any measures necessary to effectuate this Agreement.

This assurance is given in consideration of and for the purpose of obtaining any and all federal and state assistance; and the Contractor gives assurance that administrative methods/procedures which have the effect of subjecting individuals to discrimination or defeating the objectives of the California Department of Social Services (CDSS) Manual of Policies and Procedures (MPP) Chapter 21, will be prohibited.

By accepting this assurance the Contractor agrees to compile data, maintain records, and submit reports as required to permit effective enforcement of the aforementioned laws, rules and regulations and permit authorized CDSS and/or federal government personnel, during normal working hours, to review such records, books and accounts as needed to ascertain compliance. If there are any violations of this assurance, CDSS shall have the right to invoke fiscal sanctions or other legal remedies in accordance with Welfare and Institutions Code Section 10605, or Government Code Section 11135-39, or any other laws, or the issue may be referred to the appropriate federal agency for further compliance action and enforcement of this assurance.

This assurance is binding on the Contractor directly or through contract, license, or other provider services, as long as it receives federal or state assistance.

b. Client Complaints

The Contractor shall further establish and maintain written referral procedures under which any person, applying for or receiving services hereunder, may seek resolution from Riverside County DPSS Civil Rights Coordinator of a complaint with respect to any alleged discrimination in the provision of services by Contractor's personnel. The Contractor must distribute to social service customers that apply for and receive services, "Your Rights Under California Welfare Programs" brochure (Publication 13). For a copy of this brochure, visit the following website at:

Civil Rights Complaints should be referred to:

Civil Rights Coordinator
Riverside County Department of Public Social Services
10281 Kidd Street
Riverside, CA 92503
(951) 358-3030

c. Services, Benefits and Facilities

Contractor shall not discriminate in the provision of services, the allocation of benefits, or in the accommodation in facilities on the basis of color, race, religion, national origin, sex, age, sexual preference, physical or mental handicap in accordance with Title VI of the Civil Rights Act of 1964, 42 U.S.C. Section 2000d and all other pertinent rules and regulations promulgated pursuant thereto, and as otherwise provided by State law and regulations, as all may now exist or be hereafter amended or changed.

For the purpose of this Section, discrimination means denying a participant or potential participant any service, benefit, or accommodation that would be provided to another and includes, but is not limited to, the following:

- (1) Denying a participant any service or benefit or availability of a facility.
- (2) Providing any service or benefit to a participant which is different, or is provided in a different manner, or at a different time or place from that provided to other participants on the basis of race, color, creed or national origin.
- (3) Restricting a participant in any way in the enjoyment of any advantage or privilege enjoyed by others receiving any service or benefit. Treating a participant differently from others in satisfying any admission requirement or condition, or eligibility requirement or condition, which individuals must meet in order to be provided any service or benefit.

d. Cultural Competency

Contractor shall cause to be available bilingual professional staff or qualified interpreter to ensure adequate communication between customers and staff. Any individual with limited English language capability or other communicative barriers shall have equal access to services.

For the purpose of this Section, a qualified interpreter is defined as someone who is fluent in English and in the necessary second language, can accurately speak, read and readily interpret the necessary second language and/or accurately sign and read sign language. A qualified interpreter must be able to translate in linguistically appropriate terminology necessary to convey information such as symptoms or instructions to the client in both languages.

7. **PROCEDURE TO RESOLVE CLIENT GRIEVANCE**

Contractor shall establish a client grievance policy and procedure that describes the system by which customers of service shall have the opportunity to express and have considered

their views, grievance, and complaints regarding the Contractor's delivery of services. This system shall not negate the rights of a client for a State hearing.

8. EDD REPORTING REQUIREMENTS

In order to comply with the child support enforcement requirements of the State of California, the County may be required to submit a report of Independent Contractor(s) form DE 542 to the Employment Development Department. The Contractor agrees to furnish the required data and certification to the County within 10 days of notification of award of Agreement when required by the EDD. This data will be transmitted to governmental agencies charged with the establishment and enforcement of child support orders. Failure of the Contractor to timely submit the data and/or certificates required may result in the Agreement being awarded to another contractor. In the event Agreement has been issued, failure of the Contractor to comply with all of the federal and state reporting requirements for child support enforcement or to comply with all lawfully served Wage and Earning Assignments Orders and Notices of Assignment shall constitute a material breach of Agreement. If Contractor has any questions concerning this reporting requirement, please call (916) 657-0829. Contractor should also contact its local Employment Tax Customer Service Office listed in the telephone directory in the State Government section under "Employment Development Department" or access their Internet site at www.edd.ca.gov.

9. HOLD HARMLESS/INDEMNIFICATION

Contractor shall indemnify and hold harmless the County of Riverside, its Agencies, Districts, Special Districts and Departments, their respective directors, officers, Board of Supervisors, elected and appointed officials, employees, agents and representatives (individually and collectively hereinafter referred to as Indemnitees) from any liability whatsoever, based or asserted upon any services of Contractor, its officers, employees, subcontractors, agents or representatives arising out of or in any way relating to this Agreement, including but not limited to property damage, bodily injury, or death or any other element of any kind or nature whatsoever arising from the performance of Contractor, its officers, employees, subcontractors, agents or representatives Indemnitors from this Agreement. Contractor shall defend, at its sole expense, all costs and fees including, but not limited, to attorney fees, cost of investigation, defense and settlements or awards, the Indemnitees in any claim or action based upon such alleged acts or omissions.

With respect to any action or claim subject to indemnification herein by Contractor, Contractor shall, at their sole cost, have the right to use counsel of their own choice and shall have the right to adjust, settle, or compromise any such action or claim without the prior consent of County; provided, however, that any such adjustment, settlement or compromise in no manner whatsoever limits or circumscribes Contractor's indemnification to Indemnitees as set forth herein.

Contractor's obligation hereunder shall be satisfied when Contractor has provided to County the appropriate form of dismissal relieving County from any liability for the action or claim involved. The specified insurance limits required in this Agreement shall in no way limit or circumscribe Contractor's obligations to indemnify and hold harmless the Indemnitees herein from third party claims.

10. INSURANCE

- a. Without limiting or diminishing the Contractor's obligation to indemnify or hold the County harmless, Contractor shall procure and maintain or cause to be maintained, at its sole cost and expense, the following insurance coverages during the term of this Agreement.

(1) Worker's Compensation:

If the Contractor has employees as defined by the State of California, the Contractor shall maintain statutory Worker's Compensation Insurance (Coverage A) as prescribed by the laws of the State of California. Policy shall include Employers' Liability (Coverage B) including Occupational Disease with limits not less than \$1,000,000 per person per accident. The policy shall be endorsed to waive subrogation in favor of The County of Riverside, and, if applicable, to provide a Borrowed Servant/Alternate Employer Endorsement.

(2) Commercial General Liability:

Commercial General Liability insurance coverage, including but not limited to, premises liability, contractual liability, products and completed operations liability, personal and advertising injury, and cross liability coverage, covering claims which may arise from or out of Contractor's performance of its obligations hereunder. Policy shall name the County of Riverside, its Agencies, Districts, Special Districts, and Departments, their respective directors, officers, Board of Supervisors, employees, elected or appointed officials, agents or representatives as Additional Insureds. Policy's limit of liability shall not be less than \$1,000,000 per occurrence combined single limit. If such insurance contains a general aggregate limit, it shall apply separately to this Agreement or be no less than two (2) times the occurrence limit.

(3) Vehicle Liability:

If vehicles or mobile equipment are used in the performance of the obligations under this Agreement, then Contractor shall maintain liability insurance for all owned, non-owned or hired vehicles so used in an amount not less than \$1,000,000 per occurrence combined single limit. If such insurance contains a general aggregate limit, it shall apply separately to this Agreement or be no less than two (2) times the occurrence limit. Policy shall name the County of Riverside, its Agencies, Districts, Special Districts, and Departments, their respective directors, officers, Board of Supervisors, employees, elected or appointed officials, agents or representatives as Additional Insured(s).

b. General Insurance Provisions – All lines:

- (1) Any insurance carrier providing insurance coverage hereunder shall be admitted to the State of California and have an A M BEST rating of not less than A: VIII (A:8) unless such requirements are waived, in writing, by the County Risk Manager. If the County Risk Manager waives a requirement for a particular insurer such waiver is only valid for that specific insurer and only for one policy term.
- (2) The Contractor's insurance carrier(s) must declare its insurance self-insured retentions. If such self-insured retentions exceed \$500,000 per occurrence such retentions shall have the prior written consent of the County Risk Manager before the commencement of operations under this Agreement. Upon notification of self-insured retention unacceptable to the County, and at the election of the County's Risk Manager, Contractor's carriers shall either; 1) reduce or eliminate such self-insured retention as respects this Agreement with the County, or 2) procure a bond which guarantees

payment of losses and related investigations, claims administration, and defense costs and expenses.

- (3) Contractor shall cause Contractor's insurance carrier(s) to furnish the County of Riverside with either 1) a properly executed original Certificate(s) of Insurance and certified original copies of Endorsements effecting coverage as required herein, and 2) if requested to do so orally or in writing by the County Risk Manager, provide original Certified copies of policies including all Endorsements and all attachments thereto, showing such insurance is in full force and effect. Further, said Certificate(s) and policies of insurance shall contain the covenant of the insurance carrier(s) that thirty (30) days written notice shall be given to the County of Riverside prior to any material modification, cancellation, expiration or reduction in coverage of such insurance. In the event of a material modification, cancellation, expiration, or reduction in coverage, this Agreement shall terminate forthwith, unless the County of Riverside receives, prior to such effective date, another properly executed original Certificate of Insurance and original copies of endorsements or certified original policies, including all endorsements and attachments thereto evidencing coverages set forth herein and the insurance required herein is in full force and effect. Contractor shall not commence operations until the County has been furnished original Certificate(s) of Insurance and certified original copies of endorsements and if requested, certified original policies of insurance including all endorsements and any and all other attachments as required in this Section. An individual authorized by the insurance carrier to do so on its behalf shall sign the original endorsements for each policy and the Certificate of Insurance.
- (4) It is understood and agreed to by the parties hereto that the Contractor's insurance shall be construed as primary insurance, and the County's insurance and/or deductibles and/or self-insured retentions or self-insured programs shall not be construed as contributory.
- (5) If, during the term of this Agreement or any extension thereof, there is a material change in the scope of services; or, there is a material change in the equipment to be used in the performance of the scope of work which will add additional exposures (such as the use of aircraft, watercraft, cranes, etc.); or, the term of this Agreement, including any extensions thereof, exceeds five (5) years the County reserves the right to adjust the types of insurance required under this Agreement and the monetary limits of liability for the insurance coverages currently required herein, if, in the County Risk Manager's reasonable judgment, the amount or type of insurance carried by the Contractor has become inadequate.
- (6) Contractor shall pass down the insurance obligations contained herein to all tiers of subcontractors working under this Agreement.
- (7) The insurance requirements contained in this Agreement may be met with a program(s) of self-insurance acceptable to the County.
- (8) Contractor agrees to notify County of any claim by a third party or any incident or event that may give rise to a claim arising from the performance of this Agreement.

11. LICENSES AND PERMITS

In accordance with the provisions of the Business and Professions Code concerning the licensing of Contractors, all Contractors shall be licensed, if required, in accordance with the laws of this State and any Contractor not so licensed is subject to the penalties imposed by such laws.

The Contractor warrants that it has all necessary permits, approvals, certificates, waivers, and exemptions necessary for the provision of services hereunder and required by the laws and regulations of the United States, State of California, the County of Riverside and all other appropriate governmental agencies, and shall maintain these throughout the term of this Agreement.

12. INDEPENDENT CONTRACTOR

It is understood and agreed that the Contractor is an independent contractor and that no relationship of employer-employee exists between the parties hereto. Contractor and/or Contractor's employees shall not be entitled to any benefits payable to employees of the County including, but not limited to, County Worker's Compensation benefits. County shall not be required to make any deductions for employees of Contractor from the compensation payable to Contractor under the provision of this Agreement.

As an independent contractor, Contractor hereby holds County harmless from any and all claims that may be made against County based upon any contention by any third party that an employer-employee relationship exists by reason of this Agreement. As part of the foregoing indemnity, the Contractor agrees to protect and defend at its own expense, including attorney's fees, the County, its officers, agents and employees in any legal action based upon any such alleged existence of an employer-employee relationship by reason of this Agreement.

13. ASSIGNMENT

The Contractor shall not assign any interest in this Agreement, and shall not transfer any interest in the same, whether by assignment or novation, without the prior written consent of DPSS. Any attempt to assign or delegate any interest without written consent of DPSS shall be deemed void and of no force or effect.

14. SUBCONTRACT FOR SERVICES

No agreements will be made by the Contractor with any party to furnish any of the services herein contained without the prior written approval of DPSS. This provision will not require the approval of agreements of employment between the Contractor and personnel assigned for services hereunder

15. DEBARMENT AND SUSPENSION

As a sub-grantee of federal and state funds under this Agreement, the Contractor certifies that it, and its principals:

- a. Are not presently debarred, suspended, proposed for debarment, and declared ineligible or voluntarily excluded from covered transactions by a federal department or agency.
- b. Have not within a 3-year period preceding this Agreement been convicted of or had a civil judgment rendered against them for the commission of fraud, or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction; violation of Federal or State anti-trust status or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
- c. Are not presently indicated or otherwise criminally or civilly charged by a government entity (Federal, State, or local) with commission of any of the offenses enumerated in the paragraph above; and
- d. Have not within a 3-year period preceding this Agreement had one or more public transactions (Federal, State or local) terminated for cause or default.

16. COMPLIANCE WITH RULES, REGULATIONS, REQUIREMENTS AND DIRECTIVES

The Contractor shall comply with all rules, regulations, requirements, and directives of the California Department of Social Services, other applicable state agencies, and funding sources which impose duties and regulations upon DPSS, which are equally applicable and made binding upon the Contractor as though made with the Contractor directly.

IV. FISCAL

A. MAXIMUM REIMBURSABLE AMOUNT

Total payment under this Agreement shall not exceed \$

B. SERVICE COST RATE

Prevailing wages will be paid at the going rate that the supervising organization typically pays workers who perform that job function and in accordance with local Area Wage Determination found under the Department of Labor website <http://www.wdol.gov/dba.aspx#3>.

C. COMPENSATION

1. Reimbursement of participants' hourly rate shall only be for actual hours worked. DPSS shall make no payments for commissions, piecework, vacation, holiday, sick leave, or overtime.
2. Reimbursement Plan as follows:
 - (a) 75% of DPSS customers wages will be reimbursed for the first 2 months up to \$1,000.
 - (b) 50% of DPSS customers wages will be reimbursed for months 3 and 4 up to \$1,000.

- (c) 25% of DPSS customers wages will be reimbursed for months 5 and 6 up to \$1,000
- (d) After 6 months the Contractor will be 100% responsible for the DPSS customers' wages.
- (e) Additional months after the six (6) months will be reimbursed up to 25% of the customers wages, with written approval from CalWORKs and matching one of the following criteria :
 - 1) The customer obtaining unsubsidized employment with the participating employer;
 - 2) The customer obtaining specific skills and experiences relevant for unsubsidized employment for a particular field.

D. METHOD, TIME AND SCHEDULE CONDITIONS OF PAYMENT

1. The Contractor will be paid the actual amount of each monthly invoice for payment. If the required supporting documentation or actual receipts are not provided, DPSS may delay payment until the information is received by DPSS.
2. For months for which no reimbursement is requested, an invoice must be submitted with a "\$0" request.
3. All completed claims must be submitted on a monthly basis no later than 30 days after the end of each month in which the services were provided. All complete claims submitted in a timely manner shall be processed within thirty (30) calendar days.
4. The Contractor shall submit DPSS Forms 2076A (Exhibit E) and 2076B (Exhibit F) if applicable following the instructions set forth on the "Instructions for Form 2076A" and "Instructions for Form 2076B."
5. Exhibits E and Exhibit F are attached hereto and incorporated herein by this reference for request of all payments. **In order to verify invoices, please submit Exhibits G-H with invoice, an example of Exhibit H can be found at the end of this Agreement.**
6. Each claiming period shall consist of a calendar month claiming period. Contractor Invoice estimates for May and June are due no later than the 5th of June. Actual Contractor invoices for May and June are due no later than the 30th of July.

E. FINANCIAL RESOURCES

The Contractor warrants that during the term of this Agreement, the Contractor shall retain sufficient financial resources necessary to perform all aspects of its obligations, as described under this Agreement. Further, the Contractor warrants that there has been no adverse material change in the Contractor, Parent, or Subsidiary business entities, resulting in negative impact to the financial condition and circumstances of the Contractor since the date of the most recent financial statements.

F. RECORDS, INSPECTIONS AND AUDITS

1. The Contractor shall maintain auditable books, records, documents, and other evidence pertaining to costs and expenses in this Agreement. The Contractor shall maintain these records for three (3) years after final payment has been made or until all pending County, State, and Federal audits, if any, are completed, whichever is later.

2. Any authorized representative of the County of Riverside, the State of California, and the Federal government shall have access to any books, documents, papers, electronic data, and other records, which these representatives may determine to be pertinent to this Agreement, for the purpose of performing an audit, evaluation, inspection, review, assessment, or examination. These representatives are authorized to obtain excerpts, transcripts, and copies, as they deem necessary. Further, these authorized representatives shall have the right at all reasonable times to inspect or otherwise evaluate the work performed, or being performed, under this Agreement and the premises in which it is being performed.
3. This access to records includes, but is not limited to, service delivery, referral, financial, and administrative documents for three (3) years after final payment is made, or until all pending County, State, and Federal audits are completed, whichever is later.
4. Should the Contractor disagree with any audit conducted by DPSS, the Contractor shall have the right to employ a licensed, Certified Public Accountant (CPA) to prepare and file with DPSS a certified financial and compliance audit that is in compliance with generally-accepted government accounting standards of related services provided during the term of this Agreement. The Contractor shall not be reimbursed by DPSS for such an audit.
5. In the event the Contractor does not make available its books and financial records at the location where they are normally maintained, the Contractor agrees to pay all necessary and reasonable expenses, including legal fees, incurred by DPSS in conducting such an audit.
6. Contractors that expend \$500,000 or more in a year in Federal funding shall obtain an audit performed by an independent auditor in accordance with generally accepted governmental auditing standards covering financial and compliance audits as per the Single Audit Act of 1984 and the Single Audit Act Amendments of 1996, as per OMB Circular 133. However, records must be available for review and audit by appropriate officials of Federal, State and County agencies.

G. SUPPLANTATION

The Contractor shall not supplant any federal, state, or county funds intended for the purpose of this Agreement with any funds made available under any other Agreement. The Contractor shall not claim reimbursement from DPSS for, or apply any sums received from DPSS, with respect to the portion of its obligations, which have been paid by another source of revenue. The Contractor agrees that it will not use funds received pursuant to this Agreement, either directly or indirectly, as a contribution or compensation for purposes of obtaining state funds under any state program or county funds under any county programs without prior approval of DPSS.

H. DISALLOWANCE

In the event the Contractor receives payment for services under this Agreement which is later disallowed for nonconformance with the terms and conditions herein by DPSS, the Contractor shall promptly refund the disallowed amount to DPSS on request, or at its option, DPSS may offset the amount disallowed from any payment due to the Contractor under any Agreement with DPSS.

V. GENERAL

A. EFFECTIVE PERIOD

This Agreement is for one year from the date of execution. The option to extend is at DPSS' discretion and is contingent upon the satisfactory performance of the Contractor, as determined by DPSS.

B. NOTICES

All notices, claims, correspondence, and/or statements authorized or required by this Agreement shall be addressed as follows:

DPSS: Department of Public Social Services
Contracts Administration Unit
P.O. Box 7789
Riverside, CA 92513

VENDOR:

All notices shall be deemed effective when they are made in writing, addressed as indicated above, and deposited in the United States mail. Any notices, correspondence, reports and/or statements authorized or required by this Agreement, addressed in any other fashion will not be acceptable, except invoices and other financial documents, which must be addressed to:

Department of Public Social Services
Fiscal/Management Reporting Unit
4060 County Circle Drive
Riverside, CA 92503

C. AVAILABILITY OF FUNDING

Funding for this Agreement is subject to the continuing availability of funds provided to DPSS. during the Agreement period. DPSS reserves the right to modify (increase or decrease) the maximum reimbursable amount of this Agreement, based on the funding made available to, and/or the services being requested by, DPSS.

D. DISPUTES

Except as otherwise provided in this Agreement, any dispute concerning a question of fact arising under this Agreement, which is not disposed by Agreement, shall be disposed by DPSS which shall furnish the decision in writing. The decision of DPSS shall be final and conclusive until determined by a court of competent jurisdiction to have been fraudulent or capricious, arbitrary, or so grossly erroneous as necessarily to imply bad faith. The Contractor shall proceed diligently with the performance of the Agreement pending DPSS' decision.

E. ADVERSE GOVERNMENT ACTION

In the event any action of any department, branch or bureau of the Federal, State, or Local government has a material adverse effect on either party in the performance of their obligations hereunder, then that party shall notify the other of the nature of this action, including in the notice a copy of the adverse action. The parties shall meet within thirty (30) days and shall, in good faith, attempt to negotiate a modification to this Agreement that minimizes the adverse effect. Notwithstanding the provisions herein, if the parties fail to reach a negotiated modification concerning the adverse action, then the affected party may terminate this Agreement by giving at least one hundred eighty (180) days notice or may terminate sooner if agreed to by both parties.

F. SANCTIONS

Failure by the Contractor to comply with any of the provisions covenants, requirements, or conditions of this Agreement including, but not limited to, reporting and evaluation requirements, shall be a material breach of this Agreement. In such event, DPSS may immediately terminate this Agreement and may take other remedies available by law, or otherwise specified in this Agreement. DPSS may also:

1. Afford the Contractor a time period within which to cure the breach, the period of which shall be established at the sole discretion of DPSS; and/or
2. Discontinue reimbursement to the Contractor for, and during the period in which the Contractor is in breach, the reimbursement of which the Contractor shall not be entitled to recover later; and/or
3. Withhold funds pending a cure of the breach; and/or
4. Offset against any monies billed by the Contractor but yet unpaid by DPSS. DPSS shall give the Contractor notice of any action pursuant to this paragraph, the notice of which shall be effective when given.

G. GOVERNING LAW

This Agreement shall be construed and interpreted according to the laws of the State of California. Any legal action related to the interpretation or performance of this Agreement shall be filed only in the appropriate courts located in the County of Riverside, State of California. Should action be brought to enforce or interpret the provisions of the Agreement, the prevailing party shall be entitled to attorney's fees in addition to whatever other relief are granted.

H. MODIFICATION OF TERMS

No addition to or alteration of the terms of this Agreement, whether by written or verbal understanding of the parties, their officers, agents, or employees shall be valid unless made in writing and formally approved and executed by both parties. Requests to modify fiscal provisions shall be submitted no later than April 1.

I. TERMINATION

This Agreement may be terminated without cause by either party by giving thirty (30) days written notification to the other party. In the event DPSS elects to abandon, indefinitely postpone, or terminate the Agreement, DPSS shall make payments for all services performed up to the date that written notice was given in a prorated amount.

J. ENTIRE Agreement

This Agreement constitutes the entire Agreement between the parties hereto with respect to the subject matter hereof, and all prior or contemporaneous Agreements of any kind or nature relating to the same shall be deemed to be merged herein.

COUNTY OF RIVERSIDE
DEPARTMENT OF PUBLIC SOCIAL SERVICES

CONTRACTOR PAYMENT REQUEST

Exhibit Number: E

To: Riverside County
Department of Public Social Services
Attn: Management Reporting Unit
4060 County Circle Drive
Riverside, CA 92503

From: _____
Remit to Name

Address

Contract Number

Total amount requested _____ for the period of _____ 20

Select Payment Type(s) Below:

- Advance Payment \$ _____
(if allowed by Contract/MOU)
- Actual Payment \$ _____
(Same amount as 2076B if needed)
- Unit of Service Payment \$ _____ # of Units) X (\$) _____
- _____ # of Units) X (\$) _____ # of Units) X (\$) _____
- _____ # of Units) X (\$) _____ # of Units) X (\$) _____

Any questions regarding this request should be directed to: _____
Name Phone Number

I hereby certify under penalty of perjury that to the best of my knowledge the above is true and correct

Authorized Signature Title Date

FOR DPSS USE ONLY (DO NOT WRITE BELOW THIS LINE)

Business Unit (5)	Purchase Order # (10)	Invoice #
Account (6)	Amount Authorized	
Fund (5)	If amount authorized is different from amount request, please explain:	
Dept ID (10)		
Program (5)	Program (if applicable)	Date
Class (10)	Management Reporting Unit	Date
Project/Grant (15)	Contracts Administration Unit	Date
Vendor Code (10)	General Accounting Section	Date

DPSS 2076A (8/03) CONTRACTOR PAYMENT REQUEST

COUNTY OF RIVERSIDE DEPARTMENT OF PUBLIC SOCIAL SERVICES CONTRACTOR EXPENDITURE REPORT (2076B)				Exhibit C
CONTRACTOR:				
ACTUAL EXPENDITURES FOR (MM/YYYY)				
CONTRACT #:				
EXPENSE CATEGORY	APPROVED BUDEGETED AMOUNT	CURRENT EXPENDITURES BILLABLE AMOUNT	CUMULATIVE EXPENDITURES BILLABLE AMOUNT	UNEXPENDED BUDGETED AMOUNT

List each item as outlined in contract budget.

TOTAL BUDGET/EXPENSES				

IN-KIND CASH CONTRIBUTION

List each type of contribution				
TOTAL IN-KIND/CASH MATCH				

CLIENT FEES COLLECTED	CURRENT PERIOD	YEAR TO DATE
------------------------------	-----------------------	---------------------

DEPARTMENT OF PUBLIC SOCIAL SERVICES FORMS

Mailing Instructions: When completed, these forms will summarize all of your claims for payment. Your Claims Packet will include **DPSS 2076A, 2076B** (if required), invoices, payroll verification, and copies of canceled checks attached, receipts, bank statements, sign-in sheets, daily logs, mileage logs, and other back-up documentation needed to comply with Contract/MOU.

Mail Claims Packet to address shown on upper left corner of DPSS 2076A.
[see method, time, and schedule/condition of payments].
(Please type or print information on all DPSS Forms.)

DPSS 2076A
CONTRACTOR PAYMENT REQUEST

"Remit to Name"
The legal name of your agency.

"Address"
The remit to address used when this contract was established for your agency. **All address changes must be submitted for processing prior to use.**

"Contractor Name"
Business name, if different than legal name *(if not leave blank)*.

"Contract Number"
Can be found on the first page of your contract.

"Amount Requested"
Fill in the total amount and billing period you are requesting payment for.

"Payment Type"
Check the box and enter the dollar amount for the type(s) of payment(s) you are requesting payment for.

"Any questions regarding..."
Fill in the name and phone number of the person to be contacted should any questions arise regarding your request for payment.

"Authorized Signature, Title, and Date (Contractor's)"
Self-explanatory (required). **Original Signature needed for payment.**

EVERYTHING BELOW THE THICK SOLID LINE IS FOR DPSS USE ONLY AND SHOULD BE LEFT BLANK.



Riverside County Department of Public Social Services

Workforce Connection

Subsidized Employment Position Description

Exhibit A

Employer Profile	
Employer Name	
Mailing Address	
Main Phone	
Fax	
Contact Person 1	Name: _____ Phone: _____ Email: _____
Contact Person 2	Name: _____ Phone: _____ Email: _____
Position Description	
Position Title	
# Positions Available	
Position Description	
Required Experience	
Hours per Week	_____
Shift(s)	Days: _____ thru _____ Varies _____ Hours: From _____ to _____ Varies _____
Physical Requirements	
Education Level	
Attire	
Certificate/Licensing Required	___ Yes ___ No Description: _____
Pre-Employment:	
Live Scan	___ Yes ___ No
Drug Screen	___ Yes ___ No
Training Provided	___ Yes ___ No Description: _____
Bi-Lingual Preferred	___ Yes ___ No
Opportunities for Advancement	___ Yes ___ No
Comments	
Workforce Connection Program Tracking Only	
Approved: ___ Yes ___ No	Signature: _____ Date: _____
Assigned to: _____	Tracking #: _____

County of Riverside - Employment Services

Phone: (951) 358-3000

Worker Name: _____
 Worker ID: _____
 Worker Phone Number: _____
 Date: _____
 Case Name: _____
 Case Number: _____

Referral To Activity

Customer Information

Name: _____ Social Security Number: _____
 Contact Number: _____ Primary Language: _____
 Goals: _____

Test Scores: Math _____ Reading _____

Enroll participant in the following activity.

Remove participant from the following activity.

Activity Name: _____

Activity Number: _____

Days Per Week: _____

Hours: From _____ To _____

Start Date: _____

Expected End Date: _____

Comments: _____

Provider Information

Name: _____ Phone: _____
 Address: _____ Fax: _____
 _____ Contact Person: _____

Contract Number: _____

TO BE COMPLETED BY PROVIDER

Participant:	Accepted:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If not accepted, please explain:			
Training Site:	Contact Person:		
	Phone:	()	
	Fax:	()	
	E-mail:		
Authorized Provider Signature:			Date:

FOR COUNTY USE ONLY

Employment Services Worker:	Worker ID:	
Authorized Signature:	Date:	
If Required: Supervisor Signature:	Date:	

COUNTY OF RIVERSIDE

DEPARTMENT OF PUBLIC SOCIAL SERVICES

GREATER AVENUES FOR INDEPENDENCE PAYMENT VOUCHER

P.V. NO. _____	AUTHORIZATION TO FURNISH (Name of Bearer) _____
NOTICE TO VENDOR/MERCHANT This is your authorization to provide the named bearer ONLY THE ITEMS DESCRIBED BELOW, NO CASH BACK . Complete as follows: 1. WHITE COPY MUST BE SIGNED BY BEARER and MERCHANT. 2. SEND WHITE COPY PROPERLY CERTIFIED with a CASH REGISTER OR HANDWRITTEN RECEIPT ATTACHED to the GAIN office address shown below to initiate payment processing. 3. RETAIN YELLOW COPY FOR YOUR RECORDS.	VENDOR/STORE NAME: _____ ADDRESS: _____ ADDRESS: _____ CITY/STATE ZIPCODE: _____
VOUCHER NOT REDEEMABLE 6 MONTHS FROM DATE OF ISSUE	

MERCHANDISE TO BE PROVIDED

NOTE: If you are unable to provide ALL items listed on the same day the voucher is presented, an additional voucher is required. The bearer must contact his/her GAIN Counselor to make arrangements.

- | | | | |
|-----------------------------------|--|------------------------------------|----------------------------------|
| <input type="checkbox"/> Books | <input type="checkbox"/> Shoes | <input type="checkbox"/> Tools | <input type="checkbox"/> Gas/Oil |
| <input type="checkbox"/> Supplies | <input type="checkbox"/> Clothing/Uniforms | <input type="checkbox"/> Equipment | <input type="checkbox"/> Other |

Description: _____

In the amount not to exceed _____ dollars (\$ _____)

VENDOR CERTIFICATION Dollar amount of items delivered \$ _____ I certify that I have delivered the merchandise specified hereon, payment has not been received, and the amount shown is due and unpaid. SEE ATTACHED RECEIPT(S) Name (print) _____ Title (print) _____ Signature: _____ Date: _____	BEARER CERTIFICATION I acknowledge that I have received the merchandise in the amount certified by the vendor. Name (print) _____ Signature: _____ Date: _____
---	---

COUNTY USE ONLY

REGISTRANT NAME	
C-IV CASE NUMBER	
AUTHORIZING SIGNATURE	
X	
WORKER NUMBER	ISSUE DATE

GAIN OFFICE ADDRESS

IMPORTANT REMINDER: Please attach sales receipt(s)

Exhibit

D

MPE

2024

10

10/10/24

COUNTY OF RIVERSIDE
DEPARTMENT OF PUBLIC SOCIAL SERVICES

CONTRACTOR PAYMENT REQUEST

Exhibit Number: E

To: Riverside County
Department of Public Social Services
Attn: Management Reporting Unit
4060 County Circle Drive
Riverside, CA 92503

From: _____
Remit to Name

Address

Contract Number

Total amount requested _____ for the period of _____ 20

Select Payment Type(s) Below:

- Advance Payment \$ _____
(if allowed by Contract/MOU)
- Actual Payment \$ _____
(Same amount as 2076B if needed)
- Unit of Service Payment \$ _____ # of Units) X (\$) _____
_____ # of Units) X (\$) _____
_____ # of Units) X (\$) _____

Any questions regarding this request should be directed to: _____
Name Phone Number

I hereby certify under penalty of perjury that to the best of my knowledge the above is true and correct

Authorized Signature Title Date

FOR DPSS USE ONLY (DO NOT WRITE BELOW THIS LINE)

Business Unit (5)	Purchase Order # (10)	Invoice #
Account (6)	Amount Authorized	
Fund (5)	If amount authorized is different from amount request, please explain:	
Dept ID (10)		
Program (5)	Program (if applicable)	Date
Class (10)	Management Reporting Unit	Date
Project/Grant (15)	Contracts Administration Unit	Date
Vendor Code (10)	General Accounting Section	Date

COUNTY OF RIVERSIDE DEPARTMENT OF PUBLIC SOCIAL SERVICES CONTRACTOR EXPENDITURE REPORT (2076B)	Exhibit E
---	-----------

CONTRACTOR:

ACTUAL EXPENDITURES FOR (MM/YYYY)

CONTRACT #:

EXPENSE CATEGORY	APPROVED BUDGETED AMOUNT	CURRENT EXPENDITURES BILLABLE AMOUNT	CUMULATIVE EXPENDITURES	UNEXPENDED BUDGETED AMOUNT
------------------	--------------------------------	--	----------------------------	----------------------------------

List each item as outlined in contract budget.

TOTAL BUDGET/EXPENSES				

IN-KIND CASH CONTRIBUTION

List each type of contribution				
TOTAL IN-KIND/CASH MATCH				

CLIENT FEES COLLECTED	CURRENT PERIOD	YEAR TO DATE
-----------------------	----------------	--------------

DEPARTMENT OF PUBLIC SOCIAL SERVICES FORMS

Mailing Instructions: When completed, these forms will summarize all of your claims for payment. Your Claims Packet will include **DPSS 2076A, 2076B** (if required), invoices, payroll verification, and copies of canceled checks attached, receipts, bank statements, sign-in sheets, daily logs, mileage logs, and other back-up documentation needed to comply with Contract/MOU.

Mail Claims Packet to address shown on upper left corner of DPSS 2076A.
[see method, time, and schedule/condition of payments].
(Please type or print information on all DPSS Forms.)

DPSS 2076A

CONTRACTOR PAYMENT REQUEST

"Remit to Name"

The legal name of your agency.

"Address"

The remit to address used when this contract was established for your agency. **All address changes must be submitted for processing prior to use.**

"Contractor Name"

Business name, if different than legal name *(if not leave blank)*.

"Contract Number"

Can be found on the first page of your contract.

"Amount Requested"

Fill in the total amount and billing period you are requesting payment for.

"Payment Type"

Check the box and enter the dollar amount for the type(s) of payment(s) you are requesting payment for.

"Any questions regarding..."

Fill in the name and phone number of the person to be contacted should any questions arise regarding your request for payment.

"Authorized Signature, Title, and Date (Contractor's)"

Self-explanatory **(required)**. **Original Signature needed for payment.**

EVERYTHING BELOW THE THICK SOLID LINE IS FOR DPSS USE ONLY AND SHOULD BE LEFT BLANK.

DPSS Subsidized Employment Program

TIMESHEET

Company Name:		Assigned Supervisor:	
Company Address:		Supervisors Phone No:	
Employer Identification Number (EIN):		Pay Period Covered:	Beg Date
Primary Co. Contact: Name:		End Date	
Phone:			
Email:			

EMPLOYEES IN DPSS PROGRAM											
Name of Employee (s)			SSN #	Position	Hourly Pay Rate	# of Worked Hours	Employee Payment be paid) (to				
Last Name	First Name	Middle Initial									
1							\$0.00				
2							\$0.00				
3							\$0.00				
4							\$0.00				
5							\$0.00				
6							\$0.00				
7							\$0.00				
8							\$0.00				
9							\$0.00				
10							\$0.00				
Total Number of Employees						Average Hourly Rate <u>#DIV/0!</u> Total Hours		Total Amount Paid			
0						0		\$0.00			

EMPLOYER'S CERTIFICATION

Employer certifies that supervision will be provided at the same level as received by regular employees. Subject to the penalty prescribed for perjury, I certify that I am the authorized person to complete this form, all information reported herewith is complete and correct to the best of my knowledge, and all supporting documents are available for review at my employer's office.

Signature of Authorized Representative _____ Title _____

Name (Print) _____ Date _____

If you have any questions regarding this form, call Eddle Lopez at the Department of Social Services at (951) 358-3609.

Exhibit H

Employee Information	Earnings	Rate	Hours	Amount	Federal Taxes	State/Local Taxes	Deductions	Net Pay	Check Cleared?
BROOKS, MEL #3334 Single/04	Gross SALARY			1,300.00 1,300.00	SS/Med 98.68 CT State	1.06	401 K MED125 X DED	Net Pay Check #11000020	1075.26 <input type="checkbox"/>
PRESSEUR, MARTIN #3319 Married/05	Gross SALARY			1,400.00 1,400.00	SS/Med 107.10			Net Pay Check #11000021	1292.90 <input type="checkbox"/>
REDMOND, KARL #3332 Married/02	Gross SALARY			1,500.00 1,500.00	SS/Med Fed Wt 114.75 25.00			Net Pay Check #11000022	1360.25 <input type="checkbox"/>
SMITH, JAMIE #3328 Married/04	Gross SALARY			900.00 900.00	SS/Med 68.85			Net Pay Check #11000023	831.15 <input type="checkbox"/>
WASHINGTON, MARTHA #3323 Single/00	Gross SALARY			1,200.00 1,200.00	SS/Med Fed Wt 91.80 CT State 115.00	.88		Net Pay Check #11000024	992.32 <input type="checkbox"/>
Department Totals	Gross SALARY			6,300.00 6,300.00	SS/Med Fed Wt 481.18 CT State 140.00	1.94	401 K MED125 X DED	5 Pays	5551.88

10 - Department									
WATSON, JON D #8474 Married/04	Gross SALARY			100.00 100.00	SS/Med 7.65			Net Pay Check #11000025	92.35 <input type="checkbox"/>
10 - Department Totals	Gross SALARY			100.00 100.00	SS/Med 7.65			1 Pay	92.35

2A - BUILDING									
BALANCE, INLIFE #3320 Married/02	Gross SALARY			1,200.00 1,200.00	SS/Med 91.80		LOANS	Net Pay Check #11000026	1008.20 <input type="checkbox"/>
2A - BUILDING Totals	Gross SALARY			1,200.00 1,200.00	SS/Med 91.80		LOANS	1 Pay	1008.20

20 - RECEIVING									
CROWLEY, CYNTHIA #0006 Single/01	Gross SALARY			1,200.00 1,200.00	SS/Med Fed Wt 91.80 NY State 71.25 NY DIS	21.42 2.60		Net Pay Check #11000027	1012.93 <input type="checkbox"/>
20 - RECEIVING Totals	Gross SALARY			1,200.00 1,200.00	SS/Med Fed Wt 91.80 NY State 71.25 NY DIS	21.42 2.60		1 Pay	1012.93

30 - SHIPPING									
PEPSI, CAROLYN #0003 Single/00	Gross SALARY			4,000.00 4,000.00	SS/Med Fed Wt 306.00 NY State 652.00 NY DIS	201.10 2.60	TEST	Net Pay Check #11000028	3144.30 <input type="checkbox"/>
30 - SHIPPING Totals	Gross SALARY			4,000.00 4,000.00	SS/Med Fed Wt 306.00 NY State 652.00 NY DIS	201.10 2.60	TEST	1 Pay	3144.30

Payroll Register

Exhibit H

Employee Information	Earnings	Rate	Hours	Amount	Federal Taxes	State/Local Taxes	Deductions	Net Pay	Check Cleared? <input checked="" type="checkbox"/>
50 - OFFICE									
KAVANAUGH, FLUFFER #0010 Married/02	Gross SALARY			3,000.00 3,000.00	SS/Med Fed Wt 229.50 NY State 197.71 NY DIS	118.33 2.60		Net Pay Check #11000029 2451.86	<input type="checkbox"/>
50 - OFFICE Totals	Gross SALARY			3,000.00 3,000.00	SS/Med Fed Wt 229.50 NY State 197.71 NY DIS	118.33 2.60		1 Pay 2451.86	<input type="checkbox"/>
CLIENT TOTALS									
	Gross SALARY			15,800.00 15,800.00	SS/Med Fed Wt 1,207.93 CT State 1,060.96 NY State NY DIS	1.94 340.85 7.80	401 K MED125 LOANS X DED TEST	65.00 10.00 100.00 50.00 -306.00	10 Chks 13,261.52

Payroll Statistics
 Employees Paid: 10
 Active Employees Not Paid: 26
 Terminated Employees Paid: 0



Client: 62V
 PC SUPPORT TEST CLIENT ASEC

Payroll Register

Period Covered: 06/01/2008 - 06/30/2008
 Check Date: 07/03/2008
 Run: 15
 Week: 25
 Qtr: 3
 Page: 2