

**SUBGRANT AGREEMENT BETWEEN  
KENTUCKIANAWORKS FOUNDATION, INC.  
AND  
BOARD OF EDUCATION OF JEFFERSON COUNTY, KENTUCKY  
FOR  
KENTUCKY MANUFACTURING CAREER CENTER  
EDUCATIONAL PROGRAMMING  
October 16, 2019 – June 30, 2020**

**Modification 01**

This modification, made and entered into as of the 15<sup>th</sup> of January, 2020, by and between the Board of Education of Jefferson County Board Kentucky (hereinafter “JCBE”) and the KentuckianaWorks Foundation, Inc. (hereinafter “KentuckianaWorks Foundation”), fiscal agent for the Kentucky Manufacturing Career Center (hereinafter “KMCC.”)

**WITNESSETH:**

Modification to Previous Agreement:

The purpose of this modification is twofold:

- 1) To reduce the amount of funding from the Louisville Redevelopment Authority from \$42,000 to \$37,800.92 to reflect the late start to services, as outlined below:

<b>Budget Item – LRA Funding</b>	<b>Original Amount</b>	<b>Decrease</b>	<b>Revised Amount</b>
Part-Time Instructor (19.75hrs x 30 weeks)	\$18,401.45	-\$2,164.88	\$16,236.57
Part-Time Instructor (12hrs x 30weeks)	\$11,180.63	-\$1,315.37	\$9,865.26
Extended Time (4.25hrs x 30 weeks) + 34hrs	\$4,891.52	-\$465.85	\$4,425.67
Fringe Benefits at 19%	\$5,830.62	-\$207.42	\$5,623.20
Mileage for local travel @ \$.42/Mile	\$400	\$0	\$400
Indirect costs at 3.51%	\$1,295.78	-\$45.56	\$1,250.22
<b>TOTAL</b>	<b>\$42,000.00</b>	<b>-\$4,199.08</b>	<b>\$37,800.92</b>

- 2) To add additional funding of \$30,000 secured through a grant from JPMorgan Chase Foundation to the KentuckianaWorks Foundation for JCBE to provide a Vocational ESL program in healthcare at the KMCC. JCBE will provide oversight of the program as well as

qualified instructors to serve at least two cohorts with a program lasting 8 weeks per cohort, to achieve the following outcomes:

<b>Outcome</b>	<b>Totals</b>
Number recruited to Vocational ESL program	60
Number enrolled in Vocational ESL program	30
Number completing Vocational ESL program	25
Number increase CASAS scores from entry to completion	20

<b>Budget Item – JPMorgan Chase Funding</b>	<b>Original Amount</b>
Part-Time Instructor (25hrs x 16 weeks)	\$10,961.40
Part-Time Admin/Instructor (25hrs x 16 weeks)	\$10,961.40
Extended Time (2hrs x 16 weeks)	\$876.91
Fringe Benefits at 19%	\$4360.46
Mileage for local travel @ \$.42/Mile	\$200
Materials and Supplies	\$1600.00
Indirect costs at 3.51%	\$1,039.83
<b>TOTAL</b>	<b>\$30,000.00</b>

#### **SUMMARY OF BUDGET CHANGES**

<b>Funding Source</b>	<b>Purpose</b>	<b>Amount Added or Subtracted</b>
Louisville Redevelopment Authority	Reduce staffing costs due to late start	-4,199.08
JP Morgan Chase Foundation	Add staffing for Vocational ESL program (2 cohorts)	+30,000.00
<b>Total</b>		<b>\$25,800.92</b>

The result of these changes is to increase the original contract from \$42,000.00 to \$67,800.92.

IN WITNESS WHEREOF, the parties through their authorized agents, have executed this Agreement the day and year first above written.

\_\_\_\_\_  
Dr. Marty Pollio  
Superintendent  
Jefferson County Public Schools


\_\_\_\_\_  
Date

\_\_\_\_\_  
Michael B. Gritton  
Executive Director Kentuckiana Works Foundation

\_\_\_\_\_  
Date

Approved as to Form:

MICHAEL J. O'CONNELL  
JEFFERSON COUNTY ATTORNEY

  
\_\_\_\_\_  
Stephanie Malone  
Assistant Jefferson County Attorney

\_\_\_\_\_  
Date

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JEFFERSON COUNTY ATTORNEY



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Stephanie Malone  
Assistant Jefferson County Attorney

\_\_\_\_\_  
Date



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
08/21/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b>  The Underwriters Group, Inc. 1700 Eastpoint Parkway P.O. Box 23790 Louisville, KY 40223	<b>CONTACT</b> NAME: PHONE (A/C No. Ext): 502-244-1343 FAX (A/C No.): 502-244-1411 E-MAIL: ADDRESS:  <b>INSURER(S) AFFORDING COVERAGE</b>  INSURER A: American Alternative Insurance Corp NAIC# 19720  INSURER B:  INSURER C:  INSURER D:  INSURER E:  INSURER F:
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## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Excess General Liab  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			N3A2RL000000912  Retained Limit	07/01/2018  07/01/2018	07/01/2019  07/01/2019	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000 MED EXP (Any one person) \$0 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COM/OP AGG \$0 Retained Limit \$500,000 COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						\$ \$ \$ \$ \$
	UMBRELLA LIAB EXCESS LIAB DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUT E OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

## CERTIFICATE HOLDER

Kentuckiana Works  
  
410 W. Chestnut Street  
Suite 200  
Louisville, KY 40202

## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
12/02/2019

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	<b>PHONE (A/C No. Ext):</b> 502-244-1343	<b>FAX (A/C No):</b> 502-244-1411
<b>INSURED</b>  Jefferson County Board of Education 3332 Newburg Rd. Louisville, KY 40218	<b>E-MAIL ADDRESS:</b>	
	<b>INSURER(S) AFFORDING COVERAGE</b>	
	<b>INSURER A:</b> American Alternative Insurance Corp	<b>NAIC #</b> 19720
	<b>INSURER B:</b>	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
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A	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Excess General Liab  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			N3A2RL000000913  Retained Limit	07/01/2019  07/01/2019	07/01/2020  07/01/2020	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000 MED EXP (Any one person) \$0 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$0 Retained Limit \$500,000
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	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A					PER STATUT E OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Coverage: Commercial General Liability

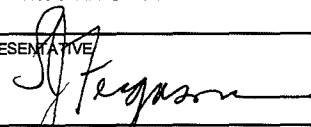
Includes Law Enforcement Liability, Incidental Malpractice, and Scheduled Watercraft to 50 feet.

All policy limits are in excess of retained limit.

It is agreed that certificate holder is hereby named as an additional insured as respect to written contract.

## CERTIFICATE HOLDER

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