

Exhibit A – File 150288

**CITY OF MILWAUKEE TRANSITIONAL JOBS PROGRAM - COLLABORATIVE HOST WORK
SITE AGREEMENT ADDENDUM
Amendment 1**

This Collaborative Host Work Site Agreement Addendum Amendment is made and entered into as of the ____ day of _____, 2015 by and between the City of Milwaukee, acting by and through its Department of Public Works, hereinafter known as the HOST, and Milwaukee Area Workforce Investment Board, hereinafter known as MAWIB.

Whereas, the parties wish to amend the Agreement and Addendum previously executed by the parties;

Whereas, the parties agree that all other covenants, promises, and agreements made in the previously executed Agreement and Addendum remain in effect;

Now therefore, the parties hereby agree as follows:

The following provisions are added to the original Collaborative Host Worksite Agreement Addendum (Exhibit A) and have been agreed to by the HOST and MAWIB.

Whereas, this Amendment is entered into pursuant to Common Council File # 150288, a substitute resolution relating to programming and expenditures for the Summer Jobs for Adults Initiative; and

#4A. MAWIB agrees to be the employer of record for up to 25 Participants, (non-Transform Milwaukee eligible, non-SWs) at various positions within DPW. The Participants shall be treated by MAWIB as SWs except that all wages shall be paid by HOST to MAWIB at the rate of \$10.66 per hour plus 15% to include FICA and Workers Compensation Insurance. Participants shall perform work for 40 hours a week, not to exceed 12 weeks. MAWIB shall also be compensated at a rate of 10% for acting as the employer of record for the Participants.

The Parties hereto have caused this Amendment to be executed by their duly authorized representatives.

HOST Name	FEIN Number
Address (include street, city, state, zip)	
Contact Person/Title	Phone Number
Email Address	Fax Number
HOST Authorized Signature	Date
Countersigned: Comptroller	Date

Approved at to Content, Form, and Execution: Assistant City Attorney

Date

Collaborative Name/Title (I have personally visited & inspected Host work site)	Phone Number
Email Address	Fax Number
MAWIB Authorized Signature	Date
