MA 18P 1607070000000000000 MODIFICATION

State of Maine



Master Agreement

Effective Date: 07/18/16

Expiration Date: 06/30/21

Master Agreement Description: Temporary Staffing Services

Buyer Information			
Kathy Paquette	207-624-7877	ext.	KATHY.L.PAQUETTE@MAINE.GOV
Issuer Information Kathy Paquette	207-624-7877	ext.	KATHY.L.PAQUETTE@MAINE.GOV
Requestor Information Kathy Paquette	207-624-7877	ext.	KATHY.L.PAQUETTE@MAINE.GOV

Agreement Reporting Categories

Reason For Modification: This is the amendment to increase markup BY .028 from 1/1/2021 to 6/31/2021.

Authorized Departments

ALL

Vendor Information

Vendor Line #: 1

Vendor ID VS000000069 Vendor Name Maine Business Services

Alias/DBA Manpower

Vendor Address Information 5 Community Drive

Augusta, ME 04330 US Vendor Contact Information Lydia Sy 207-622-1535 ext. augusta.me@manpower.com

Commodity Information

Vendor Line #: 1 Vendor Name: Maine Business Services Commodity Line #: 1 Commodity Code: 96102 Commodity Description: Administrative Services, All Kinds (Incl. Clerical, Secret **Commodity Specifications:** Commodity Extended Description: As per BP54 contract attached and made part of this MA UOM **Unit Price** Quantity 0.00000 0.000000 **Delivery Days** Free On Board **Contract Amount** Service Start Date Service End Date 0.00 07/18/16 06/30/21 **Catalog Name** Discount 0.0000 %

Discount Start Date

Discount End Date

Please see authorized signatures displayed on the next page

Each signatory below represents that the person has the requisite authority to enter into this Contract. The parties sign and cause this Contract to be executed.

State of Maine - Department of Administrative and Financial Services

Jaime Schorr

12/18/2020

Signature

Date

Jaime C. Schorr, Chief Procurement Officer

Vendor

DocuSigned by:

Ipril (lark Signature

Date

President

12/18/2020

April Clark

Print Representative Name and Title



DATE: 12/15/2020

AMENDMENT AMOUNT: \$ See Rate Table below

This Amendment, is between the following Department of the State of Maine and Provider:

 State of Maine DEPARTMENT

 DEPARTMENT: Department of Administrative and Financial Services

 Address: 111 Sewall Street, Burton M. Cross Building

 City: Augusta
 State: ME

 Zip Code: 04333-0009

 PROVIDER

 PROVIDER: Maine Business Services d/b/a Manpower

 Address: 70 Center Street

 City: Portland
 State: ME

 Zip Code: 04101

 Provider's Vendor Customer #: VS000000069

 Each signatory below represents that the person has the requisite authority to enter into this Contract Amendment.

 The parties sign and cause this Contract Amendment to be executed.

Department of Administrative and Financial Services, Division of Procurement Services

Maine Business Services d/b/a Manpower

DocuSigned by: 12/18/2020 Jaime Schorr Signature Jaime Schorr Date

DocuSigned by: Upril (Lark 12/18/2020 FBF0367223FB48B... Signature April Clark Date

Amendment rev. May 2020

Upon final approval by the Division of Procurement Services, a case details page will be made part of this contract.

AMENDMENT

The contract is hereby amended as follows: (Check and complete all that apply)

	Amended Period:	Original Start I Amendment S Reason:		rent End Date:]		
	Amended Contract Amount:	Amount of Adjustment: \$ New Contract Amount: \$ New Rate Table					
		Vendor Co	ost 1/1/2021 - 6/30/2021	Manpower 160707*0003			
		Category		State Identified	Provider		
		Cat I	Office Environment	1.298	1.368		
		Cat II	I Driving Related 1		1.558		
		Cat III	Lab/Med	1.348	1.428		
		Cat IV	Outdoor	1.408	1.488		
		Cat V	Power Equip.	1.458	1.538		
		Cat VI	At Sea	NA	NA		
		Cat VII	Security	1.538	1.558		
		Cat VIII	Trades	1.478	1.558		
	Amended	Reason: There is a new state law going into effect 1/1/2021 requiring employees receive Paid Time Off at a rate of 1 hour earned for every 40 hours worked with a maximum of 40 hours earned per year.					
	Scope of Work:	The Scope of work in Rider A is amended as follows:					
	Other:	Describe the C	Changes:				

All other terms and conditions of the original contract and subsequent contract amendments remain in full force and effect.

CODING

L	INE TOTAL	FUND	DEPT	UNIT	SUB UNIT	OBJ	PROGRAM	PROGRAM PERIOD	BOND FUNDING	FISCAL YEAR
\$]	[]		[]		[]		[]		[]