

**CONTRACT TO PROVIDE CHILD WELFARE SERVICES OUTCOME PROJECT ACTIVITIES**

Santa Barbara County-Department of Social Services

**First Amendment-Contract Extension  
Effective 7/1/07**

This is the first amendment to the Agreement for Services between the **County of Santa Barbara** (COUNTY) and **Good Samaritan Shelter, Inc.** (CONTRACTOR), for the continued provision of Child Welfare Services Outcome Project Activities pursuant to the Section 4 of the Agreement for Services of Independent Contractor of the current contract.

The COUNTY has approved this two-year contract renewal to provide advocate/mentor support to the children and families served by Child Welfare Services and Juvenile Probation that have an identified substance abuse issue.

This amended contract incorporates the terms and conditions set forth in the existing contract numbered BC# 07-110, approved by the County Board of Supervisors on January 16, 2007 with the following exceptions:

**The Agreement is amended as follows:**

4. **TERM.** For the extension period, CONTRACTOR shall commence performance on July 1, 2007 and end performance upon completion, but no later than June 30, 2009, unless otherwise directed by COUNTY or unless earlier terminated.
32. **AMENDMENTS.** The Director of the Department of Social Services may approve amendments to the proposed contract, provided that any such amendment to the contract is not in variance of ten percent (10%) of the contract's dollar amount.

**Exhibit B is amended as follows:**

- A. For CONTRACTOR services to be rendered under this contract, CONTRACTOR shall be paid an amount, including cost reimbursements, of \$178,418 for FY 2006/2007; \$151,661 for FY 2007/2008; and \$151,661 for FY 2008/2009.

**Exhibit B1 is amended and replaced as follows:**

**EXHIBIT B-1 LINE ITEM BUDGET 07-08 FISCAL YEAR**

Cost of living and/or performance appraisal merit increases are included in this proposed budget.

**A. SALARIES AND EMPLOYEE BENEFITS**

1) Salaries - List each position to be funded by this award.

Position(s)	Full-Time Equivalent (FTE) <sup>1</sup>	Budget for Contract Term
<b>Direct Service Positions</b>		
SARA Coordinator (Santa Maria) (1 FTEs)	100%	\$30,800
SARA Advocates (Santa Maria & Lompoc) (4 FTE)	100%	\$45,916
<b>Administrative Positions</b>		
Sylvia Barnard, Executive Director	10%	\$9,500
Peggy Janssen & Anabel Zamora, Bookkeeping Dept.	10%	\$7,200
Assistant Executive Director	10%	\$6,500
<b>Sub-Total Salaries:</b>		<b>\$99,916.00</b>

2) Employee Benefits - List type of employee benefit(s) and amount budgeted.

Type of Employee Benefit	Budget for Contract Term
<b>Direct Service Staff</b>	
Medical Benefits, Vision, Dental, Life and 401(k) option (SARA Coordinators and full time advocates only)	\$8,495
	\$
<b>Administrative Staff</b>	
Medical Benefits, Vision, Dental, Life and 401(k) option	\$3,550
	\$
<b>Sub-Total Employee Benefits</b>	
	\$12,045.00
<b>Percentage Benefits</b>	
	25%
<b>TOTAL SALARIES AND EMPLOYEE BENEFITS</b>	
	<b>\$111,961.00</b>

**B. SERVICES AND SUPPLIES**

3) Services - List any consultant(s) or contract services

Name of Consultant(s)/Contract Services	Budget for Contract Term
Independent Audit	\$2,500
<b>Sub-Total Services</b>	
	<b>\$2,500</b>

4) Supplies

Item	Budget for Contract Term
Office Expense	\$8,000
Program Expense	
Incentives	\$3,300
Graduation Packages	\$500
Vocational Training Program/ One Mother to Another	\$in kind
Telephone	\$3,700
Mileage	\$3,700
<b>Sub-Total Supplies</b>	
	<b>\$19,200.00</b>
<b>TOTAL SERVICES AND SUPPLIES</b>	
	<b>\$21,700.00</b>

**C. OPERATING EXPENSES**

Item	Budget for Contract Term
Facility Lease/Rental	\$12,000
Utilities	\$3,000
Insurance (Refer to General Contract Provisions for Insurance Requirements)	\$3,000
<b>Total Operating Expenses</b>	
	<b>18,000.00</b>
<b>GRAND TOTAL LINE ITEM BUDGET</b>	
	<b>\$18,000.00</b>
<b>Minus Revenue</b>	
	<b>0</b>
<b>TOTAL BEING REQUESTED</b>	
	<b>\$151,661.00</b>

**EXHIBIT B-1 LINE ITEM BUDGET 08-09 FISCAL YEAR**

Cost of living and/or performance appraisal merit increases are included in this proposed budget.

**B. SALARIES AND EMPLOYEE BENEFITS**

1) Salaries - List each position to be funded by this award.

Position(s)	Full-Time Equivalent (FTE) <sup>1</sup>	Budget for Contract Term
<b>Direct Service Positions</b>		
SARA Coordinator (Santa Maria) (1 FTEs)	100%	\$30,800
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<b>Administrative Positions</b>		
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Assistant Executive Director	10%	\$6,500
<b>Sub-Total Salaries:</b>		<b>\$99,916.00</b>

2) Employee Benefits - List type of employee benefit(s) and amount budgeted.

Type of Employee Benefit	Budget for Contract Term
<b>Direct Service Staff</b>	
Medical Benefits, Vision, Dental, Life and 401(k) option (SARA Coordinators and full time advocates only)	\$8,495
<b>Administrative Staff</b>	\$
Medical Benefits, Vision, Dental, Life and 401(k) option	\$3,550
	\$
<b>Sub-Total Employee Benefits</b>	<b>\$12,045.00</b>
<b>Percentage Benefits</b>	<b>25%</b>
<b>TOTAL SALARIES AND EMPLOYEE BENEFITS</b>	<b>\$111,961.00</b>

**B. SERVICES AND SUPPLIES**

3) Services - List any consultant(s) or contract services

Name of Consultant(s)/Contract Services	Budget for Contract Term
Independent Audit	\$2,500
<b>Sub-Total Services</b>	<b>\$2,500</b>

4) Supplies

Item	Budget for Contract Term
Office Expense	\$8,000
Program Expense	
Incentives	\$3,300
Graduation Packages	\$500
Vocational Training Program/ One Mother to Another	\$in kind
Telephone	\$3,700
Mileage	\$3,700
<b>Sub-Total Supplies</b>	<b>\$19,200.00</b>
<b>TOTAL SERVICES AND SUPPLIES</b>	<b>\$21,700.00</b>

**D. OPERATING EXPENSES**

Item	Budget for Contract Term
Facility Lease/Rental	\$12,000
Utilities	\$3,000
Insurance (Refer to General Contract Provisions for Insurance Requirements)	\$3,000
<b>Total Operating Expenses</b>	<b>18,000.00</b>
<b>GRAND TOTAL LINE ITEM BUDGET</b>	<b>\$18,000.00</b>
Minus Revenue	0
<b>TOTAL BEING REQUESTED</b>	<b>\$151,661.00</b>

**Supportive Narrative Regarding Budget Modifications:**

In accordance with the reduced SARA Program funding, Contractor has modified the budget to sustain programs and services based upon the dollar amount allocated effective Fiscal Year 2007/2008 for the Substance Abuse Recovery Advocates programs in the amount of **\$151,661.00** for FY 2007/2008 and **\$151,661.00** for FY 2008/2009.

Although program changes have not been made, staffing positions have been re-evaluated against actual program referrals vs. direct supervision. Contractor will adjust staff to better accommodate program services in an effort to sustain continued quality and quantity of program and services to be provided under this project.

Based upon the historical number of referrals received in this project to date, Contractor will reduce the full time SARA Coordinator position to one and will add less direct supervision compensation as well as adjust a higher level of overall administrative staff supervision effectively to oversee staff at both the Santa Maria and Lompoc facilities.

Reducing the direct level of staffing coordination has also afforded the ability to allocate additional funds directly back to clients, to wit, incentives and graduation; finally, Good Samaritan Shelter, Inc. will provide a larger in-kind contribution in the area of vocational training under the One Mother to Another program and does not anticipate the need to purchase or lease additional office equipment at this time to facilitate any of the scope of work previously indicated.

IN WITNESS WHEREOF, this First Amendment to the Contract has been executed by parties hereto upon this date first above written.

CONTRACTOR:

By \_\_\_\_\_ Date \_\_\_\_\_  
**Sylvia Barnard, Executive Director**  
**Good Samaritan Inc.**

Taxpayer ID Number: On-File

COUNTY OF SANTA BARBARA:

ATTEST:  
MICHAEL F. BROWN  
Clerk of the Board

By \_\_\_\_\_

By \_\_\_\_\_  
Deputy

Date \_\_\_\_\_

APPROVED AS TO FORM:  
STEPHEN SHANE STARK  
County Counsel

APPROVED AS TO INSURANCE:  
RAY AROMATORIO

By \_\_\_\_\_  
Deputy County Counsel

By: \_\_\_\_\_  
Risk Program Administrator

APPROVED AS TO ACCOUNTING FORM:  
ROBERT W. GEIS  
Auditor-Controller

By \_\_\_\_\_

Complete data below, print, obtain signature of authorized departmental representative, and submit this form (and attachments) to the Clerk of the Board (>\$100,000). If less than (<\$100,000) submit a Purchasing Requisition to the Purchasing Division of General Services. See "online purchasing manual" under General Services, Purchasing, Policies and Procedures. Form not applicable to revenue contracts.

D1. Fiscal Year : FY 06/07 & 07/08  
 D2. Budget Unit Number (plus -Ship/-Bill codes in paren's ) : 044  
 D3. Requisition Number : n/a  
 D4. Department Name : Department of Social Services  
 D5. Contact Person : Rhonda Macdonald  
 D6. Phone : 346-7294

K1. Contract Type (check one):  Personal Service [ ] Capital Project/Construction  
 K2. Brief Summary of Contract Description/Purpose : Substance Abuse Recovery Advocates  
 K3. Original Contract Amount : \$178,418  
 K4. Contract Begin Date : 1/1/07  
 K5. Original Contract End Date : 6/30/07  
 K6. Amendment History (leave blank if no prior amendments):

Seq#	EffectiveDate	ThisAmndtAmt	CumAmndtToDate	NewTotalAmt	NewEndDate	Purpose(2-4 words)
1	7/1/07	\$ 303,322	\$303,322	\$481,740	6/30/09	Contract Extension

K7. Department Project Number : N/A

B1. Is this a Board Contract? (Yes/No) : Yes  
 B2. Number of Workers Displaced (if any) : None  
 B3. Number of Competitive Bids (if any) : 2  
 B4. Lowest Bid Amount (if bid) : n/a  
 B5. If Board waived bids, show Agenda Date : N/A  
 B6. ... and Agenda Item Number : #  
 B7. Boilerplate Contract Text Unaffected? (Yes / or cite ¶¶) : Section 4,5 and 12

F1. Encumbrance Transaction Code : 1701  
 F2. Current Year Encumbrance Amount : \$151,661  
 F3. Fund Number : 0055  
 F4. Department Number : 044  
 F5. Division Number (if applicable) : 07  
 F6. Account Number : 7659  
 F7. Cost Center number (if applicable) : Div 09, Sub Div 01; Program Code 3025; Org 5310  
 F8. Payment Terms : Net 30

V1. Vendor Numbers (A=uditor; P=urchasing) : n/a  
 V2. Payee/Contractor Name : Good Samaritan Shelter, Inc.  
 V3. Mailing Address : 731 S. Lincoln Street  
 V4. City State (two-letter) Zip (include +4 if known) : Santa Maria, CA 93458  
 V5. Telephone Number : (805) 346-8185  
 V6. Contractor's Federal Tax ID Number (EIN or SSN) : 77-0133375  
 V7. Contact Person : Sylvia Barnard  
 V8. Workers Comp Insurance Expiration Date : 6/15/2008  
 V9. Liability Insurance Expiration Date[s] (G=enl; P=rofl) : 9/18/2007  
 V10. Professional License Number : #  
 V11. Verified by (name of County staff) : Rhonda Macdonald  
 V12. Company Type (Check one): [ ] Individual [ ] Sole Proprietorship [ ] Partnership [X] Corporation

**I certify:** information complete and accurate; designated funds available; required concurrences evidenced on signature page.

Date \_\_\_\_\_: Authorized Signature: \_\_\_\_\_