

FIRST AMENDMENT 2011-2012

TO THE AGREEMENT FOR SERVICES OF INDEPENDENT CONTRACTOR

This is an amendment (hereafter referred to as the "First Amended Contract") to the Agreement for Services of Independent Contractor, number **BC 12-015**, by and between the **County of Santa Barbara** (County) and **Community Action Commission** (Contractor), for the continued provision of **Assessments, referrals & case management services for Bridge to Recovery SAMHSA grant program**.

Whereas, this First Amended Contract incorporates the terms and conditions set forth in the contract approved by the County Board of Supervisors in June 2011, except as modified by this First Amended Contract.

Whereas, County anticipates that Contractor will provide, at the request of County, a greater number of services than contemplated by the original Agreement, and will incur expenses beyond the value of this Agreement. This amendment adds funds in the amount of \$15000 to the Agreement so as to compensate Contractor for services to be rendered under this Agreement.

NOW, THEREFORE, for good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, County and Contractor agree as follows:

I. Delete Section II. MAXIMUM CONTACT AMOUNT from Exhibit B, Financial Provisions, and replace with the following:

II. MAXIMUM CONTRACT AMOUNT.

The Maximum Contract Amount has been calculated based on the total UOS to be provided pursuant to this Agreement as set forth in Exhibit B-1 and shall not exceed **\$147000**. The Maximum Contract Amount shall consist of County, State, and/or Federal funds as shown in Exhibit B-1. Notwithstanding any other provision of this Agreement, in no event shall County pay Contractor more than this Maximum Contract Amount for Contractor's performance hereunder without a properly executed amendment.

II. Delete Exhibit B-1, Schedule of Rates and Contract Maximum, and replace with the following:

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EXHIBIT B-1 ALCOHOL, DRUG AND MENTAL HEALTH SERVICES SCHEDULE OF RATES AND CONTRACT MAXIMUM

CONTRACTOR NAME: Community Action Commission

FISCAL YEAR: 2011-12

	Unit	PROGRAM			
		Bridges to Recovery			Total
DESCRIPTION/MODE/SERVICE FUNCTION:		NUMBER OF UNITS PROJECTED (based on history):			
68-SAMHSA B2R Grant Services	cost reimbursed	\$ 147,000			\$ 147,000
COST PER UNIT/PROVISIONAL RATE:		as budgeted			
68-SAMHSA B2R Grant Services					
GROSS COST:		\$ 147,000			\$ 147,000
LESS REVENUES COLLECTED BY CONTRACTOR: (as depicted in Contractor's Budget Packet)					
CLIENT FEES					\$ -
CLIENT INSURANCE					\$ -
CONTRIBUTIONS/GRANTS (includes unsecured)					\$ -
FOUNDATIONS/TRUSTS					\$ -
SPECIAL EVENTS					\$ -
OTHER (LIST):					\$ -
TOTAL CONTRACTOR REVENUES*		\$ -	\$ -	\$ -	\$ -
MAXIMUM (NET) CONTRACT AMOUNT:		\$ 147,000	\$ -	\$ -	\$ 147,000
SOURCES OF FUNDING FOR MAXIMUM CONTRACT AMOUNT					
SAMHSA B2R Grant (6250)		\$ 147,000			\$ 147,000
TOTAL (SOURCES OF FUNDING)		\$ 147,000	\$ -	\$ -	\$ 147,000

CONTRACTOR SIGNATURE: _____

STAFF ANALYST SIGNATURE: _____

FISCAL SERVICES SIGNATURE: _____

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III. Delete Exhibit B-2, Contractor Budget, and replace with the following:

**Santa Barbara County Alcohol, Drug and Mental Health Services Contract Budget Packet
Entity Budget By Program**

AGENCY NAME: Community Action Commisison of Santa Bart

COUNTY FISCAL YEAR: 2011-12

Gray Shaded cells contain formulas, do not overwrite

LINE #	COLUMN #	1	2	3	4	5	6	7	8	9	10
	I. REVENUE SOURCES:		TOTAL AGENCY/ ORGANIZATION BUDGET	COUNTY ADMHS PROGRAMS TOTALS	TRA	Parent Partner	Head Start	WRAP Children	WRAP Adult	Sober Women	Bridges to Recovery
1	Contributions		\$ 235,609	\$ -							
2	Foundations/Trusts		\$ 75,000	\$ -							
3	Special Events		\$ 50,000	\$ -							
4	Legacies/Bequests			\$ -							
5	Associated Organizations			\$ -							
6	Membership Dues			\$ -							
7	Sales of Materials			\$ -							
8	Investment Income			\$ -							
9	Miscellaneous Revenue		\$ 198,973	\$ -							
10	ADMHS Funding		\$ 2,018,321	\$ 1,799,778	\$ 875,205	\$ 292,392	\$ 469,161	\$ 5,510	\$ 5,510	\$ 5,000	\$ 147,000
11	Other Government Funding		\$ 21,056,925	\$ 149,319		\$ 149,319					
12	Public Funding/So CA Gas		\$ 500,000	\$ -							
13	Back Door Deli		\$ 125,000	\$ -							
14	Rental Revenue		\$ 18,000	\$ -							
15	In-kind		\$ 1,626,899	\$ -							
16	Other (specify)			\$ -							
17	Other (specify)			\$ -							
18	Total Other Revenue (Sum of lines 1 through 17)		\$ 25,904,727	\$ 1,949,097	\$ 875,205	\$ 292,392	\$ 618,480	\$ 5,510	\$ 5,510	\$ 5,000	\$ 147,000
	I.B Client and Third Party Revenues:										
19	Medicare			-							
20	Client Fees			-							
21	Insurance			-							
22	SSI			-							
23	Other (specify)			-							
24	Total Client and Third Party Revenues (Sum of lines 19 through 23)			-							
25	GROSS PROGRAM REVENUE BUDGET (Sum of lines 18 + 24)		25,904,727	1,949,097	875,205	292,392	618,480	5,510	5,510	5,000	147,000

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III. DIRECT COSTS	TOTAL AGENCY/ ORGANIZATION BUDGET	COUNTY ADMHS PROGRAMS TOTALS	TRA	Parent Partner	Head Start	WRAP Children	WRAP Adult	Sober Women	Bridges to Recovery
III.A. Salaries and Benefits Object Level									
26	Salaries (Complete Staffing Schedule)	10,396,202	\$ 1,163,926	\$ 535,820	\$ 165,987	\$ 373,413		\$ 3,376	\$ 85,330
27	Employee Benefits	3,794,613	\$ 297,383	\$ 136,902	\$ 42,410	\$ 95,407		\$ 863	\$ 21,802
28	Consultants	2,824,658	\$ -						
29	Payroll Taxes		\$ 127,451	\$ 58,673	\$ 18,176	\$ 40,889		\$ 370	\$ 9,344
30	Salaries and Benefits Subtotal	\$ 17,015,473	\$ 1,588,760	\$ 731,394	\$ 226,572	\$ 509,709	\$ -	\$ 4,608	\$ 116,476
III.B Services and Supplies Object Level									
31	Professional Fees		\$ 1,000			\$ 1,000			
32	Supplies	2,709,511	\$ 28,405	\$ 3,450	\$ 4,750	\$ 18,855			\$ 1,350
33	Telephone	164,583	\$ 16,700	\$ 8,000	\$ 3,350	\$ 3,650			\$ 1,700
34	Postage & Shipping	14,866	\$ 200			\$ 200			
35	Occupancy (Facility Lease/Rent/Costs)	882,895	\$ 31,361	\$ 11,374	\$ 6,398	\$ 11,250			\$ 2,340
36	Rental/Maintenance Equipment	119,439	\$ 6,466	\$ 3,100	\$ 2,416	\$ 800			\$ 150
37	Printing/Publications	25,531	\$ 150			\$ 150			
38	Transportation	217,542	\$ 83,341	\$ 38,523	\$ 15,000	\$ 17,330			\$ 12,488
39	Conferences, Meetings, Etc	12,000	\$ -						
40	Insurance	118,380	\$ 4,625	\$ 1,800	\$ 800	\$ 1,800			\$ 225
41	In-Kind	1,626,899	\$ -						
42	Utilities	204,000	\$ -						
43	Miscellaneous Expenses	486,900	\$ 23,794	\$ 7,400	\$ 2,700	\$ 2,784	\$ 5,078	\$ 5,078	\$ 754
44	Training	166,678	\$ 5,100	\$ 1,600	\$ 1,000	\$ 2,500			
45	Services and Supplies Subtotal	\$ 6,749,224	\$ 201,142	\$ 75,247	\$ 36,413	\$ 60,319	\$ 5,078	\$ 5,078	\$ -
46	III.C. Client Expense Object Level Total		\$ -						
47	SUBTOTAL DIRECT COSTS	\$ 23,764,697	\$ 1,789,902	\$ 806,641	\$ 262,986	\$ 570,027	\$ 5,078	\$ 5,078	\$ 4,608
IV. INDIRECT COSTS									
48	Administrative Indirect Costs (limited to 15%)	2,140,030	\$ 152,695	\$ 68,564	\$ 22,906	\$ 48,452	\$ 432	\$ 432	\$ 392
49	GROSS DIRECT AND INDIRECT COSTS (Sum of lines 46+ 47)	\$ 25,904,727	\$ 1,942,597	\$ 875,206	\$ 285,892	\$ 618,480	\$ 5,510	\$ 5,510	\$ 5,000

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SIGNATURE PAGE

Amendment to Agreement for Services of Independent Contractor between the County of Santa Barbara and Community Action Commission.

IN WITNESS WHEREOF, the parties have executed this Agreement to be effective on the date executed by County.

COUNTY OF SANTA BARBARA

By: _____
DOREEN FARR, CHAIR
BOARD OF SUPERVISORS
Date: _____

ATTEST:
CHANDRA L. WALLAR
CLERK OF THE BOARD

CONTRACTOR

By: _____
Deputy
Date: _____

By: _____
Tax Id No 95-2491790.
Date: _____

APPROVED AS TO FORM:
DENNIS MARSHALL
COUNTY COUNSEL

APPROVED AS TO ACCOUNTING FORM:
ROBERT W. GEIS, CPA
AUDITOR-CONTROLLER

By _____
Deputy County Counsel
Date: _____

By _____
Deputy
Date: _____

APPROVED AS TO FORM :
ALCOHOL, DRUG, AND MENTAL HEALTH
SERVICES
ANN DETRICK, PH.D.
DIRECTOR

APPROVED AS TO INSURANCE FORM:
RAY AROMATORIO
RISK MANAGER

By _____
Director
Date: _____

By: _____
Date: _____

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CONTRACT SUMMARY PAGE

BC 12-015

Complete data below, print, obtain signature of authorized departmental representative, and submit this form (and attachments) to the Clerk of the Board (>\$25,000) or Purchasing (<\$25,000). See also "Contracts for Services" policy. Form is not applicable to revenue contracts.

D1. Fiscal Year..... 11-12
 D2. Budget Unit Number 043
 D3. Requisition Number N/A
 D4. Department Name Alcohol, Drug, & Mental Health Services
 D5. Contact Person..... Danielle Spahn
 D6. Telephone (805) 681-5229

K1. Contract Type (check one): Personal Service Capital
 K2. Brief Summary of Contract Description/Purpose Assessments, referrals & case management services for Bridge to Recovery SAMHSA grant program
 K3. Contract Amount..... \$147000
 K4. Contract Begin Date 7/1/2011
 K5. Original Contract End Date..... 6/30/2012
 K6. Amendment History

Seq#	Effective Date	ThisAmndtAmt	CumAmndtToDate	NewTotalAmt	NewEndDate	Purpose
1	7/1/2011	\$15000	\$15000	\$147000	6/30/2012	Add funds for B2R

B1. Is this a Board Contract? (Yes/No)..... Yes
 B2. Number of Workers Displaced (if any)..... N/A
 B3. Number of Competitive Bids (if any)..... N/A
 B4. Lowest Bid Amount (if bid)..... N/A
 B5. If Board waived bids, show Agenda Date N/A
 and Agenda Item Number
 B6. Boilerplate Contract Text Unaffected? (Yes / or cite Paragraph)..... Yes

F1. Encumbrance Transaction Code 1701
 F2. Current Year Encumbrance Amount..... \$147000
 F3. Fund Number..... 0049
 F4. Department Number 043
 F5. Division Number (if applicable)..... N/A
 F6. Account Number..... 7461
 F7. Cost Center number (if applicable)..... 6250
 F8. Payment Terms Net 30

V1. Vendor Numbers (A=Auditor; P=Purchasing) EID A=188062
 V2. Payee/Contractor Name Community Action Commission
 V3. Mailing Address 5638 Hollister Avenue Suite 230.
 V4. City, State (two-letter) Zip (include +4 if known) Santa Barbara, CA 93117
 V5. Telephone Number 8059648857
 V6. Contractor's Federal Tax ID Number (EIN or SSN)..... 95-249179095-2491790
 V7. Contact Person..... Fran Forman Executive Director
 V8. Workers Comp Insurance Expiration Date 9/1/2012
 V9. Liability Insurance Expiration Date[s] G=5/24/2012, P=5/24/2012
 V10. Professional License Number..... N/A
 V11. Verified by (name of county staff)..... Danielle Spahn
 V12. Company Type (Check one): Individual Sole Proprietorship Partnership Corporation

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

Date: _____ Authorized Signature: _____