

FIRST AMENDMENT

TO 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 10-034**, by and between the **County of Santa Barbara** (County) and **Family Service Agency** (Contractor), for the continued provision of **School-based counseling and mentoring services**.

Whereas, this First Amended Contract incorporates the terms and conditions set forth in the contract approved by the County Board of Supervisors in June 2009, except as modified by this First Amended Contract.

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 Contract Amount, of Exhibit B, Financial Provisions, and replace with the following:**

II. MAXIMUM CONTRACT AMOUNT.

The Maximum Contract Amount shall not exceed \$123444. 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 attached.**

FIRST AMENDMENT

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

CONTRACTOR NAME:

Family Service Agency

FISCAL YEAR: 2009-2010

| | PROGRAM | | | |
|--|---|--------------------------|-------------------|-------------------|
| | School Based Counseling | Big Brothers Big Sisters | 211 Helpline | Total |
| DESCRIPTION/MODE/SERVICE FUNCTION: | NUMBER OF UNITS PROJECTED (based on history): | | | |
| 18 - Early Intervention | \$14,700 | | | \$14,700 |
| 18 - Early Intervention (Mentoring) | | \$95,300 | | \$95,300 |
| 19 - Outreach and Intervention (211) | | | \$13,444 | \$13,444 |
| UNIT REIMBURSEMENT | Cost Reimbursed | Cost Reimbursed | Cost Reimbursed | |
| COST PER UNIT/PROVISIONAL RATE: | | | | |
| 18 - Early Intervention | As Budgeted | | | |
| 18 - Early Intervention (Mentoring) | As Budgeted | | | |
| 19 - Outreach and Intervention (211) | As Budgeted | | | |
| GROSS COST: | \$ 192,860 | \$ 331,177 | \$ 196,096 | \$720,133 |
| LESS REVENUES COLLECTED BY CONTRACTOR: (as depicted in Contractor's Budget Packet) | | | | |
| A CLIENT FEES | | | | \$0 |
| B CLIENT INSURANCE | | | | \$0 |
| C CONTRIBUTIONS/GRANTS (includes unsecured) | \$ 39,614 | \$ 129,972 | \$ 37,438 | \$207,024 |
| D FOUNDATIONS/TRUSTS | | | | \$0 |
| E SPECIAL EVENTS | | \$ 30,000 | | \$30,000 |
| F OTHER (LIST): OTHER GOVERNMENT | \$ 138,546 | \$ 75,905 | \$ 145,114 | \$359,565 |
| OTHER (LIST): OTHER FEES | | | \$ 100 | \$100 |
| TOTAL CONTRACTOR REVENUES* | \$ 178,160 | \$ 235,877 | \$ 182,652 | \$596,689 |
| MAXIMUM (NET) CONTRACT AMOUNT: | \$ 14,700 | \$ 95,300 | \$ 13,444 | \$ 123,444 |

| SOURCES OF FUNDING FOR MAXIMUM CONTRACT AMOUNT | | | | |
|--|--------------------------------------|------------------|------------------|------------------|
| A | Medi-Cal Treatment Services (6241) | | | \$0 |
| B | Medi-Cal Perinatal Services (6242) | | | \$0 |
| C | Drug Testing SB 233/SATTA (6239) | | | \$0 |
| D | SACPA Treatment Services (6240) | | | \$0 |
| E | SACPA OTP (6240) | | | \$0 |
| F | ADP Treatment Services - SAPT (6243) | | \$13,444 | \$13,444 |
| G | Perinatal Non Drug Medi-Cal (6244) | | | \$0 |
| H | Drug Court Services (6246) | | | \$0 |
| I | CalWORKS (6249) | | | \$0 |
| J | Youth Services (6250) | \$14,700 | \$95,300 | \$110,000 |
| K | Prevention Services (6351) | | | \$0 |
| | TOTAL (SOURCES OF FUNDING) | \$ 14,700 | \$ 95,300 | \$ 13,444 |
| | | | \$ 13,444 | \$123,444 |

CONTRACTOR SIGNATURE: _____

STAFF ANALYST SIGNATURE: _____

FISCAL SERVICES SIGNATURE: _____

*Total Contractor Revenues serve as a hard match for SAPT funds. The source of the hard match shall be non-ADMHS sources secured by Contractor. The match does not apply to DM/C.

FIRST AMENDMENT

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

AGENCY NAME: FAMILY SERVICE AGENCY
 COUNTY FISCAL YEAR: 2009-10

| LINE # | COLUMN # | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 |
|--------|---------------------------------------|---|-----------------------------------|------------------------------|-------------------------------|-------------------------------|--------------------------------------|---|----------------------------|--------------------------|---------------------|------------------------|
| | I. REVENUE SOURCES: | | TOTAL AGENCY/ ORGANIZATION BUDGET | COUNTY ADMHS PROGRAMS TOTALS | INTENSIVE IN-HOME LOMPOC (29) | MANAGED CARE SB & LOMPOC (36) | INTENSIVE IN-SCHOOL SB & LOMPOC (32) | SCHOOL BASED COUNSELING S.B. & LOMPOC (34&38) | CARPINTERIA SBC START (40) | ADP BIG BRO BIG SIS (28) | ADP SBC LOMPOC (31) | ADP 211 HELP LINE (17) |
| 1 | Contributions | | \$ 186,600 | \$ 207,024 | | | | | | \$ 129,972 | \$ 39,614 | \$ 37,438 |
| 2 | Foundations/Trusts | | \$ 550,000 | \$ 35,000 | | | | | \$ 35,000 | | | |
| 3 | Special Events | | \$ 90,000 | \$ 30,000 | | | | | | \$ 30,000 | | |
| 4 | Legacies/Bequests | | | \$ - | | | | | | | | |
| 5 | Associated Organizations | | | \$ - | | | | | | | | |
| 6 | Membership Dues | | | \$ - | | | | | | | | |
| 7 | Sales of Materials | | | \$ - | | | | | | | | |
| 8 | Investment Income | | \$ 225,786 | \$ - | | | | | | | | |
| 9 | Miscellaneous Revenue | | \$ 3,211 | \$ - | | | | | | | | |
| 10 | ADMHS Funding | | \$ 1,011,204 | \$ 1,011,204 | \$ 374,226 | \$ 56,734 | \$ 221,700 | \$ 273,544 | \$ 85,000 | | | |
| 11 | Other Government Funding | | \$ 1,368,231 | \$ 264,433 | | | | | | \$ 75,905 | \$ 43,414 | \$ 145,114 |
| 12 | Other School District Funding | | | | | | | | | | \$ 95,132 | |
| 13 | Other ADP Funding | | \$ 123,444 | \$ 123,444 | | | | | | \$ 95,300 | \$ 14,700 | \$ 13,444 |
| 14 | Other (specify) | | | \$ - | | | | | | | | |
| 15 | Other (specify) | | | \$ - | | | | | | | | |
| 16 | Other (specify) | | | \$ - | | | | | | | | |
| 17 | Other (specify) | | | \$ - | | | | | | | | |
| 18 | Total Other Revenue | | \$ 3,558,476 | \$ 1,671,105 | \$ 374,226 | \$ 56,734 | \$ 221,700 | \$ 273,544 | \$ 120,000 | \$ 331,177 | \$ 192,860 | \$ 195,996 |
| | I.B Client and Third Party Revenues: | | | | | | | | | | | |
| 19 | Medicare | | | - | | | | | | | | |
| 20 | Client Fees | | \$ 11,042 | 100 | | | | | | | | \$ 100 |
| 21 | Insurance | | | - | | | | | | | | |
| 22 | SSI | | | | | | | | | | | |
| 23 | Other (specify) | | | - | | | | | | | | |
| 24 | Total Client and Third Party Revenues | | 11,042 | 100 | - | - | - | - | - | - | - | 100 |
| 25 | GROSS PROGRAM REVENUE BUDGET | | 3,569,518 | 1,671,205 | 374,226 | 56,734 | 221,700 | 273,544 | 120,000 | 331,177 | 192,860 | 196,096 |

FIRST AMENDMENT

| | III. DIRECT COSTS | TOTAL AGENCY/ ORGANIZATION BUDGET | COUNTY ADMHS PROGRAMS TOTALS | INTENSIVE IN- HOME LOMPOC (29) | MANAGED CARE SB & LOMPOC (36) | INTENSIVE IN- SCHOOL SB & LOMPOC (32) | SCHOOL BASED COUNSELING S.B. & LOMPOC (34&38) | CARPINTERIA SBC START (40) | ADP BIG BRO BIG SIS (28) | ADP SBC LOMPOC (31) | ADP 211 HELP LINE (17) |
|----|--|---|---------------------------------------|--------------------------------------|--|---|--|----------------------------------|-----------------------------|------------------------|---------------------------|
| 26 | Salaries (Complete Staffing Schedule) | 2,512,948 | \$ 1,009,660 | \$ 226,778 | \$ 36,887 | \$ 140,701 | \$ 170,656 | \$ 76,827 | \$ 199,024 | \$ 122,378 | \$ 36,409 |
| 27 | Employee Benefits | 299,213 | \$ 122,759 | \$ 27,214 | \$ 4,427 | \$ 16,884 | \$ 20,479 | \$ 9,220 | \$ 26,390 | \$ 14,269 | \$ 3,876 |
| 28 | Consultants | 14,000 | \$ 3,000 | | | | | | | | \$ 3,000 |
| 29 | Payroll Taxes | 266,526 | \$ 116,381 | \$ 27,213 | \$ 4,427 | \$ 16,884 | \$ 20,478 | \$ 9,219 | \$ 20,124 | \$ 14,383 | \$ 3,653 |
| 30 | Personnel Costs Total (Sum of lines 26 | \$ 3,092,687 | \$ 1,251,800 | \$ 281,205 | \$ 45,741 | \$ 174,469 | \$ 211,613 | \$ 95,266 | \$ 245,538 | \$ 151,030 | \$ 46,938 |
| 31 | Professional Fees | 145,550 | \$ 100,000 | | | | | | | | \$ 100,000 |
| 32 | Supplies | 43,950 | \$ 17,925 | \$ 2,500 | \$ 125 | \$ 300 | \$ 2,100 | \$ 800 | \$ 5,700 | \$ 4,100 | \$ 2,300 |
| 33 | Telephone | 34,000 | \$ 23,109 | \$ 3,600 | | \$ 1,889 | \$ 1,080 | \$ 100 | \$ 4,320 | \$ 840 | \$ 11,280 |
| 34 | Postage & Shipping | 10,500 | \$ 2,800 | \$ 400 | | | \$ 400 | | \$ 600 | \$ 400 | \$ 1,000 |
| 35 | Occupancy (Facility Lease/Rent/Costs) | 88,506 | \$ 33,446 | \$ 7,846 | | \$ 499 | \$ 5,749 | | \$ 10,870 | \$ 7,482 | \$ 1,000 |
| 36 | Rental/Maintenance Equipment | 3,000 | \$ - | | | | | | | | |
| 37 | Printing/Publications | 10,500 | \$ 3,000 | | | | | | \$ 500 | | \$ 2,500 |
| 38 | Transportation | 33,677 | \$ 18,568 | \$ 6,163 | \$ 23 | \$ 2,282 | \$ 200 | \$ 900 | \$ 4,000 | \$ 3,200 | \$ 1,800 |
| 39 | Conferences, Meetings, Etc | 7,850 | \$ 3,675 | \$ 750 | \$ 50 | \$ 75 | \$ 200 | \$ 100 | \$ 1,000 | \$ 500 | \$ 1,000 |
| 40 | Insurance | 29,500 | \$ - | | | | | | | | |
| 41 | Other Media/Printing Costs | 30,598 | \$ 2,409 | \$ 553 | | | \$ 152 | | \$ 452 | \$ 152 | \$ 1,100 |
| 42 | Other Membership Dues | 20,500 | \$ 8,600 | | | | | | \$ 7,000 | | \$ 1,600 |
| 43 | Other Special Events | 16,000 | \$ 8,000 | | | | | | \$ 8,000 | | |
| 44 | Other Miscellaneous | 2,700 | \$ - | | | | | | | | |
| 45 | Other (specify) | | \$ - | | | | | | | | |
| 46 | SUBTOTAL DIRECT COSTS | \$ 3,569,518 | \$ 1,473,331 | \$ 303,017 | \$ 45,939 | \$ 179,514 | \$ 221,494 | \$ 97,166 | \$ 287,980 | \$ 167,704 | \$ 170,518 |
| | III. INDIRECT COSTS | | | | | | | | | | |
| 47 | Administrative Indirect Costs | | \$ 293,006 | \$ 71,209 | \$ 10,796 | \$ 42,186 | \$ 52,051 | \$ 22,834 | \$ 43,197 | \$ 25,156 | \$ 25,578 |
| 48 | GROSS DIRECT AND INDIRECT COSTS | \$ 3,569,518 | \$ 1,766,337 | \$ 374,226 | \$ 56,734 | \$ 221,700 | \$ 273,544 | \$ 120,000 | \$ 331,177 | \$ 192,860 | \$ 196,096 |

FIRST AMENDMENT

SIGNATURE PAGE

Amendment to Agreement for Services of Independent Contractor between the County of Santa Barbara and Family Service Agency.

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

COUNTY OF SANTA BARBARA

By: _____
Chair, Board of Supervisors
Date: _____

ATTEST:
MICHAEL F. BROWN
CLERK OF THE BOARD

CONTRACTOR

By: _____
Deputy
Date: _____

By: _____
Tax Id No 95-1644031.
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 PROGRAM ADMINISTRATOR

By _____
Director
Date: _____

By: _____
Date: _____

FIRST AMENDMENT

CONTRACT SUMMARY PAGE

BC 10-034

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 09-10
 D2. Budget Unit Number 043
 D3. Requisition Number N/A
 D4. Department Name Alcohol, Drug, & Mental Health
 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 School-based counseling and
 K3. Contract Amount \$123444
 K4. Contract Begin Date 7/1/2009
 K5. Original Contract End Date 6/30/10
 K6. Amendment History

| Seq# | Effective Date | ThisAmndtAmt | CumAmndtToDate | NewTotalAmt | NewEndDate | Purpose |
|------|----------------|--------------|----------------|-------------|------------|-------------------|
| 1 | 7/1/09 | -9600 | | 123444 | 6/30/10 | Fall reallocation |
| | | | | | | |

B1. Is this a Board Contract? (Yes/No) True
 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) Yes

F1. Encumbrance Transaction Code 1701
 F2. Current Year Encumbrance Amount \$123444
 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) 6100
 F8. Payment Terms Net 30

V1. Vendor Numbers (A=Auditor; P=Purchasing) EID A=271889
 V2. Payee/Contractor Name Family Service Agency
 V3. Mailing Address 123 W. Gutierrez St.
 V4. City, State (two-letter) Zip (include +4 if known) Santa Barbara, CA 93101
 V5. Telephone Number 8059651001
 V6. Contractor's Federal Tax ID Number (EIN or SSN) 95-1644031
 V7. Contact Person Bill Batty Executive Director
 V8. Workers Comp Insurance Expiration Date 1/1/2010
 V9. Liability Insurance Expiration Date[s] G-12/1/2009 P-12/1/2009
 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: _____