

BOARD CONTRACT # BC 09-001

CONTRACT TO PROVIDE ENHANCED FAMILY REUNIFICATION SERVICES

Santa Barbara County-Department of Social Services

**First Amendment
Effective Upon Execution**

This is the first amendment to the Agreement for Services between the **County of Santa Barbara** (COUNTY) and **Community Action Commission** (CONTRACTOR), for the continued provision of Enhanced Family Reunification Services.

The COUNTY has approved this one-year contract with options to authorize the Director of Social Services to approve amendments to the contract provided any such amendments are not in variance of 10% of the contract's original amount, and at the Director's discretion to negotiate renewals for up to two (2) additional years of service beyond the initial term. This contract provides services necessary to assist Child Welfare Services in facilitating successful family reunifications.

This amended contract incorporates the terms and conditions set forth in the existing contract numbered BC# 09-001, approved by the County Board of Supervisors on June 17,2008 with the following exceptions:

Exhibit B is amended as follows:

- A. For CONTRACTOR services to be rendered under this contract, CONTRACTOR shall be paid a total contract amount, including cost reimbursements, not to exceed \$274,000.

Exhibit B1 is replaced as follows:

LINE ITEM BUDGET

Enhanced Family Reunification Services

Name of Applicant Agency: Community Action Commission

Please provide a line item budget for the term of the contract (7/1/08-6/30/09). Please do not forget to include any proposed cost of living or performance appraisal merit increases in your proposed budget.

Term Beginning: 7/1/08

Term Ending: 6/30/09

A. SALARIES AND EMPLOYEE BENEFITS

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

Position(s)	Full-Time Equivalent (FTE)¹	Budget for Contract Term
Direct Service Positions		
Service Aide	4 FTE	\$118,310.40
Service Aide (Back-up)	30%	\$36,030.00
	%	\$
Administrative Positions		
Program Director	4%	\$3,065.71
	%	\$
	%	\$
	%	\$
Sub-Total Salaries:		\$157,406.11

¹ FTE = Amount of time employee works on this program. State as a percentage based upon a 40 hour work week.

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

Type of Employee Benefit	Budget for Contract Term
Direct Service Staff	\$
Payroll Taxes	\$14,322.79
Health, Dental, Life, Vision, Prescription, Long Term Disability	\$15,804.46
Workers Compensation, Retirement & Other	\$19,261.68
Administrative Staff	\$
Payroll Taxes	\$284.50
Health, Dental, Life, Vision, Prescription, Long Term Disability	\$313.93
Workers Compensation, Retirement & Other	\$382.60
Sub-Total Employee Benefits	\$50,369.96
Percentage Benefits	32.0 %
TOTAL SALARIES AND EMPLOYEE BENEFITS	\$207,776.07

B. SERVICES AND SUPPLIES

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

Name of Consultant(s)/Contract Services	Budget for Contract Term
Independent Audit	\$509
	\$
	\$
	\$
	\$
	\$
	\$
	\$
Sub-Total Services	\$509

2) Supplies

Item	Budget for Contract Term
Office Expense*	\$1,400.00
Program Expense*	\$2,500.00
Telephone	\$2,630.00
Mileage	\$34,537.86
Sub-Total Supplies	41,067.86
TOTAL SERVICES AND SUPPLIES	41,576.86

C. OPERATING EXPENSES

<i>Item*</i>	Budget for Contract Term
Facility Lease/Rental	\$1,200.00
Equipment Lease/Rental*	\$150.00
Furnishings* Purchase 3 computers	\$
Maintenance	\$
Utilities	\$
Insurance (Refer to General Contract Provisions for Insurance Requirements)	\$150.00
Other*	\$
	\$
Recruitment Expenses	\$1,275.00
Miscellaneous	\$1,106.83
Indirect Cost @ 8.2%	\$20,765.24
Total Operating Expenses	\$24,647.07
GRAND TOTAL LINE ITEM BUDGET	\$274,000.00
Minus Revenue	\$
TOTAL BEING REQUESTED	\$274,000.00

BUDGET NARRATIVE

<i>TITLE</i>	FTE	<i>HOURLY RATE</i>
Service Aide (12.12-15.45)	4	\$14.22
<p>Duties Supervise visits to insure the child is safe at all times in line with the rules outlined by Child Welfare Services and transport children in foster care from their placement to and from visits and appointments. Provide written feedback to worker and supervisor; provide bi-lingual/bi-cultural services as needed. Maintain confidentiality of all information.</p>		
<p>Minimum Qualifications Graduation from high school; and one year of experience as a volunteer or paid employee providing client-related services to children and families in a community or social service setting. Knowledge of internet software; spreadsheet software and word processing software. Current valid California Driver's license and appropriate insurance per Agency requirements.</p>		

<i>TITLE</i>	<i>FTE</i>	<i>HOURLY RATE</i>
Program Director	4%	\$36.85
<p>Duties Directs program operations in a manner consistent with the requirements of contractual agreements, laws, regulations, funding documents and CAC policies and procedures. Plans and monitors the agency At-Risk Youth Services. Develops, recommends and monitors the program budget, including operating costs and procurement.</p>		
<p>Minimum Qualifications BA degree in Psychology, Counseling, Education, Administration or related field or related experience may be substituted on a year for year basis. Masters Degree preferred. Minimum five (5) years of progressively responsible management experience in a family development program and two (2) years direct experience in managing government funded programs. Experience supervising personnel is also desirable.</p>		

Office Expense:

Paper, pencils, Printing, folders, consumable supplies and postage

Program Expense:

Car seats and child supplies (snacks, diapers, baby bottles, "sippy cups", baby wipes, stuffed animals, toys, first-aid, medicine, blankets, etc.)

Telephone:

Cell phones for 4 staff plus a percentage of phones for Program Director.

Mileage:

Mileage for all staff performing duties for the contract at \$.505 per mile.

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

CONTRACTOR:

By _____
**Fran Forman, Executive Director
Community Action Commission**

Date _____

Taxpayer ID Number: On-File

ATTEST:

COUNTY OF SANTA BARBARA:

MICHAEL F. BROWN

By _____
Salud Carbajal
Chair, Board of Supervisors

By _____
Clerk of the Board

APPROVED AS TO FORM:
Dennis Marshall
County Counsel

APPROVED AS TO INSURANCE:
Ray Aromatorio
Risk Program Administrator

By _____
Deputy County Counsel

By _____

APPROVED AS TO ACCOUNTING FORM:
Robert W. Geis
Auditor-Controller

By _____