

CONTRACT TO PROVIDE ENHANCED FAMILY REUNIFICATION SUPPORT SERVICES

Santa Barbara County
Department of Social Services

Second Amendment

This is a second amendment to the Agreement for Services, number BC# 12-005, between the **County of Santa Barbara** (County) and Community Action Commission (Contractor), for the continued provision of Enhanced Family Reunification Support Services in partnership with Child Welfare Services (CWS) for children living within the Santa Barbara County area (Santa Barbara, Santa Maria and Lompoc).

RECITALS

Whereas, Enhanced Family Reunification supportive services allows for children who have been placed out of their parents care due to abuse or neglect to have supervised visitation with their parents; and

Whereas, supervised visitation allows children to maintain contact with their parent by providing some degree of protection for the children during visits; and

Whereas, the parties desire to amend the Agreement to extend the term of the existing Agreement; and

Whereas, the parties desire to amend the Agreement to increase the compensation an additional \$120,000.00 for additional supervised visitation; and

Whereas, this Second Amended Agreement incorporates the terms and conditions set forth in the original Agreement, approved by the County Board of Supervisors on May 17, 2011; and

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

Amendments

A. The Agreement is amended as follows:

1. Agreement, Page 1, Section 4. Term, is amended as follows:

TERM. *For the extension period, Contractor shall commence performance on July 1, 2013 and end performance upon completion, but no later than June 30, 2014 unless otherwise directed by County or unless earlier terminated.*

B. Exhibit B, Payment Arrangements, is amended as follows:

1. Exhibit B, Page 1, Section B, is amended as follows:

*Payment for services and /or reimbursement of costs shall be made upon Contractor's satisfactory performance, based upon the scope and methodology contained in **EXHIBIT A** as determined by County. Payment for services and/or reimbursement of costs shall be based upon **Exhibit B-3**. Invoices submitted for payment must contain sufficient detail to enable an audit of the charges and provide supporting documentation if so specified in EXHIBIT A.*

C. Add Exhibit B-3, Line Item Budget for FY 12/13

LINE ITEM BUDGET

Term Beginning: 7/1/13Term Ending: 6/30/2014**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	5.00	\$ 142,792.00
Service Aide (Back-up)		
Administrative Positions		
Program Director	0.05	\$ 5,074.28
Program Manager	0.20	\$ 9,613.96
Office Admin Assist	0.065	\$ 1,898.19
Sub-Total Salaries:		\$ 159,378.43

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	\$ 12,201.07
Health, Dental, Life, Vision, Prescription, LTD	\$ 25,580.04
Workers Compensation, Retirement & Other	\$ 14,337.97
Administrative Staff	
Payroll Taxes	\$ 1,417.25
Health, Dental, Life, Vision, Prescription, LTD	\$ 2,971.92
Workers Compensation, Retirement & Other	\$ 1,664.87
Sub-Total Employee Benefits	\$ 58,173.12
Percentage Benefits	36.5%
TOTAL SALARIES AND EMPLOYEE BENEFITS	\$ 217,551.55

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	\$ 100.00
Sub-Total Services	\$ 100.00

2) Supplies

Item	Budget for Contract Term
Office Expense*	\$ 500.00
Program Expense*	\$ 500.00
Telephone*	\$ 1,819.00
Mileage*	\$ 25,000.00
Other*	
Sub-Total Supplies	\$ 27,819.00
TOTAL SERVICES AND SUPPLIES	\$ 27,919.00

C. OPERATING EXPENSES

Item*	Budget for Contract Term
Facility Lease/Rental	\$ 1,200.00
Equipment Lease/Rental*	\$ 180.00
Furnishings* Upgrade Computers	\$ 250.00
Maintenance	
Utilities	
Insurance (Refer to General Contract Provisions for Insurance Requirements)	\$ 350.00
Other*	
Recruitment Expenses	\$ 711.25
Miscellaneous Expenses	
Indirect Cost @ 8.8%	\$ 21,838.20
Total Operating Expenses	\$ 24,529.45
GRAND TOTAL LINE ITEM BUDGET	\$ 270,000.00
Minus Revenue	
TOTAL BEING REQUESTED	\$ 270,000.00

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

COUNTY OF SANTA BARBARA

By: 
SALUD CARBAJAL, CHAIR
BOARD OF SUPERVISORS

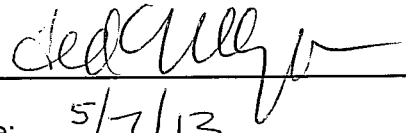
Date: 6-4-13

ATTEST:

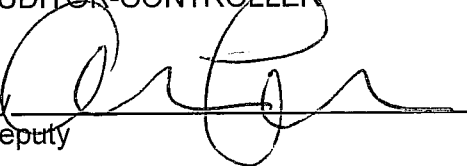
CHANDRA L. WALLAR

BY: 
Clerk of the Board

TED MYERS
DEPARTMENT OF SOCIAL SERVICES-
INTERIM DIRECTOR

By: 
Date: 5/7/13

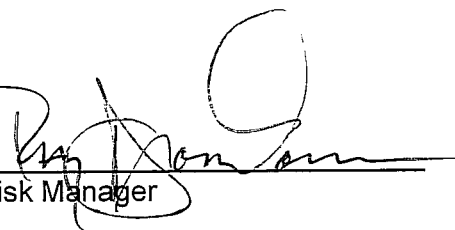
APPROVED AS TO ACCOUNTING FORM:
ROBERT W. GEIS, CPA
AUDITOR-CONTROLLER

By: 
Deputy

APPROVED AS TO FORM:
DENNIS MARSHALL
COUNTY COUNSEL

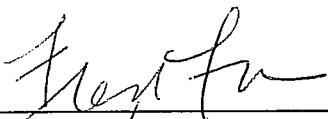
By: 
Deputy County Counsel

APPROVED AS TO INSURANCE FORM:
RAY AROMATORIO
RISK MANAGEMENT

By: 
Risk Manager

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

CONTRACTOR: Community Action Commission

By: 

Date: 5/8/13

Contract Summary Form: Contract Number : 12-005-14-608

Complete data below, print, obtain signature of authorized departmental representative, and submit this form (and attachments) to the Clerk of the Board (>\$100,000) or Purchasing (≤\$100,000). See also "Contracts for Services" policy. Form not applicable to revenue contracts.

D1. Fiscal Year : FY 13/14
D2. Budget Unit Number (plus -Ship/-Bill codes in paren's): 044
D3. Requisition Number :
D4. Department Name : Social Services
D5. Contact Person : Linda Rodriguez
D6. Phone : 346-7294

K1. Contract Type (check one): ☒ Personal Service ☐ Capital Project/Construction
K2. Brief Summary of Contract Description/Purpose : Enhanced Family Reunification
K3. Original Contract Amount : \$150,000
K4. Contract Begin Date : 7/1/11
K5. Original Contract End Date : 6/30/12
K6. Amendment History (leave blank if no prior amendments):

Seq#	EffectiveDate	ThisAmndtAmt	CumAmndtToDate	NewTotalAmt	NewEndDate	Purpose (2-4 words)
1	7/1/12	\$150,000	\$150,000	\$300,000	6/30/13	Renewal
2	7/1/13	\$270,00	\$420,000	\$570,000	6/30/14	Renewal & Increase

K7. Department Project Number : N/A

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) : 1
B4. Lowest Bid Amount (if bid) : N/A
B5. If Board waived bids, show Agenda Date :
B6. ... and Agenda Item Number : #
B7. Boilerplate Contract Text Unaffected? (Yes / or cite 111):

F1. Encumbrance Transaction Code : 1701
F2. Current Year Encumbrance Amount : N/A
F3. Fund Number : 0055
F4. Department Number : 044
F5. Program Number :
F6. Account Number : 7659
F7. Org. Unit Number :
F8. Payment Terms : Net 30

V1. Vendor Numbers (A=uditor; P=urchasing) : A=188062
V2. Payee/Contractor Name : Community Action Commission
V3. Mailing Address : 5638 Hollister Ave. Suite 230
V4. City State (two-letter) Zip (include +4 if known) : Goleta, CA 93117
V5. Telephone Number : 805-964-8857
V6. Contractor's Federal Tax ID Number : 95-2491790
V7. Contact Person : Carolyn Contreras
V8. Workers Comp Insurance Expiration Date : 9/1/13
V9. Liability Insurance Expiration Date[s] (G=enl; P=roff) : 5/24/13
V10. Professional License Number : #
V11. Verified by (name of County staff) : Linda Rodriguez
V12. Company Type (Check one): ☐ Individual ☐ Sole Proprietorship ☐ Partnership ☐ Corporation
☐ Educational Institution ☒ Non-Profit

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

Date: 5/9/13

Authorized Signature: 