

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: _____

ATTEST:

CHANDRA L. WALLAR

TED MYERS
DEPARTMENT OF SOCIAL SERVICES-
INTERIM DIRECTOR

BY: _____
Clerk of the Board

By: _____

Date: _____

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

APPROVED AS TO FORM:
DENNIS MARSHALL
COUNTY COUNSEL

By _____
Deputy

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: _____