SANTA BARBARA COUNTY BOARD AGENDA LETTER



Clerk of the Board of Supervisors 105 E. Anapamu Street, Suite 407 Santa Barbara, CA 93101 (805) 568-2240 Agenda Number:

Prepared on: 6/1/04

Department Name: Social Services

Department No.: 044 Agenda Date: 6/22/04

Placement:

Administrative

Estimate Time:

Continued Item: NO If Yes, date from:

TO: Board of Supervisors

FROM: Kathy Gallagher, Director

Department of Social Services

STAFF Kathy Gallagher

CONTACT: x7101

SUBJECT: Workforce Investment Act / Workforce Investment Board Executive Director Contract

Recommendation(s):

That the Board of Supervisors:

Approve and authorize the Chair to execute Amendment No 1 to extend and increase the contract amount to an Agreement for Professional Services with Peggy Rueda as the Workforce Investment Board Executive Director for the period of July 1, 2004 through June 30, 2006 in the amount of \$161,990 plus \$32,398 in estimated payroll benefits and \$12,000 in reimbursable expenses.

Alignment with Board Strategic Plan:

The recommendation(s) are primarily aligned with Goal No. 7. A Community that Fosters the Safety and Well-Being of Families and Children.

Executive Summary and Discussion:

In November 1999, the County Board of Supervisors, appointed 33 private and public sector members to the Local Workforce Investment Board (WIB) to meet on a bi-monthly basis. In early 2000, the WIB expressed a desire to become the "voice of workforce issues" for the County. To that end, they increased their collaboration with the Economic Development Advisory Committee and contracted for a State of the Workforce Report. To meet those goals, the WIB elected to secure additional staff resources. At the request of and on behalf of the WIB, this department engaged the designated individual as a contractor on payroll. This position performs two separate activities, WIB Board support (70%) and the coordination of WIA youth programs (30%). Amendment No 1 extends the contract period and funding for two years for the designated individual to continue to provide staff support necessary to carry out Workforce Investment Act mandates.

Mandates and Service Levels:

The Workforce Investment Board (WIB) is a mandated entity under the Workforce Investment Act of 1998 (PL 105-220) and is vested with the responsibility to set policy for the Local Workforce Investment Area.

Fiscal and Facilities Impacts:

The Department of Social Services estimates the cost of this contract as outlined below:

		Estimated Payroll	Reimbursable	
Fiscal Year	Wages	Benefits	Expenses	Total Contract
2004-2005	\$80,995	\$16,199	\$6,000	\$103,194
2005-2006	\$80,995	\$16,199	\$6,000	\$103,194
Total	\$161,990	\$32,398	\$12,000	\$206,388

The FY 2004/05 cost of this contract has been included in the Department's 2004/05 proposed budget. Funding for this contract comes from Workforce Investment funds received by the Federal government. There is no county share to these funds. The appropriations for this contract are allocated between two cost centers. This allocation was due to the fact that this position performs two separate activities, WIB Board support (70%) and the coordination of WIA youth programs (30%). WIB Board support has been budgeted in the WIB-Planning & Evaluation cost center of the Administration and Support Division shown on Page D-210 of the budget and the coordination of the WIA youth programs has been allocated to the Workforce Investment Act cost center of the Public Assistance Programs Division shown on page D-216 of the budget. The department will include the 2005/06 cost of this contract in the Department's 2005/06 proposed budget.

Attachments:

Agreement for Services of Contractor on Payroll dated June 2005

Special Instructions:

After execution by the Chair, please return one (1) originally signed agreement for the contractor, the Department copies of the agreement, and one (1) copy of the minute order, attention: Jennifer Lock.

Concurrence:

Auditor-Controller County Counsel Risk Management

CONTRACT FOR EXECUTIVE DIRECTOR, WORKFORCE INVESTMENT BOARD

Santa Barbara County
Department of Social Services

First Amendment June 2004

This is an amendment to the contract by and between the **County of Santa Barbara** (COUNTY) and **Peggy Rueda** (CONTRACTOR), for the continued provision of staff support to the Workforce Investment Board, a mandated entity under the Workforce Investment Act of 1998. Current contract services are effective through June 30, 2004.

This amended contract incorporates and extends, for the period of July 1, 2004 through June 30, 2006, the terms and conditions set forth in the existing contract numbered BC # 02-204, approved by the County Board of Supervisors on June 25, 2002 with the following exceptions:

- 3. <u>SCOPE OF SERVICES.</u> CONTRACTOR agrees to provide services to COUNTY in accordance with Exhibit A (see original agreement) and Exhibit A (revised June 2004). Revised Exhibit A is attached hereto and incorporated herein by reference.
- 4. **TERM**. CONTRACTOR shall commence performance on July 1, 2004 and end performance upon completion, but no later than June 30, 2006 unless otherwise directed by COUNTY or unless earlier terminated.

Replace the following sections in EXHIBIT A, STATEMENT OF WORK

I. PURPOSE/TERM:

The purpose of this contract is to employ an Executive Director for the Santa Barbara County Workforce Investment Board (WIB). CONTRACTOR shall commence performance on July 1, 2004. This contract expires on June 30, 2006 unless otherwise directed by COUNTY or unless earlier terminated.

II. COMPENSATION

A. The total amount for this contract is estimated as follows:

\$161,990	Wages (\$38.94 per hour x 4,160 contracted hours)
\$32,398	Estimated benefits (see section C below)
\$12,000	Reimbursable Expenses (see section E below)

B. Hourly Rate (CSR): The COUNTY shall pay CONTRACTOR for professional services coded as "CSR" at the rate of \$38.94 per hour for the period of 7/1/04 – 6/30/06. The total hours of "CSR" shall not exceed 1.0 FTE or 80 hours per bi-weekly pay period, for

an estimated total of 4,160 hours over the full term of this contract. "CSR" shall be reduced by "CPL" (see section IV. D. below) so that the maximum amount paid to the Contractor will not exceed 4,160 hours.

- C. Benefits: Benefits paid pursuant to this contract are valued at approximately twenty (20%) of the contract amount and are limited to those detailed in **Section 7.2 Special Benefits**. Benefit level is estimated, however, County agrees to pay the actual amount of the benefits specified.
- D. Paid Leave: The COUNTY shall pay CONTRACTOR for paid leave coded as "CPL" on the bi-weekly timesheet not to exceed 312 annually and 624 hours over the full term of this contract. The hours are to be used according to the following categories:

Holidays – 11 days annually or 22 days over the full term of this contract including: 4th of July, Labor Day, Veterans' Day, Thanksgiving Day and the day after Thanksgiving, Christmas Day, New Year's Day, Martin Luther King Jr's Day, Presidents' Day, Memorial Day, and a floating holiday.

Sick Time Off – 12 days annually or 24 days over the full term of this contract – 4160 hours x.0463 (accrual rate) = 192 hours

<u>Vacation Time Off</u> – 16 days annually or 32 days over the full term of this contract – $4160 \text{ hours } \times .0616 \text{ (accrual rate)} = 256 \text{ hours}$

- E. Reimbursement for Authorized Travel Expenses, such as hotel, airfare, etc. shall not exceed \$12,000 for full term of this contract. Claimed expenses must be submitted to the County Designee on Contractor's invoice. CONTRACTOR shall attach sufficient back-up documents such as receipts to verify expenditures.
- F. Billing Agreement: CONTRACTOR shall not bill patients or third parties for any services, which CONTRACTOR provides to COUNTY.

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

	COUNTY OF SANTA BARBARA
	By: Chair, Board of Supervisors Date:
ATTEST: MICHAEL F. BROWN CLERK OF THE BOARD	CONTRACTOR
By:	By: Peggy Rueda SocSec or TaxID Number: ON FILE
APPROVED AS TO FORM: STEPHEN SHANE STARK COUNTY COUNSEL	APPROVED AS TO ACCOUNTING FORM ROBERT W GEIS, CPA AUDITOR-CONTROLLER
By:	By: Deputy
	APPROVED AS TO FORM: RISK MANAGER
	Not Required – Contractor on Payroll
	By: Risk Manager

Contract Summary Form:

Contract Number: BC-02-204

Complete data below, print, obtain signature of authorized departmental representative, and submit this form (and attachments) to the Clerk of the Board (>\$100,000). If less than (<\$100,000) submit a Purchasing Requisition to the Purchasing Division of General Services. See "online purchasing manual" under General Services, Purchasing, Policies and Procedures. Form not applicable to

D1. Fiscal Year	
D3. Requisition Number	
D4. Department Name : Social Services D5. Contact Person : Kathy Gallagher D6. Phone : 346-7101 K1. Contract Type (check one): [X] Personal Service [] Capital Project/Construction K2. Brief Summary of Contract Description/Purpose : Workforce Investment Board Executive Director K3. Original Contract Amount : \$196,937 K4. Contract Begin Date : 06/15/02 K5. Original Contract End Date : 06/30/04 K6. Amendment History (leave blank if no prior amendments):	
D5. Contact Person : Kathy Gallagher D6. Phone : 346-7101 K1. Contract Type (check one): [X] Personal Service [] Capital Project/Construction K2. Brief Summary of Contract Description/Purpose : Workforce Investment Board Executive Director K3. Original Contract Amount : \$196,937 K4. Contract Begin Date : 06/15/02 K5. Original Contract End Date : 06/30/04 K6. Amendment History (leave blank if no prior amendments):	
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<u>Seq#_EffectiveDate_ThisAmndtAmt_CumAmndtToDate_NewTotalAmt_NewEndDate_Purpose (2-4 words)</u>	
1 07/01/04 \$206,388 \$206,388 \$403,325 6/30/06 Contract extension	
K7. Department Project Number	
B1. Is this a Board Contract? (Yes/No) Yes	
B2. Number of Workers Displaced (if any) 0	
B3. Number of Competitive Bids (if any)	
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 ¶¶):	
1 11/2	
F1. Encumbrance Transaction Code	
F2. Current Year Encumbrance Amount	
F3. Fund Number	
F4. Department Number 044	
F5. Division Number (if applicable)	
F6. Account Number	
F7. Cost Center number (if applicable)	
F8. Payment Terms Net 30	
V1. Vendor Numbers (<i>A=uditor</i> ; <i>P=urchasing</i>):	
V2. Payee/Contractor Name	
V3. Mailing Address	
V4. City State (two-letter) Zip (include +4 if known): Ventura, CA 93002	
V5. Telephone Number	
V5. Telephone Number	
V6. Contractor's Federal Tax ID Number (EIN or SSN):	
V6. Contractor's Federal Tax ID Number (EIN or SSN): V7. Contact Person	
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Authorized Signature: