

CONTRACT TO PROVIDE SAFECARE® PROGRAM SERVICES

Santa Barbara County
Department of Social Services

**First Amendment
Effective upon Execution**

This is a first amendment to the Agreement for Services of Independent Contractor between the **County of Santa Barbara** (COUNTY) and **Community Action Commission** (CONTRACTOR), for the continued provision of the SafeCare® Program, an evidence-based, in-home training curriculum for parents who are at-risk or have been reported for child maltreatment in North County (Santa Maria and Lompoc area).

RECITALS

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

Whereas, this First Amended Agreement incorporates the terms and conditions set forth in the original Agreement, approved by the County Board of Supervisors on October 26, 2010.

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

1. **Amendments**

A. The Agreement is amended as follows:

1. **TERM.** For the extension period, CONTRACTOR shall commence performance on *July 1, 2011* and end performance upon completion, but no later than *June 30, 2012*, unless otherwise directed by COUNTY or unless earlier terminated. The COUNTY at the end of the Agreement term has an option to renegotiate *one (1)* additional annual year renewal, without re-bidding.

B. *Add Exhibit B-2, FY 11/12.*

Community Action Commission of Santa Barbara County_SafeCare

Please do not forget to include any proposed cost of living or performance appraisal merit increases in your proposed budget.

Term Beginning: ___7/1/2011___

Term Ending: ___6/30/2012___

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		
Program Coordinator	0.07	\$ 3,339.70
Case Manager/Educator	3.0	\$ 98,947.68
Administrative Positions		
Family Youth Services Director	0.03	\$ 2,907.09
Sub-Total Salaries:		\$ 105,194.47

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, Workers Compensation	\$ 16,054.01
Health, Dental, Life, Eye Insurance	\$ 17,547.41
Retirement & Other	\$ 3,733.49
Administrative Staff	\$ -
Payroll Taxes, Workers Compensation	\$ 456.27
Health, Dental, Life, Eye Insurance	\$ 498.72
Retirement & Other	\$ 106.11
Sub-Total Employee Benefits	\$ 38,396.01
Percentage Benefits	36.5%
TOTAL SALARIES AND EMPLOYEE BENEFITS	\$ 143,590.48

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	\$ 150.00
	-
Sub-Total Services	\$ 150.00

2) Supplies

Item	Budget for Contract Term
Office Expense*	\$ 525.00
Program Expense*	\$ 2,449.52
Training - Out of County Travel - Ventura Mileage & Per Diem	\$ 450.00
Telephone*	\$ 1,300.00
Mileage*	\$ 7,700.00
Other*	\$ -
Sub-Total Supplies	\$ 12,424.52
TOTAL SERVICES AND SUPPLIES	\$ 12,574.52

C. OPERATING EXPENSES

Item*	Budget for Contract Term
Facility Lease/Rental	\$ 2,072.00
Equipment Lease/Rental*	\$ 300.00
Furnishings*	\$ -
Maintenance	\$ 300.00
Utilities	\$ -
Insurance (Refer to General Contract Provisions for Insurance Requirements)	\$ 150.00
Other*	\$ -
Indirect Cost @ 8.5%	\$ 13,513.00
Total Operating Expenses	\$ 16,335.00
GRAND TOTAL LINE ITEM BUDGET	\$ 172,500.00
Minus Revenue	
TOTAL BEING REQUESTED	\$ 172,500.00

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: _____
Chair, Board of Supervisors

Date: _____

ATTEST:

CHANDRA L. WALLAR

KATHY M. GALLAGHER
DEPARTMENT OF SOCIAL SERVICES-
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: _____