

**FIRST AMENDMENT
TO
SUBRECIPIENT AGREEMENT
BETWEEN
COUNTY OF SANTA BARBARA
AND
Good Samaritan Shelter

Street Outreach
California Opioid Settlement Fund**

This First Amendment to Subrecipient Agreement ("First Amendment") is made and entered into by and between the County of Santa Barbara (the "COUNTY"), a political subdivision of the State of California, and Good Samaritan Shelter (the "SUBRECIPIENT" and, together with COUNTY, collectively, the "Parties" and each individually a "Party"), a California nonprofit public benefit corporation, whose address is 400 W. Park Avenue, Santa Maria, CA 93456.

WITNESSETH THAT:

WHEREAS, in June 2024 the County Board of Supervisors delegated the Public Health Department ("PHD"), in coordination with the County Executive Office, as the lead department in managing receipt and distribution of Opioid Settlement Funds ("OSF"); and

WHEREAS, the County Board of Supervisors further approved the recommendation to allocate funds to the County's Community Services Department ("CSD"); and

WHEREAS, the PHD, as the lead agency, has the responsibility to track and report on OSF and will be setting up procedures and requirements to transfer funds and obtain proper back up documents; and

WHEREAS, COUNTY selected the following eligible activities from the Opioid Settlement Funding High Impact Abatement Activities for use of the OSF: Expanding Prevention, Strengthening Treatment and Harm Reductions Programs, and Supporting Data Collection; and

WHEREAS, CSD has partnered with PHD, in alignment with agreed upon Allowable Expenses and High Abatement Activities; and

WHEREAS, the Parties are parties to that certain Subrecipient Agreement dated December 10, 2025 for the use of OSF to provide contracted homeless outreach services to individuals residing in homeless encampments ("Agreement"); and

WHEREAS, the parties hereto desire to amend the Agreement to extend Term January through June 30, 2026, and to provide an additional **\$750,000 in** OSF to fund program operations and client services thereunder.

NOW THEREFORE, the parties hereto mutually agree to amend the Agreement as follows:

1. Section II of the Agreement is hereby amended by replacing the first sentence of Section II of the Agreement to read in its entirety as follows:

"The term of this Agreement shall begin on January 1, 2025, and shall terminate on June 30, 2026, subject to budget approval, unless earlier terminated in accordance with the provisions of this Agreement, or there are insufficient OSF available to the COUNTY for any reason "the "Term")."

2. Section IV of the Agreement is hereby amended by replacing the first three sentences of Section IV of the Agreement to read in their entirety as follows:

“It is expressly agreed and understood that the total amount of funds to be paid by COUNTY under this Agreement shall not exceed **\$1,125,000** (“Maximum Contract Amount). Payments by COUNTY to SUBRECIPIENT for the reimbursement of documented eligible expenditures shall be made in accordance with the Budget line items specified in Exhibit B. No less than once per quarter, but not more often than monthly, and no later than **June 30, 2026**, SUBRECIPIENT may request reimbursement for its documented eligible expenditures hereunder during the Term by submitting a completed Expenditure Summary and Payment Request (“ESPR”) in the form attached hereto as Exhibit C, together with proper support documentation sufficient for COUNTY to confirm that such expenditures were made during the Term for eligible services described in Sections I.A and I.B, staff salaries and benefits described in Section I.C, and performance data required in Sections I.D, VII.B.1, VII.B.2, and VII.C of this Agreement.”

3. The Scope of Services attached as Exhibit A to the Agreement is hereby amended by changing the “Agreement Amount” at the top of the first page of Exhibit A to \$1,125,000, and by changing the end date of the “Time of Performance” (likewise reflected at the top of the first page of Exhibit A) to be June 30, 2026, as follows:

Project Title:	OSF Street Outreach
Agreement Amount:	\$ 1,125,000
Time of Performance:	January 1, 2025 – June 30, 2026

4. Section B.3 of Exhibit A to the Agreement is hereby amended by replacing Section B.3 of Exhibit A to read in its entirety as follows:

a. Goals

SUBRECIPIENT shall provide the following levels of Services during the Term of the Agreement:

	Goal
Unduplicated number of homeless persons or persons at imminent or at risk of homelessness to be served	150
Number of unsheltered homeless persons entering shelter	80
Number of homeless persons entering permanent housing (placed into units)	25
Number of homeless households entering permanent housing (placed into units)	25

b. Performance Measures

SUBRECIPIENT shall meet the following performance measures during the Term of the Agreement:

	Goal
% of individuals successfully placed in permanent housing	15%
% of homeless households successfully placed in permanent housing	15%
% of unsheltered homeless persons entering shelter	55%

% of adult participants will obtain earned income at project exit	20%
% of adult participants will obtain cash/non-cash benefits at project exit	85%
% of project participants entering permanent housing that will retain permanent housing at 1 year	85%

”

5. Section C.2 of Exhibit A to the Agreement is hereby amended by replacing Section C.2 of Exhibit A to read in its entirety as follows:

“2. **Report Schedule**

Quarterly Status Reports and Financial/Invoice Reports are due on a quarterly basis in accordance with the following schedule:


Period	Due Date
January 1, 2025 – March 31, 2025	April 20, 2025
April 1, 2025 – June 30, 2025	July 20, 2025
July 1, 2025 – September 30, 2025	October 20, 2025
October 1, 2025 – December 31, 2025	January 20, 2026
January 1, 2026 – March 31, 2026	April 20, 2026
April 1, 2026 – June 30, 2026	July 20, 2026

“

6. Exhibit B to the Agreement is hereby amended by changing the “Agreement Amount” at the top of the first page of Exhibit B to \$1,125,000, and by changing the end date of the “Time of Performance” (likewise reflected at the top of the first page of Exhibit B) to be June 30, 2026, as follows:


Project Title:	OSF Street Outreach
Agreement Amount:	\$ 1,125,000
Time of Performance:	January 1, 2025 – June 30, 2026

7. Attachment B-1 to Exhibit B of the Agreement is hereby amended by replacing Attachment B-1 to read in its entirety as follows:

 Street Outreach Targeting Encampments Project Budget - Revenues (18 Month Budget)			
Project Title	Opioid Settlement Funds- Street Outreach		
Applicant Name	Good Samaritan Shelter		
Award	Budget Term: January 1, 2025- June 30, 2026		
Component	Requested Amount		
Salaries and Benefits	\$ 785,374		
Client Services and Direct Assistance	\$ 237,353		
Indirect Costs	\$ 102,273		
TOTAL	\$ 1,125,000		
Revenue and Expense budgets should reflect the <i>entire program budget</i> for the specific project for which HHAP funds were awarded. Total Revenue and Expenses should match.			
Please specify the source of "Other Federal Funds".			
Source	Total Program Budget	OSF funds	Other
OSF Program (This grant)	\$ 1,125,000	\$ 1,125,000	
CDBG - Cities	\$ -		
CDBG - County	\$ -		
CoC Program	\$ -		
ESG - County	\$ -		
HOME - Cities	\$ -		
HOME - County	\$ -		
Other Federal Funds <i>(specify program below)</i>	\$ -		
	\$ -		
	\$ -		
	\$ -		
Other State Funds <i>(specify program below)</i>	\$ -		
County Human Services Funds	\$ -		
Other Local Funds: County and City of SB general Funds	\$ -		
Private Trusts and Foundation Funds			
Fundraising Events			
Donations			
Client Fees			
Other <i>(specify source below)</i>			
GSS General Funds	\$ -		\$ -
	\$ -		
	\$ -		
	\$ -		
	\$ -		
Total Revenue	\$ 1,125,000	\$ 1,125,000	\$ -

* Can be voluntarily reduced.

8. Attachment B-2 to Exhibit B of the Agreement is hereby amended by replacing Attachment B-2 to read in its entirety as follows:

 Street Outreach Targeting Encampments Project Budget - Expenses (18 Month Budget)		
Project Title	Opioid Settlement Funds- Street Outreach	
Applicant Name	Good Samaritan Shelter	
Expenses	Budget Term: January 1, 2025- June 30, 2026	
		OSF
Expense	Total Program Budget	OSF 18 Months
Salaries, Benefits, and Payroll Taxes - Provide detail for all program staff. Add lines as needed.		
Program Manager 2 FTE @ 50% @ \$72,800/year	\$ 109,200	\$ 109,200
Outreach Housing Navigators 5.9 FTE @ 100% @ \$58,240/year	\$ 519,099	\$ 519,099
	\$ -	\$ -
	\$ -	\$ -
	\$ -	\$ -
	\$ -	\$ -
Employee Benefits and Payroll Taxes 25%	\$ 157,075	\$ 157,075
Supplies (includes General, Food, and Office Supplies)	\$ 21,653	\$ 21,653
Transportation (includes Rental/Lease, Mileage, Insurance)	\$ 90,000	\$ 90,000
Client Incentives	\$ 30,000	\$ 30,000
Facility Rent and Maintenance	\$ 48,600	\$ 48,600
Telephone, Fax, Internet and Utilities	\$ 20,700	\$ 20,700
Insurance	\$ 6,000	\$ 6,000
Contracted Services ETO	\$ 14,400	\$ 14,400
Trainings	\$ 6,000	\$ 6,000
	\$ -	
	\$ -	
Other (specify below)		
Indirect Costs 10%	\$ 102,273	\$ 102,273
Total Expenses	\$ 1,125,000	\$ 1,125,000
	TOTAL OSF Portion:	\$ 1,125,000
Narrative (optional) This budget is an estimate based on projected funding; consequently staffing and/or levels of financial assistance may vary slightly in actuality.		

9. Exhibit C to the Agreement is hereby amended by replacing Exhibit C to read in its entirety as follows:

EXPENDITURE SUMMARY AND PAYMENT REQUEST (ESPR)

California Opioid Settlement Fund

County of Santa Barbara Community Services Department

Agency Name: Good Samaritan Shelter **DUNS #:** _____
Project Name: Street Outreach
Address: 400 W. Park Avenue, Santa Maria, CA 93456
Contact Person: Sylvia Barnard **Title:** Executive Director
Email Address: goodsamshester@gmail.com **Phone #:** _____

Submit completed ESPR and required documentation to:

Staff Person: Katherine Soto-Vasquez **Title:** Encampment Response Manager
Email Address: ksotovasquez@countvofsb.org **Phone #:** _____

ESPR Request #: _____
Date Submitted: _____
Report Period: _____

PO/Contract #: _____
HCD Project #: _____

Grant Budget and Expenditures

Activity ID	Program Component	Activity	Budget	Previous Drawdowns	Requested Drawdown	New Available Balance
	OSF - SO	Salaries & Benefits	\$ 785,374.00	\$ -	\$ -	\$ 785,374.00
	OSF - SO	Client Services & Direct Assistance	\$ 237,353.00	\$ -	\$ -	\$ 237,353.00
	OSF - SO	Indirect Costs	\$ 102,273.00			\$ 102,273.00
TOTAL			*****	\$ -	\$ -	*****

☐ Check this box if this is the final payment.

Certification

I certify to the best of my knowledge and belief that this report is true and complete and I have reviewed all supporting documentation. Disbursements have been made for the purpose and conditions of this grant and have not been paid by any other source.

Manager / Fiscal Officer

Name _____ Title _____
 Signature _____ Date _____

Administrator / Executive Director

Name _____ Title _____
 Signature _____ Date _____

10. Exhibit D to the Agreement is hereby amended by replacing Exhibit D to read in its entirety as follows:

OSF

Quarterly Status Report

EXHIBIT D

County of Santa Barbara
Community Services Department

Instructions: Submit this status report to Katherine Soto-Vasquez by email to ksotovasquez@countyofsb.org.

<input type="checkbox"/> Quarter 1 January 1, 2025 – March 31, 2025	<input type="checkbox"/> Quarter 4 Oct 1, 2025- Dec 31, 2025
<input type="checkbox"/> Quarter 2 April 1, 2025 – June 30, 2025	<input type="checkbox"/> Quarter 5 January 2026- March 31, 2026
<input type="checkbox"/> Quarter 3 July 1, 2025- Sept 2025	<input type="checkbox"/> Quarter 6 April 2026- June 30, 2026

Agency Good Samaritan Shelter

Project Street Outreach

Contract # _____

Contact Person Sylvia Barnard

Phone Number _____

Email Address goodsamshelter@gmail.com

1. APR Subrecipient Report

Generate an APR Subrecipient Reports from the Santa Barbara County Homeless Management Information System for the reporting period and attach a print-out to this report. Domestic violence programs should generate comparable reports from a HMIS-comparable database.

2. Accomplishments

Goals

	Goal	Quarter	Program-to-Date
Unduplicated number of homeless persons or persons at imminent or at risk of homelessness to be served	150		
Number of unsheltered homeless persons entering shelter	80		
Number of homeless persons entering permanent housing (placed into units)	25		
Number of homeless households entering permanent housing (placed into units)	25		

Performance Measures - Overall

	Goal	Quarter			Program-to-Date		
		Universe (#)	# Meeting Target	% Meeting Target	Universe (#)	# Meeting Target	% Meeting Target
% of individuals successfully placed in permanent housing	15%						
% of homeless households successfully placed in permanent housing	15%						
% of unsheltered homeless persons entering shelter	55%						
% of adult participants will obtain earned income at project exit	20%						
% of adult participants will obtain cash/non-cash benefits at project exit	85%						

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Opioid Settlement Funds Subrecipient Agreement

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OSF

Quarterly Status Report

EXHIBIT D

County of Santa Barbara
Community Services Department

% of project participants entering permanent housing that will retain permanent housing at 1 year

85%

Narrative [Attach additional pages, as needed]

1. Describe the project's progress in meeting the goals and performance measures as set forth in the Subrecipient Agreement. If the project is not performing as planned, provide an explanation.

2. Describe the alignment between OSF funded activities and "Housing First" principles.

3. Race & Ethnicity Data

	Quarter Total	Program-to-Date Total
RACE		
White		
Black/African American		
Asian		
American Indian/Alaskan Native		
Native Hawaiian/Other Pacific Islander		
American Indian/Alaskan Native & White		
Asian & White		
Black/African American & White		
American Indian/Alaskan Native & Black/African American		
Other multi-racial		
Totals in RACE		
ETHNICITY ¹		
Hispanic or Latino ²		
Not Hispanic or Latino		
Totals in ETHNICITY		

4. Project Funding

Report funding received for the project during the quarter and year-to-date by source.

¹ Totals in race and Ethnicity must be equal to each other. Please state a Race and Ethnicity for each client.

² Subset of total per racial category. Hispanic or Latino refers to a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

OSF

Quarterly Status Report

EXHIBIT D

County of Santa Barbara
Community Services Department

HUD Funds

	Amount
ESG	\$
CDBG – County	\$
CDBG – Other	\$
HOME	\$
HOPWA	\$
Total	\$

Other Funds

	Amount
Other Federal Funds	\$
State Funds	\$
Local Funds	\$
Private Funds	\$
Other Funds (Specify fund source below)	\$
	\$
	\$
Total	\$

5. Additional Comments

Provide any additional comments on areas of this report that need explanation.

6. Submission Certification

I certify that all information stated in and attached to this report is true and accurate.

Signature: _____ Date: _____

Name & Title: _____

11. Except as set forth in Sections 1 through 10, above, this First Amendment shall not modify or change any of the provisions of the Agreement, and the parties hereto and thereto are bound by its provisions, as amended herein.
12. This First Amendment may be executed electronically in any number of counterparts, and each of such counterparts shall for all purposes be deemed to be an original, and all such counterparts, or as many of them as the parties hereto shall preserve undestroyed, shall together constitute one and the same instrument.

IN WITNESS WHEREOF, COUNTY and SUBRECIPIENT have caused this First Amendment to be executed by their respective duly authorized officers, to be effective as of the first date duly executed by all of the parties hereto.

ATTEST:

MONA MIYASATO
CLERK OF THE BOARD

By: Sheila da Guerra
Deputy Clerk

"COUNTY"

COUNTY OF SANTA BARBARA:

By: Laura Capps
Laura Capps, Chair
Board of Supervisors

APPROVED AS TO ACCOUNTING FORM:
BETSY M. SCHAFER, CPA
AUDITOR-CONTROLLER

Signed by:
By: Shawna Jorgensen
Deputy Auditor-Controller
Shawna Jorgensen

DEPARTMENT HEAD

DocuSigned by:
By: Jesús Armas
Jesús Armas
Community Services Director

APPROVED AS TO FORM:
RACHEL VAN MULLEM
COUNTY COUNSEL

Signed by:
By: Lauren Wideman
Deputy County Counsel
Lauren Wideman

APPROVED AS TO FORM:
GREG MILLIGAN
RISK MANAGEMENT

By: _____
Risk Manager

"SUBRECIPIENT"
Good Samaritan Shelter

DocuSigned by:
By: Sylvia Barnard
Sylvia Barnard, Chief Executive Officer and Executive Director