

CONTRACT TO PROVIDE WORKFORCE INVESTMENT ACT (WIA) YOUTH FOLLOW-UP SERVICES

Santa Barbara County
Department of Social Services

First Amendment

This is a first amendment to the Agreement for Services of Independent Contractor, number BC 12-141 by and between the **County of Santa Barbara** (County) and Community Action Commission (Contractor), for the continued provision of providing WIA Youth Follow-Up Services.

Whereas, the parties have agreed to amend the Agreement to de-obligate the funding awarded on June 19, 2012; and

Whereas, in accordance with the terms of the agreement, and in recognition that this was the first time the County contracted for follow-up services, a workload review was conducted after the first contract quarter. The findings of the review show the number of youth served and the level of services to be lower than initially anticipated; and

Whereas, the Contractor agrees to provide up to 12 months of follow-up services to the participants that exited the Youth Corps program from November 2011 to March 2012; and

Whereas the Contractor will serve an estimated average of 54 youth monthly; and

Whereas, this First Amended Agreement incorporates the terms and conditions set forth in the original contract, approved by the County Board of Supervisors on June 19, 2012, except as modified by this First Amended Contract.

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. Exhibit A, Statement of Work is amended as follows:

1. Exhibit A - Page 1, I. Purpose, to be amended as follows:

The main focus of the youth program under the Workforce Investment Act (WIA) is on long-term academic and occupational learning opportunities. A goal is to increase employment, job retention and earnings by developing the work/career potential of youth. The purpose of this Agreement is for the Contractor to provide county-wide WIA Follow-Up services to exited WIA youth.

2. Exhibit A - Page 1, II. Program Service, replace section as follows:

The Contractor will provide the follow-up services as follows:

Regular contact with youth and youth's employer to determine successful retention of job as listed below:

- *Monthly or quarterly telephone contact with youth;*

- *Monthly or quarterly telephone contact with employing supervisor;*
- *Monthly or quarterly telephone/mail follow-up with employer;*
- *Monthly or quarterly telephone validation of education / training enrollment;*
- *Record documentation of credentials gained monthly, or quarterly contact via social media connections;*
- *Referral to resource agencies as needed;*
- *On a case by case basis and upon approval by WIB, home visits may be conducted if youth cannot be reached.*

3. Exhibit A - Page 2, III. Duties and Responsibilities, to be amended as follows:

The Contractor shall:

- A. Utilize Interlink to complete electronic forms required by the Employment Development Department (EDD);
- B. *Provide follow-up services as required in this Agreement;*
- C. *Provide up to 12 months of follow-up services to the participants that exited the Youth Corps program from November 2011 to March 2012.*

4. Exhibit A - Page 3, IV. WIA Youth Follow-Up Services Transition Plan, replace section to read as follows:

The County WIB will be responsible for providing the following program elements: Orientation; Referral Information; Determination of Eligibility; Assessments; and Development of a Comprehensive Individual Service Strategy on each eligible youth participant before transitioning the youth participants to the Contractor for the follow-up services as identified above.

The County WIB will provide the Contractor with case files of current youth participants for follow-up services upon commencement of Agreement. In future months, as the youth exit the program, case files will be provided to the Contractor on a flow basis.

The County WIB will provide all relevant case information and case files to the Contractor which will include, but not be limited to the following:

- *Original objective assessment results.*
- *Current ISS, showing the youth's long-term and short-term employment and education goals, history of participation in WIA youth program activities, and outcomes of those activities.*
- *Updated Interlink profile.*
- *Release of information.*
- *Measures obtained.*
- *Tracking sheet of determination of follow-up stage (1st, 2nd, 3rd, and 4th quarter).*

The Contractor will review all youth case files and Interlink within 30 days or less after being received to:

- *Ensure contact information is present.*
- *Review all case notes.*

- *Ensure documentation exists in support of WIA Youth Performance Measures and that all documentation is in compliance with WIA regulations.*

5. Exhibit A – Page 4, VII. Reporting, amend to read as follows:

A comprehensive monthly staff time and program activity log will be maintained and submitted by the Contractor with its monthly invoices to the County of Santa Barbara. The Program Activity Log shall document the follow-up services provided and by whom and when. It shall also document the results of the follow-up services.

6. Exhibit A – Page 4, VIII. Conditions For Renewal, amend to read as follows:

The terms of the renewal will be subject to renegotiation based on the most recent workload data, actual verified expenditures, and funding information available, and will require Workforce Investment Board and Board of Supervisors approval.

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

1. Page 1, Section A to be amended as follows:

For Contractor services to be rendered under this contract, Contractor shall be reimbursed for Contractor's cash outlays during the term of this Agreement. Cost reimbursements are not to exceed \$89,055.

In accordance with the Approval directions from the WIB, and in recognition that this is the first time the County has contracted for Youth Follow-Up services, WIB Staff will review, on a monthly basis, the activities provided and staff time utilized by the Contractor. The results of this review will be used as the basis for any amendments to the Agreement, fine-tuning the Scope of Services, staffing levels, and budget.

C. Add Exhibit A-1, Estimated Youth, included herein.

D. Exhibit B-1, Line Item Budget, is amended and included herein.

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

COUNTY OF SANTA BARBARA

By: 

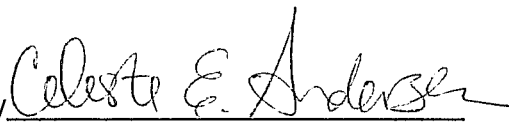
Chair, Board of Supervisors
County of Santa Barbara

Date: 1-8-13

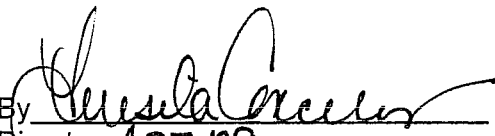
ATTEST:
CHANDRA L. WALLAR
CLERK OF THE BOARD

By 
Deputy

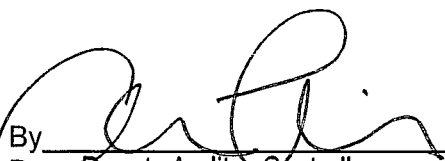
APPROVED AS TO FORM:
DENNIS MARSHALL
COUNTY COUNSEL

By 
Deputy County Counsel

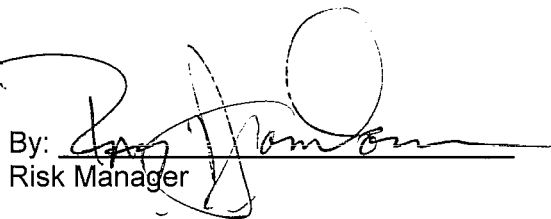
APPROVED AS TO FORM :
DEPARTMENT OF SOCIAL SERVICES
DIRECTOR

By 
Director Aerino
Date: 12/11/12

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

By 
Deputy Auditor-Controller
Gregory Eric Levin
Advanced and Specialty Accounting

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: 
Fran Forman, Executive Director

Date: 12/12/12

EXHIBIT A-1

Actual Youth Served Through 10/31/2012 and Estimated Youth 11/1/2013-7/31/2013														
	7/6/2012 - 7/26/2012	7/27/2012 - 7/31/2012	8/1/2012 - 8/31/2012	9/1/2012 - 9/30/2012	10/1/2012 - 10/31/2012	11/1/2012 - 11/30/2012	12/1/2012 - 12/31/2012	1/1/2013 - 1/31/2013	2/1/2013 - 2/28/2013	3/1/2013 - 3/31/2013	4/1/2013 - 4/30/2013	5/1/2013 - 5/31/2013	6/1/2013 - 6/30/2013	7/1/2013 - 7/31/2013
Youths from Prior Contract	54	54	54	54	54	54	54	54	54	54	54	54	54	54
Youths from Prior Contract Done					8	8	8	18	18	18	54	54	54	54
<i>Youths from Prior Contract Receiving Follow Up Services</i>														
	54	54	54	54	46	46	46	36	36	36	0	0	0	0
Youths Added at Start of New Contract		9	9	9	9	9	9	9	9	9	9	9	9	9
Youths Added at Start of New Contract Done								6	6	6	9	9	9	9
<i>Youths Added at Start of New Contract Receiving Follow-up Services</i>														
	0	9	9	9	9	9	9	3	3	3	0	0	0	0
Additional New Youths Quarter Starting 1/1/2013								14	14	14	14	14	14	14
Additional New Youths Quarter Starting 4/1/2013											14	14	14	14
Additional New Youths Quarter Starting 6/1/2013													21	11
New Youths Starting 7/1/2013														18
<i>Youths Starting During New Contract Receiving Follow-up Services</i>														
	0	0	0	0	0	0	0	14	14	14	28	28	49	57
<i>Total Youths Receiving Follow-up Services</i>	54	63	63	63	55	55	55	53	53	53	28	28	49	57

EXHIBIT B-1 LINE ITEM BUDGET

Enter data in green boxes. Enter at least \$1.00 in each green budget box)

Santa Barbara County Workforce Investment Board
WIA Youth RFP for Follow-Up 2012-2013

Budget by Expense Category

ENTITY: Community Action Commission of Santa Barba

		2012-2013		Total Award	
		Budget	% of contract	Budget	% of contract
A. SALARIES & EMPLOYEE BENEFITS					
1.	Total Salaries (Complete List on Positions Tab)	52,658	59%	52,658	59%
2.	Total Employee Benefits	18,957	21%	18,957	21%
Total Salaries & Employee Benefits		71,615	80%	71,615	80%
B. DIRECT SERVICES & SUPPLIES					
1. Direct Contracted / Consulted Operational Svcs					
1.	Office Supplies	-	0%	-	0%
2.	Telephone / Communications	-	0%	-	0%
3.	Other--Describe	-	0%	-	0%
Subtotal		-	0%	-	0%
2. Operational Services & Supplies					
1.	Office Supplies	750	1%	750	1%
2.	Telephone / Communications	1,700	2%	1,700	2%
3.	Administrative Mileage / Travel	4,500	5%	4,500	5%
4.	Administrative Conferences / Training	-	0%	-	0%
5.	Other--Rent, Insurance, supplies,equipment	3,500	4%	3,500	4%
Subtotal		10,450	12%	10,450	12%
3. Client Services & Supplies					
1.	Supportive Services	-	0%	-	0%
2.	Client Mileage / Travel	13	0%	13	0%
3.	Other--certificates	-	0%	-	0%
Subtotal		13	0%	13	0%
Total Direct Services & Supplies		10,463	12%	10,463	12%
TOTAL DIRECT EXPENSES		82,078	92%	82,078	92%
C. INDIRECT EXPENSES					
1.	Indirect Costs (calculated using rate)	6,977	8%	6,977	8%
2.	Indirect Cost Rate (Replace the 5% entered with below with your rate. Enter as a decimal. Example: for 8% enter .08)				
	8.5% Rate for 2012-13				
TOTAL AWARD		89,055	100%	89,055	100%

EXHIBIT B-1 LINE ITEM BUDGET

Santa Barbara County Workforce Investment Board
WIA Youth RFP 2012 - 2013

Entity:

Community Action Commission

Position Duties

Fill In Green Boxes

	Title	Name	Annual Salary or Hourly Rate of Pay	Duties for This Contract	Other Duties Within Your Company
1	Program Manager	Joyce Ruiz	\$ 59,698.00	Responsible for planning, directing, organizing & managing the program.	Same/10.06% WIA for four months 10% remaining contract (6,185.44)
2	Case Manager	Gloria Lopez	\$ 18.05	Responsible for case management of clients to achieve the goals, objectives and work plan according to established program standards and policies and procedures, client assessment, monitoring of client progress and community referrals.	Same/75.65% WIA for 3 1/2 months & 100% 8 1/2 months (30,774.95)
3	Case Manager	Elisa Pardo Maldonado	\$ 16.85	Responsible for case management of clients to achieve the goals, objectives and work plan according to established program standards and policies and procedures, client assessment, monitoring of client progress and community referrals.	Same/100% WIA for 3 1/2 months (11,662.67)
4		Carolyn Contreras	\$ 101,484.00	Will coordinate the project and have overall responsibilities of oversight of the project.	Same/6% WIA for 6 months (July through December 2012) (3044.52)
5		Alejandra Granados	\$ 14.04	Assists the Program Manager and case workers to achieve the goals, objectives and work plan according to established program standards and policies and procedures.	6% WIA for 6 Months (July through December 2012) \$674.21
6		Skye Allmang	\$24.02	Assists the Program Manager and case workers to achieve the goals, objectives and work plan according to established program standards and policies and procedures.	(4 hours in July) \$96.08
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ACORD™

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/29/2012

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES OWNED BY THE CERTIFICATE HOLDER. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Hub International HUB Int'l Insurance Serv. Inc. 40 East Alamar Avenue Santa Barbara, CA 93105	CONTACT NAME: Bianca Rodriguez	
	PHONE (A/C, No, Ext): 805-879-9542	FAX (A/C, No): 805-617-1762
INSURED Community Action Commission 5638 Hollister Avenue Suite 230 Goleta, CA 93117	E-MAIL ADDRESS: Bianca.Rodriguez@hubinternational.com	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Philadelphia Indemnity Ins. Co.	NAIC #: 18058
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	X		PHPK870896	05/24/2012	05/24/2013	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$3,000,000 PRODUCTS - COMP/OP AGG \$1,000,000 \$
A	TOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	X		PHPK870896	05/24/2012	05/24/2013	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	UMBRELLA LIAB EXCESS LIAB DED <input checked="" type="checkbox"/> RETENTION \$10,000			PHUB383431	05/24/2012	05/24/2013	EACH OCCURRENCE \$4,000,000 AGGREGATE \$4,000,000 \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				WC STATUTORY LIMITS E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Professional Liab			PHPK870896	05/24/2012	05/24/2013	Ea. Limit \$1,000,000 Agg. Limit \$3,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

The County of Santa Barbara, all Special Districts and Commissions governed directly by the Santa Barbara County Board of Supervisors, and their officers, agents and employees are Additional Insured's as respects any work performed by, and all operations of, the insured on behalf of the Additional Insured's, as respects to the General Liability and Auto Liability Policy per the forms CG 20 26 07 04 attached.

CERTIFICATE HOLDER

CANCELLATION

County of Santa Barbara, all
Special Districts and
Commissions
105 E. Anapamu Street, Ste. 105
Santa Barbara, CA 93101

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Bianca Rodriguez

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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)
County of Santa Barbara, all Special Districts and Commissions 105 E. Anapamu Street, Ste. 105 Santa Barbara, CA 93101 The County of Santa Barbara, all Special Districts and Commissions governed directly by the Santa Barbara County Board of Supervisors, and their officers, agents and employees are Additional Insured's as respects any work performed by, and all operations of, the insured on behalf of the Additional Insured's
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

- A. In the performance of your ongoing operations; or
- B. In connection with your premises owned by or rented to you.



CERTIFICATE OF LIABILITY INSURANCE

COMMACT-03

PATRA2

DATE (MM/DD/YYYY)

8/29/2012

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Chapman a Division of Arthur J. Gallagher & Co. Insurance Brokers of California, Inc. PO Box 5455 Pasadena, CA 91117-0455	CONTACT NAME:	
	PHONE (A/C, No, Ext): 1 (626) 405-8031 FAX (A/C, No): 1 (626) 405-0585	
INSURED Community Action Commission of Santa Barbara County Santa Barbara 5638 Hollister Ave Ste 230 Goleta, CA 93117	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Republic Indemnity Company NAIC # 43753	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
INSURER F:		

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDITIONAL SUBROGATION WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY					EACH OCCURRENCE \$
	COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence) \$
	CLAIMS-MADE <input type="checkbox"/> OCCUR <input type="checkbox"/>					MED EXP (Any one person) \$
						PERSONAL & ADV INJURY \$
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE \$
	<input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC					PRODUCTS - COMPROP AGG \$
						\$
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident) \$
	ANY AUTO					BODILY INJURY (Per person) \$
	ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/>					BODILY INJURY (Per accident) \$
	HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/>					PROPERTY DAMAGE (Per accident) \$
						\$
	UMBRELLA LIAB <input type="checkbox"/>	<input type="checkbox"/> OCCUR				EACH OCCURRENCE \$
	EXCESS LIAB <input type="checkbox"/>	<input type="checkbox"/> CLAIMS-MADE				AGGREGATE \$
	DED <input type="checkbox"/>	RETENTION \$ <input type="checkbox"/>				\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y/N <input type="checkbox"/>	N/A	183635-01	9/1/2012	9/1/2013
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)					
	If yes, describe under DESCRIPTION OF OPERATIONS below					
						X WC STATUTORY LIMITS <input type="checkbox"/> OTHER <input type="checkbox"/>
						E.L. EACH ACCIDENT \$ 1,000,000
						E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
						E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Evidence of coverage.

CERTIFICATE HOLDER**CANCELLATION**

County of Santa Barbara Probation Dept.
Attn: Linda Smither
117 E. Carrillo Street
Santa Barbara, CA 93101-2025

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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RECEIVED SEP 04 2012

Contract Summary Form: Contract Number: 12 - 141

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 12/13
 D2. Budget Unit Number (plus -Ship/-Bill codes in paren's): 044
 D3. Requisition Number :
 D4. Department Name : Social Services
 D5. Contact Person : Patty Teniente
 D6. Phone : 346-8362

K1. Contract Type (check one): ☒ Personal Service ☐ Capital Project/Construction
 K2. Brief Summary of Contract Description/Purpose : WIA Youth Follow Up Services
 K3. Original Contract Amount : \$126,060
 K4. Contract Begin Date : 6/19/12
 K5. Original Contract End Date : 7/31/13
 K6. Amendment History (leave blank if no prior amendments):

Seq#	EffectiveDate	ThisAmndtAmt	CumAmndtToDate	NewTotalAmt	NewEndDate	Purpose (2-4 words)
1	1/8/13	-\$37,005	-\$37,005	\$89,055	7/31/13	De-obligation

K7. Department Project Number..... :

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) : 2
 B4. Lowest Bid Amount (if bid) : \$ N/A
 B5. If Board waived bids, show Agenda Date :
 B6. ... and Agenda Item Number : # N/A
 B7. Boilerplate Contract Text Unaffected? (Yes / or cite §§):

F1. Encumbrance Transaction Code : 1701
 F2. Current Year Encumbrance Amount : \$
 F3. Fund Number : 0055
 F4. Department Number : 044
 F5. Program Number :
 F6. Account Number : 7510/6347/5365
 F7. Org. Unit Number :
 F8. Payment Terms : Net 30

V1. Vendor Numbers (A=uditor; P=purchasing) :
 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 :
 V7. Contact Person : Carolyn Contreras, Family & Youth Services Director
 V8. Workers Comp Insurance Expiration Date : 9/1/13
 V9. Liability Insurance Expiration Date[s] (G=ent; P=rofl): 5/24/13
 V10. Professional License Number : #
 V11. Verified by (name of County staff) : Patty Teniente
 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.

Authorized Signature: 