

CONTRACT TO PROVIDE THE TRANSITIONAL HOUSING PLACEMENT- PLUS PROGRAM SERVICES

Santa Barbara County
Department of Social Services

First Amendment

This is a first amendment to the Agreement for Services, number BC# 10-106, between the **County of Santa Barbara** (COUNTY) and **Family Care Network, Inc.** (CONTRACTOR), for the continued provision of the Transitional Housing Placement-Plus Program services to emancipated foster/probation youth from Santa Barbara County.

RECITALS

Whereas, emancipated foster/probation youth will benefit from these housing services designed to assist them in fulfilling the goals described in the youth's Transitional Independent Living Plan (TILP) enabling them to achieve self sufficiency; and

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 February 23, 2010; and .

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. **DESIGNATED REPRESENTATIVE.** *Amy Krueger* at phone number (805) 346-7248 is the representative of COUNTY and will administer this Agreement for and on behalf of COUNTY. *Margie Craig* at phone number (805) 349-9600 is the authorized representative for CONTRACTOR. Changes in designated representatives shall be made only after advance written notice to the other party.

2. **NOTICES.** Any notice or consent required or permitted to be given under this Agreement shall be given to the respective parties in writing, by first class mail, postage prepaid, or otherwise delivered as follows:

To COUNTY: *Amy Krueger*, Division Chief, Department of Social Services, 2125 S. Centerpointe Parkway, Santa Maria, CA 93455

To CONTRACTOR: *Margie Craig*, Manager of Foster Care and Transitional Housing Services, 1660 B S. Broadway Suite 101, Santa Maria, CA 93454

Or at such other address or to such other person that the parties may from time to time designate. Notices and consents under this section, which are sent by mail, shall be deemed received five (5) days following their deposit in the U.S. Mail.

3. **TERM.** For the extension period, CONTRACTOR shall commence performance on *March 1, 2012* and end performance upon completion, but no later than *February 28, 2013*, unless otherwise directed by COUNTY or unless earlier terminated.

Exhibit B, Page 1 is amended as follows

A. For CONTRACTOR services to be rendered under this contract, CONTRACTOR shall be paid, including cost reimbursement, an amount of up to \$331,884, for services to be provided for minimally ten (10) beds and up to fourteen (14) beds. *For the term of this extension period, March 1, 2012 through February 28, 2013*, the total contract amount shall not to exceed a maximum of **\$331,884.00**.

B. *Add Exhibit B-3, Annual Line Item Budget.*

ANNUAL LINE ITEM BUDGET

Name of Applicant Agency: Family Care Network, Inc.

Term Beginning: March 01, 2012

Term Ending: February 28, 2013

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 Manager	0.23	\$15,280
Program Supervisor	1 FTE	\$44,000
Program Coordinator	0.50	\$18,000
Youth Development Specialist	2 FTE	\$68,640
Resident Assistant	0.37	\$8,580
Administrative Positions		
Administrative Assistant	0.38	\$12,960
Sub-Total Salaries:		\$ 167,460.00

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 (FICA/MC & SUI)	8.50% \$13,133
Worker's Compensation	2.00% \$3,090
Health/Dental/Vision/Life	12.00% \$18,540
Administrative Staff	
Payroll Taxes (FICA/MC & SUI)	8.50% \$1,102
Worker's Compensation	2.00% \$259
Health/Dental/Vision/Life	12.00% \$1,555
Sub-Total Employee Benefits	\$ 37,679.00
Percentage Benefits	22.5%
TOTAL SALARIES AND EMPLOYEE BENEFITS	\$ 205,139.00

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*	\$ 500.00
Program Expense*	
Telephone*	\$ 2,000.00
Mileage*	\$ 6,000.00
Other*	
Sub-Total Supplies	\$ 8,500.00
TOTAL SERVICES AND SUPPLIES	\$ 8,650.00

C. OPERATING EXPENSES

Item*	Budget for Contract Term
Facility Lease/Rental	\$ 1,635.00
Equipment Lease/Rental*	\$ 200.00
Furnishings*	
Maintenance	\$ 500.00
Utilities	\$ 4,800.00
Insurance (Refer to General Contract Provisions for Insurance Requirements)	\$ 500.00
Other*	
Direct Client Costs:	
Emancipation Fund (\$200/mo/client)	\$ 24,000.00
Grocery Vouchers (\$150/mo/client)	\$ 18,000.00
Transportation Assistance (\$25/mo/client)	\$ 3,000.00
Savings Match (\$100/mo/client)	\$ 12,000.00
Rental and Utility Subsidy (\$550/mo/client – 5 scattered site clients)	\$ 33,000.00
Indirect Cost Allocation (est. 10% Payroll)	\$ 20,460.00
Total Operating Expenses	\$ 118,095.00
GRAND TOTAL LINE ITEM BUDGET	\$ 331,884.00
Minus Revenue	
TOTAL BEING REQUESTED	\$ 331,884.00

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: _____
DOREEN FARR, 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 First Amendment to the Agreement has been executed by parties hereto upon this date first above written.

CONTRACTOR: Family Care Network, Inc

By: _____

Date: _____